

# ANNOUNCEMENTS

- All participants must register for the Monthly Disease Surveillance Trainings in order for us to provide CMEs/CNEs:
  1. Log-on or Request log-on ID/password:  
<https://tiny.army.mil/r/zB8A/CME>
  2. Register at: <https://tiny.army.mil/r/LEAid/EpiTechFY15>
- Communicate with your Service surveillance hub to ensure you get information on future trainings and past recordings: POC info in chat box
- Confirm attendance for today's training:
  - Enter your name/service into chat box or email your Service hub
  - You will receive a confirmation email within the next 48 hours
  - If you do not receive this email, please contact us
- Please put your phones on mute when not speaking

# Monthly Disease Surveillance Training

## Risk Communication

**DRSi Login**

**April 28, 2015**

**Dr. Paul Gillooly**

**Navy & Marine Corps Public Health Center**

**(757) 953-0664**

**[paul.b.gillooly.civ@mail.mil](mailto:paul.b.gillooly.civ@mail.mil)**

**<http://www.med.navy.mil/sites/nmcphc/environmental-programs/Pages/risk-communication.aspx>**



# A Risk Communication Primer— Tools and Techniques



Navy and Marine Corps Public Health Center  
620 John Paul Jones Circle, Suite 1100  
Portsmouth, VA 23708-2103



# Risk Communication Product Catalog 2014



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER  
PREVENTION AND PROTECTION START HERE



# What is Risk Communication?

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“A science-based approach for communicating effectively in ...

high concern,

low trust,

sensitive, or

controversial situations”



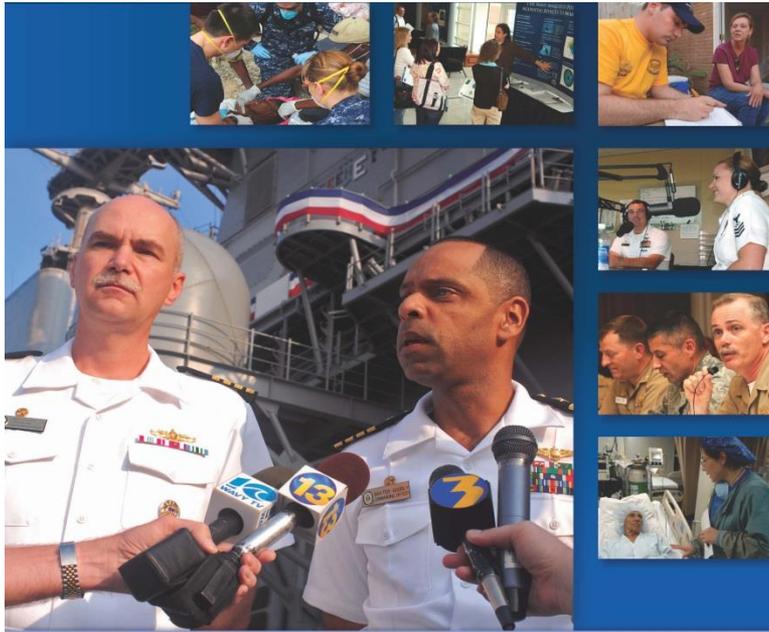
# What is Risk Communication?

*Planning and executing communications with any stakeholder, internal or external, on any issue that can impact your **mission**. This includes crisis and non crisis situations.*

*This requires significant communication skills.*



# What is Risk Communication?



## A Risk Communication Primer— Tools and Techniques



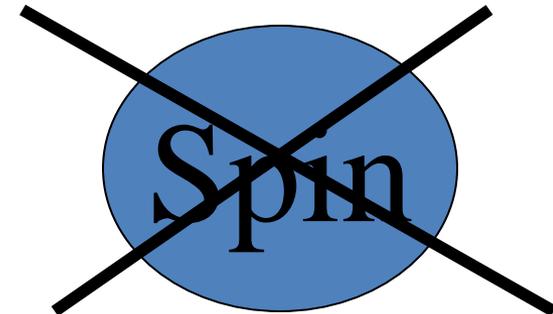
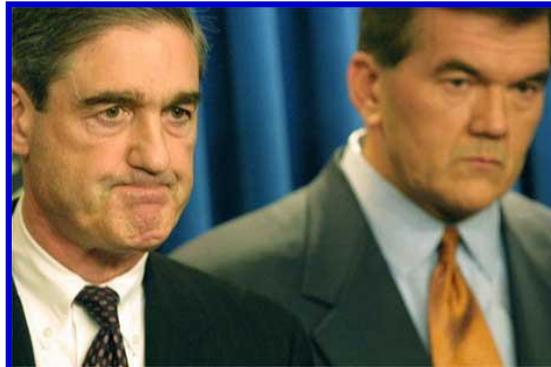
Navy and Marine Corps Public Health Center  
620 John Paul Jones Circle, Suite 1100  
Portsmouth, VA 23708-2103

- Policy, Laws & Regs
- Training
- Building a Strategy
- ID & Prioritize Stakeholders
- Develop Messages
- Select Delivery Messages
- Prepare Messengers
- Assess Effectiveness
- Public Meetings
- Develop RC Products

# What are the Goals of Risk Communication?

---

- ✓ Increase Knowledge & Understanding
- ✓ Enhance Trust & Credibility
- ✓ Resolve Conflict



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THE #1 BESTSELLER

THE TENTH ANNIVERSARY EDITION

DANIEL  
GOLEMAN

Author of *Social Intelligence*

THE GROUNDBREAKING BOOK  
THAT REDEFINES WHAT IT  
MEANS TO BE SMART

Emotional  
Intelligence

WHY IT CAN MATTER  
MORE THAN IQ

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Risk Communication is...

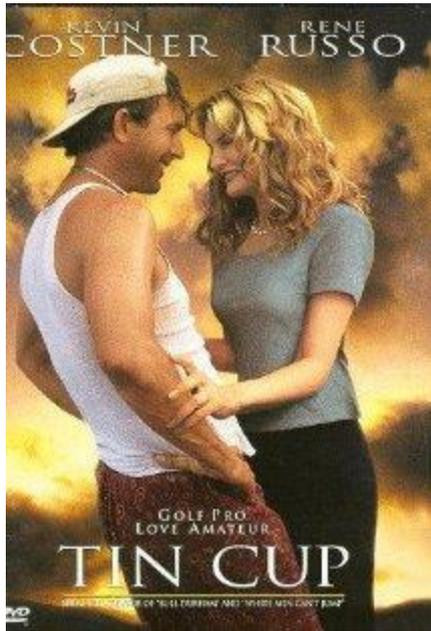
a Social Science

- Empathy
- Self-awareness
- Self-discipline

*Big eyes, big  
ears and a SMALL mouth*



The ***court of public opinion*** is very different from the court of law. At some tipping point, perception becomes reality.



