

Cornell University and the H1N1 Influenza Pandemic

The Abstract

On August 27 Cornell University, located in Ithaca, New York began classes for the fall 2009 semester. On September 11, the first student at Cornell, and third reported college student in the nation, had died from complications due to the H1N1 virus. By September 15, approximately 600 cases of university members affected by the virus had been reported.

This case study describes and examines the university's response to the H1N1 pandemic on campus. The study will present and discuss the communication, preparation and resources provided by Cornell and the health services division of the university. The case study also looks at the university's adaptation of an existing crisis management plan to adjust to an unexpected crisis.

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1. Introduction

With regard to crises that an organization may face, an unpredictable, possibly lethal viral outbreak proves to be an extremely intricate and sensitive issue in terms of both action and communication. In these crisis situations, honest communications and transparency are key in keeping security and trust intact amongst the target publics.

Cornell University received a great amount of media coverage during the 2009 fall semester for the presence of H1N1 on campus. According to *The Cornell Daily Sun* and the university's Web site, over 600 students with flu like symptoms contacted Gannett Health Services, Cornell's health services department, between August 17 and September 15, 2009. In mid-October 2009 a simple Google search with key words "Cornell Swine Flu" brought forth over 40 pages, or 240,000 search results, showing the relevance and interest regarding the virus situation on the Cornell campus.

On September 11, 2009 Warren J. Schor, a 20-year-old economics and management major at Cornell, died at a nearby hospital due to complications from swine flu ("Cornell University student," 2009). After this tragedy, the media coverage multiplied at an alarming rate. A Google search at the end of October using the words "Cornell swine death" brought in approximately 2,150,000 results.

Cornell's reaction to the pandemic will be examined throughout the following case study, as well as the resulting opinions and reactions of major publics: students and media. The communications steps taken and resources provided by Cornell University will be detailed throughout the study. Relevant public relations concepts and theories will also be discussed.

2. H1N1 Virus

The H1N1 virus, commonly referred to as swine flu, is a powerful strand of influenza that was first identified in the United States, and was later declared a global pandemic on June 11, 2009 by the World Health Organization (“Who Declares Global,” 2009). Tests and vaccines have been created for the identification and treatment of the virus, but as of this writing, availability and qualification for receiving vaccines has been limited. Additional symptoms of H1N1 besides those that arrive with the seasonal flu, such as fever/chills, aches, coughing, sore throat and congestion include stomach upsets such as vomiting or diarrhea (“H1N1 (swine) influenza,” 2009). H1N1 also has appeared much earlier in the flu season than the typical influenza virus has in the past.

At the end of August 2009, a report stated that “swine flu could infect half the U.S. population this fall and winter, hospitalizing up to 1.8 million people and causing as many as 90,000 deaths -- more than double the number that occur in an average flu season” (Stein, 2009, para. 1). As of mid October H1N1 was widespread in 46 states and had resulted in 1,000 deaths, including 100 child deaths in the U.S. Worldwide there had been an estimated 5,000 deaths and 20,000 hospitalizations as a result of the virus (Associated Press, 2009b). In the third week of October 2009, President Obama declared H1N1 a national emergency (Shear & Stein, 2009).

3. Cornell University

3.1 The University

Cornell University, an Ivy League school located in Ithaca, New York is among the top universities in America. Representing every state and over 120 countries, the 20,000 students at Cornell make up a diverse campus with a large expanse of academic curricula. Cornell is made up of 11 undergraduate, graduate and professional schools, offering approximately 4,000 courses (“Academics,” 2009).

The university prides itself on the quality of its 15,000 plus faculty and staff, having employed Nobel Prize laureates, Turing Award winners, Fields Medal winners, Pulitzer Prize winners, Legion of Honor recipients, National Medal of Science winners and beyond (“Academics,” 2009).

Additionally, the university is known for its strong financial standing and, according to Bloomberg.com, Cornell received \$406.2 million in private donations in 2006 alone (Keenan, 2009).

3.2 Cornell’s Existing Preparations

James Grunig (1992), public relations professional, professor and author of crisis communications theory, claims that:

When conflict occurs, publics ‘make an issue’ out of the problem. Organizations use the process of *issues management* to anticipate issues and resolve conflict before the public makes it an issue. Organizations that wait for issues to occur before managing their communication with strategic publics usually have crises on their hands and have to resort to short-term crisis communication. (p. 13)

Grunig’s thinking implies that an organization’s preparation and advanced planning for potential issues are central in handling crises and dealing in issues management.

