

# The Seven Deadly Sins of Public Information

Dennis Michael Baker, MA, LPC



original post begins here:  
**Japan's Nuclear Emergency - The Straight Goods**

There is much speculative and inaccurate reporting in the world's media regarding the problems caused to nuclear power facilities in Japan by the recent earthquake.

The Tokyo Electric Power Company - TEPCO - is releasing frequent updates on the emergency situation which followed the earthquake.

Their web site is getting very heavy traffic at the moment, so I reproduce here two of their most recent news updates as a public service to counter the speculation.

**Press Release (Mar 12, 2011)**  
**Occurrence of a Specific Incident Stipulated in Article 15, Clause 1 of the Act on Special Measures Concerning Nuclear Emergency Preparedness (Unit 1)**

At 2:48PM on March 11th, the reactor of Fukushima Daiichi Nuclear Power Station Unit 1 (Boiling Water Reactor, rated output 1,100 Megawatts) shut down due to the impact of the earthquake.

Reactor Core Isolation Cooling System was used to inject water into the reactor to cool it. Today at 3:48AM, water injection by Make-up Water Condensate System began. Subsequently, at 5:22AM, the temperature of the suppression chamber exceeded 100 degrees.

As the reactor pressure suppression function was lost, at 5:22AM, it was determined that a specific incident stipulated in article 15, clause 1 has occurred.

**Safety and Impact to the Environment**

- Currently, water level to cool irradiated fuels in the reactor is maintained.
- Indication of monitoring posts installed in the site boundary is not different from normal. Currently, no radiation impact to the external environment has been confirmed.

We will continue monitoring in detail discharge of radioactive material from exhaust stack and discharge canal.

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**Press Release (Mar 12, 2011)**  
**Impact to TEPCO's Facilities due to Miyagiken-Oki Earthquake (as of 7 AM)**



**OFFICIALS WARN OIL SPILL MAY NOT STOP UNTIL AUGUST** OIL DIS In The  
**PM** LARGE UNDERSEA PLUMES FROM THE GULF O

# STATE OF COLORADO



Colorado Department  
of Public Health  
and Environment

Bill Ritter, Governor  
Martha E. Hudoph, Executive Director  
Dedicated to protecting and improving the health and environment of the people of Colorado  
4200 Cherry Creek Dr. S. Laboratory Services Division  
Denver, Colorado 80246-1500 8100 Lowry Blvd.,  
Denver, Colorado 80230-3078  
Phone (303) 839-3000 Fax (303) 892-0560  
TDD (303) 891-7776  
Located in Clerks' e. Colorado  
www.colorado.gov

## HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 08052010\_0915  
FROM: CDC via CO-CDPHE

SUBJECT: CDC Health Advisory 0817-G - Seasonal Influenza A (H3N2) Virus Infections  
Local Public Health Agencies, ICP, LABS

RECIPIENT INSTRUCTIONS: Local Public Health Agencies please forward to healthcare providers.

This is an official  
CDC Health Advisory

Distributed via Health Alert Network  
August 4, 2010, 19:55 EST (7:55 PM EST)  
CDCHAN-00316-2010-08-04-ADV-18

### Seasonal Influenza A (H3N2) Virus Infections

#### Summary

Influenza A (H3N2) virus infections have been recently detected in people in a number of states across the U.S., including two small localized outbreaks. Sporadic cases of influenza and localized summer outbreaks from seasonal influenza viruses are detected each summer. Clinicians are reminded to consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia, even during the summer months. Treatment decisions should not be made on the basis of a negative rapid influenza diagnostic test result since the overall influenza prevalence is low. False positive results also can occur, particularly at times when overall influenza prevalence is low. Patients for whom laboratory confirmation is desired, or to confirm initial influenza cases in a community in which cases have been tested by rapid influenza diagnostic tests, it is recommended that reverse transcriptase-polymerase chain reaction (RT-PCR), and/or viral culture is utilized. Clinicians should use empirical treatment with influenza antiviral medications for persons hospitalized with suspected influenza, and for suspected influenza infection of any severity in high-risk individuals, regardless of influenza immunization status. Early initiation of treatment provides more optimal clinical

although treatment of moderate, severe, or progressive disease begun after 48 hours of illness may still provide benefit.

