

Radiological Exposure Device (RED): Approach and Key Questions

Dr. Brooke Rogers

King's College London

Department of War Studies



Communicating about Radiation:

- Radiation as a 'dread risk'
- Fear as a health risk:
 - Radiological attacks combine two of the strongest fears: terrorism and radiation.
 - Familiarity, controllability, number of people affected.
 - Goiania, Brazil (1987); Litvenenko (London, 2006)
- Public behaviour (driven by perception) can impact entire systems such as healthcare.

(Acton *et al.*, 2007; Becker, 2004; Fullerton *et al.*, 2003; Gigerenzer, 2006; Gray & Ropeik, 2002; Henderson *et al.*, 2004; IAEA, 1998; North, 2005; Sheppard *et al.*, 2006; Vanderford, 2004; Wray & Jupka, 2004, etc.)

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Public Concerns and Issues:

- **Primary concerns:**

- Long-term health impacts
- Scale of incident
- Information on symptoms
- Children
- Independent proof

- **RDD- Overt attack**

- Detonation of bomb = victims more easily identified; target area more readily contained.

- **RED – Covert attack**

- Depending on amount of radioactivity, there could be a delay in recognition of attack. Radiation might have to be traced back to source.



Methodological Approach:

- **Focus Groups**
 - **Phase 1:** (Baseline) (2 hrs.)
 - UK (7 FGs; N=52) ; Germany (5 FGs; N=36)
 - **Phase 2:** w/Intervention (3 hrs.)
 - UK (10 FGs; N= 70); Germany (10 FGs; N=65)
 - **Survey** (UK N=1,000; Germany N=1,000)
- **Identify:**
 - Level of existing knowledge and understanding
 - Desired Information
 - Trusted Sources
 - Intended Behaviours
- **Influence health behaviours.**