Prior to the H1N1 outbreak on the Cornell campus, the university had created a crisis plan in preparation for a potential pandemic influenza outbreak. Cornell realized

the importance of issues management and understood that in a crisis situation, accurate, timely and effective communication with publics is crucial in the handling of a crisis. Cornell also recognized advice from The World Health Organization, which observed that “[g]ood communication can rally support, calm a nervous public, provide much-needed information, encourage cooperative behaviours and help save lives” (as cited in Corson-Rikert, 2008, p. 21).

The planning and preparation for a possible influenza pandemic began at Cornell during the 2005-2006 school year. At that time, the Executive Committee on Campus Health began implementing issues management and emergency planning concepts, including the creation of a pandemic flu crisis plan. According to the Gannett Web site, the Executive Committee on Campus Health (ECCH) is a group that was formed in 2001 to help “guide the work of the President’s Council on Alcohol and Other Drugs” (“Executive committee campus,” 2009, para. 2). However in the years since, the committee has broadened its mission to encompass a variety of additional health issues.

The pandemic preparation plan was created during a time when H5N1, or “avian flu”, was the most serious known threat regarding influenza pandemics. The overall structure of the plan is designed for adaptability and therefore focuses on a broad range of issues surrounding pandemics, rather than exact specifics for either H5N1 or H1N1.

Although the nature of the pandemic plan was to be broad, once H1N1 became a large enough threat the focus changed: address this particular issue with authority, a clear message and a unified voice. The text *Public Relations the Profession and the Practice* states that *systems theory* “looks at organizations as made up of inter-related parts, adapting and adjusting to changes in the political, economic, and social environments in which they operate” (Lattimore, Baskin, Heiman, Toth, & Van Leuven, 2004, p. 47). As

implied by this theory, it was crucial for Cornell to coordinate its various divisions in order to get full university cooperation, fully adapt to the changes brought forth by the H1N1 outbreak and execute a successful communications campaign.

In the pandemic preparation plan, the role of communication directors is recognized, but given an abstract framework to operate in. The major point of emphasis is that “because of the importance of unified messaging during a pandemic, it is critical that communication directors work closely with University Communications so that communications are tightly coordinated” (Corson-Rikert, 2009, p. 23). Furthering the systems theory, and creating a more authoritative, representative and unified voice, Cornell’s actions reflect the belief that “[d]uring a pandemic, it is critical that University communicators deliver unified messages with accurate and timely information” (Corson-Rikert, 2009, p. 21).

The list of coordinated departments at the university includes, but is not limited to: Gannett Health Services, Gannett’s Counseling and Psychological Services, Environmental Health and Safety, the Cornell police, Cornell Information Technologies, Cornell Dining, Transportation and Mail Services. This coordinating effort, however, also extended out to the greater Ithaca community. Community wide coordination brought Cornell together with other colleges and universities in the area, as well as Tompkins County Health Department, the Centers for Disease Control and the New York State Department of Health (NYSDOH) (Corson-Rikert, 2009, p. 2).

How people process and accept the disseminated information can be described and examined through *diffusion theory*. This theory states that people adopt an idea after following these steps: “awareness: becoming aware of the idea; interest: the individuals interest has to be aroused; evaluation: consideration of how useful the idea is; trial:

trying out the idea on others” (Harrison, 2000, p. 39). The influence of this theory can be seen through the examination of Cornell’s four communication goals below.

The pandemic preparation plan outlined the goals that Cornell set for its communications efforts, which are:

(1) create awareness about the serious nature of the pandemic threat; (2) inform community members about ongoing health mitigation measures such as free flu shots and the availability of hand sanitizers; (3) generate campus community involvement in pre-pandemic planning; (4) educate the campus community about the pandemic plan and every member’s potential role in responding to the crisis. (Corson-Rikert, 2009, p. 21)

These communication goals indirectly address each step of processing and accepting information emphasized in diffusion theory. The university showed a mature level of understanding of the importance of raising awareness, generating public interest and, eventually, involving the publics in order to communicate effectively during a crisis.

In order to follow those steps: raising awareness, generating interest, and involving the publics, one must be transparent and engage in two-way communication. Transparency is measured by how honest and open an organization is with its publics, both internal and external; the greater the flow of information, both negative and positive, surrounding an organization, the more transparent a company is. According to the Institute for PR Web site, “the professional literature of our field suggests that transparency may be a key driver. Richard Edelman writes in the 2007 *Edelman Trust Barometer* that ‘continuous, transparent - and even passionate - communications is central to success’ in today’s environment” (Ovatt, n.d., para. 2).

