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HOW TO COMMUNICATE THE PUBLIC DURING THE THREATS OF BIOTERRORISM: STRATEGIES FOR CRISIS MANAGERS

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Abstract

After the worst terrorist attack in American history happened on September 11, 2001, the subsequent biological event of anthrax being sent through the U.S. mail system caused several deaths and generated public anxiety. To eliminate the fear of future biological attacks and to create credibility and trust, health system officials must communicate effectively to the public during future biological events. Under the fear of biological attack, a crisis communication plan should be prepared to respond to such biological events. PURPOSE: When a biological event occurs, health system officials and government leaders should make an announcement of the biological event to the public. The officials and leaders should have the capability of crisis communication for improving public perception and understanding of health and environmental risks of bioterrorism to the press. The purpose of this paper is to provide strategies of crisis communication in order to assist officials and leaders in communicating with the public during bioterrorist threats. GENERAL APPROACH: The issues which involve the consequences of bioterrorism attacks are providing mass prophylaxis to exposed populations, mass patient care, mass fatality management and environmental health clean-up procedures and plans. In order to provide appropriate information in response to reducing public fears and concerns about bioterrorism, crisis managers should design a crisis communication plan to address this unique challenge and to reduce the impact of bioterrorism attacks. METHODS: This research describes the importance of a crisis communication plan and provides strategies for officials to communicate to the public in a biological event. Reviewing past and present news shows the public fears and concerns about the bioterrorism and the performance of crisis managers during a biological event. Indeed, reviewing literature and studies present communication strategies to assist officials and leaders to communicate to the public during the threats of bioterrorism. FINDING: The strategies for crisis communication to communicate to the public during the threats of bioterrorism are Openness -- to adopt a policy of appropriate disclosure about biological events, Truthfulness -- to avoid assumption and never mix facts with reassurance, Responsiveness -- to present the response of government agencies to counter the threats, Transparency -- to recommend specific steps that people may take to protect themselves, and Engagement -- to help people to settle in changed state of circumstances.

Introduction

After the worst terrorist attack in American history happened on September 11, 2001, the

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subsequent biological event of anthrax being sent through the U.S. mail system caused several deaths and generated public anxiety. To eliminate the fear of biological attacks and to create credibility and trust, health system officials must communicate effectively to the public during a biological event. Under the fear of biological attack, a crisis communication plan should be prepared to respond such biological events.

In Chinese, the word "crisis" is called "Wei-Ji" which is consisted of two words, "danger" and "opportunity". This means that crisis is a turning point in the course of anything, an unstable condition toward the best or worst consequence. Indeed, Professor John Harrald, Director of the Institute of Crisis, Risk and Disaster Management at the George Washington University, explains that crisis communication differs from risk communication in the following perspective [11]:

- "Event Specific",
- "Taking place in potentially adversarial environment", and
- "A top management responsibility".

Obviously, the characteristics of biological terrorism meet these three criteria. For example, the responses required during a bioterrorist event differ from the responses that would be required in responding to traditional hazardous materials, chemical, radiological, or nuclear terrorism. Moreover, the decisions of government officials and leaders who are located at the top level in organizations affect the consequence and development of a biological event. Therefore, how to communicate the public during bioterrorism is a unique challenge of health system officials and government leaders to respond such biological events. To reduce the impact of biological attacks, officials and leaders should understand what are the fears and concerns of general public about bioterrorism, what is crisis communication in a biological event, and how to use appropriate strategies to communicate the public.

Background

Purpose

When a biological event occurs, the health system officials and the government leaders make an announcement of the biological event to the public. Further, to eliminate the fear of biological attacks and to create credibility and trust, the officials and leaders should have the capability of crisis communication for improving public perceptions and understanding of health and environmental risks of bioterrorism. Therefore, the purpose of this paper is to provide strategies of crisis communication in order to assist officials and leaders to communicate to the public during the threats of bioterrorism.

General approach

The issues which involve the consequences of bioterrorism attacks are providing mass prophylaxis to exposed populations, mass patient care, mass fatality management and environmental health clean-up procedures and plans. Certainly, providing appropriate information can decrease public fears and concerns about bioterrorism and reduce the impact of biological attacks. Therefore, crisis managers should design a crisis communication plan to address this unique challenge.

For improving public perceptions of bioterrorism, holding a press conference is one way of communication models. Further, to implement effective communication to the pubic, Figure 1 demonstrates the organizational structure of communication to help officials and leaders to understand the communication process.

