CRISSES IN HEALTH SYSTEM
- communication strategies, from being ignored to the efficient implementation -

The modern world faces numerous threats, many of them born even by the technological development: pollution, reducing of energy sources, the new diseases caused by synthetic food or new types of medicines, etc. Therefore it is necessary to build a culture of risk starting from a conscience process able to generate a sense of risk and appropriate institutional and individual behaviors. The communication, especially the institutional communication, is an important factor in risk culture creation process; within it, an essential role corresponds to the public relations, through the strategies and techniques for risk communication. To cope successfully with a crisis, the organization through public relations department, must implement certain crisis communication strategies. This study concerns 3 situations: two of them are about ignoring the basic strategies of crisis communication, and one is an example of successful management of a crisis.

Keywords: crisis, risk, crisis communication strategies, medical system, the media

Introduction

Crisis are complex phenomena that may affect either the entire society or specific sectors (economic, political system, international relations, financial and banking systems, social structure, education and culture, etc.). Consequently, they raised the interest of economists, sociologists, anthropologists, historians and, implicitly, the academics or practitioners in public relations.

Stages of crisis and strategies for crisis communication

In a reference work in the public relations bibliography, crisis is defined as "a major, unpredictable event, which can lead to negative effects; these may affect the organization as a whole, or the sector, the employees, the products, services, and financial status or its reputation." (L. Barton, 1993, p. 2). K. Fearn-Banks, a well-known author in this field, argues that a crisis is "a situation with potentially negative consequences, affecting an organization, company or an enterprise, as well as the public, its products, its services, or reputation." (1996, p. 1). In the view of the specialized authors, crisis occurs as a rupture, an undesirable situation that interrupts the normal functioning of an organization and affect its public image. Therefore, it is necessary to have a global strategy for preventing crisis (crisis management), a group of well-trained specialists (crisis cell) and an appropriate communication policy (crisis communication).

Crisis affecting organizations involves several stages, in the specialized bibliography the classification proposed by Steven Fink is frequently referred to (1986, p. 20-28): a) preparing crisis ("prodromal period"), b) acute crisis ("acute crisis ") c) chronic phase of the crisis (" chronic crisis ") d) termination of the crisis (" crisis resolution ").

To cope successfully with a crisis, the organization through public relations department, must apply certain strategies of crisis communication. The author who performed the most comprehensive analysis of rhetorical strategies used in the crisis communication is W.L. Benoit (1995). Benoit asserts that the person or entity subject to attacks or reproval may call the following strategies for rebuilding its image (p. 75-82):

- a) denial strategies ("denial") is based on the denial of any involvement in reproached acts
- b) strategies for evading responsibility ("evading of responsibility") consists of reducing the person or institution responsibility for the reproached facts
- c) strategies to reduce the offensiveness of the act ("reducing offensiveness ") which, without avoiding the responsibility issue, suggests that the reproached facts are not so harmful as they seem
- d) strategies for correction ("corrective action") by which the accused person or institution passes to measures of correcting damages,
- e) the humiliation ("mortification") by which the accused person or company pleads guilty and ask for public forgiveness for the charged acts; sometimes it can improve its image by presenting plans to change its behavior. Benoit's model was developed by W.T. Coombs (1995 and 1998), which added the following strategies: the distance strategy ("distance"), which admits the existence of crisis, but try to weaken the links between crisis and organization in order to protect its image; the ingratiating strategies ("ingratiation "), which aims to win sympathies or public approval for the organization by linking it to those activities which are positively valorized by the public; suffering strategies ("suffering"), which aim to win public sympathies by assuming the suffering produced by crisis and by presenting the organization as a victim of an unfavorable external circumstances.
HEALTHCARE SYSTEMS

Case study: health crises in 2004

The beginning of 2004 was for the Romanian health system an extremely difficult period because he was shaken by two crises with devastating effects. These crises were caused by a large number of deaths in Romanian hospitals. These cases have come to be known as “Ploiești maternity” and “Poiana Mare neuro-psychiatry hospital”. In both cases, the press was the one who pulled an alarm signal. If in the case of Ploiești maternity commissions of investigation have been established by the Ministry of Health, by the prosecutor, police, in the Poiana Mare case, the death of the 21 patients have draw no authority attention, even more, then health minister of that time, Ovidiu Brânzan, stated that "everything is good and beautiful in this hospital."

Lack of information and, worse, truncated flow of contradictory information, provided by various official sources, always arise suspicions among journalists. They do investigations to disclose the reality and to bring truth to light and they totally involve, sometimes resorting to methods that are at the limit of legality. That happened in the case known as "Poiana Mare", which caused a strong health crisis, that had echoes also abroad.

