



## SECTION HIGHLIGHTS

This section provides information on how public health officials develop messages and communicate with the public and the media during emergencies, such as terrorist attacks, natural disasters, and other public health emergencies.

Key elements of successful messages in a crisis are described, including:

- » **Express empathy and humanity:** Let people know that you know how they are feeling. Let them know you “get it.”
- » **Clarify the facts:** Tell people what is known and what is not known. Helping people understand that not all the facts are clear (when they are not) at a certain time builds trust.
- » **Explain steps being taken by officials:** Provide people with information on what you are doing to learn more facts, take care of people who are injured or sick, and prevent others from being affected.
- » **Give a call to action:** Give people things to do. Having something to do helps channel distress and anxiety. Help people take appropriate actions that support the public response to the emergency by telling them what is most helpful for them to do and why.
- » **Provide referrals:** Tell people where they can go for more information (e.g., toll-free numbers, Web sites, etc.).

**LEADING THROUGH COMMUNICATION:  
THE ROLE OF RISK COMMUNICATION DURING A TERRORIST  
ATTACK OR OTHER PUBLIC HEALTH EMERGENCY**



# LEADING THROUGH COMMUNICATION: THE ROLE OF RISK COMMUNICATION DURING A TERRORIST ATTACK OR OTHER PUBLIC HEALTH EMERGENCY

**C**ommunication with the public is a critical part of the response to a crisis. In the immediate aftermath of an event, the public will look to public officials and first responders for leadership and answers. The affected public will always rely on local officials first. The quality, timeliness, and credibility of your messages and messengers may make the difference between people staying safe or becoming vulnerable to health risks presented by the emergency.

However, institutional pressures, deeply rooted processes, tremendous uncertainty about what is actually confirmed versus only suspected, and the enormous consequences of what you say and when you say it can get in the way of effective communication during an emergency. To make the challenge even greater, the public receives information and makes decisions about how they will respond differently during emergencies than during nonemergency times.

This section provides information on how public health officials develop messages and communicate with the public. It also offers tips for maximizing the effectiveness of your communication if you ever need to deliver public health messages. The section is based on our lessons learned from previous terrorist attacks, natural disasters, and other public health emergencies, communication research, and the insights of risk communication experts.

## COMMUNICATION CHALLENGES DURING PUBLIC HEALTH EMERGENCIES

Terrorist attacks and public health emergencies present unique situational characteristics and emotional and psychological dynamics in the general public that affect how we deliver information. Information can become as important as food, water, and shelter. Some of the most significant emotions expressed include:

- › Fear and anxiety (e.g., “This is horrifying.” “Where can we turn?” “What awful things are ahead?!” “What do I do now?”)
- › Anger (e.g., “How could they?!”)
- › Misery, depression, and empathy (e.g., “Poor victims”)
- › Hurtfulness (e.g., “Why do they hate us so?”)
- › Guilt (e.g., “How come I survived and they didn’t?” “How dare I still care about day-to-day trivia?”)

Compounding these emotions are the long time frames within which people may have to engage with crises, such as bioterrorism-based outbreaks or a pandemic. Many of these crises unfold over time and resolve slowly, causing long-term distress and a unique communication challenge. Some of these characteristics and their implications for communication are discussed on the following page.

## ““ THIS SECTION CONVEYS TWO CRITICAL POINTS:

(1) Risk communication is a fundamentally different approach from communication methods that are used in everyday efforts to inform the public and the news media; (2) If you resort to the standard communication methods during a disaster, your communication efforts will fail. Many have praised Rudolph Giuliani for his communications following the September 11 terrorist attacks, but few have followed his example in responding to local incidents involving community anxiety and outrage.””

*Ken August, Deputy Director of Public Affairs, California Department of Health Services;  
former president of the National Public Health Information Coalition (NPHIC)*



**Lives are at stake.** As with many public health issues or natural disasters, information has the power to save lives—possibly many, many lives. People require information to find out what is actually happening and also what they must do to safeguard their own and their family’s personal safety. But strong emotional responses to the event—fear, misery, concern, guilt, and anger—make understanding and acting upon that information more difficult.

