

CRISIS COMMUNICATION IN THE COVID-19 PANDEMIC IN THE REPUBLIC OF SERBIA - BETWEEN HIPPOCRATES AND MACHIAVELI

Summary: Crisis communication is an important part of crisis management and can significantly affect the effectiveness of overall efforts to manage a crisis situation. This applies to all crises and disasters, especially those related to human health in general and epidemics and pandemics in particular. In this sense, there are examples of good practice and specially developed guidelines and protocols of the World Health Organization and other relevant organizations and bodies. The paper, since the COVID-19 pandemic is not over yet, gives the first evaluation of crisis communication of the expert team/doctors and political officials. On particular examples is shown that the most of the principles and rules of effective crisis communication were violated leading to conclusion that crisis communication in this crisis was untimely, inconsistent, incomplete and politicized, in the context of the just announced elections. At the end of the paper, the practical failure of crisis communication is pointed out in the sense that citizens did not take seriously the danger of virus and the need to take protection measures and that trust in key institutions and individuals in the health system was seriously damaged, which could have negative implications in the next phases of pandemic.

Key words: crisis, crisis communication, pandemic, Serbia, COVID-19

Introduction

Effective internal and external communication with target audiences is crucial in crisis and emergency situations. Crisis communication is a special field of public relations that includes anticipating, preparing and resolving possible crisis events, communicating with organization stakeholders and other publics, as well as post-crisis evaluation of measures taken (Novak, 2001). Fearn-Banks believes that crisis communication is an important part of the crisis management process, and understands it as verbal, visual or written interaction, i.e. communication between the organization and its public (usually through the mass media) before, during and after a negative event. (Fearn-Banks, 2001)

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The most important general rules of effective crisis communication are that the public should be accepted as a partner, that the communicator should know the needs of the public and various mass media and communicate information clearly, simply, in a timely manner (but not to the detriment of accuracy) and credibly (by a credible source). Accurate and true information should be provided. In crisis communication, lying, the use of half-truths or manipulation and concealment of important facts are absolutely forbidden. Especially if it is a crisis in which public health and safety is jeopardized, whilst circumstances in which the silence of important information would have harmful consequences for the life, health and safety of people and their property. (Kesetovic, 2018). In addition, empathy, avoidance of professional language, jargon and abbreviations, responsibility, credibility, professional knowledge and accessibility for the media are also important. In crisis communication, the harmonization of words and deeds (behavior) is especially important, as well as the consistency of messages from all communicators. It must therefore be spoken with one voice, without contradictory messages, which does not mean that only one spokesperson should speak on behalf of the organization (Coombs, 2007). In addition to the appropriate content and form of communication, it is also important to express empathy, appropriate emotional tone, calmness and encouragement of people to endure a crisis situation. Of course, we should not forget the necessity for verbal and non-verbal communication to be harmonized and for the use of means of communication appropriate to the audience, i.e. the target groups.

Crisis communication in pandemics

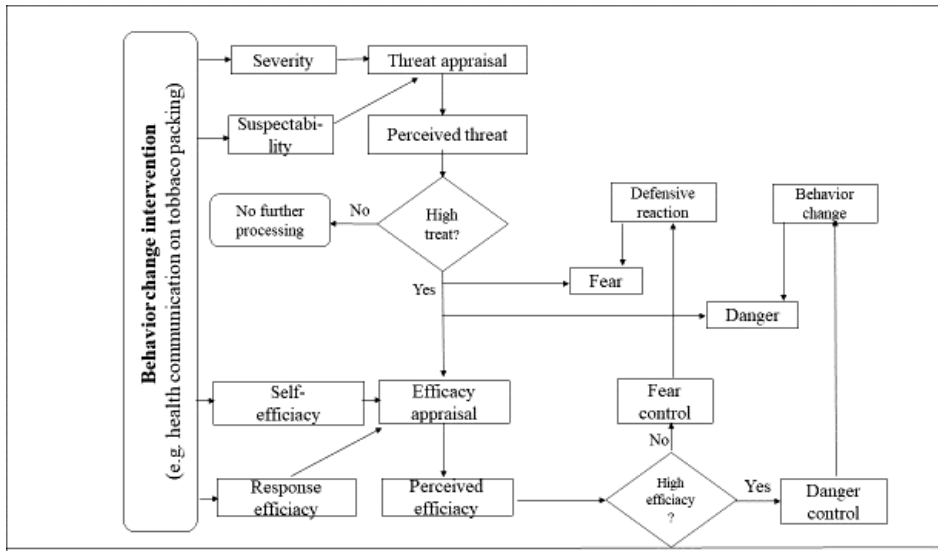
Crisis communication, including risk communication, is particularly important in public health crises. Pandemics are severe crisis situations in which it is very important to appropriately explain to people the type/nature (scope and intensity) of the danger (disease and its cause) and the way they should behave to minimize the risk of infection, i.e. how to protect themselves and others and how to behave in case they feel the symptoms of an infectious disease. Responsibility for this communication lies primarily with the health authorities (ministries of health, reference national institutes, etc.) while the holders of the highest political positions are very rarely engaged and mostly with short messages that do not relate to professional medical issues, but represent symbolic political communication (messages of support, encouragement and unity of the community, gratitude to citizens for adhering to the recommended measures, etc.). Many countries and organizations make pandemic contingency plans that include medical, epidemiological, psychological, and ethical aspects of preparations. Also an important element of these plans are communication strategies based on established recommendations/guidelines for effective crisis communication developed by the World Health Organization and other relevant medical institutions and elaborated in the scientific literature. (Kešetović, 2020a).¹

