Crisis Communication: Apocalypse Now or Apocalypse Not

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Last summer north central Texas was considered the epicenter of the nation’s West Nile virus outbreak. Specifically, Dallas, Collin, Tarrant, and Denton counties, with a combined population of approximately 6.1 million people, comprise the area of statistical relevance. The city of Plano (population 270,000) is in Collin County (population 927,466).

As you prepare for Thanksgiving, I am relatively sure this “crisis” will have passed and flu will be the “virus du jour.” As of the date on which I am writing this article (August 31, 2012), however, West Nile virus (WNV) incidence in the city of Plano stands at 8.5:100,000 over the period June 1, 2012, to August 31, 2012. Morbidity is distinguished by West Nile fever (WNV; the less debilitating form of infection) and West Nile neuroinvasive disease (WNND). Incidence for WNF is 5.2:100,000, while incidence for WNND is 3.3:100,000. One death occurred. Collin County’s WNV incidence rate is 6.1:100,000 with WNF at 4.3:100,000 and WNND at 1.8:100,000.

For comparison, allow me to provide general epi data for cursory review. Dallas County (population 2,484,816) has a WNV incidence of 13:100,000; 51.6% of cases are WNF and 48.4% of cases are WNND. Thirteen deaths have been reported in Dallas. Tarrant County, with the city of Fort Worth included, has a population of 1,920,714. WNV incidence in Tarrant County is 12.1:100,000; 65.1% of cases are WNF and 34.9% of cases are WNND. Five deaths are reported in Tarrant County. Finally, Denton County (population 770,509) reports WNV incidence of 18.3:100,000; 69.5% of cases are WNF and 30.5% of cases are WNND. Two deaths are reported for Denton County.

Apocalypse Now?

Toward the end of July, all four counties were experiencing escalating incidence. Dallas and Denton counties were exceptional not only in WNV incidence but also by the character of the illness. Dallas’s ratio of WNND to WNF was 2:1 as WNV caseload increased. It now hovers at 1:1. Denton County WNF caseloads spiked in one week. Originally, messaging stressed personal protection and mitigating mosquito habitat on private property. Quickly, however, media and some “officials” transitioned the conversation to “spraying.” The headline on page one of the Dallas Morning News on July 31 read, “West Nile Deaths Break Record.” On August 4, the page one headline read, “West Nile Mist, the Fog of War.” On page two the headline read, “West Nile War Takes More Than Fogging.”

On August 8, Dallas County Medical Society’s Community Emergency Response Committee recommended aerial spraying to reduce adult mosquitoes. Dallas’s county judge then stepped in as director of emergency management and preparedness to declare a state of emergency. On August 11, Dallas County initiated arrangements for the Texas Department of State Health Services to conduct contract aerial spraying. The Dallas Morning News characterized aerial spraying as “air strikes” and “missions.” After aerial spraying, the county judge was quoted in the newspaper saying, “I knew when I woke up this morning our citizens would be safer today.” The majority of media coverage from this point forward linked mosquitoes to spraying. Fear had been anchored in the community through messaging and “aerial spraying” became a public panacea for “eradicating” mosquitoes and the threat of WNV. (BTW—the original aerial contract was reportedly $1.2 million!)

Apocalypse Not!

City of Plano Integrated Mosquito Management Program staff initiated seasonal mosquito surveillance in early May. Traps were set at empirically known high-density mosquito areas throughout the city’s 72 square miles. The week of June 4 presented the first positive WNV pool of mosquitoes. The department immediately canvassed neighborhoods in proximity to the pool, notifying residents of findings; providing precautionary education; and larviciding known ponds, stagnant pools, and static creek water.

Areas with positive mosquito pools were immediately scheduled for truck-based ultra-low-volume fogging. Databases were created for positive pools of mosquitoes and reports of stagnant pools. GIS was employed to track dead birds, positive pools, and morbidity and mortality by topography and neighborhood. Multimedia pushed highlighted the “4 Ds”; personal responsibility; and information about pesticides used to mitigate adult mosquito populations, mosquito larvae, WNV
History repeating: The first case of West Nile virus (WNV) in the Western Hemisphere was identified in New York City in 1999. Thirteen years later, 2012 had the highest number of WNV cases reported to the Centers for Disease Control and Prevention since 2003. This cartoon highlights the media hype and the community fear it created—something that didn’t change for public health officials involved in the 2012 outbreak. © R.J. Matson, New York Observer 1999

Crisis Communication

Competent and considered communications can assist environmental health professionals in preventing ineffective messages, fear, and escalation of crisis perception. Moreover, effective hazard and threat assessment in addition to risk communication foster trust and confidence vital to prevention and resolution.

In this case and in spite of multiple attempts to influence messages about personal protection and responsibility, environmental and public health officials lost perception management and personal responsibility messages to local media, which embraced direct links between mosquitoes and spraying as an answer to the outbreak. Language in the media included words such as “battle, epidemic, exotic virus, alarming, air strikes, war, combat, missions, and deadly.” Escalated fear in the community resulted as worst-case scenarios were promulgated by “experts” who expressed opinions on what could happen with no limits. Making matters worse, politicians became default decision makers in some areas, citing action based upon a (limited) body of “scientific literature.”

As Gavin De Becker discusses in his book Fear Less, “the point is not that bad things don’t happen—it’s not that there are not things to worry about—the point is that popular worst-case scenarios are just that—popular.” Media jumped on the “crisis” train and manipulated fear of the novel and obscure in order to hook a person into listening or reading. This purpose of course sells space and air time. It has been said in television media, “Anything that scares—airs!”

Environmental health professionals must add crisis communication to leadership skill sets. We must be able to communicate with the public so they take action to mitigate fear and so they are not victims-in-waiting. Ultimately, they will decide they do not want to be victims if they have the right information while we do what is needed. For them and for us, action creates control. In addition, environmental health professionals must be able to communicate and influence media and community leaders by providing facts, scale, relevance, and truth.

Through this incident I was reminded of the crucial role local environmental health plays not only in mitigating disease but also in managing the psychology of fear. I observed how messages are sent and received and how perceptions are created by the use of specific words. I was acutely mindful of how the words and decisions of others affected our organization during the outbreak (for example, we were admonished by many for not electing to aerial spray and hailed by an equal number for managing WNV to the point that aerial spraying was not part of the risk equation). Fully half the time dedicated to management of the outbreak was consumed with media relations, public relations, and crisis communication.

So, for environmental health professionals who might find themselves front and center in the midst of a real or perceived public or media “crisis”: I strongly encourage advance training in public relations, media relations, and crisis communication. The right message at the right time to the right people will enable citizens, the media, and community leaders to engage and act, helping themselves and helping you!

Here are a couple of items you may want to consider reading:
