Separating legitimate Ebola concerns from unnecessary fear

October 16, 2014 at 6:40 PM EST

As new cases have been diagnosed in the U.S. and the Centers for Disease Control expands its investigation, national concern has skyrocketed. Gwen Ifill explores the psychology behind the public anxiety with Dr. Eden Wells of the University of Michigan and Valerie Reyna of Cornell University.

TRANSCRIPT

GWEN IFILL: Late today, the Centers for Disease Control reported that it is expanding its Ebola investigation to include passengers on a second flight flown by one of the nurses since diagnosed with the disease. And the airline is notifying passengers who may have flown elsewhere on the same jet.

As new details emerge, and as today’s congressional hearing showed, domestic concerns over Ebola are skyrocketing. A new Reuters/Ipsos poll finds 41 percent are very concerned about the outbreak, 36 percent are somewhat concerned. And 45 percent say they are avoiding international travel.

A separate poll by the Harvard School of Public Health found that more than half of adults are concerned that there will be a large outbreak of Ebola inside the U.S. within the next 12 months.

It’s a good time to ask, how worried should we be? And how should we assess any level of risk?

We turn to Dr. Eden Wells, a professor of epidemiology at the University of Michigan. And Valerie Reyna, a Professor of Human Development and Psychology at Cornell University.

Welcome to you both.
Dr. Wells, when do we begin to think that this is a legitimate fear and when is it paranoia?

**DR. EDEN WELLS, University of Michigan:** Well, that’s an excellent question, but one that’s difficult to answer, in that I think anybody who has a concern has — is justified to have that concern.

And, therefore, we need to address that with good information. Paranoia is probably too strong of a term. I would say that the concerns people have after all of the news cycles that we have been seeing in the last week or so, they’re coming from my own family, my colleagues, my friends, and, in all, at the end of the day, we can say today that this virus has not changed.

The risk is still low for those of us that are not involved in health care, like these two heroic nurses that were really intimately involved with the care of Mr. Duncan, and, unfortunately, became infected.

**GWEN IFILL:** Let me follow up with you on one more piece of that, which is, I wonder to what degree the language matters. When are these isolated cases and when is it an outbreak?

**DR. EDEN WELLS:** That’s a very good question.

I would say that we right now have two cases that were involved in the direct health care of this patient. We do know that this virus transmits from direct bodily contact with the person or the fluids of that person. An outbreak to — in my mind, would really mean that if the virus begins to occur beyond what we say is the secondary transmission that we’re seeing right now, the fact that these nurses became ill, that if we began to see cases that were occurring in other people in the community, that in my mind would be an outbreak.

Again, that risk for an outbreak is really very low. This has not changed in what we have been saying about this virus in the past six months.

**GWEN IFILL:** Valerie Reyna, how do people manage this risk, especially emotionally, psychologically, make the difference between worrying about the present and worrying about the future?

**VALERIE REYNA, Cornell University:** Well, there’s a great deal of psychological science on this topic.
And it’s very understandable that people would be concerned about the risk from an Ebola outbreak. People think really in terms of — in two ways about risk. They think about possibility vs. impossibility, and, of course, we have gone over that barrier psychologically. People were initially told that transmission was essentially impossible.

They were told that in good faith. And then it happened, and it happened twice. So now, psychologically, people have shifted from, this is an impossibility to, not only is it a possibility, but it’s one that’s increasing. And the human mind is keenly attuned to change, to increases in risk, as well as changes from impossible to possible.

GWEN IFILL: So, is part of the problem as you see it that by saying, for instance, in trying to calm the public last week, Dr. Frieden saying or Dr. Fauci saying this will be stopped in its tracks in the United States? Was that part of the problem in changing expectations?

VALERIE REYNA: Well, I’m not sure that that’s part of the problem. I think it’s good to reassure people that there are measures in place.

I think that the human psychological response to risk is — has multiple components. It has an emotional component to it, threat and alarm. That threat and alarm can make sense sometimes. And that’s where risk communication comes in. Whenever we have an epidemic like this or a natural disaster or an incident that has to do with terrorism, risk communication becomes a key between officials and the public.

It’s often something we take for granted. It’s a kind of invisible force, but it’s the kind of thing that connects the safety of people to the resources that we can bring to bear.

GWEN IFILL: Dr. Wells, how does the risk factor for Ebola, as you understand it, compare to risk factors for other diseases which have caused this kind of great widespread fear with — I think of AIDS in the early days or SARS or avian flu.

DR. EDEN WELLS: Oh, yes.

First off, I would like to say that I absolutely agree with our other speaker here this evening. And it’s very well said about risk communication. And we have to address the fact that this is a disease. As Ebola has been known since the mid-1970s, it’s a scary-sounding disease. It has a
known high fatality rate.

It is rather gruesome in how people suffer from it, especially when they become greatly ill, if not die. And this has been in our collective consciousness, if you will, since it was first discovered in 1976.

But as it compares in terms of risk, even though this is difficult to communicate because, right now, everybody is worried because of what we’re hearing about the recent news, but, as far as risk, when I think about the diseases that we have seen transpire, HIV, avian influenza, if we think of fast scares, you know, polio, the Spanish flu, this is less transmissible, thank goodness, than many of the diseases that we speak about.

It does require the direct contact with an infected person or their body fluids. So the risk is less than the avian flu, the SARS that we have dealt with in the past. But, again, we have to be able to relay that risk in a way that people can feel more comforted, given that this is a concern, and the recent changes have increased the concern, as my fellow speaker said.

GWEN IFILL: Well, Valerie Reyna, briefly, how do you calm the fear without underestimating the risk?

VALERIE REYNA: Yes, I think that that’s very important.

I think that we really have to be open and transparent. We have to explain to people the nature of the transmission. Now, this is a very difficult challenge. You have technical information that has to get out to a wide range of people with different kinds of knowledge backgrounds. But that’s the challenge of risk communication.

There is science available that can facilitate that. People have to know how this happened, why it happened. If there’s uncertainty, and we don’t know certain causes, we have to be open about that. I think people can be reassured when they’re given information. There’s elements in here, too, that have to do with trust in government. And I think trust is fostered to the degree that we’re candid with people.

GWEN IFILL: Right.

Valerie Reyna of Cornell University, and Dr. Ellen — Eden Wells of the University of Michigan,
thank you both very much.

VALERIE REYNA: Thank you, Gwen.