

DR. BONNIE HENRY'S CRISIS COMMUNICATIONS MASTER CLASS

By James Hoggan

Facing dozens of reporters, television cameras and by extension millions of people during a crisis is a nail-biting experience. Most people would not do well. Provincial Health Officer Dr. Bonnie Henry has a knack for it. The regular briefings on the COVID-19 pandemic delivered by British Columbia's top doctor are a master class in communicating during a public emergency.

As a crisis communications consultant, watching public figures handle the pressure of high-profile crises is a professional interest of mine. Although most of us will likely never face the challenge of speaking at hundreds of pandemic briefings, we can learn useful lessons from someone who has.

Dr. Henry handles herself with such composure that it is easy to forget how difficult her job has been this past year. Pandemics stir up public fear, anxiety and anger—emotions that do not usually lead to reasonableness and cooperation. Early in the pandemic, Dr. Henry's job was particularly tough. She had to persuade people to upend their lives, stay home, steer clear of friends and family, stop going to work, keep the kids out of school, stop visiting elderly parents in the retirement home and avoid restaurants, holidays away and air travel. There was life-or-death pressure. If Dr. Henry could persuade people to do these things they really did not want to do, she would save lives. If not, larger numbers of people would get sick, and some would die.

Dr. Henry also faced barriers to public communication that predate COVID-19. We live in the fact-challenged age of social media. Billions of people consume and share misinformation¹ and conspiracy theories² through Google, Facebook, Twitter, Reddit and other platforms. Today's public square is polluted with anti-science disinformation.³ Anti-expert, anti-government activism is no longer on the fringe, especially on social media. Anti-vaxxers, anti-maskers and climate change deniers flood Facebook. It often appears that facts and science have a tougher time drawing a receptive audience.

I once had more faith in the power of facts to prevail in public discourse. Over time, I have come to believe they do not change minds the way we

think they do. That is a problem, because facts do matter, and experts and public figures have a responsibility to advance their role in public conversations. It is not that facts are not important, but in today's court of public opinion, it takes more than the weight of evidence to win the public over.

I am not the only one confused about the role of facts in public discourse. Not long ago, social scientists who study risk communication also assumed that people assess risk rationally by weighing evidence before they form opinions. It followed that people would alter their perception of risk if they were given more evidence.

Over time, researchers started looking into the tenacious disconnects between established scientific evidence and uninformed public opinion. Social scientists examined how people develop their understanding of risk, confirming that more information alone does not change people's opinions about what is risky.⁴

University of Oregon psychologist Paul Slovic studies the social and cultural factors involved in risk perception and communication. He argues that experts and the public see risk differently. Experts look at risk as a calculation of probability. But "riskiness" means more to the public than risk statistics. The public takes a more personal approach, basing perception of risk on voluntariness.⁵

According to Slovic, risk perception resides in us mostly as a "gut feeling" rather than the outcome of analytic calculations. The most powerful of these feelings is dread—the apprehension and fear linked with a sense of having no control in a situation, with inequality (where others get the benefit, while we get saddled with the risk) and with how catastrophic a risk is seen to be. Misunderstanding the "dread factor" and the concerns that fuel it intensifies the problem of public miscommunication.⁶

It is difficult to communicate effectively if you do not understand what Slovic calls the "whisper of emotion"—the emotional meaning, the good or bad feelings and gut instincts that help people make decisions. The power of emotion is a critical consideration in risk communication. No matter how good you think your argument is in a time of crisis, regardless of how provable your facts, if the public feels its liberty or right to fair treatment is in danger, you are losing the battle to dread.⁷

Early in the pandemic, Dr. Henry's communication challenge was significant. Thousands of epistemologists worldwide were collecting information about the virus. Health officials and the public were still learning about COVID-19. Nevertheless, Dr. Henry understood that it was more than a public health crisis. It was also a communication emergency. Securing public support for tough restrictions in the face of uncertainty was a challenge.

How do you announce a lockdown in a manner that seems voluntary and that involves choice so people feel it is under their control and they are involved with the plan?

Dr. Henry and her communications team opted to elevate persuasion over coercion. Although her orders have the force of law, she recognized the need for voluntariness. Whether talking about rule breakers, tougher enforcement for people violating the “stay home” directive or problems around people crowding beaches and parks, Dr. Henry emphasized the need to be patient and kind and to educate each other about the rules.

