

Smallpox Vaccination: Some Risk Communication Linchpins (p. 1 of 3)

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1. Embrace the “Risk = Hazard + Outrage” formula.

If “hazard” is the technical seriousness of a risk, “outrage” is its cultural seriousness, a compound of voluntariness, familiarity, dread, control, trust, responsiveness, etc. The correlation between hazard and outrage is an absurdly low 0.2. Moreover, outrage has a far greater impact on hazard perception than actual hazard does. It follows that managing the vaccination controversy means managing hazard perception by managing outrage.

2. Do anticipatory guidance.

People do much better with bad news when they saw it coming – especially when they have had a chance to think through in advance how they might feel (and how they should feel) when it happens. Smallpox vaccine side effects (“adverse events”) are just one smallpox issue that deserves anticipatory guidance. Others include routine reactions and unsubstantiated (but unfalsifiable) claims of serious harm.

3. Express wishes and feelings.

Communicators too often confine themselves to explaining facts, leaving the audience alone with its wishes and feelings. If only we had a safer vaccine! If only we knew more about how to treat those horrible side effects! If only Marie hadn’t died! If only we knew for sure what the terrorists were planning! If only we didn’t have to live with bioterrorism risk! If you feel these things, say so. Show us that you, and we, can bear them.

4. Tolerate uncertainty -- and help us tolerate it too.

Acknowledge that the vaccination program is grounded in uncertainty. Show that you can bear the uncertainty and expect us to do the same. Pay sufficient attention to worst case vaccination scenarios and to worst case attack scenarios. In addressing prospective voluntary vaccinees, present pro and con with equal zeal. Give your recommendation and your reasons, but show you respect their autonomy and the reasonableness of other views.

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5. Practice dilemma-sharing.

Dilemma-sharing is explicitly claiming that a decision is difficult, and the right answer is unobvious. Before deciding, you can share the dilemma and ask for help. After deciding, you can still share the dilemma by stressing that it was a tough call, with strong champions and solid arguments on all sides. Instead of pretending that the smallpox vaccination decision was a no-brainer, point proudly to the government's months of open debate.

6. Ride the seesaw.

Whenever people are ambivalent, they tend toward the side of the ambivalence that others are neglecting. So don't preempt the seat on the seesaw that you should be reserving for your publics. If you don't want us to blame you for adverse events, blame yourself some. If you don't want us to be excessively fearful, don't be excessively reassuring. And if you want us to learn to tolerate ambiguity and uncertainty, meet us at the fulcrum.

7. Think about four key audiences and their different concerns.

- *People who are most concerned about bioterrorist attack.* Does vaccination signal a worsening attack risk assessment? Are you really prepared for post-attack quarantine and ring vaccination? Can you tell a smallpox attack from a false alarm in time to act?
- *People who are required to get vaccinated.* What are the real adverse event risks? What will you do for me if I have a bad reaction? Why is this coercion justified?
- *People faced with the yes/no decision for themselves.* Is it really up to me, with no hidden penalties for the "wrong" decision? What are the pros and cons, for me and for my country? What do you recommend?
- *People angry that they are denied access to the vaccine.* Why do you think I shouldn't have it? Why can't you let me take it anyway? When will I be able to get it? Is there any way to get it sooner?

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8. Decide carefully when to merge these four sets of concerns, and when to address them separately.

It is often wise to deal with stakeholders separately early in a controversy, then bring them together. It is usually wise to focus more on stakeholders than on the media and the less involved “public.” For smallpox vaccination, adverse events will probably be the most newsworthy issue, but access to the vaccine may well be the issue that provokes the most stakeholder outrage. The two issues will tend to draw the ire of different stakeholders.

9. Bend over backwards to avoid charges of coverup conspiracy.

The adverse events issue is the kind of issue that feeds coverup conspiracy claims. Plan now to address such claims effectively. Set up an independent accountability mechanism; empower local authorities to go public quickly; avoid withholding information even for good reasons; don’t use uncertainty as an excuse for withholding bad news; develop a protocol for addressing unsubstantiated claims; be apologetic, not hypertechnical; etc.

For more about my take on this issue, see:

- Smallpox Vaccination: Some Risk Communication Linchpins (Dec 2002) – www.psandman.com/col/smallpox.htm
- Public Health Outrage and Smallpox Vaccination: An Afterthought (Jan 2003) – www.psandman.com/col/smallpx2.htm
- Smallpox vaccination: Can we trust the government? (Jan 2003) – www.psandman.com/gst2003.htm#avalanche

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