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LESSON LEARNED

Crisis Communications: Communicating Uncertainty to the Media and the Public

SUMMARY

After an emergency, the public may desire crucial information that government officials cannot immediately provide. These officials do not always have the information or have only incomplete information. Incident managers should employ an experienced lead spokesperson who can communicate to the public that information is not currently known, yet at the same time not alarm them.

DESCRIPTION

During the anthrax attacks of 2001, some senior Department of Health and Human Services officials publicly ruled out terrorism before the source of the anthrax exposure was determined. Instead of admitting uncertainty, officials released inaccurate and incomplete information to alleviate public anxiety. The government lost credibility once investigators determined that the anthrax incidents were intentional attacks.

Officials recognized that these communication mistakes were due in part to the absence of a lead spokesperson skilled at communicating incomplete information in a reassuring manner. Eventually, Dr. Anthony Fauci, director of the National Institute of Allergies and Infectious Diseases, served as the lead federal spokesperson. His previous experience with media relations and similar health crises made him an ideal candidate.

Immediately following an emergency, it is essential to identify a lead spokesperson who is experienced at responding to media queries. When that spokesperson does not have answers to specific questions, he or she should be able to acknowledge this uncertainty openly. The spokesperson should also explain the reasons why information is unavailable and how the government is pursuing that information.

CITATION

Lawrence K. Altman and Gina Kolata, "Anthrax Missteps Offer Guide to Fight Next Bioterror Battle," *The New York Times*, 6 January 2002.

Joel Achenbach, "Getting it Right Before Getting it First," *The Washington Post*, 18 September 2001.

Kenneth A. Shine, Testimony Before 107th Congress, Hearing on Risk Communication: National Security and Public Health, 29 November 2001.

"Crisis and Emergency Risk Communication," Centers for Disease Control and Prevention, October 2002, pp 22-23.

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