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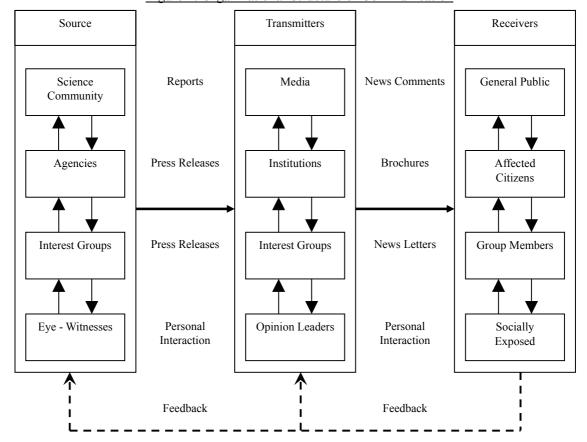


Figure 1: Organizational Structure of Communication

(Source: Renn, Ortwin. Risk Communication and the Social Amplification of Risk. <u>Communicating Risks to the Public: International Perspectives.</u> P287-P324.)

Objectives and methods

Objectives

This study has three objectives that are:

- Describing the public fears and concerns about the bioterrorism and the performance of crisis managers during a biological event,
- Presenting the goals, priorities, and management of crisis communication, and
- Providing recommendations for communication strategies to assist officials and leaders during bioterrorist threats.

Methods

This research describes the importance of crisis communication plan and provides strategies for officials to communicate to the public in a biological event. To conduct this study, the author uses the ABI/Inform and LEXIS/NEXIS search engines to reviewing past and present news with the keywords: "anthrax" and "crisis communication". Past and present news show the public fears and concerns about the bioterrorism and the performance of crisis managers during a biological event. Indeed, reviewing literature and studies by searching library's catalogues present the fundamental issues of crisis communication and provides communication strategies to assist officials and leaders to communicate the public during the threats of bioterrorism.

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Discuss

The public fears and concerns

On October 5, Robert Stevens, a photo editor working for American Media Inc. in Boca Raton, Florida, became the first victim of inhalation anthrax following the September 11th attacks. [2] After this case, "seven more people . . . [were] diagnosed as contaminated in Florida, one person employed by the National Broadcasting Corporation in New York . . . contracted cutaneous anthrax, three people involved in the investigation . . .[were] contaminated, and 28 Capitol Hill workers . . . tested positive for exposure."[2][20] When the news was disclosed, a lot of people flocked to emergency departments and family doctors to request the prophylactic antibiotics to anthrax. [2] Indeed, gas masks in military-surplus stores sold out in a short time. After these cases, no one wants to take chances in such biological events. The publics seek help and attempt to protect themselves.

The performance of officials and leaders

The Florida Experience: After the first death case of anthrax disclosed, the Secretary of Health and Human Services, Tommy Thompson, announced that this case was an isolated instance and that the victim might have contracted by drinking from a stream. [2][20] However, drinking from a stream is "a very improbable explanation for the inhalational form of anthrax."[2] Of course, scientists promptly dismissed the possibility. [20] In fact, more than seven staff in the same company were contaminated by the anthrax mails in Florida. In this case, "senior government officials . . . [said] they have learned painful lessons about what and what not to say and do in the future."[20] Moreover, to reduce public confusion to fester, "the White House began staging daily briefings with its new chief of domestic security, former Gov. Tom Ridge of Pennsylvania, and top doctors and officials from a bevy of affected agencies."[20]

The New York Experience: At least 1997, New York City had been preparing for the biological or chemical attacks. The city government officials designed a drill that involved hundreds of city employees and more than 40 emergency rooms to show their preparedness against biological or chemical terrorism. However, in the case of anthrax letters, both the F.B.I. and city health technicians made serious mistakes. When the first suspicious letter was founded at NBC on September 25, the F.B.I. officials did not initially alert the city police and did not follow protocols to test the letter for anthrax spores directly. Further, when the F.B.I officials sent a second letter, which did contain anthrax for testing to the New York City Health Department laboratory, technicians unintentionally contaminated a special chamber in the lab and exposed themselves to miniature amounts of bacteria. Subsequently, technicians were given antibiotics as a prophylaxis and the city closed this lab. As a result, both the New York City officials and the F.B.I. acknowledged the gaps of bureaucratic rivalry in coordination, communication, and command. [20]