The two-way symmetrical model of communication, as outlined by Grunig in his book *Excellence in Public Relations and Communications Management*, is a balanced exchange of information that “adjusts the relationship between the organization and public” (J. Grunig & L. Grunig, 2002, p. 289). Also known as two-way communication, it

is described as a way of using communication to negotiate with the public. It resolves conflicts and promotes respect and mutual understanding between an organization and its publics (Lattimore et al., 2004). This is similar to an unbiased self-interest where the total community's interest is ahead of the organization's, to get benefits in the short and long-term (Dozier & Ehling, 2002).

The goals listed above also highlight the university's commitment to transparency and two-way communication. The university has set specific objectives to encourage involvement and communication with its publics, as well as to create and spread awareness and education about H1N1. Inherent in these objectives is the theory of transparency: the university has committed itself to be a trusted, reliable resource for its publics and consequently must remain honest, open and transparent in order to keep and establish trust with its publics.

This crisis plan is based upon a strong communications strategy to preemptively consider effective and efficient response(s) to publics' concerns during a crisis. *Issues and risk management theory* follow these six steps: identifying and analyzing issues, considering response options, developing a plan of action, and, if necessary, implementing and evaluating that plan (Kucharavy, personal communication, September 10, 2009). The benefits of preemptive issue and risk management include immediate action and reaction during the time of a crisis.

Throughout the crisis plan the university outlines several different communications methods to reach the students. These ranged from traditional print media to Web sites that would disseminate the same information during a pandemic. The *uses and gratifications theory* of public relations, as described in Shirley Harrison's book *Public Relations, An Introduction*, is a way of looking and categorizing how people choose and utilize media. She states that the theory "explains how and why people

choose the media they use” (Harrison, 2000, p. 33). The way in which people retrieve and evaluate information varies from individual to individual, especially as the number of outlets and mediums increase. Therefore, it is crucial that the university provides information across a broad range of mediums to reach a larger audience successfully. In a time of crisis, it is of utmost importance for an organization to reach the publics on every front; an uninformed or misinformed public is potentially one of the largest threats the university faces, comparable to the flu itself.

In addition to the pandemic preparation plan, Gannett Health Services also has had a five-year long campaign surrounding flu prevention and awareness titled “Your Health is in Your Hands.” This campaign is made up of posters, ads and resources to educate students as well as get student participation by providing easily accessible and distributable materials (“Flu campaign materials,” 2009). This campaign has focused on the preventative ways to combat the flu, primarily focusing on hand hygiene. The campaign represents both the university’s focus on disease prevention as well as community and campus engagement.

4. The Issue

Cornell University adapted its pre-existing influenza crisis plan (for avian flu) to adjust it for the H1N1 emergency on campus and implement a crisis management campaign for the fall 2009 semester. The university faced a crisis situation that could have impacted all members of the university community, both on and off-site, and had potential for devastating results if not handled properly. Taking the situation seriously, Cornell acted without delay to create and implement a number of communications efforts to handle the pandemic outbreak of H1N1 on campus.

5. Cornell's Response

5.1 Spring 2009

On April 27, 2009, Gannett Health Services at Cornell University released a precautionary statement about the H1N1 influenza [see Appendix B]. This statement was given at the height of the initial public panic regarding the H1N1 virus. It defined basic health precautions that help combat viruses, tried to dispel the rumor of flu transference between people and pigs and also provided information referrals to Gannett, the Centers for Disease Control, the New York State Department of Health and the World Health Organization ("Cornell's Gannett Health," 2009).

Aside from that initial communication, however, there was nothing else sent out to students in the spring 2009 semester. The statement was meant to rapidly address many concerns that the university community might have had at the time. As the semester came to an end, and the initial public fear of the virus decreased, the anxiety of H1N1 on campus became much less prevalent. As time went on and few cases were reported within the United States (none at Cornell), less focus and concern was directed toward H1N1.

Throughout the summer and approaching the fall 2009 semester, the discussion of H1N1, especially regarding schools and vaccinations, began to increase once again. In order to address these issues and prepare for possible flu presence on campus, the university had begun to adapt a pre-existing crisis plan for possible application to the H1N1 virus.