¹ Undoubtedly, in the crisis management and crisis communication of the WHO in the previous practice, as well as in the case of the current COVID 19 pandemic, there were serious errors, omissions and shortcoming (Bjelajac and Filipović, 2020)

The success of crisis communication in a health crisis such as a pandemics, depends on the quality of the prepared communication plan and its implementation, i.e. on the abilities, skills and credibility of crisis communicators, but also on the overall trust of citizens in the state, its institutions in general and particularly in the health care system.

Today, the Extended Parallel Process Model - EPPM, which is graphically shown in the following figure, is generally considered to be the best framework for communicating messages related to public health.

Figure 1. *The extended parallel process model*



Source: *Witte, 1992*

The EPPM provides guidelines for designing effective health messages. Communication of messages related to human health is effective when people act in accordance with the recommendations, which is denoted by the term "danger control". This control occurs when people take steps to avoid/reduce the threat they face, e.g. in the case of *COVID-19* they wash their hands thoroughly, respecting the measures of self-isolation and physical distance.² EPPM defines the key factors that can result in people taking recommended hazard control measures or undesirable fear control (such as ignoring a threat). The first step in this model is threat perception. People first encounter the threat and then evaluate it, and that assessment determines their further actions. After a basic assessment of the nature of the threat (disease, infection), people assess whether they are vulnerable to the threat (self-

² The term social distancing has entered the public discourse, which has a completely different connotation.

perception) and whether the threat is serious enough to attract their attention (perceived seriousness). If people feel that the threat is not relevant to them and/or that it is not so serious, it will be ignored and the evaluation process completed, which is then a problem for crisis managers. If the threat is perceived as relevant, people are motivated to evaluate the effectiveness of the proposed response, ie. actions they can take to reduce/eliminate the threat. In EPPM, danger control reflects the desired response as it indicates that people are applying the proposed measures to reduce the threat. Efficiency assessment includes plan efficiency and response-efficacy. The effectiveness of the plan refers to whether people believe or not that the recommended course of action will be effective, that is, whether it will help them avoid the threat. People do not follow a course of action that they do not believe will be effective. Response-efficacy refers to whether people believe they have the knowledge, skills and resources to apply the measures recommended in the direction of action.³ If they believe they cannot implement the recommended measures/fulfill the plan, they will not even try. If both of these elements are strong, people will engage in danger control and increase resilience. If both elements are weak, people will opt for fear control and will demonstrate a lack of resilience. EPPM helps us understand how people move from threat to taking action in relation to a threat, or simply avoiding or ignoring the threat.⁴ (Coombs, 2020)

Crisis communication in the Republic of Serbia in the *COVID-19* pandemic

Serbia occasionally faces various pandemics and epidemics, of which the most serious in recent history was the smallpox epidemic of 1972, and the *H1N1* pandemic of 2009, in which the reaction of the state and the health system was conditioned by a very different socio-historical context these events occurred. (Kešetović, 2020b)

During the H1N1 pandemic in 2009, despite an intensive PR campaign for vaccination and significant engagement of doctors and politicians, a very small percentage of vaccinated citizens was recorded - 2.5% of the total population. The then Minister of Health Milosavljević stated that vaccination was from the beginning a subject of a negative campaign by certain media, politicians and even doctors, and that out of a total of 850,000 doses of vaccines paid and distributed in accordance with the Government's decision and recommendations of local experts and WHO guidance, only 150,000 were used.

