

## Surviving a Public Health Crisis: Tips for Communicators

KAY GOLAN

Director, Centers for Disease Control and Prevention Media Relations, 1998–2002

I commend the *Journal of Health Communication* for the thoughtful exploration of the first national bioterrorism experience in the United States. It is important to document the role of communication in public health crises like the anthrax attacks of 2001 and learn from our experiences. I am honored to share my media relations/operational perspective through some brief tips for communication professionals who will work in the public health crises yet to come.

Plan and practice now how you will take care of yourself, your staff, and your family as well as the work. The relationships you build and knowledge you gain will be invaluable, but know that you can never foresee everything or get it 100% right.

Everything changes and nothing changes in a crisis, including the anthrax situation. People are called in, deployed, and asked to work faster, around the clock, and with fewer facts, less sleep, and greater risks. The media report what happens as it is happening, because the public needs, wants, and has a right to know. Yet nothing changes. People still expect what they value from your organization. For the Centers for Disease Control and Prevention and public health: protection of their health and safety, information they can count on, and strong and effective partnerships.

Communication is an integral part and must be woven into every aspect of the crisis response. Daily communication plans and activities are vital parts of the crisis response. The news media must be viewed as the conduit of information to the public and not as an afterthought.

Stick to your core functions. Recognize your agency's core functions and understand your group's role in them. In media relations, the core functions are the timely release of information, media response, issues management, and promotion. During a crisis situation, these must all be done faster and with less complete information.

Being timely AND accurate can present a dilemma. Round-the-clock news demands speed without sacrificing accuracy. Good science is deliberate; snap judgments, the antithesis. However, some public health decisions, such as whether to give antibiotics or vaccine and to whom, must be based on the best information available at the time, even if that information is incomplete. The same is true with crisis communication. Often you must "go with what you've got" and communicate what you know without overstating facts or speculating. People feel comforted by the truth even when it is not what they want to hear. There will always be dynamic tension between good science and the public's urgent need to know.

---

Address correspondence to Kay Golan, Centers for Disease Control and Prevention, 1600 Clifton Rd, MS D-14, Atlanta, GA 30333, USA. E-mail: KGolan@cdc.gov

You must respond to the media's need for constant information updates. Consider daily updates at a minimum. Use the web, telebriefings, phone interviews, and press availabilities. Plan for increased phone access, adequate TV access, pool cameras, and security protocols. Setting a standard time for daily press briefings works best with exceptions for breaking news.

Prepare for the media to be part of the investigation, following the same processes and asking the same questions as the team. Having clear boundaries for media access ahead of time is helpful. Nonetheless, they are part of the process, like it or not. And the questions that journalists ask can be very insightful.

Stay in your niche. The best laid plans to coordinate messages, clear talking points, and touch base before a press conference may not always be followed. Sticking to your area of expertise and responsibility helps avoid confusion.

Don't forget who you serve. You will have many "bosses" in a crisis and you cannot please them all. Do a gut check everyday to see if you served the public.