In June and July, 2010, the number of seasonal influenza A (H3) viruses reported to CDC was significantly higher than in the same months of 2009. In the first part of July, two small RT-PCR outbreaks were detected in two non-bordering eastern counties in Iowa. The first included members of a college sports team who became ill. Three of the four tested positive for influenza A (H3) viruses and two of the three were further tested and found to be positive for influenza A (H3) viruses. The second outbreak involved nine of 12 children in a child care setting and one influenza-like illness; two were rapid test positive for influenza A and one was PCR positive for influenza A (H3). Specimens and isolates have been sent to CDC for further analysis. One of the patients had a history of recent travel and no epidemiological links were identified between the two outbreaks.

On July 23, 2010, CDC also received additional influenza A (H3) positive specimens along with a smaller number of sporadic samples positive for 2009 H1N1 influenza A (H3) virus. These outbreaks in the United States from seasonal influenza viruses and 2009 H1N1 influenza A (H3) virus are detected each summer.

Sequences of the influenza A (H3) viruses received at CDC are pending. However, preliminary sequencing data from four viruses isolated from July specimens, these are antigenically similar to A/Perth/16/2009-like H3N2 viruses. An A/Perth/16/2009-like H3N2 virus is included in the 2010-11 seasonal influenza vaccine. Perth-like H3N2 viruses were first identified in early 2009, but have not yet circulated widely in the United States. The 2009 H1N1 influenza A (H3) virus does not contain this strain, so vaccination with last year's seasonal vaccine will not provide substantial protection against this H3N2 Perth-like strain.

Clinicians should consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia, even during the summer months. The influenza A (H3) viruses, including zanamivir (Zanamivir) and oseltamivir (Tamiflu) are currently recommended for the treatment of influenza A (H3) viruses. The adamantanes (amantadine and rimantadine) are not recommended for the treatment of influenza A (H3) viruses because of concerns about the development of resistance to these drugs among recently circulating influenza A (H3) viruses.

When making a decision on whether to initiate treatment for patients presenting with influenza-like illness, treatment with influenza antiviral medications is recommended if influenza diagnostic tests are pending, or if diagnostic testing is not possible, for patients with influenza illness who have:

• Severe illness, regardless of previous health status, and/or  
• Progressive illness.

• Complications include people aged 65 years and older, young children, people with long-term health conditions like asthma, diabetes, neurologic and neuro-muscular disease, and people with immunosuppressive conditions or medications.

• Antiviral medications should not be delayed pending definitive laboratory confirmation. Antiviral medications are most effective when initiated within the first 48 hours of illness. Antiviral medications may also provide benefits for severely ill patients when used in addition to supportive care. Rapid tests capable of detecting influenza A and B virus are available. Rapid tests are rapid tests capable of detecting influenza A and B virus. Rapid tests are rapid tests capable of detecting influenza A and B virus. Rapid tests are rapid tests capable of detecting influenza A and B virus.

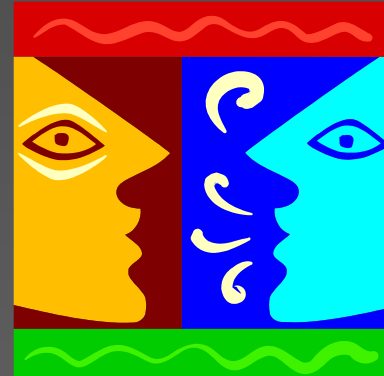
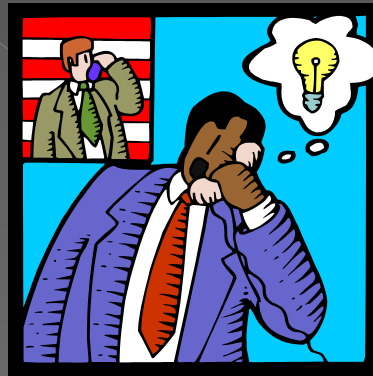
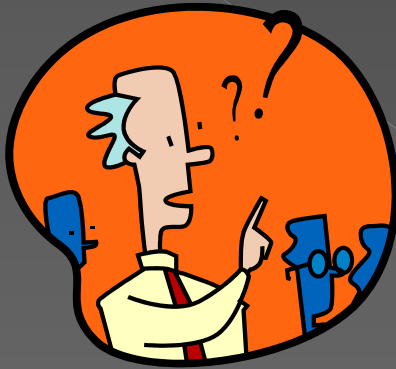
• Rapid tests should not be used to guide decisions regarding treatment of influenza-like illness. In addition, false positive results are common. Thus, negative rapid test results should not be used to guide decisions regarding treating influenza-like illness. When laboratory confirmation is desired, testing by RT-PCR is preferred.

