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Disaster Communication Networks: A Case Study of the Thai Red Cross and Their Disaster Communication Response to the Asian Tsunami

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DISASTER COMMUNICATION NETWORKS: A CASE STUDY OF THE THAI RED CROSS AND ITS DISASTER COMMUNICATION RESPONSE TO THE ASIAN TSUNAMI

by

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ABSTRACT

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Disaster victims and vulnerable populations are audiences that communications professionals and scholars have ignored. Public relation practices dominate current disaster communication policy. This study examines the disaster communication network, including policy and practice, of the Thai Red Cross, before, during, and after the Asian tsunami.

Disaster communication(s) is defined as the sharing and exchange of information with the victims immediately affected by a disaster. This definition focuses specifically on the vulnerable audience and allows response efforts to emerge from multiple disciplines. Focusing response efforts on victims' assessed needs and abilities allows for a multi-disciplinary approach to mitigate further suffering. The

disciplines of health, development, and communications converge for efficient disaster management.

This case study provides great insight into the cultural chasm between policy making and practical application and also reveals the value of personal initiative to solve problems after a disaster. A proposed model of disaster communication is offered. Significantly more research is needed in the area of disaster communications.

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The providence of my progenitors has left an indelible mark in my life. I am eternally indebted to my parents, Dave and Jean Matthews, for their goodness. I hope to always honor their good names, my heritage, and our family’s legacy. I often ponder on the humble examples of my grandparents: Orrin and Ethel Tibbitts, Jerry and Mary Matthews, Reinhard Maeser and Muriel Tanner. They taught me to genuinely care for others; to make life an adventure and then enjoy the simplicity of it; to give generously and to keep a word of honor.

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The following quote summarized my feelings for those who helped in the writing of this thesis and, more importantly, for all who lost their lives in the December 26, 2004, Asian tsunami.

> No man is an island, entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a man or of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls, it tolls for thee. John Donne, England, 16th Century

May this thesis provide enlightenment for those who will respond to future disasters, lest the death and suffering of so many be in vain.

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Chapter 1 Introduction

Sunday, December 26, 2004, is etched into the minds and hearts of those who stood as witnesses to the terrible aftermath of the South East Asia Tsunami. The world watched in horror as images of gigantic walls of water washed over majestic beachfronts. The waves indiscriminately swept away life and livelihood, leaving a humanitarian crisis in their wake. Moved with compassion and duty, non-profit groups, government agencies, civil agencies, and private individuals responded with urgency to relieve the suffering. Within one hour of the 40-foot wall of water hitting the beaches of Khao Lak, Thailand, the Thai Red Cross Society (TRC) was mobilizing relief efforts. There was a great outpouring of humanitarian assistance from around the globe.

The World Health Organization (WHO) reported some undesirable side effects resulting from the humanitarian impulse (Sondorp & Bornemisza, 2005). One major side effect mentioned was the inability of health agencies to meet the immediate needs of the victims because manpower was diverted to manage the overabundance of donated resources, much of which was inappropriate for the immediate needs of the victims.

A mega-disaster such as the Asian tsunami has not been seen in modern times, though it has been reported that the occurrence and scale of natural disasters are on the rise (International Federation of the Red Cross and Red Crescent, Disaster Management, 2004). With an urgency to improve disaster response, the WHO recognized that disaster communications research was needed to enhance coordinated responses and "to find better ways to communicate the right information at the right time to the right audience" (Sondorp & Bornemisza, 2005).

Within the discipline of communications, disaster communications has been referred to as the public relations (PR) management of a disaster. Ranging from image control policies of humanitarian organizations to informing the general public about disasters and soliciting donations (International Committee of the Red Cross, Communications Guide, 2003), PR definitely holds a significant place in the response effort. However, a disaster is multi-dimensional by definition (International Telecommunications Union, 1998). A disaster does not affect only one area of a person's life; it affects several aspects simultaneously. Therefore, disaster response, from within the field of communications, must extend beyond the lone boundary of traditional public relations and incorporate additional disciplines and dimensions. While significant attention has been placed on fundraising and informing distant audiences of the disaster situation, both academic and PR communications communities have given little attention to the study or importance of information exchanges between the audience most vulnerable after a disaster: the victims (Morley, 2005).