Certainly, the low level of trust of citizens in the state and institutions of the health system should not be neglected. Experiences from this pandemic indicated that the campaigns should not be led by politicians, but by health workers, primarily the Institute of Public Health of Serbia. This pandemic was followed by a criminal

³ For example. measures of physical distance, disinfection and constant hand washing are practically inapplicable in a poor informal Roma settlement.

⁴ About this concept in detail in Witte, Meyer and Martell, 2001.

affair regarding the misuse of public funds in the procurement of vaccines. The Prosecutor for Organized Crime filed a criminal complaint against the director of the Republic Health Insurance Fund and her associates on suspicion of damaging the republic budget by 1.25 million euros (Kesetovic, 2003).

In the analysis of crisis communication in the Republic of Serbia during the COVID-19 pandemic, the emphasis is primarily on errors in crisis communication, because they represent the opportunity for learning. The intention of this text is not politicization, but a critical analysis of crisis communication in relation to professional principles and standards accepted in the relevant academic literature which, to a greater or lesser extent, are applied in countries with developed democracies, free media and critically reasoning public.

The political moment, i.e. the announcement of the parliamentary, provincial and local elections on March 4, 2020, represented the general framework in which this crisis was managed, and that is exactly what gave significant characteristics to crisis management and crisis communication. In this context, the timing of taking certain measures, both the measures themselves and their media presentation, were politically colored and aimed at increasing the rating of the ruling party among the voters. The pattern of crisis communication did not follow the real dynamics of the development of the infection, but the dynamics of the political process (pre-election, election and post-election activities of the ruling political nomenclature).

The main actors in the crisis communication that will be discussed were the expert part of the crisis team/doctors and the political leadership of the country, which was significantly involved in crisis communication.⁵ The main tools used in crisis communication were: press conferences, special shows and TV reports, interviews with experts, websites and social networks and SMS.

Key (at least formally) crisis communicator - expert ad hoc Crisis HQ formed by the decision of the Government was not presented to the public, ie the citizens were not acquainted with its personnel, work biographies and references of its members, its competencies and mandate and the manner in which decisions are made within HQ.⁶ It was only after 4.5 months (July 27) that the government published a list of members of the crisis HQ, but not a conclusion on its establishment. Since it is very important in crisis communication, not only what and if it is said, but also who says it, it was necessary to adequately present all the stated information at the beginning of the crisis.

The main form of communication of the Crisis HQ were press conferences, which were initially organized daily, latter on to be completely abolished for a while, and after the escalation of the pandemic after the elections, re-established. The lack of conception and consistent policy of relations with the media/public is reflected in the constant change in the dynamics (twice a day, then once a day, then

⁵ In addition, crisis communication was also provided by the economic part of the crisis team/experts, the Ministry of Health, the Institute of Public Health Dr. Milan Jovanovic Batut, the Serbian Red Cross and the Serbian Orthodox Church, as well as some NGOs and individuals from public life.

⁶ It is interesting that one of the main spokespersons of the Crisis HQ at the press conferences, prof. Dr. Darija Kisić Tepavčević, is not an appointed, but an engaged member of the HQ.

a long pre-election break) and the set-up (with all journalists, without physical presence of journalists who previously delivered questions, division of journalists so that one day the conferences are attended by journalists from television and news agencies, and the next day by those from print media and web portals). It can be noticed that there was no pre-prepared crisis communication plan and that it was approached situationally.