The Washington Experience: On Capitol Hill, 28 workers tested positive for exposure to anthrax from a letter opened in the office of the Senate majority leader, Tom Daschle. More than 20,000 people waited to get tested, including congressional staffers, messengers, lobbyists, reporters, tourists, and photographers. Initially, the response was a mistake to take 30 or 45 minutes to shut the Senate ventilation system. After that, "four senior Congressional leaders decided to shut most of the Capitol complex for testing and to end the week's session a few days early."[20] Nevertheless, "speaker J. Dennis Hastert of Illinois presented the decision to the House Republican conference as a fait accompli. Then he asserted before television cameras that the ventilation system and tunnels in the Capitol complex had been contaminated."[20] Therefore, "at week's end, bitter recriminations raged on, not between the parties but between the two chambers over which had acted more responsibly to balance symbolism and safety."[20] Consequently, "one person has died and a handful out of thousands tested have been infected and are responding to treatment with

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antibiotics or are cured."[20]

The goals of crisis communication

According to Mr. James E Lukaszewski, an expert in the subject of Public Relations, he defines the following goals of crisis communication [6]:

- Openness, accessibility -- availability and willingness to respond.
- Truthfulness -- unconditional honesty is the only policy.
- Responsiveness -- recognition that any constituent concern is by definition legitimate and must be addressed.
- No secrets -- behavior, attitudes, plans, even strategic discussions are unchallengeable, unassailable, and positive.

The priorities of crisis communication

In the same paper, Mr. Lukasezewski also sets the following priorities of target audiences in crisis communication [6]:

- Priority #1: Those most directly affected (victims, intended and unintended).
- Priority #2: Employees (sometimes they are victims, too).
- Priority #3: Those indirectly affected neighbors, friends, families, relatives, customers, suppliers, government, regulators, and third parties.
- Priority #4: The news media, and other channels of external communication.

The management of crisis communication

The goals of crisis communication are to create or to develop the credibility and trust between the general public and the government officials in a biological attack. To understand the management of crisis communication and to analyze the different level of contributing trust, confidence, and credibility, Table 1 presents three levels of factors to illustrate the key variables.

Table 1: Factors of Credibility for Messages, Persons, Political / Cultural Contexts

MESSAGE	
Positive:	Negative:
Timely disclosure of relevant information	Stalled or delayed reporting
Regular updating with accurate information	Inconsistent updating
Clear and concise	Full of Jargon
Unbiased	Biased
Sensitive to values, fears and concerns of public	Inconsiderate of public perception
Admits uncertainty	The absolute truth
From a legitimate reputable source	From a questionable source
Organized message	
Use of metaphors	Too literal
Explicit conclusions	Receiver derive own conclusion
Positive information recorder in early part of message	
Forceful and intense	Dull
PERSON	
Positive:	Negative:
Admits uncertainty	Cockiness
Responds to emotions of public	Indifference
Appears competent	
Similarity with receiver	Perceived as outsider
Has some personal stake in the issue	

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Clear and concise	Too technical
Perceived as "expert"	
Perceived as "attractive"	
Charismatic	
Trustworthy-honest, altruistic, and objective	
POLITICAL / CULTURAL CONTEXT	·
Positive:	Negative:
Faith in institutional structures	Perception of structural decline
Check and balance system functioning well	Poor leadership / incompetence
	Corruption / scandal
	Energy crisis
	Perception of unfair taxation
New and innovative ideas	
	Perception of worsening financial situation
	Social unrest
	Terrorism

(Source: Renn, Ortwin and Debra Levine. Credibility and Trust in Risk Communication. <u>Communicating Risks to the Public: International Perspectives.</u> P175-P217.)

"The objective of crisis communication is to control damage to an organization's reputation."[17] Moreover, crisis managers should use the occasion of media attention to advertise the organization's mission, values, and operations to the public. Understanding the fundamental rules and doctrines about crisis communication, leaders and officials will know how to manage the crisis communication and to maximize the effect of crisis communication. [6] According to Mr. Otto Lerbinger, a professor of Public Relations in the Boston University, he indicates that the following measures to manage communications during the crisis event are [17]:

- Ascertaining and facing up to the reality of a crisis.
- Activating crisis management team and alerting top management.
- Designating crisis media center.
- Conducting necessary fact-finding.
- Speaking with a single voice.
- Holding quickly news conference and making disclosures to the media openly, honestly, and accurately.
- Communicating directly with government employees, customers, stakeholders, and other key publics.
- Taking appropriate remedial action.
- Keeping a log to improve future performance.