Early in the pandemic, in response to calls to make face masks mandatory indoors, Dr. Henry encouraged their use without requiring them. She was clear that she wears a mask and strongly recommended others wear them indoors, on transit and in grocery stores, and when they are unable to maintain distance from other people.

This effort to balance personal freedom and responsibility is a communication strategy designed to bring the public along—to motivate public support rather than stir up polarization. It helps that political parties in British Columbia have, for the most part, avoided political polarization around the pandemic and have worked with public health authorities outside the spotlight.

FROM THE HEART

The persuasiveness of a message is also driven by perceptions of credibility and trust. It is clear that Dr. Henry and her team have taken the advice of the U.S. Centers for Disease Control and Prevention's *Field Epidemiology Manual*. As the manual points out, research on risk communication shows that empathy and caring, honesty and openness, dedication and commitment, and competence and expertise determine whether a messenger is seen as trusted and credible.⁸ Messages on all of these factors were conveyed in every briefing, but none more than empathy and caring.

Dr. Henry speaks to the “whisper of emotion” that Paul Slovic writes about. She has emotional conversations with people. Certainly, she shares facts and information, but what makes her so effective is her fluency in emotional dialogue. She understands that facts on their own are not enough.

Dr. Henry radiates empathy. She cares about people, and we feel it. She not only speaks *from* the heart; she speaks *to* the heart. The message she repeats at every briefing is an example: “Be kind, be calm, be safe.” It is an emotional message that reminds us that we are all in this together. She often reassures, “This is not forever.” Emotional dialogue is her superpower.

In a crisis, communicators need to speak from the heart, as Dr. Henry does. At a news conference on September 26, 2020, she said, “I want to

express our condolences and thoughts to an elder who died on the weekend. I had the opportunity to reach out to the family to express our deep, deep condolences and sadness.”

At her September 28, 2020 news briefing, she said, “The best thing we can do—all of us—is to take a step back from our social interactions, travel less and connect with others virtually. We can stand together by standing apart.”

During a March 8, 2020 news briefing, Dr. Henry fought back tears as she encouraged people to physically distance and gather virtually, especially with the elderly, who may be more susceptible to severe illness. “It’s a very difficult time,” she admitted to reporters. “I’m feeling for the families and the people that are dealing with this right now.”

Public figures need to be sensitive to a broader concept of risk. Facts and risks are subjective for experts and the public. They are a blend of values, biases and emotions. Without feelings, facts and evidence lack meaning.

The emotional dialogue that takes place around risk issues is often unconscious as we focus on facts. We are unaware of our own feelings and those of others. In a crisis, we need to be conscious of the emotional dialogue and bring these hidden feelings and concerns to the surface for discussion. We need to acknowledge with empathy and compassion how people are feeling.

Risk communication will fail unless it is a two-way process, a dialogue of the heart where both sides have something worthwhile to contribute. I learned an important lesson about speaking from the heart from the Dalai Lama when I spent time with him in Dharamshala. At the end of an interview for my book *I’m Right and You’re an Idiot*, he pointed at my forehead and said, “I think you acknowledge sometimes the Western brain looks more sophisticated, but in Tibet we operate from the heart, and this is very strong. So combine these two, Tibetan heart and Western mind, and then we will have real success—real success.”⁹ We need more warm-heartedness, more compassion, and we need to make this part of how we communicate. Dr. Henry excels at this communication strategy.

SIMPLE, CLEAR MESSAGES, REPEATED OFTEN, BY TRUSTED SOURCES

My colleague Ed Maibach (a professor of communication at George Mason University) says that “every major public health victory of the last century has had effective communication at its heart.” With this in mind, he created a one-sentence aphorism to explain how effective risk communication works: “Simple, clear messages, repeated often, by a variety of trusted sources.”¹⁰

In the public square, more information does not always lead to greater understanding. We live in a complicated, busy world. People have a lot on their minds. Our capacity for complexity and detail is finite. In a crisis,

when people are anxious and fearful, they are even less receptive to large amounts of complicated information. Simple, clear messages are key. Dr. Henry and her communications team understand this. They recognize that their job is to make it easier for people to pay attention, understand, care and remember.

To accomplish this, they developed messages that clarify, simplify and make it easier for people to process complex information. The public messages are simple:

- Avoid crowded places, and practise physical distancing by keeping two metres away from one another.
- If you are sick, stay home and limit your contact with others.
- Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least sixty per cent alcohol.
- Avoid touching your face with unwashed hands.

These are repeated daily at every news conference.

