

Bob Behn's Public Management Report

An occasional (and maybe insightful) examination of the issues, dilemmas, challenges, and opportunities in leadership, governance, management, and performance in public agencies.

Vol. 6, No. 9, May 2009
Copyright © 2009 by Robert D. Behn

On why all public officials face

The Challenge of Recognizing Novelty

SARS was different. Very different. At first, however, this wasn't obvious.

In November 2002, in Guangdong Province, China, a human first contracted what we now call Severe Acute Respiratory Syndrome. Early cases were considered to be a form of pneumonia. Yet many people were dying. So come March, provincial health officials mandated home quarantine for anyone who had contact with a patient. By then, however, a "super spreader" had traveled to Hong Kong and passed the disease to others, including a woman from Toronto, who returned home and died. The cause of her death was listed as "heart attack."

Originally, SARS was an emergency, but a "routine emergency." It looked like a severe case of the flu. Patients developed fevers, headaches, coughs, breathing difficulties. Doctors and nurses had seen such symptoms many times before. And, once they had diagnosed "the flu," they treated the flu. All very routine.

But it wasn't the flu. SARS was different—but not that different. It was novel—but savvy professionals didn't recognize the novelty. The novelty just wasn't all that novel. It looked almost precisely like something these professionals had seen many times. After all, no patient's flu symptoms are identical to every other patient's flu symptoms. Each case is different—maybe only slightly different, maybe quite different. Still, health-care workers can quickly recognize a case of the flu.

A single case of the flu is a "routine emergency." It can be anticipated; we know it will occur and thus we can prepare for it. It can be diagnosed, given our human antenna and laboratory techniques. It can be treated; once we have diagnosed a case, we can employ a set of well-established standard operating procedures. All very routine.

Even a flu epidemic can be a "routine emergency." From past experiences, we can anticipate and prepare for it. We have the laboratory capacity

to identify common strains of the flu. We have a set of standard operating procedures for inhibiting a new strain's spread and impact.

Yes, it is an emergency—a very big emergency. Still, it is a "routine emergency." SARS, however, was different. SARS was a "crisis emergency."

Arnold Howitt and Herman (Dutch) Leonard, authors of *Managing Crises*, chair the Kennedy School's executive-education program on "Leadership in Crisis." Howitt and Leonard are not particularly concerned about routine emergencies. They focus their teaching and research on "crisis emergencies." And the distinguishing feature of a crisis emergency is its "novelty."

Crisis emergencies are different. Too often, unfortunately, we humans don't recognize this. Then, failing to discern the emergency's novelty, we

"Crisis emergencies" are different from "routine emergencies." Crisis emergencies are novel. Unfortunately, when professionals mis-diagnose a crisis emergency as routine, they may employ a routine response that can actually exacerbate the crisis.

mis-diagnose it as routine and employ a routine response. Unfortunately, a routine response may actually exacerbate a crisis emergency.

If the emergency is unlike anything we have seen before, detecting its novelty is easy. Unfortunately, most crisis emergencies aren't that unique. They are different in degree. They are different along some dimensions but not others. They have many features in common with many routine emergencies. From our past experiences, we quickly discern these similarities.

Moreover, we realize that every situation is at least slightly different from every other situation. We've learned to live with these differences. And when developing the strategies for dealing with each class of routine

emergencies, we create a set of standard operating procedures that are robust enough to prove effective across the inevitable variations.

When a fire department and its fire fighters go out to battle a fire they do not start *de novo*. Instead, they quickly diagnose the situation and employ the requisite procedures. Fire-fighting professionals have classified various categories of fires, determined the strategies and equipment required to fight each category, and then trained leaders to recognize the characteristics of every category plus the strategies most effective for each. Then, these professionals train and train so, when confronted with one such routine emergency, they immediately recognize it and act appropriately.

Sometimes, however, the characteristics of the fire or the symptoms of the patient don't fall neatly into one of the established categories. Too often, in such situations, we cram the emergency into one of our preexisting boxes. This eliminates the cognitive overload, but it doesn't always work.

Emergency management isn't just for the emergency professionals. They are not the only ones who can see the novelty. Indeed, Howitt and Leonard emphasize, those who have not learned the standard boxes into which a profession's routine emergencies can be crammed may also be untainted by the profession's cognitive biases. Thus, to diagnose an emergency, they argue, it may help to involve people "from groups less likely to be subject to the same biases."

The challenge faced by all public officials—not just those who deal with infectious diseases and fires—is to recognize and act on the novelty. **B**

Robert D. Behn is a lecturer at Harvard University's John F. Kennedy School of Government where he chairs the executive-education program "Driving Government Performance: Leadership Strategies that Produce Results." His latest publication is: *What All Mayors Would Like to Know About Baltimore's CitiStat Performance Strategy*.