Stated on the Gannett Web site, the Pandemic Flu Working Group helped to guide departments across the entire university in the development of the pandemic scenario, creating specific plans for protection of the university community. Although

the initial preparation plan was shaped for the avian (H5N1) flu, "...the priorities, structures, and relationships that were established during the previous planning process positioned the university to respond to the emerging pandemic quickly and effectively" ("Have a plan," 2009).

Following the advice and guidelines of Cornell's pandemic influenza plan [see Appendix C] as adapted for H1N1, an implementation of ideas, theories and actions began at the commencement of the fall semester.

According to the preparation and response plan, the mediums for response included: (1) daily alerts on cornell.edu, CUINFO and other Web sites; (2) a dedicated Web site containing updates relating to campus policies and operations; (3) news advisories and media interviews with Cornell experts; (4) ongoing coverage in the Cornell Chronicle Online; (5) E-news distribution; (6) E-mail advisories to students, employees, and targeted audiences; (7) broadcast media (radio, television, podcasts, web casts); (8) printed materials; and (9) activation of telephone hotlines (Corson-Rikert, 2009, p. 21).

5.2 Hotline & e-mail

Gannett established a 24-hour hotline for those students seeking medical advice regarding the flu, action steps and possible necessary treatment (Nojiri, 2009). A separate E-mail dedicated to flu concerns was created for students to E-mail questions or comments about the flu: flu-info@cornell.edu. A secure message portal is also available for students at the university through a link on the Gannett home page. The use and encouragement of two-way contact in this situation provides a necessary sense of trust between the publics and Cornell. Two-way communication allows for a trusting and open flow of dialogue that proves vital in dealing with private facts and personal health issues.

5.3 Web site

The university also added flu-oriented pages to the Web site such as You & the Flu at www.cornell.edu/flu/. This was the central collection of all information and resources related to the flu. By creating this one simple Web site, Cornell was able to broadcast a clear and unified message to its publics. The opening page of the health services Web site, www.gannet.cornell.edu, also features H1N1 resources and information. By providing these resources, the university becomes a reference and an authority in the mind of its publics, further establishing the matter of trust discussed earlier.

These Web sites provide information about H1N1 as a virus, when one should seek help, symptoms, treatment methods, vaccine updates, frequently asked questions, messages from faculty, how to get a home flu kit from Gannett and external links to resources. Some of the external resources include the Centers for Disease Control Web site and “other language” sites for those who are not fully comfortable with, or capable of, reading the important information in English. There are also links to view or print posters and fact sheets of announcements, precautions and educational literature [see Appendix D].

Attempting to utilize a small amount of social media, the campus materials site provides a link for university departments to easily add a “CU & the Flu” widget to their Web sites. These widgets create a quick and easy way for students and faculty to access information no matter what university page they are on. This widget was designed so that even the lesser tech-savvy individuals would be able to add it to their sites so that anyone interested in spreading the knowledge would have a way to do so.

5.4 Traditional Resources

There have been multiple press releases and news stories in the campus as well as surrounding papers regarding the H1N1 situation on campus. The health center itself has also become a resource, providing everything from informational literature, to the 24-hour hotline, to the home flu kits. There are also a variety of posters and flyers about identifying and treating the virus.

As previously mentioned, the uses and gratifications theory “[a]sserts that people are active users of media and selective in the media they use” (Lattimore et al., 2004, p. 56). In keeping with that, the university seems to understand that not everyone gets his or her news and information from one source, such as the newspaper or Internet. The communication regarding H1N1 has been disseminated over a variety of mediums through different tactics in order to reach target audiences by whatever means of communication they have selected to use.

5.5 Social Media

Cornell’s usage of the newest social media during the H1N1 pandemic has been limited. Tracy Vosburgh, the Director of Public Affairs at the Office of University Communication, said in an interview: “we did not use [social media] as a primary mode of communication” (Vosburgh, personal communication, December 7, 2009)[see Appendix C]. She said that although they used the university Facebook and Twitter pages to make flu-related announcements regarding vaccines, they instead put more effort into the development and maintenance of the new flu Web site, www.cornell.edu/flu. Therefore, Cornell does not have Twitter or Facebook pages dedicated specifically to the flu campaign (Vosburgh, personal communication, December 7, 2009). Various other Twitter-ers have been providing and linking to

information regarding H1N1 at Cornell, and include but are not limited to: WVBR News Live, SwineFluHQ, liveH1N1 and us_health.

Similarly with blogs, it is easy to find personal or media blogs that touch upon H1N1 at Cornell through simple online searches, but neither Cornell nor Gannett have created or implemented these methods on their own.

