

The Anthrax Attacks: Impact on Health Communication

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Bioterrorism Communication

Audiences

- **Public—General vs. Affected**
- **Public Health Professionals**

Channels

- **Media**
- **Public Inquiries**
- **Web**
- **Public Meetings**
- **HAN/EPI-X**
- **Response Line**
- **Conference Calls**
- **Web**
- **Satellite Training Broadcasts**

Bioterrorism Communication (Continued)

Audiences

- **Clinicians**

- **Policymakers**

Channels

- **Response Line**
- **Partnerships—AMA**
- **MMWR**
- **Web**

- **Phone Calls—Staff, etc.**
- **Briefings**
- **Partnerships—Corporate,
Government**
- **Web**

Challenge of Communicating Uncertainty

- **Attacks unprecedented**
- **Little scientific evidence to work with**
- **Fear that acknowledging uncertainty leads to panic**
- **Changing practices based on evolving knowledge treated as mistakes**
- **Reluctance of scientists to make recommendations with inadequate evidence**

Challenge of Selecting Credible Spokespersons

- **Politicians vs. scientists as spokespeople**
- **Reassurance vs. candor**
- **Expertness vs. empathy**

Challenge of Collaboration Within and Across Organizations

- Who's in charge
- Clashing organizational cultures, e.g., CDC, FBI, USPS
- Developing trust in highly stressful situations



Challenge of Satisfying 24/7 Competitive Media

- Information rapidly changing
- Information new and highly technical
- Attacks on media created more outrage and anxiety
- Clash between scientific and criminal traditions



Challenge of Managing Information in an Emergency

- **Visual display of complex data**
- **Lack of standardizing database formats**
- **Focus on collecting data with no time for analysis**

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Questions???