Communicating directly with the disaster victims serves several important purposes such as allowing for exchange of vital information (concerning issues of health, available resources, needs, etc.) that will guide coordination efforts to meet the needs of those victims. When a vulnerable audience is forgotten (even as disaster management and relief agencies follow written "communications" policies), communication breakdown can or will lead to a greater tragedy and unnecessary losses (Halpern, 2005; Noji, 2005b). A prime example of this was the aftermath of the August 29, 2005, Hurricane Katrina, and the people of New Orleans (Comfort, 2005). Relief agencies may have followed their communications guides; however, the victims were left helpless—showing again the

need to improve scholarship and practices of those communicating during and after a disaster.

Disaster communications has a broad and fluid definition. Obviously, the phrase is related to both the principles of communication and the aspects of a disaster. The phrase is utilized in many different ways. For example disaster telecommunications has been defined by the International Telecommunications Union (ITU) as any "transmission, emission or reception" of information, media, or messages through the use of electronic or electromagnetic devices to monitor or mitigate the effects of a "serious disruption of the functioning of a society" (International Telecommunications Union, 1998).

For the purposes of this thesis, disaster communications is defined as: the sharing and exchange of information with the victims immediately affected by the disaster. This definition of disaster communications specifically relates to an audience that has been largely forgotten by communications scholars and PR professionals. The victims are the most vulnerable audience following a disaster; therefore, disaster response efforts must focus on meeting victims' needs by mitigating further compromise to their lives and livelihoods (Sondorp & Bornemisza, 2005). Open and direct communication between the victims and the disaster response agencies is imperative for coordinated and appropriate response efforts.

The objective of this case study was to examine the disaster communications policies and practices of the TRC before, during and after the Asian tsunami. The lens of this study was focused specifically on the TRC's communications efforts with the victims immediately affected by the tsunami. It was anticipated that the disaster communication policies and practices would be assessed based on the principles of both diffusion and

participatory theories. However, as the case study evolved, deeper questioning guided the research beyond the questions of "how" things happened and into inquiry of "why" things did or did not happen. This thesis will show not only the importance of disaster communications in relation to disaster victims, but also the great need for more research in this area.

This study was conducted using qualitative fact-finding methods. Information was gathered via interviews with TRC personnel at all levels of the Thai National Society of the Red Cross including volunteer fieldworkers, the Provincial President of Phang Nga and administration officials at TRC headquarters in Bangkok, Thailand. Additional information was acquired through field observations and web-based research. The researcher kept personal field notes including contextual meanings, thoughts, impressions and observations.

The goal of this research reflects the philosophy espoused by Henry Dunant, founder of the Red Cross. Dunant started the humanitarian movement after the publication of his thought-provoking journal depicting the atrocity of war. Initially reluctant, Dunant was persuaded to publish his personal notes with a single hope that others might be motivated and moved upon to offer their assistance with compassion for all humanity. The following statement is Dunant's plea:

> But if these pages could bring up the question (or lead to its being developed and its urgency realized) of the help to be given to the wounded soldiers in wartime, or of the first aid to be afforded them after an engagement—if they could attract the attention of the humane and philanthropically inclined—in a word, if the consideration and study of this infinitely important subject could, by bringing

> about some small progress, lead to improvement in a condition of things in which advance and improvement can never be too great, even in the best-organized armies, I shall have fully attained my goal. (Dunant, 1862/1939, pg. 55)

Likewise, if the study of disaster communications, this equally and infinitely important subject, can bring about some progress to alleviate the suffering of the vulnerable, the author shall have fully attained her goal.