Research shows that repetition makes a message more persuasive, noticeable and agreeable. The CDC's *Field Epidemiology Manual* recommends that health emergency spokespersons use a "single overriding health communications objective" that they repeat frequently, especially at the beginning and end of all public communications.¹¹

Dr. Henry repeats the message "Be kind, be calm, be safe" as if she were saying it for the first time. She understands that repetition helps her to do her job, which is to help the public understand. She knows it's not about her; it's about public safety. People see that she cares, and that builds trust and understanding.

Without trust, there is no communication. Canadians trust scientists, academics and medical doctors. Dr. Henry and her team coordinated communications with public health officials and academics from across Canada. Canadians also trust people they know, such as co-workers, friends and family. The well-crafted messages of Dr. Henry did a good job of building trust with these groups. According to Ed Maibach, the best test of a science-based message "is whether members of the target audience are willing and able to convey the message to the family, friends, and co-workers. Ultimately, that should be the aim of our communication—to motivate and enable members of our target audience to share our messages with one another".¹²

The empathy and openness we see from Dr. Henry build the trust that leads people to accept a message and act on it. Empathy requires an understanding of how people perceive the situation. It is difficult to show empa-

thy if you do not know how people are feeling. This may require research, focus groups, polling or a less formal analysis. Empathy also requires acknowledging how people feel and what they are going through. To build trust, we also need to communicate openness. This means taking the time to explain what you know and do not know and having two-way conversations. It also means being open to questions and avoiding combativeness.¹³

As the pandemic spirals into a second wave, the careful communication groundwork laid by Dr. Henry has created a valuable reservoir of public goodwill and support that will serve us well as new orders and guidelines restrict social gatherings to household members only and make masks mandatory in indoor public and retail spaces. Yes, there is and will continue to be pushback, which makes bringing the pandemic under control more of a challenge. But, for the most part, people are willing to do what is necessary.

Most of us will never find ourselves at the forefront of a crisis as sustained and difficult as this pandemic. Nevertheless, these lessons on message discipline and speaking from the heart are something to consider for when things do go wrong.

A crisis can be a test of character. The intense scrutiny that comes in a high-profile crisis carries huge risks, and potential rewards. People are watching for two things: the competence you demonstrate in dealing with the crisis and the concern you show for others, for public safety and for collective interests like the environment. If you put your own interests to the fore, people will punish you long after the crisis abates. But if you concentrate on doing the right thing and communicate it effectively, you may come away with a reputation that is better than it was going in.

ENDNOTES

1. James Hoggan, *I'm Right and You're an Idiot: The Toxic State of Public Discourse and How to Clean It Up*, 2nd ed (New Society, 2019), ch 9.
2. Russell Muirhead & Nancy L Rosenblum, *A Lot of People Are Saying: The New Conspiracism and the Assault on Democracy* (Princeton University Press, 2019).
3. Seema Yasmin & Craig Spencer, "'But I Saw It on Facebook': Hoaxes Are Making Doctors' Jobs Harder", *The New York Times* (28 August 2020), online: <www.nytimes.com/2020/08/28/opinion/sunday/coronavirus-misinformation-facebook.html>.
4. Elizabeth Kolbert, "Why Facts Don't Change Our Minds", *The New Yorker* (20 February 2017), online: <www.newyorker.com/magazine/2017/02/27/why-facts-dont-change-our-minds>.
5. Paul Slovic, *The Feeling of Risk: New Perspectives on Risk Perception* (Routledge, 2010).
6. *Ibid.*
7. Personal communication with Paul Slovic.
8. Abbigail J Tumpey, David Daigle & Glen Nowak, "Communicating During an Outbreak or Public Health Investigation" in Sonja A Rasmussen & Richard A Goodman, eds, *The CDC Field Epistemology Manual* (Centers for Disease Control and Prevention, 2018), ch 12, online: <www.cdc.gov/eis/field-epi-manual/chapters/Communicating-Investigation.html>.
9. Hoggan, *supra* note 1, ch 25.
10. Edward Maibach, "Increasing Public Awareness and Facilitating Behavior Change: Two Guiding Heuristics" in Thomas E Lovejoy & Lee Hannah, eds, *Biodiversity and Climate Change: Transforming the Biosphere*, 2nd ed (New Haven: Yale University Press, 2019) 336.
11. Tumpey, Daigle & Nowak, *supra* note 8.
12. Maibach, *supra* note 10 at 340.
13. Tumpey, Daigle & Nowak, *supra* note 8.