Two completely different types of crisis communication are evident: communication of doctors/experts who mainly tried to be professional, convey relevant information, cause reasonable concern and caution of citizens and give them safety advices, and crisis communication of politicians who showed arrogance, emotional imbalance caring mainly for self-promotion and gaining political points. Sometimes, however, at joint press conferences, it was not possible to distinguish communication of experts and politicians, as they acted together and politicians made statements on professional issues, and sometimes experts avoided answering journalistic questions concerning the medical issues, under the pretext that these are political issues or attempts of politicization. The politicization of crisis communication is evident, first of all, comparatively speaking, the very frequent appearance of the President of the Republic⁷ as practically the main communicator who often talks about expert/medical issues, coming into absurd situations like the one in Novi Pazar when he was explaining to the Minister of Trade (himself a medical doctor) what a respirator is, which types of respirators exist and how they are used (Kešetović, 2020)

The aggravating factor in the management of this pandemic and in crisis communication was the insufficiency and uncertainty of expert knowledge about the virus itself, the way it is transmitted and the length of its retention on certain surfaces, the (im) possibility of infecting children and women, the characteristics of the disease, medical drugs that can help in the fight against it, acquiring immunity and the (im)possibility of re-infecting people who have recovered from COVID-19, etc. On the other hand, more than 100 false narratives related to the coronavirus have appeared around the world, with false drugs and prevention methods being the most popular topic of misinformation. (RSE, 2020)

In this crisis, a number of key rules of successful crisis communication have been violated. Communication about the risk of COVID-19 was delayed, which in a few media outlets not under government control was linked to the ongoing collection of signatures for the ruling Serbian Progressive Party's (SPP) parliamentary list. Thus, at the press conference of medical experts and the President of the Republic on February 26, which became regionally popular, Corona was declared the virus from Facebook, the funniest virus in human history, with statements that children do not get sick, whilst women are mostly immune and are therefore, in a gender-

⁷ In comparison, the responsibility for COVID-19 crisis communication in most countries was primarily on the health authorities (ministries of health, national reference institutes, etc.). Holders of the highest political positions were rarely included in it, with short messages that do not relate to professional medical issues, but represent symbolic political communication (messages of support, encouragement and unity of the community, gratitude to citizens for adhering to recommended/prescribed measures, etc.)

incorrect way, advised to take money from their husbands and go shopping in Milan, in a situation when Italy began to close both external and internal borders.⁸ In addition, irresponsible and reckless statements were made from the highest place, such as the statements of the Minister of Health Lončar from February 1st that Serbia can make a vaccine for Corona virus and that we have people who really know how to make it (Blic, 2020) or from February 26 that "Corona virus, in all its characteristics, is much weaker than seasonal flu" (Istinomer, 2020).

Having in mind the importance of the first messages in the crisis, this initial ignoring, i.e. minimizing risk, was completely wrong and paved the entire further way of communication to a great extent. With the development of the epidemic, the introduction of the state of emergency and the increase in the number of infected citizens, it went to the other extreme, that is, the intimidation of citizens. Thus, on the evening of March 31, the subscribers of the state mobile operator received an SMS message that "the situation is dramatic and we are approaching the scenario from Italy and Spain", while the President warned pensioners that if they leave their homes, Belgrade cemeteries will be too small (Kesetovic, 2020). Also, in practice obvious transition from sharp restrictive measures to one of the most tolerant approaches based on the idea of silent infection in order to infect as many people as possible and thus gain immunity was not the subject of communication of the Crisis HQ at all.

Particular problem in the crisis communication of experts is the inconsistency of their statements (and even actions), which results in confusion of citizens. Not a few times did the staff experts give diametrically opposite statements. For example, on May 6, as a guest on TV Prva, prof. Dr. Branislav Nestorović claims that "now is the time for us all to go out and get infected with the Corona virus, because in that way we will be able to gain immunity and prevent its recurrence, and the chances of more severe clinical pictures are almost impossible." The same day at the press conference prof. Dr. Darija Kisić Tepavčević stated that people should be careful and that she would not invite anyone to intentionally become infected, but she explained that her and Nestorović's messages are not contradictory (?!), but actually represent different perspectives of clinicians and epidemiologists.⁹ The third member of the crisis HQ, Dr. Predrag Kon, argued that gatherings should be avoided, distance should be kept, and that theorizing was not acceptable in front of the public because someone can ask to be infected and that public statements must be taken into account. Independent expert Professor Dr. Zoran Radovanović correctly stated that members of the HQ must not act as free lancers when addressing the public, since the role of the HQ and its members is not to confuse citizens but to guide and inform the public. Even if there were dilemmas among the members, the Crisis HQ had to cut through and go public with a single message. On May 29, Dr. Nestorović stated that "we did not know what to do", whereas Dr. Kisić Tepavčević and Dr. Kon claimed that they knew exactly what they were doing at all times (NovaS, 2020)

⁸ For the sake of truth, it should be said that very little was known about the virus at that time and that many European countries did not react well and had misjudgments.