On the university Twitter page, few posts were made concerning the pandemic flu on campus. One post mentioned the new Web site dedicated to the flu (Cornell_Univ, 2009). Additionally, the Facebook page mostly features posts regarding athletic results, with one exception for a soap campaign to help fight the flu (Kelley, 2009).

5.6 Rallying the students

By clicking through the “Poster and Fact Sheet” or “Posters & Tip Sheets” link on the flu Web site, one is able to find campus materials to “help get the word out” which include 28 (8.5 x 11 or 8.5 x 14) posters and fact sheets that students are encouraged to print off and post on their own [see Appendix D]. The subjects of these posters include Care for the Flu, Flu Prevention at Parties, Seasonal Flu Vaccinations, Seasonal Flu Preparation, New “H1N1” swine flu, General Prevention, Flu Concerns in the Classroom and Cleaning and Hygiene Tips.

Included on these posters and fact sheets are information, tips and resources for dealing with all of the different aspects of the flu (“Flu campaign materials,” 2009). Although health services spearheaded the campaign, the department also wanted students to get involved with the distribution of these materials; this relies heavily on the completion of the diffusion theory, asserting that only after one has become *aware* of, *interested in* and has *evaluated* the information will one be willing to *try it out* or

participate (Lattimore et al., 2004, p. 35). This also demonstrates the understanding of two-way communication as a central aspect in the crisis management plan.

5.7 The FILT

As part of the plan for a pandemic situation, the Flu Incident Lead Team (FILT) was also established. This team “meets twice each week and involves representatives from a range of campus units. The team and its subgroups seek to address the practical issues raised by the H1N1 outbreak, such as dining and transportation concerns, and academic attendance policies” (Stratford & Carney, 2009, Univ. Adapts section, para. 5). As the aforementioned systems theory suggests, by creating the FILT, Cornell brought together separate, yet inter-related units on campus to address the changes and concerns surrounding H1N1 at the university in a clear, unified manner.

The FILT was also charged with controlling what information was disseminated to the students. According to Director of the Office of Emergency Planning & Recovery, Peggy Matta, one difficulty the FILT faced was that “what heightened [the pandemic], was the media. What heightened the anxiety, what heightened peoples’ response, good, bad or different, was the media” (Matta, personal communication, December 15, 2009) [see Appendix C for transcript]. This awareness of media influenced the decision making of the FILT. What made this crisis different was that “in the past, even with SARS, we still had time as responders to effectively deal with the situation before it was all over the media. In today’s world, it’s instantaneous” (Matta, personal communication, December 15, 2009).

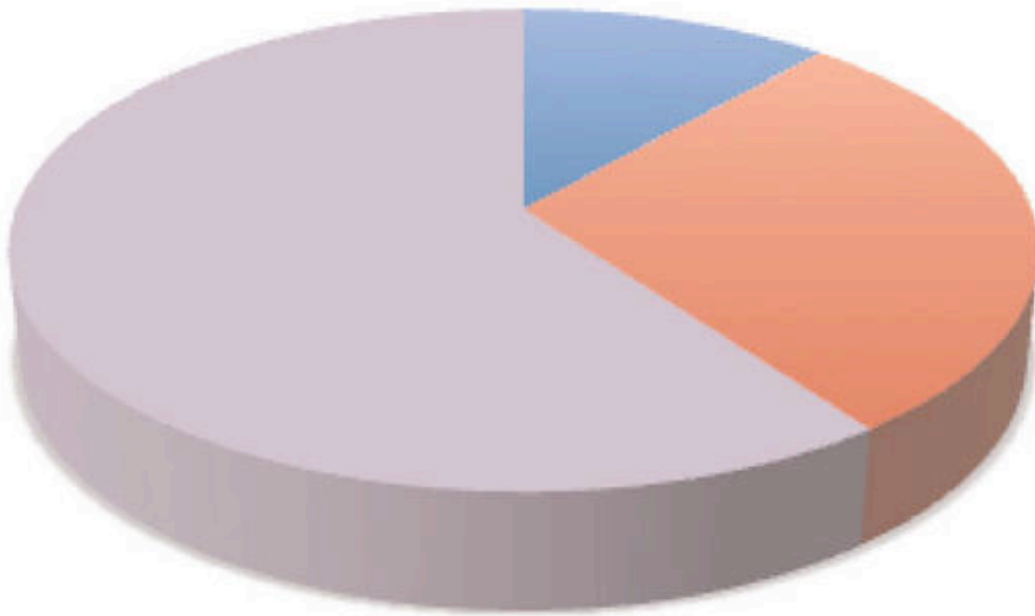
5.8 Flu Shots

Flu shots have been adapted and administered for prevention of H1N1 nationwide. There are, however, constantly changing rules and regulations about who has priority for receiving the flu shots. Initially, only vaccines for the seasonal flu were

available. In the early fall 2009, Cornell saw record setting demand for the vaccines, and many more people sought out flu shots than were available. The September 27 clinic at Cornell drew an onslaught of people, and people continued to line up outside the clinic for the entire day (Linhorst, 2009).