This thesis will progress as follows. Chapter two will give an overview of the Red Cross and its different entities along with a literature review of theories. The research questions will also be introduced in this chapter. Chapter three explains the methodology of this case study. Chapter four lists the findings. And chapter five offers a discussion on those findings and insight to their meanings. Chapter five will conclude with a proposed model for disaster communication and a call to action for a multi-disciplined approach to further research in this area of disaster response.

Chapter 2 Background and Literature Review

This chapter first provides a brief history of the Red Cross and situates the Thai Red Cross society within the International Red Cross organization or "Movement," as it is known. An understanding of the organization and history provides a basis for the rest of the case study. As part of the description of the history and organization, the chapter also explains the standards set forth by the Red Cross for disaster relief and communication. The second part of this chapter looks at development communications, focusing on diffusion of innovations and participatory communication models. It then relates these models to the health communication literature. The literature review reveals the need for research into disaster communications, both to analyze the effectiveness of such specialized communication and to develop models for use in future disasters. The chapter ends by detailing the research questions that guide this study.

History of the Red Cross

Henry Dunant and the origin of Memories of Solferino

J. Henry Dunant, the founder of the Red Cross, was born in Geneva, in 1828, to a family known for their public service and philanthropic activities. A banker by trade and a civil servant by heart, Dunant continued in his family's traditions of philanthropic activities and visiting the sick and the poor (Dunant, 1862/1939).

In the early summer of 1859, Dunant was traveling in Northern Italy, along the neutral war zone of the Franco-Austrian War. He came upon the horrifying scene left after 300,000 troops faced one another in battle. In a 12.5 mile (20.1 km) stretch of broken land more than 40,000 troops lay dead, dying or wounded. The dying and wondered solders, of many different nationalities, were heaped together in make-shift

communal infirmaries at local churches, private residences, public buildings and even barns. There was a significant lack of medical staff to answer the desperate cries for help, cries for water and crying out for relief of pain. Such a distressing scene moved Dunant to action. He moved from one wounded soldier to another, moistening lips and providing small acts of charity for all, in their last moments of mortality. Dunant was greatly affected by the scene before him and he later wrote:

> The feeling one has of one's own utter inadequacy in such extraordinary and solemn circumstances is unspeakable. It is, indeed distressing to realize that you can never do more than help those who are just before you…The moral sense of the importance of human life; the humane desire to lighten a little the torments of all these poor wretches, or restore their shattered courage; the furious and relentless activity which a man summons up at such moments: all these combine to create a kind of energy which gives one a positive craving to relieve as many as one can (Dunant, 1862/1939, p. 55).

There was a great necessity for more hands to dress wounds or lift water cups to the lips of the weak and the weary. With the small towns completely inundated, there was confusion and panic rising amid the townsfolk. Dunant (1862/1939) notes, "Somehow or other a volunteer service had to be organized; but this was very difficult amid the disorder" (p. 45). He was successful in marshalling the help of local women and the humanitarian service commenced.

Although there were more helping hands, the relief efforts were haphazard and without prioritization. Dunant noted, "The Lombard women went first to those who cried the loudest—not always the worst cases. I sought to organize as best I could relief in

quarters where it seemed to be most lacking…" (p. 49). Dunant localized the group's efforts to a church closest to the battlefield where hundreds upon hundreds of soldiers lay in desperate need of help. The first priority was to provide fresh water to relieve the suffering soldiers' thirst. Fresh gauze, ointment and bandages were obtained and used to dress and redress wounds. Dunant used his own money to buy beef tea, citrus fruits, herbs and medicine that would sooth the pains.

Regardless of their nationality, Dunant offered the same kindness and care to all who were suffering. The women, impressed by Dunant's example, followed his lead in caring for the soldiers and repeatedly stated, "Tutti fratelli" [All are brothers], a founding principle that continues to serve as a guide in directing the work of the Red Cross (Dunant, 1862/1939, p. 54; International Committee of the Red Cross, Communication Guide, 2003).

