

Editorial

Connecting Crisis Communication Theory and Canadian Communication Research

The COVID-19 pandemic placed a spotlight, unlike any other crisis in recent memory, on the important and challenging public role of the crisis communicator. This work is difficult in the heat of a pandemic, with situations and information changing daily, and some crisis communicators succeeded and some failed. Effective crisis communicators of all types—politicians, corporate leaders, and doctors—warned people about the dangers of the new coronavirus, provided instructions on how to limit its damage, and published statistics of the prevalence of the virus in the community. Spreading crisis communication messages was not limited to professionals: everyone seemed to be doing crisis communication work, even ordinary social media users simply retweeting the recommendations to wash hands and wear masks. Failures in crisis communication involved slow responses and the circulation of misinformation. The four articles in this special issue on Canadian crisis communication research were written before the pandemic. Yet the authors cover topics in healthcare, communication technology, and politics that are directly relevant to the challenges of doing COVID-19 crisis communication.

Early in the pandemic, the effect of COVID-19 on the Canadian healthcare system was, naturally, top of mind, and criticism circulated. In Ontario, for example, criticism of health crisis communicators fell in two categories: inconsistent public messaging by health officials and politicians about the prevalence of community transmission of the virus and the lack of information transparency during the early days of the pandemic (Doolittle, Carbert, & Leblanc, 2020; Gatehouse, 2020; Yang & Allen, 2020). These criticisms are not surprising, given how little scientists and healthcare professionals knew about the novel coronavirus—even now, our understanding of its transmission and health consequences is being updated every day. But also, the state of crisis management in healthcare settings played a role in communication problems. In the first article in this special issue, “Crisis, Communication, and Canadian Hospitals: An Analysis and Evaluation of Risk Preparedness and Crisis Communication Efforts of Ontario Hospitals,” **Sebastian Dobosz** presents the findings of interviews with 14 communication practitioners from Ontario hospitals about the state of crisis communication and management.

Dobosz first sets this work in context: there have been few studies of hospital crisis communication in the world—none examining Canada—even though hospitals seem ripe for crises of all kinds, including those from both internal and external threats. His study comes to some surprising conclusions about hospital preparedness for crises: not all hospitals have risk management systems in place, not all have a crisis commu-

nication planning document, and not all have a crisis management team. Dobosz's timely study evaluates hospitals' ability to detect crises, prepare for them, and learn from them.

Responding quickly is one of the central tenets of crisis communication practice. Our hyper-mediated communication environment now measures the success of crisis communication response in minutes, not hours or days as in the past. A major problem with some jurisdictions' COVID-19 response—particularly that of the United States—was the lack of urgency in recognizing and then communicating the danger of the new virus (Bagnall, 2020; Pew Research Center, 2020; Savarese & Biller, 2020).

The issue of crisis response speed was not a technological problem but one of policy and politics. If the danger is indeed recognized immediately, a range of communication technologies now exists to provide the means to quickly send warnings, policy notifications, updates, and best practices to affected populations. During the COVID-19 pandemic, the Government of Canada, the provincial governments, and local health units used a range of communication technologies to blanket communities with risk and crisis communication messages. These messages came in the form of informational advertisements in traditional mass media outlets such as newspapers and television and radio stations, and also policy, best practices, and case numbers posts on social media sites such as Twitter.

Indeed, Twitter became a key channel in government and healthcare crisis communication strategies, connecting to populations that no longer engage with mass media, either due to cost or changing media consumption tastes. Trustworthy official messages on Twitter were also important in a social media environment with readily available misinformation about COVID-19 spread by bots (automated computer scripts) (Cooper, 2020; Young, 2020). The second article in this special issue, "Tweeting Tsunami: Influence and Early Warning in British Columbia" by **Amanda Oldring, Antonina Milekhina, and Alexander Brand**, examines Twitter crisis communication for another type of emergency: earthquakes that could create devastating tsunamis on the coast of British Columbia. This study tests just how effective Twitter networks are for quickly notifying coastal populations of coming tsunamis. There is no time to waste when a tsunami cuts through an ocean, particularly when it comes to warning last-mile communities that may not have access to traditional mass media.