Cornell began receiving vaccines for the H1N1 virus on October 16, 2009. The initial doses focused on distribution of vaccine to those who are pregnant, those who care for infants under six months of age, and students with underlying health conditions (Meyerson, 2009). As demonstrated by the graph below, which appeared in *The Cornell Daily Sun* (Meyerson, 2009), the initial shipment of vaccine did not meet the demands at Gannett Health Services:

14,000 H1N1 VACCINES NEEDED FOR UNIVERSITY



- **1,600 H1N1 VACCINES RECEIVED**
- **4,000 MORE REQUESTED**
- **8,400 REMAINING DOSES NEEDED**

5.9 Amidst the Response...

The precautions entering the fall semester were thorough and in line with what the pandemic plan recommended. Still, inevitably, the virus did appear at Cornell and cases of H1N1 were reported from the very beginning of the fall 2009 semester.

The number of reported cases of H1N1 did vary from one source to another. On September 15, 2009 ABC News reported Cornell with having 555 probable cases of H1N1 (Nojiri, 2009) while *The Cornell Daily Sun* claimed that there were 623 probable cases reported by Gannett Health Services (Stratford & Carney, 2009).

As a result of the nationwide trend at the time to estimate diagnoses rather than do clinical testing, few cases were actually *confirmed* at Cornell. However, along with the symptoms presented, the flu was appearing much earlier in the semester than the typical flu season has in the past, an indicator of H1N1. From August 17 to September 15, 2008 there were no cases of the seasonal flu reported by Gannett and only 256 cases reported for all of 2008 (Stratford & Carney, 2009). Compared to the reports of 555 to 623 cases during that same time period 2009, it becomes clearer where the root of concern about the virus on campus was coming from.

On September 11, 2009 Warren J. Schor passed away at Cayuga Medical Center from complications related to H1N1 influenza (Skorton, 2009). The death of Warren Schor prompted a response from Cornell President David Skorton. Skorton's statement included: condolences and sympathy from the university, alerts concerning the severity of the flu, and information on helpful resources available to students (Skorton, 2009). This incident was particularly shocking and humbling because Schor was the third student nationwide to die from complications related to H1N1 influenza (Nojiri, 2009).

The death of a student, a peer, a friend truly changed the way many Cornellians perceived the flu. As will be discussed later on in this case study, students expressed

that Schor's death brought new meaning to and understanding of H1N1. "Everyone on campus who had joked about H1N1 before Warren's death stopped joking about the disease afterwards...the death of a fellow student, with unexplained 'complications' made the mood surrounding swine flu on campus more somber" (O'Connell, personal communication, November 23, 2009)[see Appendix C for transcript].

5.10 A New Leadership Group

As the virus became more prevalent on campus, a new flu leadership group was created, the "Ad Hoc Incident Group for H1N1" (Stratford & Carney, 2009). This group is made up of the university's most senior administrators, including the Vice President of Human Resources Mary Opperman, Senior Vice Provost John Siliciano, Director of Emergency Planning & Recovery Peggy Matta, Vice President for Communications Tommy Bruce, Gannett's Executive Director Janet Corson-Rikert and Vice President for Facilities Kyu-Jun Whang. The Ad Hoc Incident Group reportedly meets on a daily basis and is guided by the Centers for Disease Control and the New York State Department of Health (Stratford & Carney, 2009). The purpose of the ad hoc group was to "put together senior leaders where this impacts most... a check-in meeting at the end of every day," to assess the status quo and discuss any necessary issues or changes the university may need to address (Matta, personal communication, December 15, 2009). This group exemplified the university's understanding of systems theory, creating a specific, coordinated leadership group to help the organization successfully adjust to the changes in the surrounding environment.