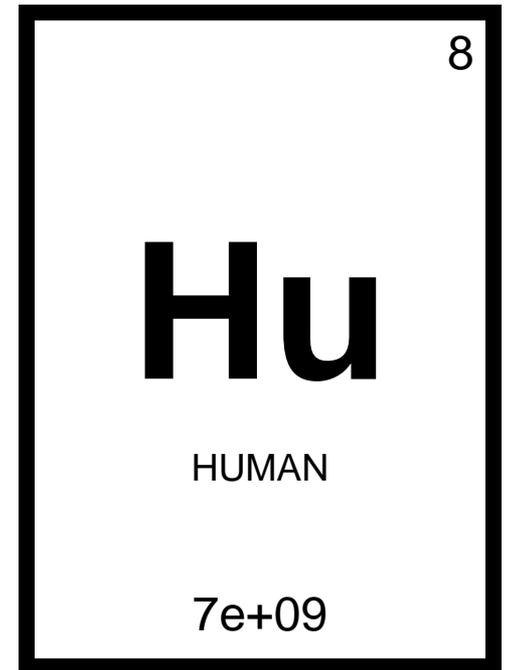
- [Roy 'Tin Cup' McAvoy](#): I hit it again because that shot was a defining moment, and when a defining moment comes along, you define the moment... or the moment defines you.

# The Problem with Public Health

- When public health practitioners do their job, the results look like... nothing.
  - No one gets sick.
  - Diseases don't spread.
  - Children don't die.
  - Life pretty much goes on as normal.
- But behind the scenes, there's actually a lot of work that goes into preventing kids from getting measles, or containing an outbreak of hepatitis A, or delivering clean drinking water to your home.
- All of those things are public health, and all of them are easy to take for granted. And we have taken them for granted.