Oldring, Milekhina, and Brand use social network analysis to evaluate and assess the capacity and function of an existing Twitter early warning network and its related networks. The study categorizes the users on the networks, finding that some users broadcast information, some collaborate on information production and dissemination, and some seek it out. The authors find these networks have a wide range and could be effective in the future but that they should be further developed before the "Big One" hits. But the "Big One" need not only be an earthquake—other researchers may want to consider this study in light of virus emergencies too, encouraging rapid warnings through social media to flatten the curve faster.¹

The COVID-19 virus was not caused by politicians. Indeed, some politicians—including the prime minister of the United Kingdom and the president of Brazil—became ill with the virus. Timothy Coombs' (2004) Situational Crisis Communication

Theory posits that victims of crises face no blame from the public because they have no control over their causes (public blame is a key consideration in crisis communication research as it hurts one's public reputation, which is valuable currency in the public sphere). But every crisis, even a natural disaster such as COVID-19, leads to another phase where politicians can face blame if they respond ineffectively. New York Mayor Bill de Blasio and U.S. President Donald Trump, for example, were heavily criticized for poor responses to the virus (Freedlander, 2020; Lopez, 2020). In contrast, some politicians, such as New Zealand Prime Minister Jacinda Ardern, followed emergency management best practices and received praise (Luscombe, 2020).

On politics and crisis communication, the third article in this special issue, "The Anatomy of a National Crisis: The Canadian Federal Government's Response to the 2015 Kurdi Refugee Case" by **Sara Siddiqi and Duncan Koerber**, similarly considers a crisis that grabbed the world's attention and negatively affected the public reputations of two Canadian politicians who actually had no hand in causing it. The article presents the case of the death of a boy, refugee Alan Kurdi, on a Turkish beach in 2015. A photo of Kurdi's lifeless body circulated widely around the world via mass media and social media, drawing attention to the refugee crisis sparked by the Syrian War. A mistaken belief circulating through mass and social media suggested that the Canadian government had somehow been at fault for the boy's death. This article evaluates the immediate crisis response strategies of then Canadian Prime Minister Stephen Harper and Minister of Citizenship and Immigration Chris Alexander as they attempted to protect the reputation of their Conservative Party and the nation during a federal election.

While the COVID-19 pandemic saw many people pitch in and do crisis communication work of all kinds, politicians were on the front lines, with provincial premiers and Prime Minister Justin Trudeau holding regular press conferences. Politicians found themselves in a challenging position: they had to warn and instruct citizens about a dangerous virus while also reassuring them that they were dealing with it effectively. Press conferences also developed public awareness of Canadian health officials such as Dr. Theresa Tam, Dr. Eileen de Villa, and Dr. Bonnie Henry (and in the U.S, the instantly famous Dr. Anthony Fauci). Dr. Henry won the Canadian Public Relations Society's (2020) President's Award for Outstanding Public Relations and Communications Management for her work in British Columbia during the pandemic.

Examining in part this kind of official crisis communication, the fourth article in this special issue, "Assessing Crisis Communication Teamwork Performance during a Terrorist Attack: A Pragma-Dialectic Analysis" by **Serge Banyongen**, positions press conferences as an important site of analysis. The article examines in detail the crisis response after the 2014 terrorist attack on Parliament Hill in Ottawa that killed Corporal Nathan Cirillo. Since no single governing body existed in Canada to deal with terrorist attacks, several organizations came together. This study outlines the relational problems governmental organizations had during the crisis due to conflicting goals. The communicative form of the press conference itself expresses meaning, Banyongen argues. Backdrops, gestures, body language, positioning, and stance all send messages—for better or for worse—in addition to the words spoken.² Overall, Banyongen shows the importance of shared mental models and unified instructional messages, along

with well-designed press conferences, to dealing effectively with a crisis that involves overlapping jurisdictions.

Originally, this special issue was intended to grow Canadian-content research on the subject of crisis communication; a wealth of American crisis communication research still dominates academic journals, providing theoretical models for emulation, but there are relatively few Canadian cases. These four new articles provide useful ways of looking at crisis communication through a Canadian lens. The hope is that this special issue, and the connections drawn in this article to perhaps the greatest public crisis Canada has ever faced, COVID-19, will raise awareness of the importance and challenges of the crisis communicator and encourage more distinctly Canadian case studies and research approaches.

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Notes

1. COVID-19 contact tracing apps for mobile phones may help to do that work quickly and automatically. The Government of Ontario transmitted a more traditional warning notice about COVID-19 through cellphones and televisions across the province using its regular emergency alert system (used before the pandemic primarily for child abductions); however, the notice did not come immediately but a few weeks after the provincial shutdown (O'Neil, 2020).
2. An example of effective and appropriate press conference design was Ontario's COVID-19 press conferences. These TV events saw government officials appropriately spaced apart to model social distancing to the public.

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