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## Community, context, and communication: Responses of Canadian libraries to difficult situations involving medical mis- or disinformation (Paper)

### **Abstract or Résumé:**

Canadian libraries have traditionally supported and defended intellectual freedom while also being expected to provide communities with trustworthy information in times of personal and collective crisis. Issues of medical misinformation reveal the tension between these two ideals. Library workers face challenges in preparing for and responding to issues with controversial materials, with little guidance on how to navigate this tension and balance the two ideals. In an interview study with 22 Canadian library worker participants, we asked about experiences with navigating these situations. Our preliminary results reveal a range of strategies and considerations at play, ranging from individual incidents to broader policies and power dynamics.

### **1. Introduction & Related Work**

Canadian libraries have long been supporters and defenders of intellectual freedom. The Canadian Library Association first adopted a statement on intellectual freedom in 1974 (Canadian Federation of Library Associations, 2016), and the Canadian Association of Research Libraries has emphasized Freedom of Expression, including “access to all expressions of knowledge, creativity and intellectual activity” as a key principal and fundamental right since 1987 (Canadian Association of Research Libraries, 2022).

In collections, librarianship has historically drawn a line between censorship (infringing on intellectual freedom) and selection (quality curation of a collection) (Asheim, 1953). Classification of materials can also be used to convey the degree of accuracy of health information without wholly removing a controversial item from a library’s collection. In public services, the response of reference staff to questions about topics subject to medical disinformation can shape patrons’ impressions of the truthfulness of materials, educational programs may improve health information literacy of groups vulnerable to disinformation (e.g., senior citizens). Further, while libraries have often prided themselves on being “neutral” institutions that will rent space to a broad spectrum of community groups, even defending free expression of groups promoting inaccurate information.

Certain types of materials have always posed challenges to intellectual freedom ideals, with disinformation—for example, holocaust denial literature (Drobnicki, 2014; Drobnicki et al.,

1995; Spidal, 2012), speakers, or groups—among the most difficult to navigate, due to the real potential for such information to cause harm. However, other types of groups and materials have recently raised “existential questions” for Canadian library boards as they consider the future of their “institutional soul” (Schrader, 2020) as they balance civil liberties when two rights—to access information and to safety or social justice—are in conflict with each other.

Amidst the COVID-19 “infodemic” (Greyson, 2021; Joint statement by WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC, 2020; Tomes, 2020), a great deal of attention has been paid to issues of medical misinformation (inaccurate information) and disinformation (purposefully false or misleading information). Public libraries have worked to maintain their role as both a public space and source of trustworthy information in a crisis (Zach, 2011) amidst the COVID-19 pandemic (Alajmi & Albudaiwi, 2021; Wang & Lund, 2020). During this same time, public and academic libraries alike have faced difficult decisions regarding how to balance issues of intellectual freedom and stemming the tide of health disinformation on pandemic-related topics including antivaccine materials (Flaherty et al., 2014) and false information about alleged “cures” for COVID-19, as well as other medical subjects such as the non-evidence-based idea that transgender youth are afflicted with a psychological condition called “rapid onset gender dysphoria” (CAAPS, n.d.; Mullin, 2021).

Although public librarians are rarely experts in biomedical topics (Rubenstein, 2015), they are tasked with being “‘first responders’ to the specialized health information needs of the general public” (Smith et al., 2014). When libraries refuse to acquire materials or provide space to specific views (no matter how scientifically inaccurate), they may violate their ideals of providing access and free expression to all perspectives. However, when they take a “neutrality stance” (Keselman et al., 2014) and provide space or other support to disinformation, they risk alienating portions of the community who feel harmed, as well as allowing unscientific theories to perpetuate, potentially harming the public. In many such cases, there is no easy choice, and creative compromises may be employed, such as keeping an item but reclassifying or relocating it to make clear its inaccuracy.

## **2. Methods**

This study was conducted within a constructivist paradigm, recognizing the subjectivity of and individual sense-making around values pertaining to topics such as intellectual freedom and health. We used the concept of intellectual freedom as articulated by Canadian Library Associations, as well as by the American Library Association<sup>9</sup>, which accredits Canadian library science degree programs. We used constructivist grounded theory (Charmaz, 2014) as method, informing our interview protocol and analysis, as we sought to understand the social processes involved in navigating difficult values-based situations in which libraries and library workers strove to balance intellectual freedom and medical disinformation.

### **3. Data Collection**

Our SSHRC-funded study of this phenomenon, conducted in partnership with the British Columbia Library Association, focused on the experiences of Canadian library workers. It had three goals:

1. To understand the struggles experienced in attempting to balance intellectual freedom with limiting harm due to disinformation,
2. To theorize the various ways libraries in different contexts have responded to such difficulties, and
3. To provide guidance and considerations for libraries dealing with these questions in the future.

In 2022, we interviewed 22 Canadian library workers. Participants completed a brief demographic survey, specifying their role in the library, showing strong representation from public libraries (n=19), with academic and medical libraries in smaller numbers. Participants worked across library services, with all areas but archival work represented by at least 10 participants, and collection development being the area of work shared by most participants. Participants also varied in years working in their roles, gender, and age. Each participant completed a semi-structured interview of around 45 minutes over Zoom, asking about their experience with issues of medical disinformation in their library work.

### **4. Data Analysis**

Early preliminary analysis began during the data collection process, with reflexive notes written following each interview and discussion ongoing among study investigators and staff as well as the advisory committee of librarians. In-depth, systematic analysis is ongoing, seeking to develop a model of the process of responding to intellectual freedom challenges related to medical mis/disinformation.

### **5. Preliminary Results**

We are now analyzing transcribed interviews and have emerging themes to share with the CAIS-ACSI community.

*Strategies for prevention and response:* Though we heard from many librarians working in collection management specifically, participants also considered strategies for dealing with contentious materials through different library departments and functions. These extend past collection management (acquisition, weeding, replacing lost materials) and into patron communication, classification, and cataloguing.

*Selection issues:* Our participants contrasted de-acquisition and acquisition in terms of visibility, noting that not selecting an item for purchase might be seen as apolitical or not “seen” at all, while removing materials is more likely to attract attention and be cast in a political narrative. They also noted how selection processes suffer from limited information about materials,

reporting seeking out reviews and synopsis across more sources, and finding it particularly difficult to assess non-English and internationally published sources.

*Communication with community:* Our participants noted the importance and challenge of communication with the library's community, both in the sense of how describing controversial items, in terms of labelling, classification, the catalogue record, and its location in bundles as well as posting and advertising the library's selection and de-selection policies.

*High-level issues of power:* In contrast to decisions made by individual library workers, participants noted the relevance of power relations between workers and between the library and other actors, such as the board of directors or donors. These factors underscore some of the difference in experience of those working in small rural libraries from those working in larger library systems. Participants also described the gap between high-level value statements from professional associations and their operationalization in daily practice.

*Context matters:* By comparing the experiences of participants in our study, we find that workable strategies for balancing misinformation and information freedom depend on a number of contextual factors, including the size of the library and its rural or urban location, the particular type of library (e.g., medical, academic, public), and the staff resourcing and expertise in collections and cataloguing.

These interviews align with prior findings on the complexity of balancing intellectual freedom and medical disinformation in libraries (Alajmi & Albudaiwi, 2021; Rubenstein, 2015; Zach, 2011) but also reveal well thought-out responses to specific challenges and the potential for different groups (within and beyond the library) to impact the strategies available to library workers. By sharing our preliminary results with the CAIS-ACSI community, we hope to further develop our model of this phenomenon in conversation with the scholarly and practitioner community, which will inform our ongoing analysis and future work in this area.

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