# The Human Element



# Negative Emotions

Anger

Fear

Frustration

Distrust



## Agendas

Personal  
Economic  
Social  
Cultural  
Historical



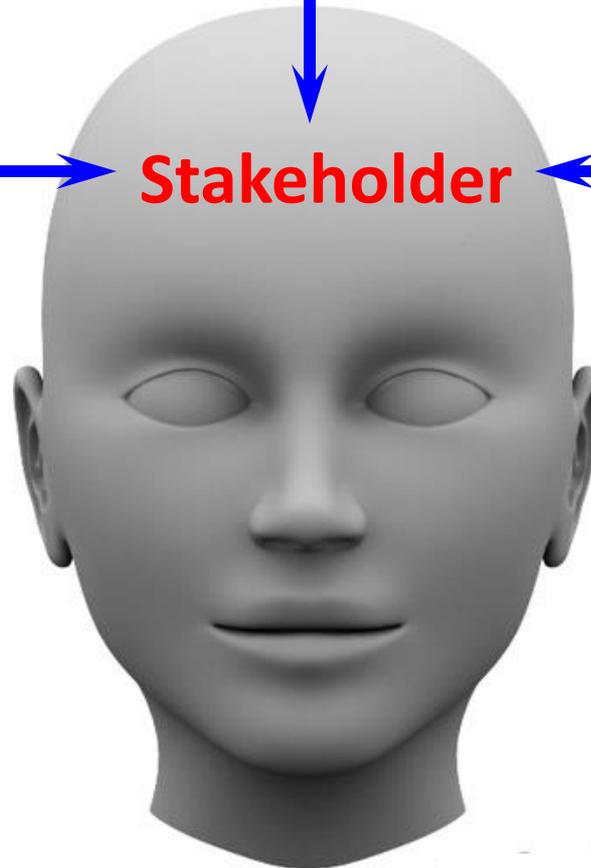
**Stakeholder**



## Risk

## Perceptions

Control  
Trust  
Benefits





**Catastrophic  
Potential**

**Benefits**

**Voluntariness of  
Exposure**

**Trust**

**Familiarity**

**Equity**

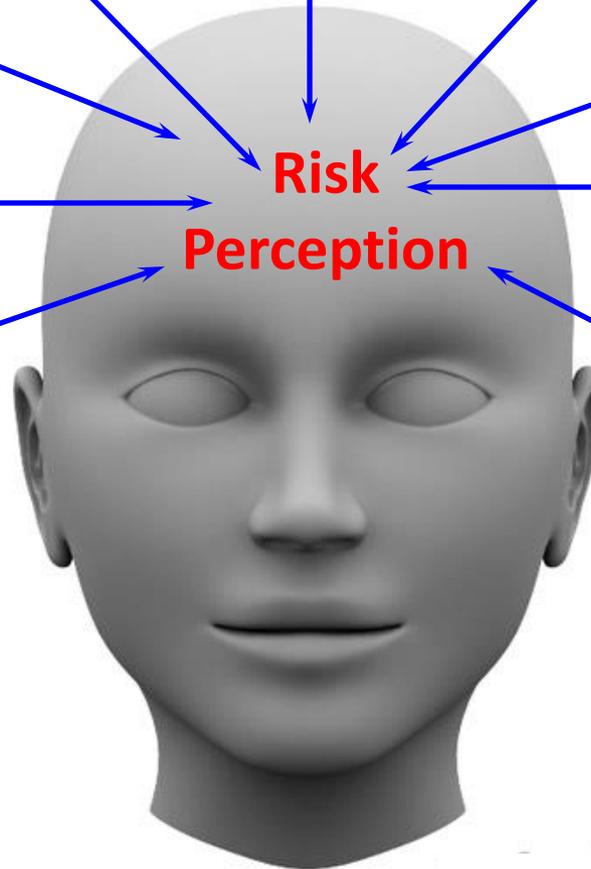
**Risk**

**Control**

**Perception**

**Level  
of  
Knowledge**

**Threat to  
Future  
Generations**



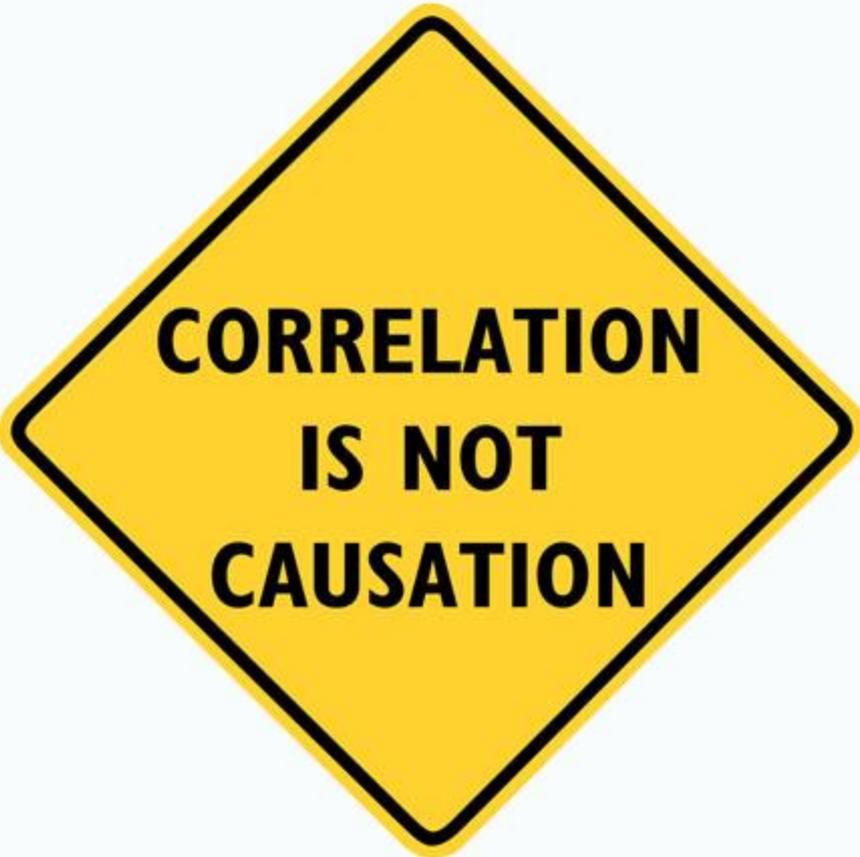
# Additional Challenges



**“There is virtually no correlation between the ranking of hazards by experts and the ranking of those same hazards by the public”**



Probably the shortest true statement that can be made about causality and correlation is *"Empirically observed covariation is a necessary but not sufficient condition for causality."* Or possibly *"Correlation is not causality but it sure is a hint."* Or possibly this:



**CORRELATION  
IS NOT  
CAUSATION**



**BUT IT  
SURE  
HELPS**

# SHARE: A DISCONNECT

**SCIENTIST  
EXPERT**

*knows  
thinks*

Fact-based:  
*hazard, probability*

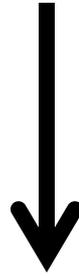
**CONSUMER  
PUBLIC**

*feels  
believes*

Value-based:  
*consequences, value*



**ZERO RISK**

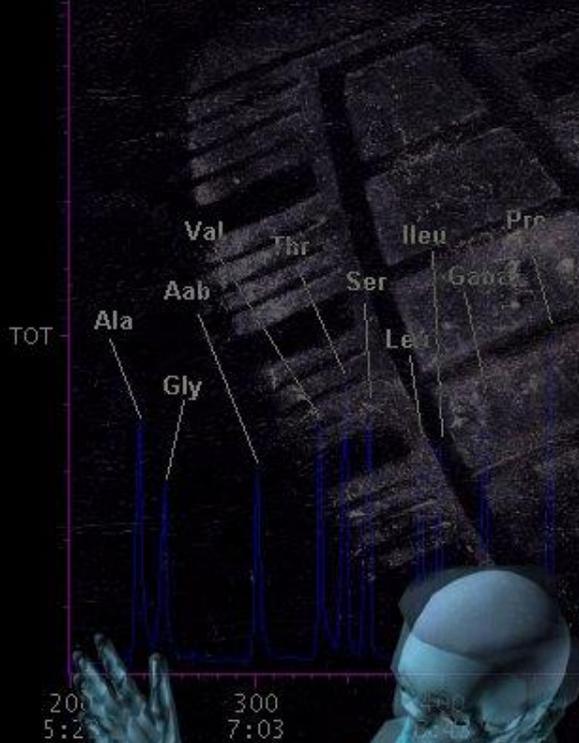


HERE LIES A PSEUDO-SCIENTIST

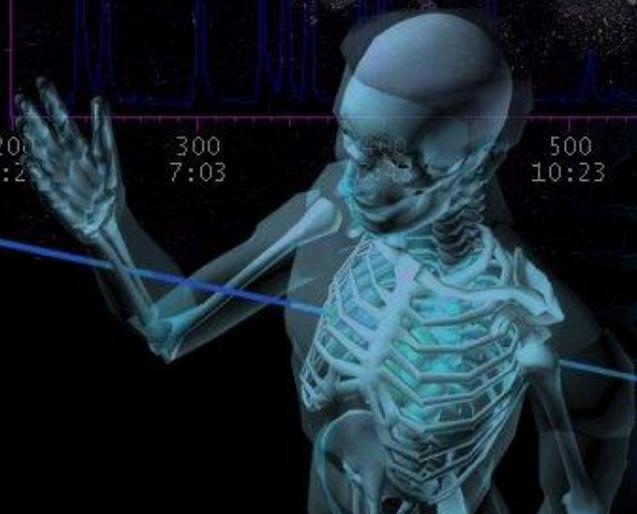
# CSI: CRIME SCENE INVESTIGATION

Chromatogram Plot  
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 Scan No: 751 Retention Time: 14:34  
 Plotted: 200 to 800  
 100% \* = Saturated scans

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LexisNexis™



# Ignore These 2 Communication Shifts at Your Own Risk

STRATEGY By Ryan Jenkins, Published October 11, 2013

Be the first to comment!