**There is great uncertainty.** Almost every instance of terrorism would present a profoundly new and previously unknown set of circumstances—to officials working to manage the situation and to the public at large. Many pathogens considered to be potential weapons are almost never seen in the United States. Even though a lot is known about these agents and how they might present themselves, in reality not everything is known, as one would like it to be, in the event of a terrorist attack. (Such was the case when anthrax was distributed through the mail. Before that time, medical experts were not sure whether anthrax spores could be milled small enough to get through sealed envelopes or whether people could contract anthrax through the mail.) Individuals and communities will be trying to cope with the situation and take necessary actions to protect their health and safety, while what is known and believed is unfolding with the constantly evolving story.

**Individual and community levels of distress peak.** Fear and uncertainty lead to unusually high levels of distress. While this distress may be unnerving to some leaders, and is certainly unpleasant for the public, it is appropriate in crisis situations. If properly guided, distress motivates precautions and saves lives. Because of the psychological impact of terrorism—and of many public health emergencies—it is not enough to give the facts of the situation and tell the public what to do and expect that people will actually take these protective actions. High distress levels can keep individuals and communities from engaging in protective behaviors. However, how officials communicate can actually help channel this distress into productive and protective behaviors instead of destructive ones. Distress, if not excessive, leads to information-seeking and precautionary behavior. But great distress or fear can also make it hard for people to process information. People can better bear their fear and make appropriate decisions about safeguarding their health and safety when their fears are acknowledged, as opposed to when they

are told not to be fearful. Make it a goal to be respectful of the distress people are feeling.

## **WHAT ARE THE OBJECTIVES OF THE PUBLIC IN A HEALTH-RELATED EMERGENCY?**

Most citizens share five main objectives during public health emergencies, including those caused by acts of terrorism:

- › Protect themselves and their loved ones (e.g., children, elderly relatives, pets)
- › Get the facts they want and need to protect themselves
- › Be able to make choices and take action
- › Be involved in the response (e.g., helping victims)
- › Stabilize and normalize their lives

## **HOW PEOPLE FEEL CAN AFFECT THEIR ABILITY TO MEET THOSE OBJECTIVES.**

There are many ways people’s feelings can affect their responses. Some examples include:

- › **Fear.** Fear is one of the single most powerful emotions present during a terrorism emergency. It has the capacity to propel community members to action. Interestingly, in the aftermath of past emergencies, experts noted that people seldom panic (let their fear overwhelm them). People act. Whether that action is helpful or harmful to the community depends on whether the individual can hear, understand, and act on sound guidance from public health authorities. Public health officials have the capacity to help individuals channel their fear and distress into protective actions, rather than irrational behaviors. Effective communication can help people take the most appropriate actions to support the public health response. It is important to erase the word panic from your crisis vocabulary.
- › **Denial.** No doubt some members of the community will be in denial. They may choose not to hear or heed warnings or recommended actions. They may become confused by the recommendations or simply not believe that the threat is real or that it is an actual, personal threat. In such cases, people will not act on even the best advice. Denial, in fact, is one of the reasons why panic is rarer than we realize. People go into denial as a coping mechanism when the fear is too great. But there are several important antidotes to denial. The two key ones are: (1) the legitimization of fear—people who feel entitled to be



afraid do not have to go into denial; and (2) action—people with something to do have more capacity to tolerate their fear and, therefore, are less vulnerable to denial.

› **Hopelessness, helplessness.** Some people can accept that the threat is real, but it looms so large that they believe the situation is hopeless and so they feel helpless to protect themselves. The resulting withdrawal and inaction can impair their ability to take appropriate protective action in a public health emergency. People who feel powerless to affect the outcome are more likely to retreat into denial and the resulting hopelessness and helplessness that lead to inaction. Therefore, helping people to find ways to affect or change their situation is important. Hopelessness, helplessness, and denial are all reduced by messages of empowerment (not “everything will be fine,” but “it’s a bad situation, but there are things you can do to make it better, such as...”).