6. Other Responses

6.1 Student's initial desensitization toward issue

As reflected through student blogs and personal interviews at the beginning of the semester, many students found the onslaught of H1N1 information put forth by the university and the media as, in a sense, overboard. Cornell student Kaitlyn (2009) said in her blog:

But we're only two weeks in and Cornell is already going swine flu crazy. I've gotten 5 emails since I've gotten back to campus reminding me what the H1N1 symptoms are and telling me to wash my hands. The Sun has had at least two articles as well to make sure we really get the point. ([#1](#), [#2](#).) It looks like we're okay so far, but I'll remember to stay at least 6 feet away from anyone who seems like he has the flu, like article #1 suggests. Hopefully I won't get the swine and end up sleeping in Barton Hall to make sure my roommates don't get it too. You shouldn't have to worry too much about me though, soap is my best friend.

As reflected in this particular student's blog, the constant spread of information seemed excessive. In an interview with Cornell senior Tom O'Connell (personal communication, November 23, 2009), he, too, expressed this sort of desensitization and how that transformed over the semester:

The general perception of H1N1, especially among those who have never actually gotten sick, was that "swine flu" was blown out of proportion by the media, and in reality it was just another version of the seasonal flu ... the general feeling on campus was more relaxed. Parties raged on with a popular new "Swine Flu" themes... But there was a definite change in perception after Warren Pared [read: Schor] '11 died from "complications related to swine flu." Especially directly after the news of his death, everyone became more wary while joking about swine flu and the campus started to abide by the new health sanctions put in place by our health center.

So, although some students may have perceived the university's efforts and the media coverage as going "swine flu crazy", many people came to appreciate and even utilize the efforts as the situation became more serious.

6.2 The Greeks

The death of Schor on September 11 prompted some of the most drastic reactions from students on campus; it humbled a large portion of the student body and changed the sentiment on campus to one that was far more serious (Nojiri, 2009).

Additionally, the Interfraternity Council enacted a moratorium on fraternity social events to curb the spread of the flu. The council also disseminated information about proper steps to take to avoid getting the flu at such events in the future, such as washing your hands frequently.

During the period of the moratorium, “the Greek community [spoke] frequently with Gannett Health Services about the current situation with the swine flu virus” (Frank, 2009, para. 5). After two weeks without the fraternity social events, and a week of diminished cases reported by Gannett Health Services, the ‘party ban’ was lifted. Mandatory safety precautions such as the prohibition of drinking games, however, stayed in effect.

6.3 Public Forum

On September 17, 2009, while the ‘party ban’ was still in effect, the Campus-Community Coalition held a public forum about H1N1 (Wheatley, 2009). The coalition was led by staff from Cornell University, Ithaca College and Tompkins Cortland Community College. This forum provided yet another outlet for two-way communication between the university and its publics, showing the university’s care and commitment to the people affected by, or interested in, the H1N1 situation.

7. Discussion

7.1 Discussion

The severity of the virus seemed to validate the efforts of the university and health services. What once were articles poking fun at the prevention methods offered by the Gannett Health Services transformed into articles expressing serious concerns and grief over the situation, and even offering resources for readers. Student articles began to focus more on where to find information regarding H1N1 and the steps the university took to handle the pandemic on campus.

The difficulty in communicating effectively about issues surrounding the flu is that the university must “navigate a middle ground between inciting unnecessary fear and promoting complacency” (Stratford & Carney, 2009, Dealing With section, para. 6).

One thing that Gannett Health Services Representative Sharon Dittman feared, and had little control over, was the many misconceptions that were a result of the heavy media and community emphasis on total probable H1N1 cases (Stratford & Carney, 2009). This number became a beacon of focus for the community, which took attention away from the different methods to curb the spread.

The situation is also inherently sensitive; in dealing with health issues one has to balance privacy with treatment and education. Although the university has strived to educate and provide resources for as many students as possible, there is only so much that can be done before intruding on one’s personal life.

Another delicate aspect the university has had to face is, as stated above, showing the gravity of the issue, while not blowing it out of proportion. There needs to be a certain level of understanding of the possible severity of the flu without creating a panic and sense of insecurity amongst its publics. Although H1N1 is about as

dangerous in terms of mortality as the seasonal flu, the public fear of this flu is what made it an issue. Curtailing public fear, therefore, became a major concern for the university.

The biggest strength the university possessed when faced with the H1N1 pandemic was an established plan for a similar situation. As detailed in section 3.2 of this case study, the preparation and forethought surrounding issues management and crisis planning proves vital in how well an organization ultimately handles a crisis it has been faced with. Although one cannot predict every scenario exactly as it will occur, Cornell had the foresight to create an issues management plan that stood as a sufficient jumping board for the handling of H1N1.