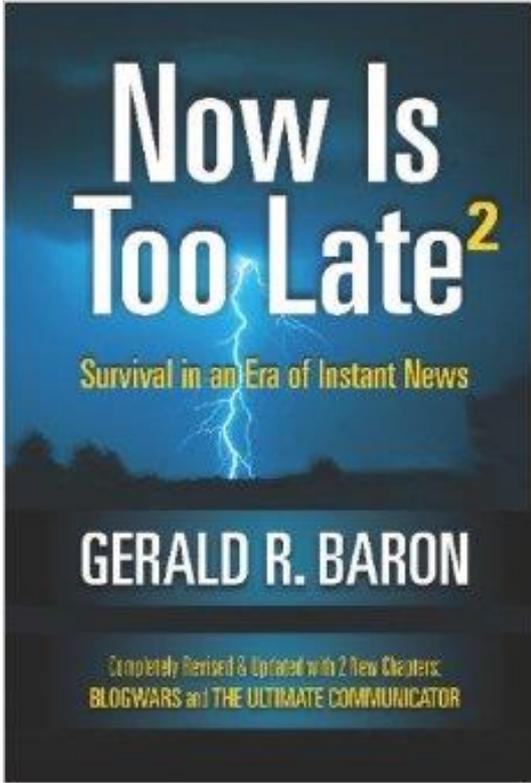
Do you remember the process a decade or two ago, when you had to call someone? You had to walk over to the phone attached to the wall, wait a few minutes until your teenage daughter finished her call, refer to your physical address book for the phone number, dial in a rotating fashion....only to hear a busy signal. You wait 5 minutes, say a prayer and then try again and again and again until you finally speak to someone only to find out the individual you're trying to reach is not present to take the landline call. Ugh! How did we ever do it?



Communication has been transformed in unparalleled ways since the introduction of the Internet, smartphones and social media.

## Fundamental Communication Shifts:

- 1) Abundance – Twitter, Facebook, Snapchat
- 2) Avenues - email, Facebook, Internet, Tumblr





*When written in Chinese the word crisis is composed of two characters.*

*One represents danger, and the other represents opportunity.*

*John F. Kennedy April 12, 1959*



- Politics Home
- Elections
- Executive
- Senate
- House
- Defense
- Judiciary
- Scandals

LEGISLATION

# Robert F. Kennedy Jr. apologizes for 'holocaust' remark in speech against California vaccine law

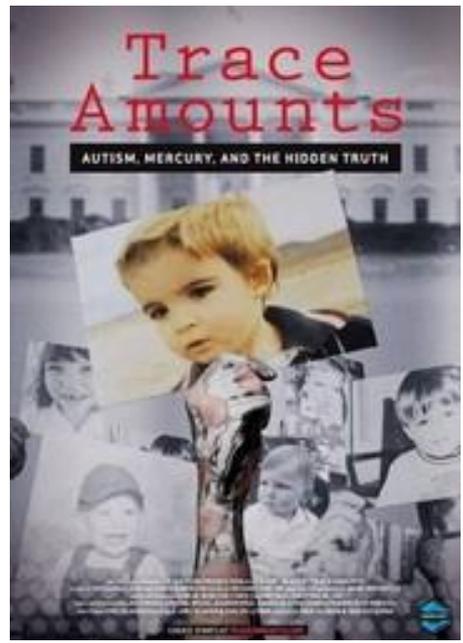
Published April 14, 2015 · Associated Press

72
 296



April 8, 2015: Robert Kennedy, Jr., son of former U.S. Attorney Gen. Robert Kennedy and nephew of President John F. Kennedy, speaks against a measure requiring California schoolchildren to get vaccinated during a rally at the state Capitol in Sacramento. (AP Photo/Rich Pedroncelli)

Politics Video



# Trace Amounts

AUTISM, MERCURY, AND THE HIDDEN TRUTH

RENT NOW

ATTEN

- HOME
- THE FILM
- THE TOUR

## Trace Amounts: The Documentary The CDC Doesn't Want You To See





# 1. Identify and Prioritize Stakeholders

**A stakeholder is anyone interested or impacted by the issue. BEFORE communicating any information, you must get to know the stakeholders and understand their issues and concerns.**

Stakeholder identification and prioritization is the first step to any effective risk communication strategy. The primary objective of this step is to help ensure that no individual or group is missed and that messages can be tailored to specifically address their concerns and issues.

## Identify Stakeholders

With most risk communication issues, the audience is not simply one big homogenous group (i.e., the general public). It is made up of many diverse stakeholder groups who will be affected and/or who will be most interested in a project or issue.

Examples of the many different types of stakeholder groups can include:

### Internal Navy and Marine Corps Stakeholders

- Military and civilian leadership
- Planners
- Public affairs
- Program managers
- Contractors



### External Stakeholders

- Local, state and federal government
- Tribes
- Property owners
- Businesses
- Community groups
- Environmental groups
- Individual citizens
- Media



## Determine the Appropriate Messages

When developing a risk communication strategy, there are three basic questions in determining the appropriate messages.

- 
1. *What do you want to tell your stakeholders?*
  2. *What do they want to know?*
  3. *What is likely to be misunderstood?*

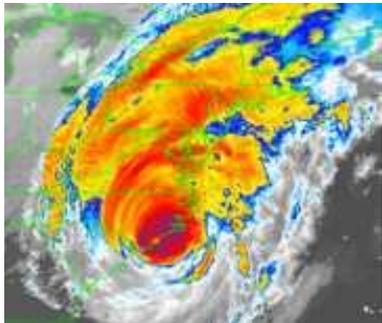
*Message Map template*

<b>Stakeholder:</b> The Public		
<b>Question or Concern:</b> How can I avoid contracting West Nile Virus?		
<b>Key Message 1:</b> Remove Standing Water	<b>Key Message 2:</b> Wear Protective Clothing	<b>Key Message 3:</b> Use Insect Repellent
<b>Supporting Information 1-1:</b> Unused swimming pools	<b>Supporting Information 2-1:</b> Long sleeves	<b>Supporting Information 3-1:</b> Containing DEET
<b>Supporting Information 1-2:</b> Flower pots and bird baths	<b>Supporting Information 2-2:</b> Long pants	<b>Supporting Information 3-2:</b> At least 23%
<b>Supporting Information 1-3:</b> Buckets and cups	<b>Supporting Information 2-3:</b> At dusk and dawn	<b>Supporting Information 3-3:</b> Medically proven effective

# Typical Risk Communication Failures in an Emergency



- Mixed messages from your organization
- Mixed messages from your organization versus other respected organizations, including agency power struggles.
- Information released late
- Lack of frequent updates early in a crisis
- Unwillingness to admit what you don't know
- Not countering rumors





JOHN HAN PAVE-LAY/HEI THE ASSOCIATED PRESS

# Ebola deaths race past 700

By Clarence Roy-Macunday ing a plane in Nairobi, Kenya, to the U.S. Officials at Atlanta's Emory University

the statement said. "There was only enough (of the experimental serum) for one person. Dr. Brantly asked that it be given to Nancy Writebol," said Franklin Graham, president of Samaritan's Purse, another aid organization that has been working in Liberia during the Ebola crisis.