› **Stigmatization.** Some members of the community may suffer even greater effects from the attack if the rest of the community stigmatizes them. Fear or isolation of a group may occur if the community perceives it as contaminated or “risky.” For example, in some cities, residents avoided Chinatowns and Chinese restaurants out of fear of exposure to SARS. This type of stigmatization can hamper community recovery and affect evacuation, relocation, or when necessary, quarantine efforts. In addition, groups people perceive as related to those who are “to blame,” such as Arab-American communities following September 11, can become targets of local violence, even though they are as much victims of the terrorist attack as their neighbors.

› **Vicarious rehearsal.** Interestingly, experience has shown that people farther away (by distance or relationship) may react as strongly as those who are more directly affected. Today’s communication environment allows people to participate vicariously in a crisis in which they are not in immediate danger. This psychologically normal response to new risky situations results in people mentally rehearsing the crisis as if they were experiencing it and asking themselves, “What would I do?” In their minds, they imagine that the risk is here (instead of there), now (instead of soon), and definite (instead of maybe). They may believe that they, too, are at immediate risk and demand unnecessary services; as a result, they may go to the emergency room or take medications they do not need. Their stress reactions will be high, even though they are not in

immediate danger, often resulting in some of the health consequences of stress. Further, because many of the agents are invisible and difficult to detect, we may not always be able to tell a community with certainty that it has not been exposed. This imaginative leap from there/soon/maybe to here/now/definitely can be beneficial if it is acknowledged and the opportunity is taken to prepare, emotionally and logistically, for a real crisis.

### WHAT DOES THIS MEAN FOR COMMUNICATION WITH THE MEDIA AND THE PUBLIC?

In times of emergency, officials will be working hard to deliver the information that answers questions people will ask, such as:

- › “What happened?”
- › “Am I safe?”
- › “Is my family safe?”
- › “Who’s in charge?”
- › “What is being done to protect me, my family, and my community?”
- › “What can I do to protect myself?”
- › “Why did this happen?”
- › “When will it be over?”

However, some things that people need to know are not easy for them to hear: that people are dying, that the risks are not really understood, that it is not known when the emergency will be over, and that decisions may have to be made with imperfect information. Most importantly, people need to know what to do to protect themselves and their families. Sometimes this is easy to hear and easy to act on. But there are times when public health guidelines are not consistent with personal beliefs or instincts. These are times when delivering guidance takes more than printing words on a page or reporting to the viewing and listening audiences what they need to do. It takes more because the public will need to be led toward protective actions.

Table 6–1 lists the types of critically important information that public health officials strive to deliver to the media and the public during public health emergencies.



## “ DURING A CRISIS,

leaders may need the public to follow ‘negative’ instructions, such as ‘don’t go to the hospital unless...’ or ‘don’t try to pick up your kids at school.’ These negative instructions many times go against one’s own instincts and therefore require very high levels of trust. Good communication may help build this trust, though frankly, it really needs to be built beforehand. In any case, poor communication will surely undermine any trust that existed beforehand or could have potentially been built during a time of crisis.

The use of proper risk communication principles is vital to the response to a crisis. People WILL exercise initiative whether leaders want them to or not. They will figure out how best to protect themselves and their families, and they will reach out to try to help others. In order to determine what to do, they will search diligently for information and guidance. If what is available from official sources is scanty or vague, lacks credibility, or provides no real role for them, they will simply turn to unofficial sources to fill the void. Finally, leaders must remember that people can help. Leaders may need not just their compliance but their initiative and even their guidance. Good crisis communication is two-way. ”

*Dr. Peter Sandman, Risk Communication Expert*

### EXAMPLE OF HOW APPROPRIATE PUBLIC HEALTH GUIDANCE MAY CONFLICT WITH PEOPLE’S INCLINATIONS

If a community is exposed to the smallpox virus, public health guidance will likely include recommending that people not leave the region. A common response might be: “Not leave the region? But why not? I want to take my children to my mother’s house in the next state, where they will be safe.” However, if a vaccination program starts, the vaccine will be available in the affected region and possibly not near Grandma’s house. Similarly, if a radiological or chemical event occurs, public health officials may recommend that parents do not attempt to pick their children up from school. In most cases, emergency plans provide for quicker and surer evacuation of schools than the rest of the population. Therefore, while the inclination of parents to do so will surely be high, removing children from school in a crisis may be moving them from a more protected to a less protected category.