In 1862, Dunant recorded his witness to the effects of war, suffering and humanity in his memoirs titled *Un Souvenir de Solferino* [Memories of Solferino]. His simple memoir of the war was published and distributed among the philanthropically minded and ultimately lead to the creation of the Red Cross.

Dunant's literary work created a significant stir throughout the world. Public opinion for permanent volunteer societies, which would render humanitarian service without distinction of nationality, during times of war, increased and eventually resulted in a world conference. With 36 delegates representing 14 nations, the first world conference took place in Geneva, Switzerland, on October 26-29, 1863. During this conference the International Committee was established; comprised of five individuals,

these delegates resolved to carry forth the resolutions and recommendations of the Committee to their individual countries.

The next year, a second international meeting was held; this time called the Geneva Convention, a treaty was framed and signed by 16 governments. The convention concluded with the development of 10 articles based on seven principles upon which the international organization would base its actions. These articles and principles are said to be the birth certificate of the International Red Cross (Dunant, 1862/1939). The original seven principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality continue to guide all entities of the Red Cross today. (See Appendix A).

International Committee of the Red Cross

The International Committee of the Red Cross (ICRC) was the first organized component of the Red Cross. The ICRC is located in Dunant's hometown of Geneva, Switzerland. It is the governing body during times of conflict and war, and it specializes in International Humanitarian Law (IHL), restoring family links and conflict preparedness and response (International Committee of the Red Cross, Relationship, 2002; International Committee of the Red Cross, Seville Act, 1997). The ICRC must remain independent of all governments. This independence allows an unbiased assessment of human rights issues within governments.

International Federation of the Red Cross and Red Crescent

Other entities of the Red Cross evolved as the utility of the guiding principles extended into additional contexts of humanity and service. Dunant first addressed the idea of extending the reach of the society's mission in the third edition of the *Un*

Souvenir de Solferino [Memory of Solferino] saying, “these Societies could even give great service during periods of epidemics or in disasters such as floods and fires…” (Dunant, 1862/1939, p. 7), however, it was not until 1919 that the International Federation of the Red Cross and Red Crescent (IFRC) was founded.

Also located in Geneva, Switzerland, “the International Federation is the largest humanitarian organization in the world with 183 member Red Cross and Red Crescent societies, a Secretariat in Geneva and more than 60 delegations placed worldwide to support its activities” (International Federation of the Red Cross and Red Crescent Society, Who We Are, 2005, ¶ 2). The Federation's mission is to “improve the lives of vulnerable people by mobilizing the power of humanity” (International Federation of the Red Cross and Red Crescent Society, Who We Are, 2005, ¶ 3).

Vulnerable people are often those affected by natural disasters, suffer from poverty, are of refugee status or are victims of health emergencies (International Federation of the Red Cross and Red Crescent Society, Who We Are, 2005). Therefore, the Federation concentrates its humanitarian efforts in four main areas: promotion of humanitarian values, disaster preparedness, disaster response, health and community care (International Federation of the Red Cross and Red Crescent Society, What We Do, 2005). It carries out these efforts through cooperative efforts with national societies.

National Societies

National societies carry out their humanitarian activities utilizing both professional staff and trained volunteers. Activities are organized according to local needs and subject to national statutes and in accord to national law (International Committee of the Red Cross, Relationship, 2002; International Committee of the Red

Cross, Seville Act, 1997). Although the national societies are independent, the activities of both the ICRC and the IFRC are largely supported by the national Red Cross society of the country in which the service is rendered. The national Red Cross works closely with both the ICRC and the IFRC for disaster preparedness and response activities (International Committee of the Red Cross, Relationship, 2002; International Federation of the Red Cross and Red Crescent Society, What We Do, 2005; International Committee of the Red Cross, Seville Act, 1997).