Brantly, who works for the aid group, did receive a unit of blood from a 14-year-old boy who had previously



AN EMPLOYEE OF THE MONROVIA (LIBERIA) CITY CORP. SPRAYS DISINFECTANT ON A STREET TO PREVENT THE SPREAD OF THE EBOLA VIRUS.

RELATED NEWS  
2 American Ebola victims

# Ebola moving faster than control efforts

By Bonhac Diallo and Krista Larson The Associated Press

**CONAKRY, GUINEA** — An Ebola outbreak that has killed more than 700 people in West Africa is moving faster than efforts to control the disease, the head of the World Health Organization warned as precedents from the affected countries met Friday in Guinea's capital.

Dr. Margaret Chan, the WHO's director-general, said the meeting in Conakry "must be a turning point" in the battle against Ebola. "Over the last weeks, there has been a significant surge in the epidemic — the number of cases has increased dramatically ... and the disease has spread to many more villages and towns."

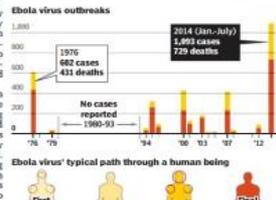
Doctors Without Borders

tion response plan that includes deploying hundreds more health care workers. Doctors Without Borders said its teams are overwhelmed with new Ebola patients in Sierra Leone and that the situation in Liberia is now "dire."

At least 729 people have died since cases first emerged in March: 339 in Guinea, 233 in Sierra Leone, 156 in Liberia and one — an American — in Nigeria. While health officials say the virus is transmitted only through direct contact with bodily fluids, many sick patients have refused to go to isolation centers and have infected family members and other caregivers. The fatality rate has been about 60 percent, and the scenes of patients bleeding from the eyes, mouth and ears has led many relatives to keep their sick family members at home instead. Sierra Leone is now sending teams door-to-door in search of Ebola patients and others who have been exposed to

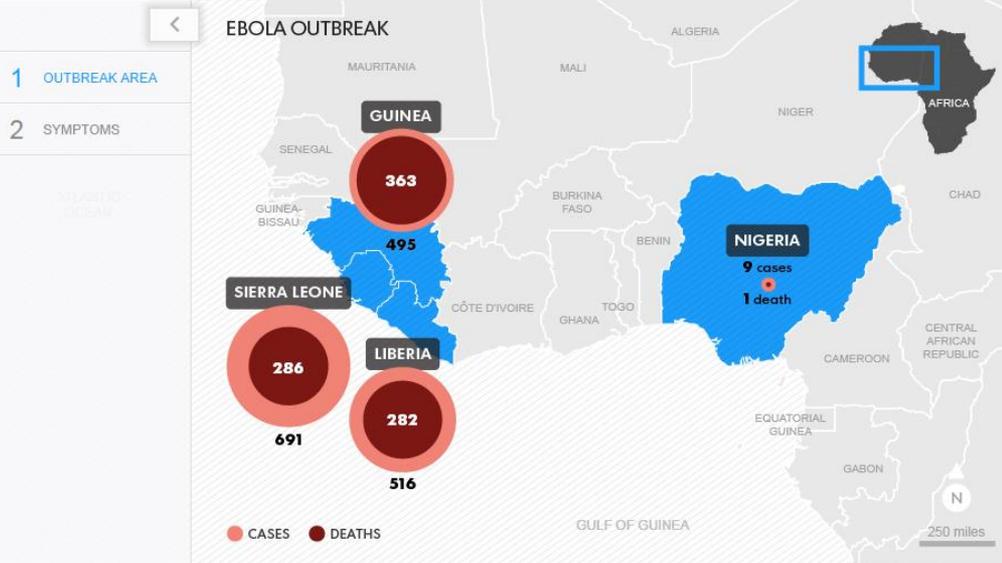
### DEADLIEST OUTBREAK TO DATE

The Ebola outbreak in West Africa is the world's deadliest to date. According to the U.N., 729 people have died as health officials in Guinea, Liberia and Sierra Leone struggle to control the virus.



## EBOLA VIRUS RAPIDLY SPREADING IN WEST AFRICA

Since it was detected in March, the number of suspected and confirmed cases attributed to Ebola in the West African nations of Liberia, Sierra Leone, Guinea and Nigeria stands at 1,711, including 932 deaths.



World Health Organization, USA TODAY research; Note: As of Aug. 4, 2014  
Janet Loehrke and Joan Murphy, USA TODAY





# What People Need in a Crisis

- Acknowledge their fears/concerns
- Something to do
- Frequent updates



# Generic Categories of Questions and Statements



1. Ventilation/Anger – A highly negative emotional state/anger
2. What's the question or statement?
3. Rude but briefly acceptable. See overhead 2-7
4. Negative allegations – not true
5. Negative allegations – true
6. Guarantee/100% assurance/no risk acceptable



# Generic Categories of Questions and Statements

7. Fairness questions
8. The setup question or statement
9. Personal interest that's not relevant (in group discussions)
10. Policy
11. Factual questions – What? Who? When? Where?
12. Fear



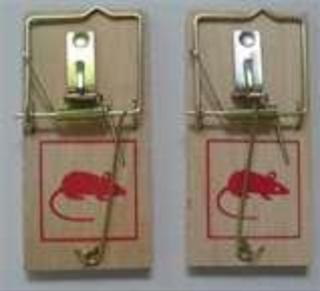
# Categories #1 and #2

- Category #1 – Anger
  - Empathy
  - Open Ended Questions
  - Facts
- Category #12 – Fear
  - Do know
  - Don't know (*See Attachment 3-1*)
  - Next update on “don't know's”

