

Communication issues

Operators will require information on how to apply a countermeasure; this may be linked to a requirement for training of these operators in relation to their increased risk burden. The provision of accessible information on how a countermeasure works, the consequences of not implementing a countermeasure, the availability of compensation, how disruption during application can be minimised, monitoring results, etc., is widely recognised to be good practice. Information is a necessary input to consultation and dialogue, which is required to assess the acceptability and preferences of the relevant communities, to elicit local knowledge which may influence the effectiveness of the countermeasure, and to develop and agree the countermeasure strategy.

Given the situation of widespread and potentially high levels of contamination, much of the information and dialogue required will be relevant to a range of countermeasures, and thus costs for communication activities should not be viewed as specific to a particular countermeasure but assessed across a range of countermeasures.

- *Dissemination of information about the countermeasure to workers/farmers/operators.*
- *Likelihood of media scare stories/ high media interest*
- *Dialogue about the countermeasure (its rationale and possible alternatives) within affected communities.*
- *Potential need to facilitate widespread debate regarding ethics and practice of countermeasure*
- *Possible cost of labelling*

In the early phase after radioactive contamination, there is always lack of information. Authorities must not underemphasize the constant need for information, and might benefit from consulting different stakeholders and addressing what they know and what they do not know, what are the uncertainties etc. Effective and early communication is also important for precautionary measures. Information on the changing (including as a consequence of intervention) radiation exposure situation after an accident or other radiological incident has to be made available to all in the course of time. This will aid in the understanding of the benefits intervention. The communication strategy will also have to address the need to inform the public that ‘zero exposure’ is often an unrealistic/unobtainable goal.

Moreover, the communication strategy should reflect the many “realities” (circumstances) under which people live; the issues which may need to be addressed will vary depending on who needs to be informed. One could argue that rural and urban populations need different kinds of information, because the implementation of countermeasures are being justified according to different values/interests between the two groups. For example, a farmer would justify administration of AFCF boli because of farming/economical reasons, whereas consumers would justify the same measure because of its ability to reduce health risk. Communication strategies will need to recognise the requirement to give people the knowledge to balance these views.

Terrorist attacks or other intentional causes of radioactive contamination, clearly raises the need for a completely different communication strategy than fallout occurring from accidents and unintentional events, because these situations represent two different threats to the population. Whereas an accident primarily will need to address dose-reducing measures, a terrorist attack would create a huge demand/debate regarding defence politics and foreign affairs (and raise questions like *who* did it, and how can they be caught? will it happen again?). Recent terror-attacks clearly illustrate the kind of fear that occurs in a targeted population, and the need for the authorities to address such crisis communication.

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