When Food's Not Safe to Eat: Public Health Communications Challenges in the Age of Bioterrorism

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FOOD-BORNE ILLNESS IN THE US

- In the United States, food-borne pathogens cause an estimated
- 76 million illnesses
- 325,000 hospitalizations
- 5,000 deaths annually
- germs lurk in every step of the production process.
FOOD AND BIOTERROR

- Waco, Oregon 1984-5
- 751 people sickened from deliberate *Salmonella* contamination of salad bars
- Occurred before the 24 hour news cycle, media competition, breaking news tickers

9/11/2001

9/19/2002 NYC Department of Health
and Mental Hygiene
Terrorist Attack at the World Trade Center in New York City: Medical and Public Health Issues of Urgent Concern

September 11, 2002

We are sending this broadcast alert in response to the tragic terrorist attack at the World Trade Center this morning. We want to alert you to the following issues:

A. There is Currently No Evidence of a Biologic, Radiologic or Chemical Attack: The NYC Department of Health (DOH) has received no information suggesting that a biologic, chemical or radiologic terrorist attack has occurred in New York City. There is currently NO evidence that there were any chemical or biologic agents on the planes.

B. However, we do request that you be especially alert to ANY unusual disease issues over the next three weeks.

Anthrax Comes to New York City

9/19/2002 NYC Department of Health and Mental Hygiene
EXPECT THE UNEXPECTED

- NYC is deservedly described as one of the most prepared cities in the nation
- But we weren’t looking for illness in the right places
- It’s the doctor’s office (not hospitals) stupid!
- Preparedness is a journey not a destination
What We Saw in NYC

- No. of letters: 2
- No. of cases: 8
- No. of deaths: 1
- No. of case reports: 600
- No. of persons on antibiotics: 1700
- No. of powder events: 3,000
- No. of anxious New Yorkers: 8 mil.
Impact on Public Health Infrastructure

- While there were so few cases, there was so much to do: labs, p.o.d.s, hotlines, media inquiries
- Recognize that even though the risk may be small, people worry!
- Consider mental health needs of a terrified population and plan for them
Communication Demands

- 24/7 public hotline/website updates
- Daily Mayoral/Health Commissioner media briefings
- Regular contact with electeds/community orgs/hospitals P.I.O’s
- Intra-agency communication critical
Risk Communication

- Difficult issue for public health even in the absence of a crisis:
- People smoke
- Have unprotected sex
- Eat fatty foods
- Don’t wear seat belts
- Don’t exercise

SOME RISKS ARE MORE UNACCEPTABLE THAN OTHERS

- We choose these risks but some risks are seen as:
- Outside our control
- Exotic/Unfamiliar
- Involuntary/Imposed
COMMUNICATING RISK DURING A CRISIS

- People are more afraid of the things that don’t kill them than the things that do (Sandman)
- During uncertain times, what you communicate and how you communicate it are both critical

COMPARISONS

- During a crisis, or when an issue is highly controversial, don’t expect a dissertation that compares one risk to another to work in your favor
- People are likely to feel patronized or cornered
- Data do not impress when people are upset
HOW WE SURVIVED ANTHRAX

- Practice: the introduction of West Nile virus into NYC in 1999
- Mayor Giuliani’s and the Health Department’s credibility was high
- After 9/11 we were already in emergency and crisis communications mode

UNCERTAINTY COMPOUNDS COMMUNICATION

- If intentional contamination of food with botulism or salmonella were to occur, what are the recommendations?
- Should consumers take antibiotics for protection against contaminated food?
- Need to fine tune public health messages now.
COMMUNICATION CHALLENGES

- Unlike an explosion or chemical release, a bioterrorist attack is likely to be covert, and time-consuming to detect.
- Symptoms might not occur among victims for days or weeks.
- Those initially presenting themselves to physicians and clinics might be geographically dispersed.

CHALLENGES CONT’D

- Contaminated food may still be available to other persons besides the patient.
- Variables include incubation period, duration of illness, symptoms, means of transmission, treatment and prognosis.
PRINCIPLES OF RISK COMMUNICATION APPLY

- Build trust before a crisis
- Empathize with public
- Don’t use reassurance to minimize concern
- Model being able to bear fear and uncertainty
- Talk straight and this will reassure!

ON REASSURING...

- We're trying to make ourselves feel better!
- Use subordinate clauses – It appears we’re seeing fewer cases but until a hard frost, we may still see more illnesses from West Nile…
EMPATHIZE AND INFORM

- Let people be afraid!
- Our job is to give information – say what we know, what we don’t know
- I don’t know often comes too late
- Better irritate by not knowing now than lose credibility for incorrect speculation later on (Sandman)

How to bear Uncertainty?

- Resist the urge to use the words "isolated, " or "panic," as in don't!
- Food-borne illnesses - difficult to track in normal circumstances
- In an intentional contamination incident, expect information to unfold slowly
- Be honest, credible
The Truth Hurts
Efforts to Calm The Nation’s Fears Spin Out of Control

By JOHN SCHWARTZ

If there’s one lesson to be learned from the Bush administration’s response to the anthrax threat, it’s this: People in the grip of fear want information that holds up, not spin control.

Again and again in recent weeks, administration officials tried to reassure the public; again and again, the situation proved more serious than the officials had suggested. As a result, public trust has evaporated.

While the number of people known to be affected by the disease is still relatively small, and the number of deaths smaller still, the admission that the type of anthrax used was so deadly and so highly refined initially not told all that they knew in order to prevent a panic. A similar back and forth ensued over the proper treatment for postal workers: first, they were told it was not necessary to take antibiotics. Then two postal workers died and officials belatedly realized that ultra-fine powders could easily seep out of the unglued gaps in an envelope’s seal, or even through pores in the paper.

The confusion only deepened, for many, the feelings of dread. It began to feel as if the United States was under the kind of relentless attack, against which defense could be futile, that London experienced from Hitler’s V-2 rockets.

A CRISIS MAY BE AROUND THE CORNER

- Two-way communication: Share plans for preparation and information with the public now
- Improve agency communication skills
- Prepare likely spokesperson(s) and share information with all staff
- Meet with stakeholders, eg: citizen’s groups, unions, environmental groups, elected officials, etc.
PUBLIC NEEDS TO TAKE ACTION

- Help public to be more informed and involved in disaster planning and communications response
- Public must have more control over risk reduction
- The best time to dissuade people from using gas masks is not during a BT event. (Share info now!)

GAS MASKS SOLD OUT!

Gas mask sellers say
The public often wants to help during a crisis
Frequently Asked Consumer Questions About Food Safety and Terrorism

Q. What is the Food and Drug Administration (FDA) doing to protect the food supply against terrorism?
A. Over the last few years, FDA has worked with food safety agencies at federal, state and local levels to significantly strengthen the Nation's food safety system across the entire distribution chain -- from the farm to the table. The main results of this cooperation -- more effective prevention ...... Since the September 11 attack, FDA has increased its emergency response capability .....
SANDMAN’S SEESAW

- Whenever people are ambivalent, they resolve their ambivalence by favoring the side neglected in the communication environment.
- The public will take the other seat of the seesaw if they are ambivalent. Don’t preempt the seat you’d like the public to take.
Thank You

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