Findings

The strategies for crisis communication

The strategies for crisis communication to the public during the threats of bioterrorism are Openness -- to adopt a policy of appropriate disclosure about biological events, Truthfulness -- to avoid assumption and never mix facts with reassurance, Responsiveness -- to present the response of government agencies to against the threats, Transparency -- to recommend specific steps that people may take to protect themselves, and Engagement -- to help people to settle in changed state of affairs. [6]

Openness: Openness means that officials and leaders should adopt a policy of appropriate

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disclosure about biological events. In the first case of inhalation anthrax, the government official made a mistake by announcing that this case was an isolated case. In fact, in the days following this case, several victims had been diagnosed from the same anthrax mail as Mr. Robert Stevens received. In this experience, officials and leaders did not disclose appropriate information to gain the credibility of the general public. Therefore, the fears and concerns of bioterrorism were not reducing by the government response. In contrast, the government officials and leaders fuelled the fears of biological attacks. For this reason, openness is the first important strategy for governments and organizations to respond and handle with biological attacks.

Truthfulness: Truthfulness means that officials and leaders should avoid assumption and never mix facts with reassurance in a biological threat. On Capital Hill, Senator Tom Daschle inaccurately described his staffs as "infected." Likewise, Mr. J. Dennis Hastert, the speaker of the House, assumed the ventilation system of the Capitol complex that had been contaminated with anthrax spores. Subsequently, experts in biological warfare and building design had been examined these assumptions and called that "extremely unlikely". [4] This shows that officials and leaders should not assume any information of biological events. Furthermore, officials and leaders should avoid mixing the facts of biological threats. As a result, truthfulness is the second strategy to build the trust and confidence between the government and the pubic in a biological event.

Responsiveness: Responsiveness means that officials and leaders should present the response of government agencies to against the threats of bioterrorism. In the days after the first anthrax case was disclosed in Florida, health and law enforcement agencies stated conflicting statements frequently. Moreover, officials hypothesized about what had happened or what might happen. [4] However, in the view of the general public, people want to know not only what is the development of bioterrorism but also what is done for them. To demonstrate a model for how crisis communication might be effectively managed, the response of the New York City's mayor, Rudolph W. Giuliani, held a daily press conferences about the city's anthrax exposures and to disclose how the city government to counter the biological attacks. [4] Therefore, responsiveness is the third strategy to reduce the fears and concerns of the general public during the threats of bioterrorism.

Transparency: Transparency means that officials and leaders should recommend specific steps that people may take to protect themselves in a biological attack. Based on the limitation of the information flow, the public will be the last one to receive the information of anthrax through the media. It seems that anthrax is an unpredictable germ capable of killing a lot of people without warning. [4] Of course, the public does not have enough knowledge to protect themselves to avoid the risks of bioterrorism as specialists in a biological warfare. To address this challenge, officials and leaders should help people hold onto a rational assessment of the threat. Indeed, recommending significant measures is an appropriate way to reduce the fears from an unpredictable threat. Therefore, transparency is the fourth strategy to assist people to protect themselves in the biological threats.

Engagement: Engagement means that officials and leaders should help people to settle in changed state of affairs during and after the threats of bioterrorism. Certainly, a biological attack will impact the daily living and operation of the general public. Thus, the consequence of the bioterrorism is not only loss of lives by microbes but also causing social/economic impacts from interrupting the routine. Moreover, encouraging people to return to the normal operation in order to reduce the impact will be an important issue for government officials and leaders to consider in the response and recovery phase of bioterrorism. For example, a cabinet minister publicly fed a hamburger to his child to demonstrate the safety of beef products after the British recovered the food market from the disease of Bovine Spongiform Encephalopathy (BSE). [4] Therefore, engagement is the last strategy to encourage people to return to the normal business after the changed circumstances from bioterrorism.

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Conclusion

When a biological attack strikes, the coordination and preparedness of government agencies and the leadership of officials are tested. Certainly, using a federal grant to assist state and local health systems is a good way to reduce the impact of bioterrorism. However, how to unify the effort of countering biological threats is the most important issue for officials and leaders to address. Using appropriate strategies in crisis communication can achieve and maximize the effectiveness of government's response. Therefore, officials and leaders should develop a crisis communication plan that incorporates openness, truthfulness, responsiveness, transparency, and engagement to most effectively counter the effects of bioterrorism.