The Movement

The ICRC, IFRC and the national societies are all autonomous organizations, independent from all other components of the Red Cross. So, what is the relationship between the ICRC, IFRC and the national societies? According to the ICRC (International Committee of the Red Cross, Relationship, 2002) all these components of the Red Cross constitute the International Red Cross and Red Crescent Movement or "the Movement." Individual components of the Red Cross are related to other components only in their purpose. Their individual actions and activities stem from the Fundamental Principles (Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity, and Universality) and an overall mission statement of the Movement. The mission of the Movement is

> To prevent and alleviate human suffering wherever it may be found, to protect life and health and ensure respect for the human being, in particular in times of armed conflict and other emergencies, to work for the prevention of disease and for the promotion of health and social welfare, to encourage voluntary service and a constant readiness to give help by the members of the Movement, and a universal

sense of solidarity towards all those in need of its protection and assistance. (International Committee of the Red Cross, Mission of the Movement, 2003, ¶ 5)

To date, the Movement is composed of the International Committee of the Red Cross, the International Federation of the Red Cross and Red Crescent Societies, and a total of 183 national societies (International Federation of the Red Cross and Red Crescent Society, Who We Are, Movement, 2005; International Committee of the Red Cross, Movement, 2006).

Thai Red Cross Society

A Brief History

The Thai Red Cross Society (TRC) is one of the 183 national societies members of the Movement. This society has a lengthy history. First called the Red Unalom Society of Siam, it was founded by King Chulalongkorn (reigning from 1868-1910) on April 26, 1893. The King appointed Her Majesty Queen Saovabha Pongsri as the first president of the society, and this tradition of the Queen being president is still upheld today. The society was organized as a response to relieve the suffering of soldiers involved in conflicts along the borders of Thailand and French Indochina. Their first humanitarian action was to send food, supplies and clothing to their soldiers.

Activities of the society were broadened during the subsequent reign of King Vajravudh (1910-1925) to include health care, disease prevention and relief services. In 1920, the TRC was officially recognized by the ICRC and a year later was accepted as a member of the League of Red Cross and Red Crescent Societies (Thai Red Cross Society, At a Glance, n.d.). The TRC states, “Today the TRC constitutes a major network of

health care and relief services. It is by far, the largest humanitarian organization in the country" (At a Glance, n.d. pg 4-5) (See Appendix B).

The Mission of the TRC

The mission of the TRC aligns with the Fundamental Principles of the Red Cross and mirrors the mission of the Movement. The Mission Statement of the TRC is:

> The Thai Red Cross Society (TRCS)…promotes the ideals of the Red Cross and of the International Humanitarian Law, to alleviate human suffering, and provides health services to the most vulnerable including children, women, the aged and the disabled. The activities of the TRC are focused in four areas: medical and health services, disaster preparedness and response, blood transfusion services and promotion of the quality of life of vulnerable people…It seeks to alleviate human suffering and improve the life of common people…It strives to build a dynamic organization, enhancing the quality of its services through good governance and management, and capacity building to reach vulnerable people in times of needs. (At a Glance, n.d., p. 6)

The Structure and Organization of the Thai Red Cross

Today, the TRC is still closely associated with the Royal Family. According to the TRC (At a Glance, n.d.), "The Society is under the patronage of H.M. King Bhumibol Adulyadej with H.M. Queen Sirikit as president and H.R.H. princess Maha Chakri Sirindhorn as executive vice-president" (p. 7).

The royal family is involved and visible within the TRC, however, they do not control the society (See Appendix C). The highest governing body of the TRC is known as the council. The council is comprised of 20 members that are appointed by the king

for a four year term to oversee the operations of the Society and make decisions concerning budget, development plans, modification of Statutes, and appointments of officials to certain positions. Twelve Provincial TRC representatives attend the council meetings as ex-officio council members in addition to the 20 members appointed by the King.