⁹ On this topic, these two members of the HQ made opposite statements also on June 30, 2020.

(Kešetović, 2020). Even the same expert, Dr. Kon, made two completely opposite statements in two days - on July 7, that there was no indication that the epidemiological situation in Belgrade is improving, while on July 8, that it was improving. (021, 2020).

Experts also made false or semi-false statements. Thus, Dr. Kon stated that in the beginning there was not enough equipment, that he was aware of that, but that he wouldn't go public about it (Insider, 2020). On the other hand, a journalist Ana Lalić was arrested for writing about the lack of equipment at the Clinical center of Vojvodina. Experts can formulate a statement that the glass is half full, not half empty, but they must not claim that it is full, if that is not true. Citizens do not need unfounded optimism, but accurate information. (Kesešovic, 2020)

Also, the experts presented a number of unfounded and incorrect assessments and statements regarding the perspective of the development of the epidemic, flattening of the curve, weakening of the virus, etc. One can only speculate whether this was caused by insufficient expert knowledge, unrealistic optimism or instructions from the political part of the HQ.

A serious problem has been the official epidemiological data of the reference national institute Batut, which are published daily on the basis of the *COVID-19* database, which was promoted on March 28th as a superior database that provides complete real-time data on the number of tested, positive and deaths. Data by municipalities and cities were not reported for a while, and then when they were, the total number of infected and dead people at the level of the Republic and the sum of these data by local self-government units differed. The BIRN research network on 22.06. discovered that there were actually two databases, the official one, which was presented to the public, and the unofficial one, which was accessible only to political officials and individual members of the HQ and in which the numbers of infected and dead were much higher (BIRN, 2020).¹⁰ The Prime Minister and some experts rejected these allegations *en bloc* and without additional credible information, Dr. Kon said that he was not aware of that fact and that he had insight only into the official public database, but that we needed specially structured data that go to the smallest levels of granularity, even down to the municipalities, while the Batut Institute only after 10 days (!) denied the inaccuracy of their database with a short statement, without a clear, detailed and convincing explanation of the data monitoring methodology, while a number of doctors, including professors Zoran Radovanović and Goran Belojević, president of the Union of Doctors and Pharmacists Rade Panić expressed their belief that there were parallel databases and that real data is hidden from citizens.¹¹ Some explanations given by officials, such as the statement

¹⁰ Data from Serbia's state information system COVID 19 shows that more than twice as many infected patients have died and hundreds more have been infected than have been officially acknowledged, BIRN reports. In the period from March 19th to June 1st this year, a total of 632 people died in Serbia who tested positive for Coronavirus - more than twice as many as the officially announced number of 244 deaths in that period. BIRN, 2020.

¹¹ This concealment of the actual number of deaths from the COVID 19, prof. Radovanovic calls "trafficking in the dead", estimating that this is the biggest hoax in the history of Serbian medicine for 800 years (Danas, 2020b).

of the Minister of Health that the data on the number of tested and infected people do not match because someone is tested three times a day, are hard to believe. At the initially praised database, the Prime Minister, after opening the problem of data accuracy, stated that "the database is bad, but the best with at least 78 shortcomings". All this opened the question on the basis of which data the Crisis HQ is actually proposing measures and caused total confusion and justified revolt of the citizens and seriously endangered the credibility of both the HQ and the Batut Institute.

To this should be added the delay of data such as the information about the death of the doctor in city of Niš on March 25th, which was published with a of 15-hour delay, and had previously appeared on social networks. Untimely reporting creates conditions for false news and panic.

There are also important questions to which the public did not receive a clear and unambiguous answer from the experts: Is the virus transmitted by droplets or aerosols ?, Why are parks closed and not gyms? How reliable are the tests ?, Why was the procedure two negative tests, and then one? etc.

In addition, several unprofessional actions of experts/doctors can be noticed, such as demonstratively leaving the press conference on March 31st, resigning from membership in the HQ of Dr. Kon on Facebook because he was accused on social networks of penetrating the virus in Gerontology Center in Niš, and its withdrawal after talks with the President and the Prime Minister.