Poiana Mare case: events story

In mid-February 2004, the central press published the statement made by Poiana Mare Mayor: "I have issued since the beginning of the year, 21 death certificates. I found that people have died of hunger, cold and the lice"(Evenimentul Zilei, 19 February 2004). It was about patients put to the neuro-psychiatry hospital in Poiana Mare.

This information has aroused the interest of journalists and placed the subject on the first page of the major newspapers for almost 1 month. On February 20 Evenimentul Zilei published an article where the statements of all involved parties appear.

On one hand the statements (contained in letters addressed to authorities) made by patients and some of the health professionals - "Gentlemen, our hospital is in chaos and terror. Patients paddle is in a terrible mess, they are dirty, dressed in tatters, barefoot, badly fed, dying of cold, of TBC.

On the other hand, the statements of the heads of county institutions responsible for the activity of the hospital, are "stunning" - "I heard that they die of lice and damp", "is not our job" "we are not concerned with deaths "(statement of Deputy Executive Director of the State Sanitary Inspection Dolj, Dolores Tatar). "Hospital of Poiana Mare is not subordinated to us, but directly to the Ministry of Health and Family (MSF)" said DSP Dolj director, Constantin Ecobici.

The Health Minister, Ovidiu Brânzan made no statement related to the Poiana Mare case (so there is no official point of view of ministry which is directly responsible of the hospital in Poiana Mare). Subsequently, the minister sent a note asserting that as a consequence of the investigations carried out by the Directorate of Public Health of the MSF, serious failures in the administration budget were revealed and they decided to suspend from office the director Florina Pesa and amend her of 35 million lei.

A brief analysis of these statements indicates, on the one hand, the desperation of the patients and employees, as well as the state of decay of Poiana Mare Hospital (where in one month 21 patients died) and, on the other hand, the arrogant attitude and indifference of the authorities. The drama of Poiana Mare patients and reaction of Brânzan Minister have aroused the interest of national and international organizations. So, Amnesty International published a communication that requires to the Romanian government to take urgently all necessary steps to prevent deaths in the hospital, to quickly improve living conditions and medical care to patients and to initiate a thorough and independent investigation at Poiana Mare (Evenimentul Zilei, February 21). National Association of insured people and Social Health Insurance patients (ANAPASS) has notified the Prosecutor General and asked to initiate a criminal investigation against those responsible for the death of patients at Poiana Mare. The president of this association, Dr. Alexandru Buzamet, said that what happened at Poiana Mare is a “crime and genocide offence as defined in the penal code and the local government and the Ministry of Health are the culpable”.

Against this background of silence of the authorities and criticism from representatives of civil society, the press continues to bring forward new disclosures. A retardate young man suffering from HIV / AIDS was found in that hospital by Georgiana Pascu, Program Manager in the Center for Legal Resources, during a visit made at the hospital in Poiana Mare. Georgiana Pascu showed that through the living and treatment regime of patients in that hospital, Romania violates the International Covenant on Civil and Political Rights and the European Convention on Human Rights prohibiting torture, cruel, inhumane and degrading treatments.

Analysis of crisis communication

The Ministry of Health has had no initial reaction and did not answer to the accusations made and claims brought forward by representatives of these organizations. After a week of silence, the minister Brânzan decides to make a visit to the hospital in Poiana Mare. Having announced the visit one day before, those in hospital (as the newspaper Evenimentul Zilei reported on Thursday, 26 February 2004) had time to give a clean to the rooms and to give patients clean clothes.

Thus, at the end of the visit, the minister held a press conference and declared:
"I found with joy that patients are dressed, they have clean clothes, beds, mattresses and sheets. I was happy to see the warmth system works (...) the visit contradicted what had been said so far in the media (...) I am bothered that these lies have come to Brussels. After a week of silence, the minister, by "well prepared" visit, denies what was said and accuse the media of lying. He doesn’t show himself worried about the deaths, but by what was said in Brussels. He also accuses NGOs "not to have come to me (Brânzan), instead of going abroad".

The Minister Brânzan tried to master the crisis "Poiana Mare", on the one hand by the administrative measures he has taken (replacement of the director) and, secondly, by presenting another image of the hospital. In fact Minister Brânzan applied what in the public relations theories is called the "strategy of denial" (WL Benoit, 1995, TW Coombs, 1998, C. Coman, 2003). By his organized visit and by the false conditions, he wanted to show that what appeared in the press was exaggerated and had no connection with the reality. Also, the minister used the "distance strategy", considering that the Ministry of Health is not responsible for the death of the 21 patients.