# Generic Category #5

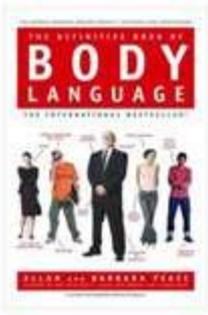
Negative Allegations That Are True

- Acknowledge the change
- Corrective Measures/Learnings
- Status/Timeline



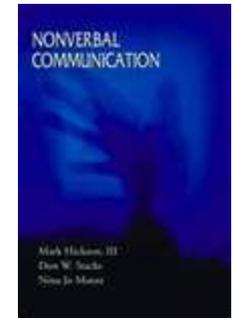
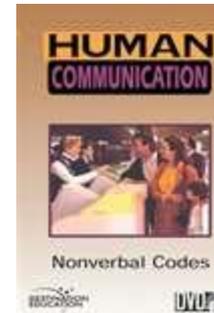
# Critical Traps to Avoid

- TAKING IT PERSONALLY
- Not knowing how to respond to fear
- Not knowing how to respond to anger
- Jargon
- Facts before conclusions
- Not listening
- Lacking good non verbal observation skills
- Spinning/Embellishing
- Humor
- Hedges
- Avoid “Push Backs”
- False confidence/Over reassurance
- Not admitting “you don’t know”
- So nervous that you are not clear
- Not giving people things to do that are helpful.



# Nonverbals in Risk Communication

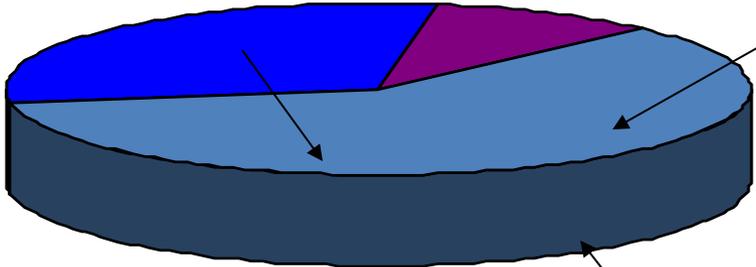
HOW you say it is as important as  
WHAT you say



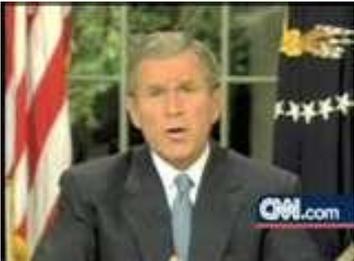
# What People Remember

**How It's Said**  
**30%**

**What Is Said**  
**10%**



**Appearance**  
**60%**



# STAKEHOLDER THEORY

ESSENTIAL READINGS  
IN ETHICAL LEADERSHIP  
AND MANAGEMENT

FOREWORD BY NORMAN E. BOWIE  
Elmer Andersen Chair in Corporate Responsibility  
Carlson School of Management, University of Minnesota

# Three Key Principles

- Messages should support your communication mission.
- Know your stakeholder before you develop the message.
- Select the message vehicles, channels, and applications most appropriate for the stakeholders.

**PROTECT YOURSELF AND OTHERS**

When pandemic flu strikes your community, take the temperature of every member of your household on a daily basis. Keep track of these temperature measurements. One of the earliest signs of infection is a high fever (over 101°F).

Flu viruses are most commonly transmitted through exposure to an infected person's coughing or sneezing. Masks might reduce your risk from pandemic influenza, when combined with other personal protection efforts.

- If you have a mask, wear it when you leave home when pandemic flu is in your community.
- Those who have the flu should wear a mask when in contact with others who do not have the flu.
- If you buy a mask, an N-95 mask may provide better protection.
- Masks should fit as per the manufacturer's recommendations. Most masks will not fit small children.
- Masks lose their protective properties and must be changed when they become wet from saliva or respiratory secretions.
- Never wash or disinfect masks.
- Never share masks with others.

**KNOWING THE FACTS IS THE BEST PREPARATION**

Identify sources you can count on for reliable information. Visit [www.pandemicflu.gov](http://www.pandemicflu.gov) for general information on pandemic flu and [deploymentink.cdmr.mil](http://deploymentink.cdmr.mil) for information specific to service members and their families. Service members and their families who have concerns about pandemic influenza can get additional information by calling, toll-free, 1-800-487-5251.

Another source for information on pandemic influenza is the Centers for Disease Control and Prevention (CDC) Hotline at: 1-800-CDC-INFO (1-800-232-4636). This line is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6346. Questions can be e-mailed to [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov).

**PANDEMIC FLU**

**A Guide for Service Members and Families**

**Be Prepared... Stay Healthy... Get Informed**

FORA Health Protection & Readiness  
Safeguarding the Health of those who protect us

**What is Pandemic Flu?**

An influenza pandemic is an outbreak of a new influenza virus that spreads rapidly around the world. Influenza viruses change constantly to produce new strains. A pandemic results when an influenza virus changes to produce a strain that is so different from earlier strains that no one has any immunity to it. This causes a more serious infection than the ordinary flu.

**Pandemics of the past 100 years**

- ▶ **Spanish Flu: 1918-1919**  
Worldwide, 20-40 million people died, many within the first few days of infection. Nearly half of those who died were young, healthy adults.
- ▶ **Asian Flu: 1957-1958**  
One million people died around the world during this pandemic which mainly affected the very young and very old.
- ▶ **Hong Kong Flu: 1968-1969**  
Globally, one to four million people died, primarily the very old and those with underlying medical conditions.

**For more information:**

- **Centers for Disease Control and Prevention**  
Information about influenza  
<http://www.cdc.gov/flu/>  
WHO Influenza Virus  
Influenza Vaccine  
<http://www.who.int/go/immunization/influenza>
- **For Facts About Large Influenza (SIV) and Other Influenza in Populations**  
<http://www.usgpo.gov/factsheets/gaifluciv040301.htm>
- **World Health Organization**  
Influenza  
<http://www.who.int/mediacentre/factsheets/fs105/en/>
- **World Infection Diseases**  
Influenza  
<http://www.who.int/mediacentre/factsheets/fs105/en/>
- **World Health Organization**  
Influenza  
<http://www.who.int/mediacentre/factsheets/fs105/en/>

**Facts about Pandemic Flu For Service Members and Their Families**

**Pandemic Flu Facts**

"Action is the Force of an Inevitable Threat"