• Increases in febrile respiratory disease outbreaks to their local and regional health departments. Positive rapid test results with PCR or culture when community health departments are notified.

• Diagnosis and treatment can be found at [www.cdc.gov/ncez/immunization/immunization\\_practices/acip/](http://www.cdc.gov/ncez/immunization/immunization_practices/acip/).  
• Advisory Committee on Immunization Practices (ACIP) recommends influenza vaccination for persons 6 months of age and older. These updated recommendations are available at [www.cdc.gov/mmwr/pdf/rr/rr59c0729.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr59c0729.pdf).

Health Officers, Public Information Officers,  
Clinician organizations://

# Communication



*“The need to communicate clearly was never more compelling than during the recovery from the World Trade Center attacks. People were desperate for information. The information had to be correct, but there were delicate questions of taste and sensitivity as well.”*

-Rudolph Giuliani

# In time of Crisis People:

**...want to know that you care before they care what you know.**

**...judge the messenger primarily in terms of trust and trust comes from non-verbal communication, verbal communication, and actions**

**...focus most on what they hear first and last.**

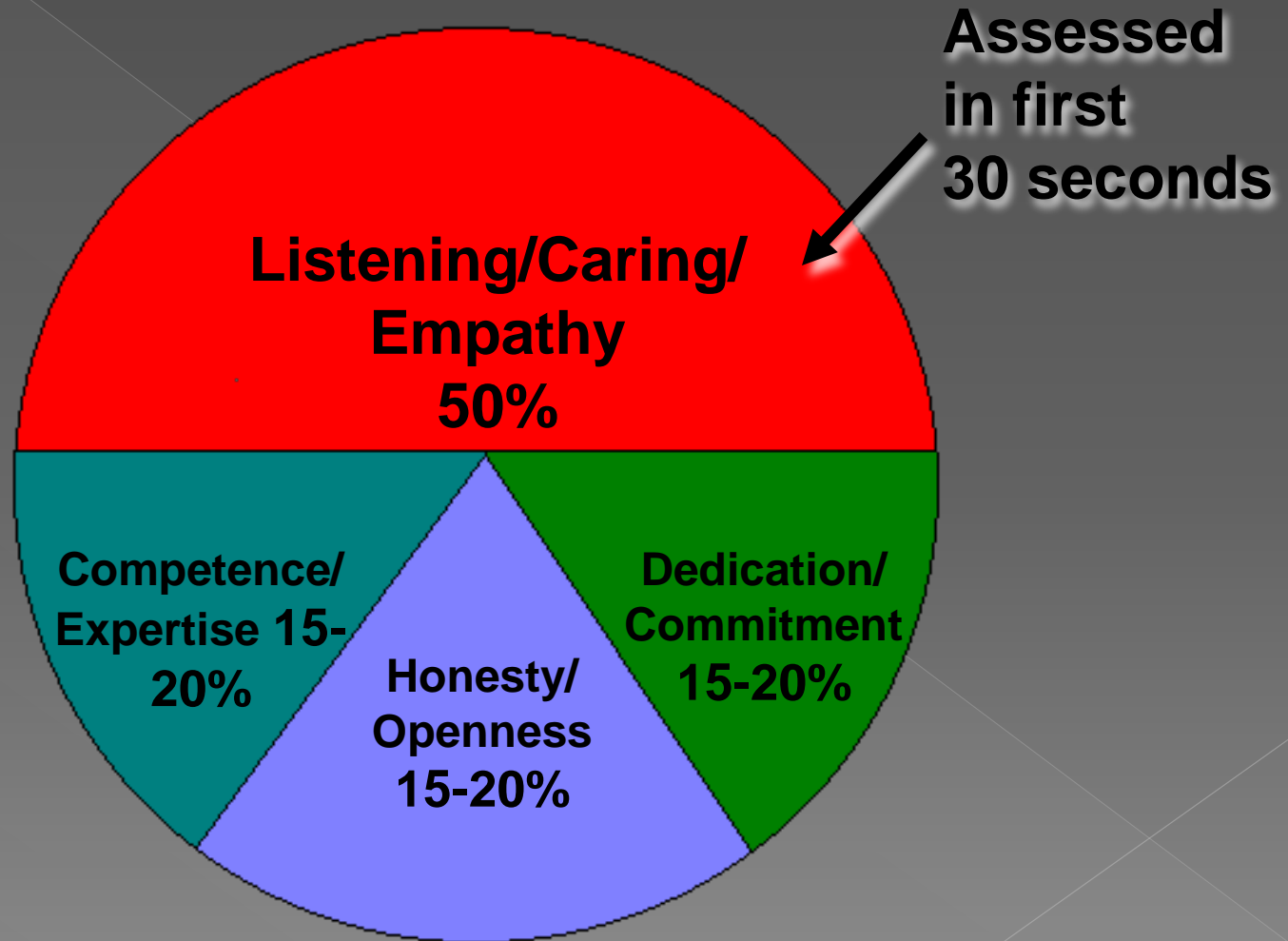
*“We talked about the anthrax attack because two members of our community had died. That's not a scare when you actually kill someone. It's an attack, and that sort of language nuance builds a level of connection with the community so you're viewing the incident the same way they're viewing the incident.”*