References

- [1] Amanda S, Nell B, Dana H, Stacey S, Rachel KS. Confusion in Spades; The Anthrax Scares Reveal a Public-Health System in Disarray. U.S. News & World Report [Serial online] 2001 Oct 29 [Cited 2001 Nov 26]; 131(18): 42-48 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [2] Bioterrorism: Safeguarding the public's health [editorial]. The Lancet [Serial online] 2001 Oct 20 [Cited 2001 Nov 26]; 358(9290): 1283 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [3] Debra KT. How to Develop a Crisis Communication Plan. Occupational Hazards. [Serial online] 1993 Mar [Cited 2001 Oct 31]; 55(3): 58 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [4] Erica G. Anthrax Offers Lessons in How to Handle Bad News. The New York Times [Serial online] 2001 Oct 23 [Cited 2001 Nov 26]; Sect F: 1 (col.1) [24 screens]. Available from: LEXIS/NEXIS Academic Universe Database URL: http://proxygw.wrlc.org: 2054/universe
- [5] Erin D. Taking the Risk out of Risk Communication. American Gas [Serial online] 1995 May [Cited 2001 Oct 18]; 77(4): 42 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [6] James EL. Establishing Individual and Corporate Crisis Communication Standards: The Principles and Protocols. Public Relations Quarterly. [Serial online] 1997 fall [Cited 2001 Oct 31]; 42(3): 7-14 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [7] Jeffrey PJ. Is 'PR' a Risk to Effective Risk Communication? Communication World [Serial online] 1993 Oct [Cited 2001 Oct 18]; 10(9): 14 [24 screens]. Available from: ABI/Inform Database URL: http://prequest.umi.com
- [8] Jim L. Engagement: The Crucial Communication Success Ingredient. Jim Lukaszewaski's Strategy: A Supplement of pr reporter. [Serial online] 2001 Sep 17. [Cited 2001 Oct 31]; 15. Available from: URL: http://www.e911.com/monos/a003k.html
- [9] John C. Risk Communication: Myths & Realities. Electric Perspective [Serial online] 1995 Mar-Apr [Cited 2001 Oct 18]; 20(2): 56 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [10] John RH. A Strategic Framework for Corporate Crisis Management. In: Proceedings of TIEMS 98: International Challenges for the Next Decade; 1998. p. 389-98.
- [11] John RH. Crisis Communications. [Lecture note] Fall 2001 [cited 2001 Dec 5].
- [12] John S, Dennis M. Risk Communication in Emergencies. In: Roger EK, Pieter JM, editors. Communicating Risks to the Public: International Perspectives. Dordrecht, Netherlands: Kluwer Academic Publishers, Inc.; 1990. p.367-91.
- [13] Mary Ann F. Risk Communication and the Reasonable Reader Concept. Journalism &

9th Annual Conference Proceedings University of Waterloo, Canada, May 14-17, 2002

- Mass Communication Educator. [Serial online] 2000 autumn [Cited 2001 Oct 18]; 55(3): 42-49 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- Ortwin R, Debra L. Credibility and Trust in Risk Communication. In: Roger EK, Pieter JM, editors. Communicating Risks to the Public: International Perspectives. Dordrecht, Netherlands: Kluwer Academic Publishers, Inc.; 1990. p.175-217.
- Ortwin R. Risk Communication and the Social Amplification of Risk. In: Roger EK, Pieter JM, editors. Communicating Risks to the Public: International Perspectives. Dordrecht, Netherlands: Kluwer Academic Publishers, Inc.; 1990. p.287-324.
- [16] Ortwin R. Strategies of Risk Communication: Observations from Two Participatory Experiments. In: Roger EK, Pieter JM, editors. Communicating Risks to the Public: International Perspectives. Dordrecht, Netherlands: Kluwer Academic Publishers, Inc.; 1990. p.457-81.
- [17] Otto L. The Crisis Manager: Facing Risk and Responsibility. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.; 1997.
- [18] The New York City Department of Health. Alert #8: Update on Anthrax. [Serial online] 2001 Nov 12. [Cited 2001 Dec 5]. Available from: URL: http://www.nyc.gov/html/doh/html/cd/wtcp.html
- [19] Timothy S. Communicating about Risks: A Checklist for Health Agencies. J of Environmental Health [Serial online] 2000 Nov [Cited 2001 Oct 18]; 63(4): 33-35 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [20] Todd SP, Alison M. A Nation Challenged: The Disease; Drills Predicted Gaps in Preparedness Seen in the Anthrax Response. The New York Times [Serial online] 2001 Oct 21 [Cited 2001 Nov 26]; Sect 1B: 7 (col.1) [24 screens]. Available from: LEXIS/NEXIS Academic Universe Database URL: http://proxygw.wrlc.org: 2054/universe
- [21] U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). USAMRIID's Medical Management of Biological Casualties Handbook. Fort Detrick, Maryland: USAMRIID; February 2001.
- [22] William AO. Guidelines for Improving Risk Communication in Environmental Health. J of Environmental Health [Serial online] 1995 Jul [Cited 2001 Oct 18]; 58(1): 20 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com
- [23] William CA. The Role of Media Relations in Risk Communication. Public Relations Quarterly [Serial online] 1992-3 winter [Cited 2001 Oct 18]; 37(4): 28 [24 screens]. Available from: ABI/Inform Database URL: http://proquest.umi.com

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