# Message Purposes

- Raise awareness
- Educate/inform
- Get consensus
- Change behavior



# Communication Vehicles\*

- Written
- Oral
- Visual
- Audience interaction
- Computer-based applications

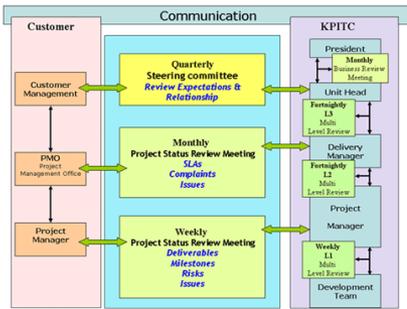
\*Lundgren (1998)

# Communication Channels

There are various types of channels you can use to communicate your message

- Media
- Advertising
- Public meetings
  - Poster station meetings
  - Informal
- Internet
- Employees, families
- Third-party supporters
- “Word of mouth”
- Speaker bureaus





# Message Mapping

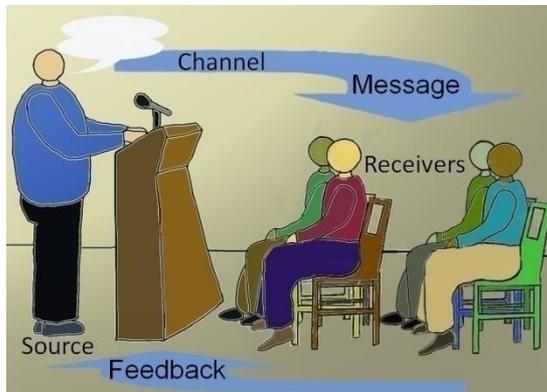


- A tool for organizing factual information, both verbal and written
- Applies to one of the 3 Arenas of Risk Communication – Perception of Risk
- Most useful in pre-crisis and crisis alert periods
- Organizes facts into a hierarchical arrangement
- Each layer supports the preceding layer
- Provides a sense of how much information to communicate in various situations

# General Guidelines

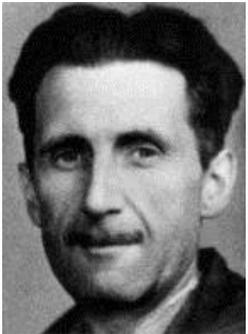


- Usually 3 messages/layers
- Sentences – maximum of 15 words, usually less than 10.
- Grade level – 6<sup>th</sup> to 8<sup>th</sup> grade level
- Most important message first in each layer.



# George Orwell's 6 Rules of Writing

- Never use a [metaphor](#), [simile](#), or other [figure of speech](#) which you are used to seeing in print.
- Never use a long word where a short one will do.
- If it is possible to cut a word out, always cut it out.
- Never use the [passive](#) where you can use the active.
- Never use a foreign phrase, a scientific word, or a [jargon](#) word if you can think of an everyday English equivalent.
- Break any of these rules sooner than say anything outright barbarous.



# Military – Avoid Acronyms



MILITARY ACRONYMS

## THE SHORT AND LONG OF IT

Sure, the Navy has its DicNavAb – Dictionary of Navy Abbreviations – but here’s where you’ll find your VaPiConPMilAcroGlos, or The Virginian-Pilot Context Page Military Acronym Glossary, for those dizzying strings of capital letters.

- ACC** →→→→→  
Air Combat Command
- AIRLANT** ✖✖✖✖  
Naval Air Force Atlantic
- CHINFO** ●●●●  
Chief of Information
- CINCLANT** ★★  
Commander in Chief Atlantic
- CINCLANTFLT** ★★  
Commander in Chief Atlantic Fleet
- CNRMA** 🌐🌐🌐  
Commander, Navy Region Mid-Atlantic
- COMFIRSTNCD** ✖  
Commander, First Naval Construction Division
- COMNAVSAFECEN**  
Naval Safety Center
- COMSECONDFLT**  
Second Fleet Command
- COMOPTEVOR** ☒  
Commander Operational Test and Evaluation Force
- CYBERFOR** ↕↕↕  
Navy Cyber Forces
- ESG 2** 🌐🌐🌐  
Expeditionary Strike Group 2
- FISCN** 🏠🏠🏠  
Fleet and Industrial Supply Center Norfolk
- FMFLant** ●●●●●  
Fleet Marine Force Atlantic
- JFCOM** ◆◆◆◆◆  
Joint Forces Command
- JFSC** 📖📖📖  
Joint Forces Staff College
- MARFORCOM** 🚢🚢🚢  
Marine Corps Forces Command
- MSFSC** ☆☆☆☆☆  
Military Sealift Fleet Support Command
- NAVELEX** // // // //  
Naval Electronics Systems in Portsmouth
- NAVFAC LANT** 📐  
Naval Facilities Engineering Command, Atlantic
- NAVFAC MIDLANT**  
Naval Facilities Engineering Command, Mid-Atlantic
- NETWARCOM** 🌐  
Naval Network Warfare Command
- NEXCOM** 🏠  
Navy Exchange Command
- NMCP** +++++  
Navy Medical Center Portsmouth
- NNSY** ✖✖✖✖  
Norfolk Naval Shipyard
- NPASE** ♥♥♥♥♥  
Navy Public Affairs Support Element
- OPNAV** +++++  
Office of the Chief of Naval Operations
- SACLANT** ★★ ★★  
Supreme Allied Commander Atlantic
- SEAL TEAMS** 🧠🧠  
Sea, Air and Land teams – the Navy’s elite commando teams
- SUBLANT** ●●●●●  
Submarine Force Atlantic
- SURFLANT** 🐬🐬🐬🐬  
Surface Force Atlantic
- SUBRON** 🐬🐬🐬🐬🐬  
Submarine Squadron
- TRADOC** ☑☑☑☑  
Training and Doctrine Command (Army)
- USFF** 🚢🚢🚢🚢🚢  
Fleet Forces Command

**You can't control the media; you can control the message**

**Media's  
Story**

**Your  
Message**

**The Interview**

**Preparation for the Interview**



# Media Interview

The media is a “conduit”  
to your audience.

# Can you answer these 3 Questions comfortably?

What did you know?

When did you know it?

What did you do about it (and how fast)?

Lawyers and the Media already know the answer before they ask you.

It's rarely the event itself, rather the cover-up that kills the person and/or organization

## Paterno knew

The revered coach and top Penn State officials covered up allegations of sex abuse to protect the school, an investigation concludes.