Management of the society is under an executive committee with the day-to-day management of affairs conducted by the director committee. This committee is comprised of the secretary general, the treasurer and the heads of bureaus.

There are 13 bureaus within the TRC and they are classified as either an operations or support bureau according to their function. Operations bureaus include three medical institutions, the National Blood Center, the Red Cross Nursing College, and the Relief and Community Health Bureau. The support bureaus include administration, central, finance, fund raising, personnel, youth and volunteers (See Appendix C).

It is important to have a general understanding of the entire structure and organization of the TRC because this general knowledge will provide a context from which to look as the TRC disaster response system. Different tasks and activities of the TRC are carried out through its many institutions, specialized centers and bureaus. Within the country, there is a network of 75 Provincial Chapters that support the diversified activities and tasks of the TRC.

Relief and Community Health Bureau

Disaster preparation and response falls under the responsibility of the Relief and Community Health Bureau. This bureau is classified as an operational bureau; however,

the entire national disaster response system incorporates the services of both the operational and support bureaus of the TRC, additional government agencies and NGOs.

National disaster response is coordinated by the Asian Disaster Preparedness Center (ADPC) located in Bangkok. The ADPC is a non-profit organization that supports safer communities by implementing disaster reduction programs. It also assists governments in developing and implementing disaster management and response policies. The TRC and the ministry of interior are listed as participating members of the ADPC (2005) (See Appendix D). However, the Prime Minister of Thailand and the Thai Ministry of Interior (2005) oversee all disaster response within Thailand (See Appendix E).

There is significant overlap of disaster response responsibilities between the operational and support bureaus and government agencies. However, this thesis will deal only with the Relief and Community Health Bureau as it is responsible for disaster preparedness and response activities for the TRC. As stated above, a general understanding of the disaster response system of the TRC adds a context from which to assess the disaster communications policies and responses of the Relief and Community Health Bureau of the TRC to the South East Asia Tsunami. No attempt will be made to dissect, study and analyze the entire TRC disaster response system, which incorporates a plethora of internal and external entities and government agencies.

Conflict within the Movement and the Seville Agreement

As a Red Cross entity, the TRC has embodied the same fundamental principles and maintained a comparable mission statement to other international and national Red Cross entities within the Movement. Yet, despite the unified outward appearance of

Movement members, internal struggles and conflict began to brew. In the 1990s, members of the Movement jockeyed for position to fulfill and accomplish certain Red Cross activities. This led to competition between Movement members and duplication of efforts. Territorialism encroached on the humanitarian spirit, illustrating a definite lack of collaboration within the Movement. In 1997, this issue was brought before the Council of Delegates meeting in Seville, Spain. It was at this conference, on November 26, 1997, that The Seville Agreement was adopted by consensus and initiated a collaborative spirit throughout the Movement (International Federation of the Red Cross and Red Crescent Society, Communications Guide, 2003).

The Seville Agreement provided much more than an operational management tool or statement of understanding. As cooperation and collaboration between all Movement members was deemed vital to the global humanitarian mission of the Movement, the preamble to the Seville Agreement states that every member of the Movement is to be valued as a partner in the whole humanitarian enterprise (International Committee of the Red Cross, Seville Act, 1997). The Seville Agreement defined roles and responsibilities for each component, but also calls for celebration when individual entities provide additional competencies and greater contributions for the benefit of the entire Movement.

The Seville Agreement called for an overwhelming collaborative spirit; it set into motion a complete change in attitude toward, and relationship between, Movement members. These changes allowed for the building of mutual trust, a sense of identity and shared responsibility throughout the Movement (International Committee of the Red Cross, Seville Act, 1997).

Throughout the Red Cross, the Seville Agreement has become a living document of collaboration and cooperation. It provided the Movement with a framework that could enhance the efforts of all and provided the world with a unified image of the Red Cross and Red Crescent players. The ICRC, all international federations and national societies are provided a guideline in the Seville Agreement by which they can coordinate their efforts and collaborate on activities to further the mission of the Movement.