Also, a kind of tabloidization of this crisis situation is evident, reflected in the indiscriminate participation of members of the HQ in debate shows of various broadcasters both in those marked as tabloids and in those considered credible sources of information. In that way, they significantly damaged their own credibility, especially because they relativized the significance of the crisis itself with colloquial discourse in a relaxed conversation. In addition, members of the HQ were guests in shows on tabloid television with pop stars with a criminal record (for example, Dr. Kisić Tepavčević with singer Svetlana Raznatović in the TV show Hit Tweet).

Experts, likely in order to avoid possible confrontation with politicians, have some expert questions (ie Is the president tested on COVID-19 after his son was infected; Why the president was not isolated after potentially risky contacts in the US and Hungary; Why journalists are allowed to gather during the visit of President to Niš, but not their presence at the press conferences) raised at the press conferences labeled as political and refused to respond to them.

There were also *opinions* of experts that were *motivated by political, not professional reasons*, such as when Dr. Kisić Tepavčević assessed the derby football match between Red Star and Partizan held in front of over 20,000 spectators and the elections as low-risk, but the citizen demonstrations as a high-risk event.

In addition, some medical experts were consciously, some of them certainly with their own consent and even on their own initiative, used for political pre-election propaganda of the ruling party. Thus, pre-election posters with doctors from the Crisis HQ and President Vučić appeared, an informant of that party was published on the party website, and on its front page are Vučić and doctors from the HQ

with the title "Surrender is not an option", as well as number 1 (the ruling Serbian Progressive Party's SPP position on the ballot paper) and election slogan. The director of the Zvezdara clinic, Prof. Dr. Teodora Beljić Živković¹², was on the pre-election poster of SPP, and appeared in the pre-election promotional video in a medical uniform with the institution's insignia, stating "The Covid infection showed how important the health of the citizens is to our president ... the fact that we achieved fantastic results better than elsewhere in Europe convinces me that the president really thinks about our health and that is why I have no doubt that I will vote for SPP ". Because of this the Anti-corruption Agency issued the warning.

We should not ignore the fact that the credibility of individual members of the HQ was rightly questioned. In the first place, Dr. Nestorović due to giving irresponsible statements, Dr. Zoran Gojković for publishing information that criminal charges were filed against him for falsifying medical documents and that he agreed with the prosecution, Dr. Kon for handing a resignation from Crisis HQ on Facebook, and Dr. Kisić Tepavčević for revealing her brother's million-dollar business with public companies, which in part of the public raised the issue of a possible conflict of interest (Kešetović, 2020)

Finally, the experts introduced their terminology into public speech: from strictly medical (virulence, comorbidity, lethality, self-isolation, zero patient...), to professional colloquial jargon (relaxing measures, flattening the curve, etc.). Such words moved from the speech of medical doctors to the speech of politicians and journalists, and then to everyday speech. Also, they influenced the creation of new words of witty and creative individuals on social networks: koronača, koronaš, koronašica... The current situation motivated the creation of words such as panikdemija, kashikolizanja, koronzivan, etc. (Luftika, 2020).

In their non-verbal communication, state officials did not transfer calmness, composure and trust, but nervousness, emotional instability¹³ and anger (screaming, losing their breath, throwing chairs, crying¹⁴, etc.). Their practical behavior was not in accordance with the recommendations of experts and their own public appeals (not keeping their distance, not wearing a mask and gloves) even when meeting with delegations from China and Russia who brought aid (medical equipment and expert knowledge).

Politicians regarded communication with journalists dared to ask questions that were not pre-agreed as war, and treated "unsuitable" journalists as political opponents, while using answers to journalists' questions for political propaganda.¹⁵

¹² Dr. Teodora Beljić Živković is not a member of the Crisis HQ.

¹³ German Der Spiegel states that the President of Serbia appears "on television, sometimes several times a day, and presents himself as the leader and savior of Serbia. His performances carry a hard-to-describe melodrama" <https://www.dw.com/sr/%C5%A1pigel-about-the-president-of-serbia-te-C5%A1ko-opisiva-melodrama/a-53273641?maca=sr-Twitter-sharing>

¹⁴ President Vučić stated that Prime Minister Brnabić called him 15 times throughout the night and cried because of the infection at the Gerontology Center in Niš.

¹⁵ By the way, the media reported completely differently on the success of the fight against the pandemic. Thus, TV N1 generally minimized the results achieved in the fight against Covid and published primarily information with a negative sign, while RTS ignored omissions and programs, exaggerating

Thus, the president, to a logical and legitimate question of the journalists whether he was tested after his son tested positive on Corona, answered "you want to isolate me politically in order for the Corona to win".

There is no doubt that politicians have denied the existence of systemic problems and shifted the responsibility to the citizens, giving a number of wrong (eg addressing the blame for the pandemic to returnees from abroad, students, citizens, and finally the virus itself ?!) or inappropriate statements. Their performance was more like a child being insulted by a strict parent than an honest appeal to unity, togetherness and personal responsibility. The president's intimidation of citizens with several days of curfew resulted in long queues in front of stores (thus increasing the risk of infection), stockpiling of unnecessary goods by citizens, and later by civil protests.

Interestingly, politicians completely ignored the media demands to explain how (and to what extent) the funds were spent on medical equipment during the Covid era, or promised answers once the pandemic was over, which may raise suspicions of corrupt or illegal actions and practices.

During the state of emergency, attacks on journalists and freedom of the media were recorded. A number of journalists were detained and arrested (eg journalists of KTV Zrenjanin, Ana Lalic), independent journalists were discriminated against at press conferences, a cyber attack was carried out on the SBB cable network, etc. Civic initiatives have recorded as many as 42 cases of violations of freedom of expression and information since the beginning of the state of emergency in Serbia (N1, 2020)¹⁶

Some activities of symbolic political communication, such as the distribution of 10,000 Serbian flags to citizens of Belgrade by the city authorities on April 24, , and on behalf of the President of the Republic, in a situation when medical institutions did not have enough equipment, instead of the (probably intended) "ally around the flag" effect, caused additional confrontations and divisions of citizens into "patriots" and, according to the deputy mayor, "those who prefer foreign flags".

Finally, it should be mentioned that information and communication technologies in the management of the pandemic were insufficiently used, that the publicly announced crisis lines in medical institutions did not function, that there was inconsistency in facts, emotions, (in)transparency of data, (non)existence/non-enforcement of data secrecy regulations. (e.g. on the number of respirators), that some vulnerable social groups (e.g. people with autism) were completely neglected, and that in the conditions of centralization the communication of local self-government units and local media with the public was almost completely neglected.

successes, great help from China and Russia and broadcast live the reception of planes with medical equipment.

¹⁶ For years, professional journalists in Serbia have been exposed to persecution and criminalization, both by the highest state officials and the pro-government media, and all this received a more drastic note during the state of emergency. Journalists and editorial offices of independent media found it difficult to obtain information from official bodies, and especially due to the centralization of information, local journalists and media remained without official information on the epidemiological situation. (Bodrožić, 2020).

The lifting of the state of emergency was not announced officially but in a talk show HIT TVIT on a private television channel with a national frequency, close to the ruling party's, with entertainment and reality programs of extremely low level that were not interrupted during the state of emergency despite being the violation of the imposed ban on gatherings (Kešetović, 2020)

Conclusion

Despite a number of errors, shortcomings and violations of almost all the rules of efficient and professional risk and crisis communication, the results of some preliminary research indicate that the public in Serbia, at least in the prelection period, rated the management of this crisis relatively highly. (Kesešovic, 2020)

According to the IPSOS agency survey, 92% of citizens have trust in the government anti COVID-19 measures. The survey showed that 88% of respondents support the government's economic measures. In terms of trust in sources of information, the public trusts doctors and experts the most - 74%, followed by health institutions - 69%, while 2/3 of respondents - 66% believe in the data reported by government officials. (Danas, 2020a)

Participants in BIRODI's research are satisfied with the supply of goods in stores, information about the COVID-19 virus and where they can turn for the necessary medical assistance, the content of measures of the Government's expert team and their implementation, but also with the solidarity in society. The major role in the struggle against the epidemic of the COVID-19 virus are considered to be: doctors, health institutions, the government's expert team, epidemiologists who are present in public, the army, the police, schools, but also the citizens themselves. Research participants saw that there was a systemic fight against the COVID-19 virus. Of the ministries, the largest contributions so far have been made by: the Ministry of Health, the Ministry of the Interior, the Ministry of Defense and the Ministry of Education, Science and Technological Development. The largest number of respondents believe that Serbia will manage to fight the epidemic of COVID-19 with the average number of infected and deceased people. (Birodi, 2020)

There is no doubt that the reasons for such (with all reserves and restraints) good results, at least in the first two months of the crisis, of the essentially poor crisis communication should be sought in the characteristics of Serbian public opinion, as well as the degradation of Serbian society under the influence of instrumentalized mass media. (Bjelajac and Filipović, 2018). Nevertheless, this seems to deserve the attention of researchers and a special in-depth analysis.

However, the fact that a relatively large number of citizens did not adhere to the prescribed measures indicates the actual ineffectiveness of crisis communication. Also, in the post-election period and the opening of the topic of data falsification, there was an erosion of trust in the HQ and its delegitimization. The basis for this conclusion is the outpour of civil discontent: a student protest in early July after the announcement of their eviction from dormitories and violent demonstrations in Bel-

grade and other cities after the announcement of the reintroduction of curfew by the President of the Republic with a request to dismiss the HQ and present real data. Also, health workers turned their backs to Prime Minister and Minister of Health in Novi Pazar (June 31), whilst meanwhile almost 3,000 doctors gathered in the informal group "United against Kovid" signed the open letter addressed to the Government of Serbia and other relevant institutions with a request change the HQ that lost the public trust.

The attempt to evaluate crisis communication in this crisis depends on the criteria, i.e. the starting point. If the Machiavellian criterion is applied that the ends justify the means, it can be stated that the ruling political structure very skilfully used and instrumentalized both the medical profession and the pandemic itself, creating the public impression that the virus was defeated primarily by the President of the Republic and that Serbia was one of the most successful countries in the fight against the pandemic, which, among other factors, resulted in more than a convincing victory in the June 21st elections. If, following footsteps of Hippocrates, we take care of the life, health and welfare of the nation as the basic criterion, it is obvious that the crisis communication was extremely bad and unprofessional, as a result of which citizens did not adequately understand the danger and importance of taking protection measures, the consequence being increased number of both infected and deceased, as well as a significant loss of citizens' trust in the institutions of the health system. Trust in the communicator is extremely important in a crisis situation¹⁷ and its loss is very harmful and dangerous, considering that the end of the epidemic is not yet in sight. Also, in the perspective of finding and distributing an effective and proven vaccine against COVID-19, the question arises as to how effective the calls to citizens for vaccination will be if they are sent by institutions and individuals who have lost the public trust. It is obvious that we are doomed to repeat mistakes because we did not learn lessons from the H1N1 pandemic.

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¹⁷ See more in Kešetović i Ninković, 2009

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КРИЗНО КОМУНИЦИРАЊЕ У ПАНДЕМИЈИ COVID-19 У РЕПУБЛИЦИ СРБИЈИ – ИЗМЕЂУ ХИПОКРАТА И МАКИЈАВЕЛИЈА

Сажетак: Кризно комуницирање је важан део кризног менаџмента и може значајно да утиче на ефективност укупних напора да се управља кризном ситуацијом. Ово важи за све кризе и катастрофе, нарочито за оне које се тичу људског здравља уопште и епидемије и пандемије посебно. У том смислу постоје примери добре праксе и посебно развијене смернице и протоколи Светске здравствене организације и других релевантних организација и тела. У раду се, будући да COVID-19 пандемија још увек није готова, даје прва (про)цена кризне комуникације експертског тима/лекара и политичких функционера. На конкретним примерима показује се да је прекршен највећи део принципа и правила ефективне кризне комуникације и закључује се да је кризна комуникација у овој кризи била неблагоприятна, неконзистентна, непотпуна и политикована, у контексту управо расписаних избора. На крају рада указује се на практични неуспех кризне комуникације у смислу да грађани нису озбиљно схватили опасност од вируса и нужност предузимања мера и да је озбиљно нарушено поверење у кључне институције и појединце у здравственом систему, што може имати негативне импликације у наредним фазама пандемије.

Кључне речи: криза, кризно комуницирање, пандемија, Србија, COVID-19