These strategies may be effective when they are appropriate to the situation and are correctly applied. In this case, because of the obvious evidence of guilt, it was impossible implementing the denial strategy. Distance strategy could have represented a solution of crisis communication, if it had been used by some evidences or by convergent institutional actions - and penalize the hospital director in Poiana Mare was an action that contradicts the distance strategy. Inadequate strategies to remedy the image was accompanied by excuses to the press, by arrogance and indifference and this has revolted even more the journalists. This case demonstrates (once more) that the choice of inadequate communication strategies can lead to increase and prolong a crisis.

Poiana Mare case was a particularly serious (the death of 21 patients), with a strong emotional load. It came against the background of a social imaginary still marked by campaigns from national and international press about the conditions under which patients with incurable diseases (AIDS, mental illness) were hospitalized and treated. The journalists and representatives of NGOs felt this and tried to fire alarm signals. The public reacted and was willing to find out more information, which has spurred journalists to deepen the case. Unfortunately the authorities have not given great importance to signals received from the initial press and subsequently by the NGOs, adopting inappropriate communication strategies which contributed to deepen the crisis and its submission abroad.

Thus, Romania’s image was once again affected, being associated with the underdeveloped countries, where people die in so-called hospitals, of hunger, cold and misery.

**Case of Ploiești’s maternity**

The crisis broke out with the emergence of media information that 6 women were announced to come to take their children home from maternity leave (the hospital of Midwifery and Gynecology - NCC), although four months ago the hospital had given them the tragic news that their babies died at birth. One of the mothers, Ramona Ionita, said journalists that she had received from the hospital, six months ago, a document in which she was officially notified that her baby was dead. From the same article we find out that the authorities (the heads of the Maternity and Child Protection Directorate, Prahova) try to explain this uncommon situation, claimed that "the 6 new born are abandoned in hospitals" (Mark N., S. Popa, Evenimentul zilei Thursday, January 15, 2004). Only two mothers had come to the hospital to take home their children. Applying the model of S. Fink (1986), we can consider that this is the moment for the start of the crisis. It appears in the context of other crises of the same kind: maternity in Ploiești was confronted in December with the crisis caused by the death of more new born infants infected with the Klebsiela bacteria. As a consequence of a survey undertaken by the Ministry of Health and the Department of Public Health Prahova, numerous irregularities and failures were found; on January 15, Mariana Ivan was dismissed from the office of director of maternity, and in its place was named Ileana Roman.

Thus, the crisis of December can be regarded as a stage of pre-crisis compared to the case of resurrected babies. The heads of the maternity could consider all issues identified during the investigation and they could have taken steps to remedy them; in addition it could have been a lesson on the development of a crisis, providing guidelines for the necessary measures to manage another crisis.

But in the absence of the reactions, the initial arrogant statements, the efforts of the staff and physicians to shut up the case, as well as the revolt of the former patients, of the journalists and of the authorities representatives - all these shows that nothing have been understood from the previous crisis.

Immediately after starting the crisis, 13 women who had gave birth in Ploiești maternity presented complain as for the cases their children, declared dead at birth. In the following days several articles appeared in the media which presented the evolution of the facts.

Thus Evenimentul Zilei of Friday 16 January, under the heading "blatant disregard in Ploiești maternity - dead doctors, reproduce the statements of two doctors directly involved in this event, Dr. Pantelimon Marinescu (who had written "died abortion" on sheet of Ramona Ionita) argues: "I'm not guilty for having done a great service to this woman" and Dr. Georgeta Iancu, the doctor who made the discharge of Cristina Czull after had noted the death of this new born daughter, said: "I was told that the mother was not interested in the conception product."
Another article appeared in Adevarul (Thursday, 22 January 2004) under the heading "Ploiești maternity incinerated without papers the bodies of 23 new born, shows a part of the investigation conducted by prosecutors in the Ploiești maternity. Here we find the statement of the prosecutor Daniel Ghita: "this maternity had 82 cases of abortions, I have checked so far 68 of such deaths and in 23 cases found none incineration attestation. And examples of media are more. Against this background harsh reactions of public disapproval have arisen.

In the materials published in various newspapers we find various statements: "The current law does not accuse the doctor, but the patient who does not remember to bring the envelope with money" (G. Ionita, Bucharest), "The responsible is the chief-nurse, of the doctor and if the director has hired incompetent people, it is his responsibility too" (I. Constantinescu, Bucharest)." Since there were more irregularities than this, a serious investigation should be made, because they are other hidden things to find out there "(Cosmin, Bucharest).