-Ivan Walks, M.D., Health Director,  
Washington D.C., Anthrax, 2001

*“This [fireman] was on the verge of emotional exhaustion. I mean he had seen a horror, he didn't know what to do. There was no living person in that building that he was able to save. So I knew that my function had to be one of reassurance to those who were risking their lives to help us.”*

-Frank Keating, Governor,  
Oklahoma City, Bombing, 1995

# Trust Factor



# Non-Verbal Communication

- **75% Rule**
- **Negative Dominance**
- **Cultural Meaning**

# Non-Verbal Communication

- **Eyes**
  - **Eye contact**
- **Hands**
  - **Visible; waist level; small movements**
- **Posture**
  - **Slight lean forward;**  
**relaxed; avoid repetitive**  
**motions**

# Churchill

- **Compassion**
- **Conviction**
- **Optimism**

# Interference with clear communication

- Too many voices
- Too many technical terms
- Competing priorities

# 1. Rumors and misinformation

Rumors are based in the truth –  
then embellished

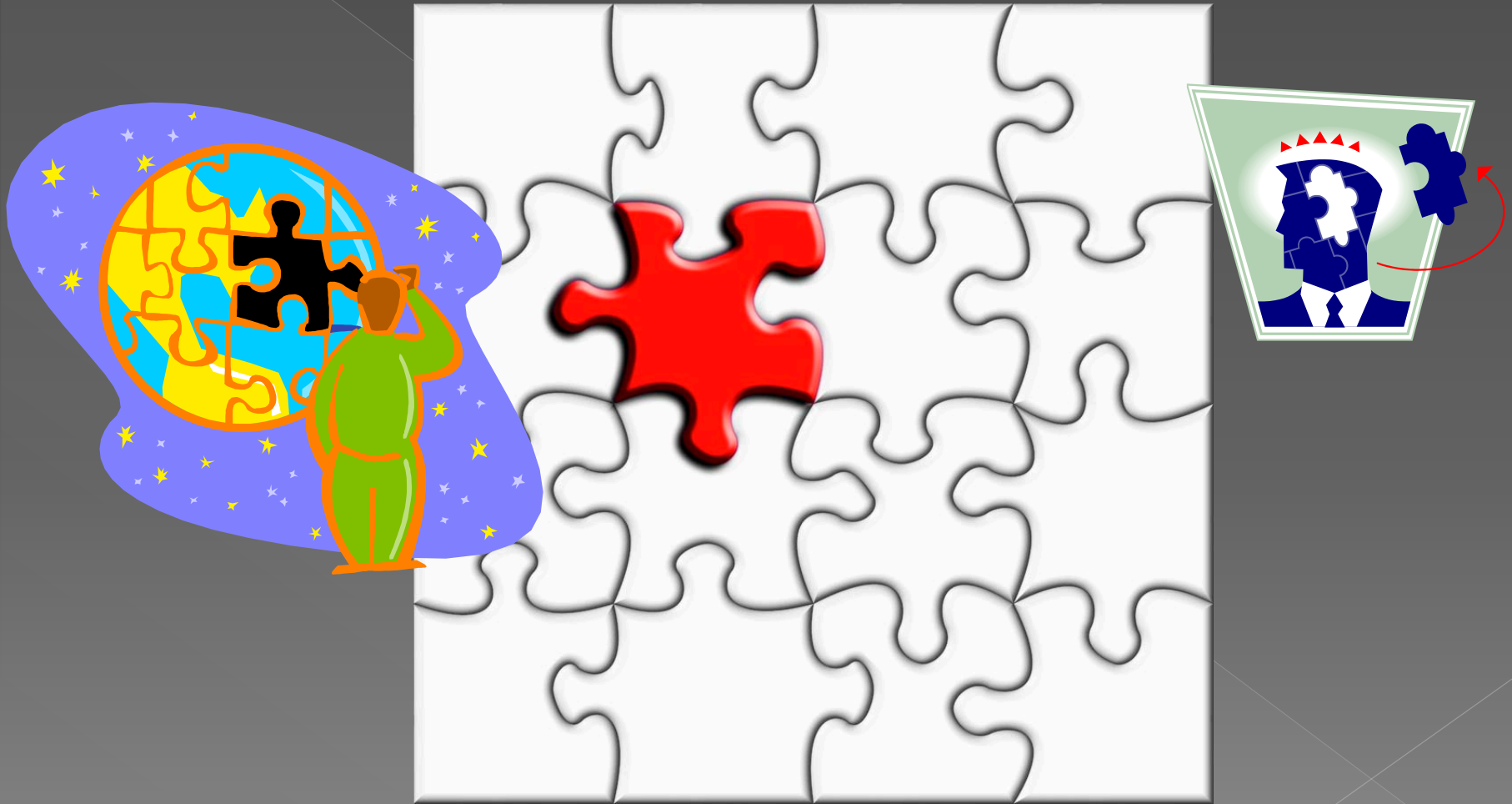
**“help the public to reach the same  
conclusion you did”**