These examples show how public health guidance can conflict with personal inclinations. This conflict can make it difficult for the public to act on such guidance.



**TABLE 6-1. INFORMATION THAT PUBLIC HEALTH OFFICIALS MAY PROVIDE IN A PUBLIC HEALTH EMERGENCY**

WHAT	WHY	EXAMPLE
Expression of empathy and acknowledgment of fear and uncertainty	Government officials have historically tended to speak about facts, rather than emotions. Therefore, expressing empathy, fear, or uncertainty can be particularly difficult for officials to do. Experts believe that citizens need to know that their feelings are understood and acknowledged by authorities. This helps establish a connection and makes it a little easier for audiences to hear the difficult information that usually follows.	“Whatever it [the loss of lives] is, it will be more than we can bear...” — <i>Rudolph Giuliani</i> , September 11, 2001
Clarification of facts	Public health officials will try to provide as much factual information as they can about the situation.	“At ___ time today, ___ number of individuals in the ___ location reported to ___ hospital with ___ symptoms...”
What is not known	<p>Just as expressions of empathy do not always come naturally, discussing the unknown elements of the situation also goes against years of professional training and experience. Many public health officials are used to having confirmation of all of the facts before releasing information.</p> <p>Just as important as what is known is what is not known. There will be many things public health officials do not know, especially when they suspect an illness but have not yet confirmed it. It is also likely that, in the initial stages of the investigation, they will not know the route of exposure or what/who caused the situation.</p> <p>The nature of terrorism is pushing public health officials to change the way they release information to the public. They realize that waiting until they have an answer to every possible question could jeopardize public safety.</p> <p>As their understanding of the situation evolves, they will provide you with updates on what is known and what is not known.</p>	<p>“We will learn things in the coming weeks that we will then wish we had known when we started.”</p> <p>—<i>Jeff Koplan</i>, former director of the Centers for Disease Control and Prevention, talking about anthrax in 2001</p>
Steps taken to get more facts	<p>Although there is much they may not know, public health officials can tell you the immediate steps taken to get more facts and to begin to manage the public health emergency. Immediate steps might include isolating patients, conducting an epidemiological investigation, alerting the public to signs and symptoms, activating the Health Alert Network, etc.</p> <p>The public can more easily accept high levels of uncertainty when they are aware of the actions taken to find answers.</p>	“We do not know yet how many people have been exposed to the ___ source of illness, but we are talking to everyone who was in ___ location on ___ date. If you were in ___ location on ___ date, please call 1-800- ___ - ___ .”
Call to action—giving people things to do	<p>In a crisis where immediate action needs to be taken (e.g., sheltering-in-place due to a radiological incident), this may be a key part of the message.</p> <p>In some cases, even symbolic actions can help channel people’s energy and desire to do something.</p>	<p><b>Protective actions:</b> Boil water before drinking, or drink bottled water.</p> <p><b>Helpful actions:</b> Donate time or money to a charity providing assistance; check on elderly neighbors.</p> <p><b>Symbolic actions:</b> Attend a vigil or fly the American flag.</p>
Referrals	Public health officials will tell you when the next update will occur and where you and the public can go for more information, help, or support, such as hot lines or Web sites with more detailed information.	“We expect to get ___ information confirmed within the next ___ timeframe and will let you know what we are dealing with at that time...”



## CRISIS COMMUNICATION LESSONS LEARNED FROM PUBLIC HEALTH EMERGENCIES

Anyone who has been involved with public communication during a crisis knows firsthand that there are many challenges to getting the message out quickly. Here are some tips from risk communications experts for addressing some of the commonly faced obstacles encountered in public health emergencies:

### What do you say when your team's experts do not agree?

There are likely to be many times during the crisis when experts do not agree with each other. Basic communications training teaches us that consistent messages are critical, but that does not mean keeping everyone in a room until they agree on technical issues—and waiting to act and release information until they agree. Rather than letting disagreements stymie attempts to keep the public informed, risk communications experts suggest:

- › Reveal uncertainties, unknowns, and disagreements.
- › Avoid overconfidence and explain that as new knowledge about the event surfaces, it may result in changes in public recommendations and actions to contain the situation (use a confident tone, but be tentative in your content).
- › Share dilemmas in decision-making.

Paradoxically, this approach builds trust in leadership and protects your credibility in the long run.

**What does this sound like?** *“There are several possible explanations for what we’re seeing today. One is \_\_\_\_, another is \_\_\_\_, and still a third is \_\_\_\_. With the limited confirmed facts we have right now, it is not possible to know for sure which is most correct. Each of these scenarios would suggest slightly different options for how to best minimize the impact to our local residents. We can either wait for the confirmation before acting or make an educated best guess and move forward, taking steps to protect ourselves the best we can. Therefore, we are doing \_\_\_\_ to protect people from harm, and we will adjust our approach if we need to when more facts are known.”*

In this example, the various perspectives are revealed without sounding like experts are disagreeing with each other. Because the decision-making dilemmas are shared with the public, you have engaged them in the process. When new facts are revealed during the investigation that may contradict what was thought earlier, people will not question your capabilities or judgment.

### What do you say when confirmation tests are not finished yet?

It may take days to have complete confirmation of a biological or chemical agent. In the time between something happening and revealing itself to the public (people are sick, for example) and the moment you have confirmation of what is really happening, you cannot afford to remain silent and not take action. Rumor, speculation, and the presence of presumed experts will affect people’s reactions. Risk communication experts suggest:

- › Address the fact that something is suspected, but not confirmed.
- › Be willing to speculate, within limits. But if you have no idea, don’t guess. Allow someone who has technical expertise in the area to provide informed speculation, and, most importantly, be sure your audience knows that you are sharing your hypothesis, which may or may not prove to be correct once the test results are in.
- › Share what is known, what is not known, and what is being done in the meantime.

**What does this sound like?** *“In the last \_\_\_\_ hours, several patients have come to area hospitals with symptoms of \_\_\_\_, \_\_\_\_, and \_\_\_\_. Public health officials suspect that these individuals may have \_\_\_\_ due to the nature of their symptoms. It is important to know that we do not have confirmation of this diagnosis, and it will take another \_\_\_\_ hours until the test results come in. In the meantime, these patients are in stable condition and the best available medical care is being provided for them. In addition, public health officials are working with them to identify their family members and close contacts so they can receive the medical care they might need. It is entirely possible that this will be a false alarm, but we will proceed with an abundance of caution until we know one way or the other.”*



*Where they might have come into contact with the \_\_\_ illness is the most important question officials are trying to answer right now so that others who may have been exposed can be identified and treated.”*

**How do you best use your technical resources? How do you best collaborate with subject matter and technical experts at press conferences?** Remember to keep your experts nearby, especially when talking with the media. Allow first responders to address safety issues, public health officials to address health questions, and elected and appointed officials to provide leadership to the team and community.

**How do you balance timeliness and accuracy?** Your message will be judged on both its timeliness and its accuracy. It is a juggling act to make sure that one is not sacrificed for the other. How do you ensure that, by disseminating information quickly, you do not get the message wrong? On the other hand, if you wait until all of the facts are clear and confirmed, you have sacrificed getting information out there quickly. It feels like a no-win situation.

According to risk communication experts, immediate communication with the public is critical to the success of your message and your credibility throughout the duration of the emergency. You cannot wait until you know all of the facts. The same risk communication recommendations apply:

- › Be first to respond to the public’s need for information.
- › Share what is known, what is not known, and what next steps are being taken by officials.
- › It is preferable to tell the public that you do not know all the answers yet than to tell them nothing.
- › Resist the temptation to reassure the public excessively.