After the authorities published the results of the investigation and take some measure of removing the doctors from Ploiești maternity, the crisis was over – so we enter a post-crisis period. This stage should include assessment of the consequences of the crisis, the public reaction monitoring, analyzing how the organization managed the crisis, etc.

In the present case, the research of organization's environment and of the crisis management assessment are completely absent. Moreover, maternity problems have not been resolved: a few months later, in May 2004, a survey of journalists from Evenimentul Zilei revealed that the incinerator unit was exceeded (even compared with Romanian standards, not mention the European ones) - furnaces being damaged so incinerator was a deposit of the placenta, abortions and waste, being an outbreak of infection; the syringes and other cutting materials were not collected according to law, also being outbreaks of infection.

Analysis of crisis communication

During the crisis the communication with internal and external public of the organization was totally absent: the employees of the maternity did not know from official sources what is going on in their unit, and journalists have not received official information (press releases or press conference organized by the Maternity, by the Director of Prahova Health or Ministry of Health).

The communication actions of the Ministry of Health limited to the announcement of sanctions, which were insignificant in relation to the seriousness of the case: a dismissals - Maria Ivan, hospital director and suspensions from office: Gheorghita Regin, chief of neonatology section, Pantelimon Marinescu, chief of maternity department and the head nurse. By weighing the 18 deceased infants and the 2 babies "resurrected" with these sanctions, the public could only find diserys this survey which reinforce it the negative image about the hospitals and doctors in general (confirmed by the Transparency International surveys that shows that public opinion places doctors among the categories less trusted and which they consider corrupt). The response to the crisis can be interpreted by applying the models Coombs-Benoit. The correction strategies were used by punishing the guilty persons, by the attempt of taking back the babies to their families, or, in the case of the crisis in December, by trying to stop the spread of the Klebsiella virus. None of the strategies for restoration of the image was used, no information was transmitted to internal and external publics, there was no collaboration with the media. Those directly involved have adopted inadequate communication strategies (elements of denial and distance strategies may be identified), which led to the widening crisis.

An example worth following:

Tylenol Case

This was one of crises best handled in history, despite the fact that the stakeholders of the company Johnson & Johnson (part of McNeil Consumer Products) said later that they were not prepared for such a situation. Until the critical moment Tylenol represented 37% of the analgesics market, with sales exceeding 500 million dollars. With or without precedent, any crisis can be a tragedy or an opportunity. Johnson & Johnson turned it into a triumph. This is the evolution of the crisis and how they controlled it, as described by specialty works (Bobstock P., 1985, S. Fink, 1986, MK Pinsdorf, 1987)

Events evolution

In the year 1982, for reasons still unknown, one or more strangers, replaced Extra Strength Tylenol capsules, well-known analgesic drugs with poisonous capsules containing cyanide. Poisonous pills have been stored on the shelves of more than half of the pharmacies or supermarkets on the city of Chicago.

Accordingly, poisoned pills were bought, and 7 people died in terrible pain. Thus, on 30 September 1982, Jim Murray, a member of staff of public relations, went into the PR office, to tell about a bizarre phone, received from a reporter from the Chicago Tribune newspaper. The reporter told him that he was in the middle of an investigation, during which he had somehow made the link between Tylenol and death of a person.

In a first phase, the president of the company charged the Executive Director to discover what was happening (crisis identification action, its isolating, a team creation), he was personally involved by collecting facts, he designated public relations specialist to manage the situation and established a permanent communication with the team. Another important measure was to call a lawyer who he knew very well asking him to obtain information from the hospital, from the police, from every possible source.

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The first three priorities he established in an attempt to limit the disaster were:
- stopping the loss of lifes,
- discovering the causes of death
- aid all those in difficulty.

He thought that the main cause of death could be located within the company. If it was indeed so, he could discover exactly if it is about a technical installation that has not worked properly, an employee who had made a huge mistake or an intentional sabotage. Once discovered the cause, thus identified the source of the crisis, things could be stopped.

Several days later, after a thorough analysis of the above, it was very clear to business leaders that there was no internal reason in triggering the crisis. In addition, after a series of other internal investigations, required by the authorities, they realized that the issue is of the competence of the FBI and Chicago police. During this time, the entire management team of the company was in alert: while wishing that people no longer die, they found that there had not the slightest information about the causes of these accidents. The crisis seemed out of control.