GENE J. PUSKAR | THE ASSOCIATED PRESS

By Amy Shipley | *The Washington Post*

Four of Penn State University's most powerful leaders, including head football coach Joe Paterno and President Graham Spanier, covered up allegations of sexual abuse by an assistant coach because they were concerned about negative publicity, a team of investigators concluded in a report released Thursday after an eight-month inquiry.

Confronted with reports that Jerry Sandusky lured boys to the State College campus, where he sexually abused them, Penn

See PENN STATE, PAGE 8

**A Penn State student reacts while watching a news conference from former FBI Director Louis Freeh.**

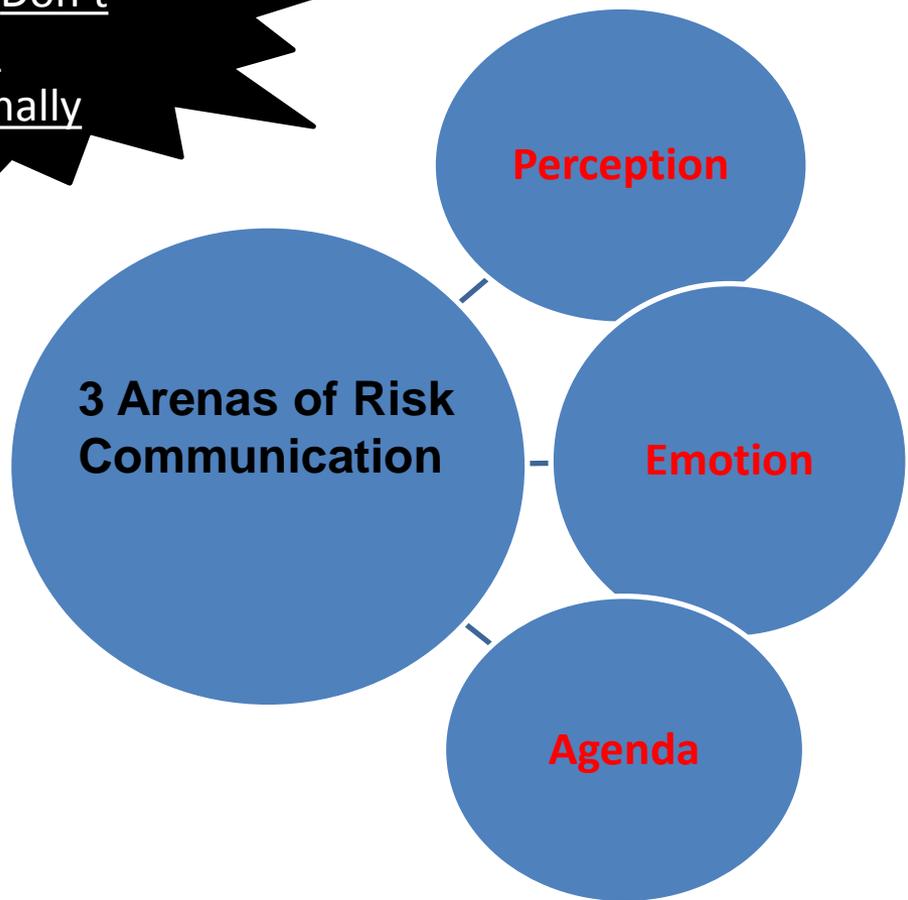
**In Sports** Read more about how the report is being received.



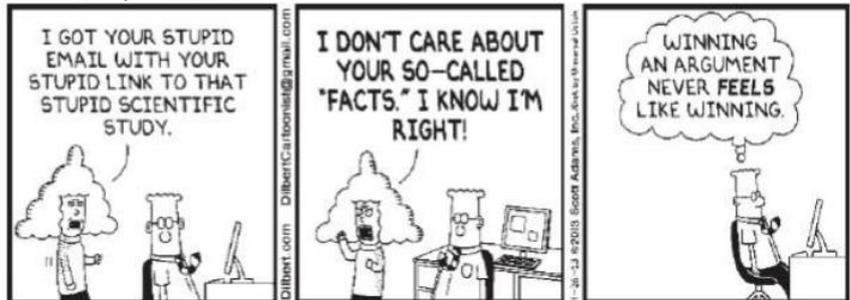
Big eyes, big ears and a SMALL mouth

Trap: Don't  
take it  
personally

The Way You Start A  
Conversation May  
Determine The  
Outcome You Get



dilbert | Scott Adams



Winning Feels Different in  
Risk Communication



# Questions/Service POCs

- **Army: USAPHC – Disease Epidemiology Program**  
Aberdeen Proving Ground – MD  
Comm: (410) 436-7605 DSN: 584-7605  
[usaphc.disease.epidemiology@us.army.mil](mailto:usaphc.disease.epidemiology@us.army.mil)
- **Air Force: Contact your MAJCOM PH or USAFSAM/PHR**  
USAFSAM / PHR / Epidemiology Consult Service  
Wright-Patterson AFB, Ohio  
Comm: (937) 938-3207 DSN: 798-3207  
[episervices@wpafb.af.mil](mailto:episervices@wpafb.af.mil)

# Navy: Questions/Service POCs

## NMCPHC Preventive Medicine Department

- COMM: (757) 953-0700; DSN: (312) 377-0700
- Email: [NMCPHCPTS-threatassessment@med.navy.mil](mailto:NMCPHCPTS-threatassessment@med.navy.mil)

## Navy Environmental and Preventive Medicine Units (NEPMU)

- NEPMU2
  - COMM: (757) 953-6600; DSN: (312) 377-6600
  - Email: [NEPMU2Norfolk-Threat-MedEpi@med.navy.mil](mailto:NEPMU2Norfolk-Threat-MedEpi@med.navy.mil)
- NEPMU5
  - COMM: (619) 556-7070; DSN (312) 526-7070
  - Email: [HealthSurveillance@med.navy.mil](mailto:HealthSurveillance@med.navy.mil)
- NEPMU6:
  - COMM: (808) 471-0237; DSN: (315) 471-0237
  - Email: [usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil](mailto:usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil)
- NEPMU7
  - COMM (international): 011-34-956-82-2230 (local: 727-2230); DSN: 94-314-727-2230
  - Email: [NEPMU7@eu.navy.mil](mailto:NEPMU7@eu.navy.mil)