## **THE NATURE OF CRISIS NEWS: WHEN A LOCAL STORY BECOMES NATIONAL, THEN 24/7**

You may have participated in hundreds of press conferences, news briefings, or media interviews. But the media attention given to a national emergency, such as a terrorist attack, may be unlike the coverage of local emergencies you have encountered.

## **HOW IS IT DIFFERENT?**

- › National news teams and their equipment will require space near the site of the emergency. Do you have a staging area?
- › There will be many new contacts to deal with, in addition to your local news contacts. Do you have national and local media lists?
- › Requirements for timely release of information will increase. Are you ready to meet the demand with regular updates and maintain that schedule even if there is no new information to provide? Does your Public Information Officer (PIO) have a contingency plan for prolonged 24/7 operations (e.g., assigning additional PIOs from other parts of your government to assist with the response)?
- › The number of reporters seeking nuggets of news, or scoops, is increased. Be prepared for lots of news angles to be pursued and lots of local and national experts and so-called experts to be interviewed.
- › Do you know who your local experts are and who would do the best job at a briefing or interview?
- › The depth of story coverage is increased. Live news coverage increases. When the story becomes an all-day television event, be prepared for every nuance to be told. Know that news crawlers at the bottom of TV screens are becoming a popular and powerful tool. Have your crawler messages ready! See the box on the next page on the “Language of Live” for a description of 24/7 news coverage.

## **NEWSROOMS DURING CRISIS**

- › The first available reporter might get the story—which may not necessarily be his or her “beat.” Seasoned or informed reporters will arrive later. Even then, reporters are not subject matter experts, and they will need background information to help them tell the story. A helpful source of information is the U.S. Department of Health and Human Services’ “Terrorism and Other Public Health Emergencies: A Reference Guide for Media.” This guide can be accessed or ordered at <http://www.hhs.gov/emergency>.
- › The first information out is reported first. Facts are sorted out as the story evolves. If you use the “language of live,” your statements can adapt to the evolving situation.





- › The media will not wait for you. They will start reporting on the story whether you are talking to them or not. Get into the news cycle as soon as possible—that is better than correcting inaccurate information later.
- › Reporters are experiencing the crisis just as you are—in real time. Pressures and emotions will be managed as much as possible, but people are only human.
- › Many reporters and news organizations will work closely with you in the early stages of a crisis, but this won't last forever. As the immediate emergency fades, you must be prepared for a more “traditional” relationship.

### THE NATURE OF 24/7 NEWS COVERAGE AND THE NEW “LANGUAGE OF LIVE”

**“In this environment, events and information play out in real-time; live; 24/7; nonstop. As a result, we get news by increment. Each little development becomes the latest ‘breaking news’ piece set into the mosaic of the larger story. This can be helpful or it can be a terrible distraction. One of the challenges for news organizations is to make sure incremental news is proportional and provides context.**

**“The advent of incremental news brings with it the danger of ‘information lag.’ That is the time between when the media asks a question and a responsible official can answer it. That time lag can be minutes or it can be hours. In some cases—such as with certain types of bioterrorism—it may even be days. This truly is the most precarious time in the story process, when uninformed speculation and rumor can fill the information void. This can be a very dangerous thing. We saw this play out during the anthrax attacks of 2001. It is why news organizations and public officials alike need to learn and appreciate what I call the ‘language of live.’ The ‘language of live’ recognizes the realities of the 24/7 world. It is a transparent language that is deliberate and clear. It explicitly states what is and what is not known, confirmed or corroborated. It directly attributes sources of information. It labels speculation as such. It quickly doubles back on bad information to correct the record. The ‘language of live’ is a language that many journalists employed fluently in the days after 9/11...**

**“There are some things the ‘language of live’ should not be—especially when we’re talking about the coverage of terrorism. It should not be breathless. It should not be hyped. It does not need to be accompanied by sensational graphics or ominous music. The facts will be ominous enough.”**

Frank Sesno, University Professor of Public Policy and Communication, George Mason University; former Washington, DC, bureau chief, CNN

Testimony before the House Select Committee on Homeland Security, September 2004