Unofficial experts will undoubtedly pop up to offer unsolicited advice.

First, be concerned about what the “official” officials are saying and whether these messages are consistent. Your cumulative, consistent voices may drown out conflicting messages.

Also, consider identifying the unofficial experts in your community and ensure they have early access to the recommendations you will be giving.

## 2. Inaccurate Information



*“Leaders must find a balance between speed and deliberation. . . . The need for quick decisions . . . is strongest in times of crisis. People are afraid and uncertain, and need to feel that someone is in charge.”*

-Rudolph Giuliani, Mayor, New York City, 2001,  
from his book Leadership



TOO

LATE

*“I think the most important thing to learn from this or any other tragedy that is handled well in the public domain is that unlike the frustration we feel sometimes on an airplane when something goes crack or the plane doesn't leave and there's total silence from the cockpit, that's the worst thing to do. The best thing is transparency and openness.”*

-Frank Keating, Governor,  
Oklahoma City, Bombing, 1995



# 5. Too long



# 6. Too Short



# No Direction (somewhat of a sin)



# 7. Buried Message – So What?



# Getting it Right

- ◎ The Red Box

# 27/9/3 Template

- **27 words**
- **9 seconds**
- **3 messages**

Message Map  
Question/Concern

Key Message/Fact

1.

I came

Key Message/Fact

2.

I saw

Key Message/Fact

3.

I conquered

Keywords:  
Supporting  
Fact 1.1  
Long  
journey

The journey  
was long and  
hard.

Keywords:  
Supporting  
Fact 2.1  
Large  
armies

The enemy  
armies were  
large.

Keywords:  
Supporting  
Fact 3.1  
Engage

We engaged  
them  
immediately

Keywords:  
Supporting  
Fact 1.2  
Heavy  
Losses

We suffered  
heavy losses  
along the way.

Keywords:  
Supporting  
Fact 2.2  
Well  
armed

They were well  
Armed and  
equipped.

Keywords:  
Supporting  
Fact 3.2  
Fought  
bravely

Our legions  
fought bravely

Keywords:  
Supporting  
Fact 1.3  
Arrived  
safely

Despite the  
difficulties, we  
arrived safely.

Keywords:  
Supporting  
Fact 2.3  
Well  
positioned

They were well  
positioned.

Keywords:  
Supporting  
Fact 3  
Defeated  
enemy

The enemy is  
(totally)  
defeated.

# Break out groups

- ◉ Rumors and Misinformation
- ◉ Inaccurate information
- ◉ Too Late
- ◉ Too soon – premature
- ◉ Too long
- ◉ Too short
- ◉ Buried message So what?

Each group will present their  
challenge and solutions

# Recap of skills and pitfalls to avoid

*“Well, you have to put yourself in their shoes otherwise you wouldn't understand what they're going through. And I know I was accused at times of having too much empathy when my voice would crack. You need to feel for the people, and I know if you don't have the empathy for the people you're not a good leader.”*

-Patricia Owens, Mayor, Grand Forks, North Dakota, Flood and Fire