The Cornell Daily Sun did claim that “[m]uch of the previous planning for dealing with a pandemic has proved unhelpful for dealing with the current situation because H1N1 is a novel strain of influenza that is distinct from the H5N1 avian flu and seasonal flu” (Stratford & Carney, 2009, Dealing With section, para. 1). The timing of H1N1 flu, occurring so early and so intensely in the semester may have caught the university off guard. However, the university’s actions followed step-by-step through the adjusted crisis plan, proving to be a much utilized reference and guide in the dealing with of the flu.

The university’s credibility was an important factor as well. By working alongside organizations such as the Centers for Disease Control and the New York State Department of Health, as well as developing primary information regarding the virus, Cornell has established a credibility that the students, faculty and parents can trust.

Other relevant strengths to this situation include name recognition and integrity within higher education, a strong financial backing and eventual campus support in combating H1N1.

Cornell has made it a point to remain open, upfront and honest about all aspects of the situation, informing publics of both the negative and the positive. This transparency was an integral part of the communication plan for Cornell, establishing fair and trusting relationships between publics. As Dr. Brad Rawlins of Brigham Young University observed, “as organizations become more transparent, they will also become more trusted” (as cited in Ovaitt, n.d., para. 10). At first evaluation, the university community has remained relatively calm and patient despite such a serious situation.

Some of the weaknesses of the campaign are that no matter how widespread the efforts of the university are to handle the virus, testing and treatment are voluntary; the university cannot force students to utilize available resources or follow through on a recovery plan. Another weakness is that the campaign efforts to handle H1N1 are not being distributed through mediums that are used heavily by the main public: students. Facebook, Twitter and blogs are not being used by Cornell University to connect with students, despite their popularity with this public.

The university also does not seem to encourage much feedback, providing only an E-mail address and simple link to make comments or ask questions. Although there is a nice amount of space for two-way communication regarding the flu itself, listening to the public about one’s own actions or efforts is crucial in monitoring the success of a campaign. For Cornell, the emphasis is to “track the changes that take place in community perceptions of the organization...[and] track the degree to which the community believes that its needs are being met through organizational initiatives (Ledingham & Bruning, 2000, p. 534). This is especially important in a pandemic crisis when the success or failure of a campaign can translate into lives saved or lost. Being aware of one’s actions and their consequences during the situation is imperative to fine-tuning and evaluating the approach.

Without encouraging feedback from students the university cannot evaluate student perceptions or views accurately, and in turn evaluate itself as an organization. This leaves less room for critical thinking and improvement for future campaigns or campaign efforts. It may be that evaluation of the crisis management plan is being delayed until the flu season is over and H1N1 is no longer a threat to Cornell. If that were the case, although it might hinder the university in changing and addressing any existing problems at the time, it may lend to a successful evaluation after the issue has passed. Evaluation is a fundamental step in public relations. Even the basic models for public relations practices emphasize the importance of evaluation during and after a campaign.

7.2 Discussion of Opportunities and Threats

Opportunities lay in the use of social media; reaching a wider audience through increased number of mediums can only lead to more awareness and transparency, enhancing trust and participation in campaign efforts. Although oversaturated messages are an issue, social media is becoming too important of an area to almost entirely overlook.

Another opportunity the university has is becoming a leader regarding not only H1N1 initiatives but also issues management and crisis preparation on campuses. Educating, as well as providing colleges and universities with detailed crisis management plans could lead to the establishment of Cornell as a nationwide authority on issues management, furthering the name and reputation of the university.

Threats the university still faces regarding this situation are few, but grave. No matter the need for the vaccine on campus, the university must adhere to the same rules and regulations the entire country does regarding the distribution and availability of vaccines.

Cornell also cannot control whether or not students are properly treating themselves (from seeking treatment to following through with medical instructions), which can lead to additional, and more serious, cases of the virus.

Perception of the flu is one of the biggest issues surrounding Cornell's communication plan. The university and the health services department are taking part in, and have created, a variety of means for students to stay informed on the latest, up-to-date information regarding H1N1. On such a big issue, with such a breadth of media coverage, it is easy for publics to not only just receive misinformation, but confuse information, or develop false perceptions regarding the issue.

The flu season is not over yet, so Cornell must stay vigilant in its handling of H1N1 influenza. Communication lines must stay open and easily accessible so the university can tune into the shifting public perception of the virus as well as adapt to any new advances or information regarding the H1N1 flu.

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