**Strategy of crisis management**

The company response was based on several types of actions:
- warning consumers across the U.S. through the media,
- stop the production of Tylenol capsules and advertising for these products,
- establishing connections with the police, FBI, local authorities, etc.
- withdrawing capsules from the market;
- designing and producing another type of packaging, more resistant (50 million dollars have been invested in this action)
- re-introduction of new products on the market, through a marketing effort.

Immediately, the production of vials was stopped and all incriminated products were withdrawn from the market (their value was of 100 million dollars). Moreover, the customers could change Vials concerned with other products of the firm. In total 31 million bottles were collected, out of them 8 million capsules were verified. Only in 75 of the capsules the cyanide was found. Subsequently, the company has donated 50 million capsules to doctors across the country. Research on public attitudes showed that after one week of the start of the crisis, 90% of the population knew that the company is not guilty, and 35% of those who currently used Tylenol had confidence in this product.

Until it was clear that technical installations were correct and there were no problems with the employees work, Collins has not acted. The good news came when it was officially confirmed that the possibility that poison had been introduced from within the company was near zero. The bad news was that a psychopath came in many pharmacies and stores in Chicago and, using the packaging and Tylenol capsules, had introduced cyanide and made so that the difference between normal and poisoned not to be perceived.

As soon as it became clear that Johnson & Johnson is the victim of an external sabotage, things have evolved differently. The real issue became the rescue of Tylenol and the rehabilitation of the company.

**Communication with involved publics**

Communication strategy was based on the following directions:
- Internal and external information of all concerned publics;
- talking those publics into supporting the company and support its actions;
- Publics training in order to implement the actions envisaged by the company.

Out of the involved publics, the most important were: consumers, pharmacists, managers and employees of the super market chains, doctors and hospital administration, the authorities involved in drug control, the FBI, the police, the press (general and specialized).

The communication strategy was based on information openness and cooperation with involved officials.

Checking all information has also been an asset to the press, especially the information that the company has sent up have proven to be true.

The further evaluation of about how the acute phase of the crisis was managed has highlighted three crucial aspects in this success: the opening to press, pay all costs related to product withdrawal, fair play of the press and public, who granted the presumption of innocence until the proof to the contrary.

During the crisis around 80,000 news stories appeared in newspapers in the U.S., several thousand in local and national television and radio. More than 90% of Americans were aware of the scandal related to Tylenol capsules, in less than a week of crisis.

An editorialist even called this information flow as one of the most important after the Vietnam war. The company has organized more than 30 press conferences, often transmitted directly to national scale; also the headquarters in New York were the host of numerous teleconferences, broadcast in major U.S. cities The company carried out an advertising campaign in central newspapers, by which the consumers were notified of the replacement of capsules by tablets.

This solution was considered a success. On November 11, more than a month after the start of the crisis, the company has held a teleconference, during which it launched new packaging, and the information was taken by all the American press.
To resolve the crisis of communication, especially with consumers, Johnson & Johnson has taken the following:

- has launched a video advertising of 1 minute, which was mostly conducted in October and November. The message The message was sent by Dr. Thomas Gates, medical director of the McNeil Consumer Products Company, who announced the consumer about the imminent return of Tylenol on the market. 85% of Americans have seen the video at least 2 times during the first week of its broadcast;
- the directors have appeared in the press in issues of large audience, to give information about the company;
- the employees were kept informed at all times through four videos;
- at the top of the crisis over 400,000 e-mail messages were forwarded to the medical profession representatives and to distributors;
- at the conference of November 11, Jim Burke, director of Tylenol, announced that the consumer can get a coupon worth $ 2.50 for the purchase of any product Tylenol. The coupon was popularized by classical advertising channels but also via 800 phone numbers available to the consumers. After three weeks, more than 210,000 phones calls were registered. Other 136,000 followed after 11 days;
- a week since the discovery of sabotage, Jim Burke gave a speech before employees of McNeil Consumer Products Company, which surprised by the attachment and affection towards the product. The effect was increased confidence of employees and higher fidelity for the product;

**Conclusions**

Looking back, the two objectives of the plan for crisis management were: maintaining public confidence and regain the product market.

The three key decisions that have taken by the president of the company and his public relations team were the following: stopping incriminated product distribution and advertising, connect to the mood of the public (via telephone polls) and, of course, changing the shape of presentation of the product.

Tylenol, with the new packaging, appeared on shelves at about 10 weeks after its withdrawal from the market during the crisis.

He regained in a few months, 24% of the 37 percent that they previously controlled on the analgesics market previously to the crisis.

In the following weeks, more than 98% of the initial market was regained by the product. The cost of intervention to save it was about 100 million dollars.

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