Issues of Communications within the Seville Agreement

The Seville Agreement covers many topics necessary for collaboration between all entities of the Movement. Specifically related to communications are Articles 6 and 9 of the Seville Agreement. Article 6 offers guidelines by which the lead agency will act as spokesman, not only for their component, but for the entire Movement. Article 9 addresses issues of public relations and information exchange. Article 9.1 directs component members to "harmonize their activities so as to present a common image of the Movement and contribute to a greater understanding of the Movement by the public" (International Committee of the Red Cross, Seville Act, 1997, Article 9.1.1). "In order to ensure maximum efficiency in advocating humanitarian principles…the components of the Movement shall cooperate in coordinating campaigns and developing communication tools" (International Committee of the Red Cross, Seville Act, 1997, Article 9.1.2).

These agreement articles identify the necessity to communicate efficiently with the public within the movement, and also with those who are the recipients of the service rendered by the Red Cross. The communication section of the Seville Agreement asked for uniform public relations and image control about the Movement, for better coordination of activities within the Movement, and for the development of

communication tools to be used to attain maximum project efficiency.

Whether in peace and tranquility or surrounded by disaster and despair, as of 1997, the Movement had been called upon to develop and have available communication tools that would maximize the humanitarian effects of Red Cross activities. It appears these articles of the Seville Agreement were asking in part for disaster communications to be developed and defined so that agencies would have improved coordination of efforts through communication processes specific to natural disasters, humanitarian emergencies, or any other event to which the Red Cross responds.

Cooperation Within the Movement

In 1999, at the 27th International Conference of the Red Cross and Red Crescent in Geneva, the Movement adopted a plan of action that formally initiated the "cooperation" called for by the Seville Agreement of 1997. The focus of the plan of action was placed upon cooperation among the Movement members and also to improve the care and protection of victims and vulnerable groups of armed conflict and disasters (International Committee of the Red Cross, Plan of Action, 1999).

There were three statements made for the Plan of Action (See Appendix F). Of the three plan of action statements listed, the second plan of action statement and final goals relate specifically to disaster preparedness and response (International Committee of the Red Cross, Plan of Action, 1999). Statement 2 calls for humanitarian action in times of armed conflict and other disasters. The final goals of this statement are as follows:

2.1. Effective response in disaster situations through improved national and international preparedness

2.2. Strengthened mechanisms of co-operation and co-ordination amongst states, the Movement and other humanitarian actors

2.3. Provision for the rights and acute needs of the most vulnerable people as the first priority for humanitarian action

2.4. Understanding of the respective roles of political, military and humanitarian actors, and protection of humanitarian personnel (International Committee of the Red Cross, Plan of Action, 1999).

A four-year timeframe was allotted and specific actions were set forth to attain the goals listed by 2003. One example of this is Final Goal 2.2.5, which called for cooperation among the states and the Movement in development of minimum standards of humanitarian response "such as those elaborated in the Sphere Project" (International Committee of the Red Cross, Plan of Action, 1999) (See Appendix F).

The Sphere Project (2004) was initiated in 1997. A group of humanitarian non-governmental organizations (NGO) and the Red Cross and Red Crescent Movement started the project with a hope of improving disaster response within five vital areas: water supply and sanitation, nutrition, food aid, shelter and health services. A humanitarian charter was framed based on the international humanitarian and human rights laws of the Geneva Convention and also the code of conduct of the Red Cross and Red Crescent. This humanitarian charter identified the very minimum of disaster response standards noting that each human has a right to receive assistance and live with dignity.

What is Sphere?

The Sphere Project is three things: a book, a process and a commitment (Sphere

Project, 2004). Sphere is based on the beliefs that human suffering, arising from disaster or conflict, should be alleviated and that those affected by a disaster have a basic human right to life, right to receive assistance and right to live with dignity.

The process of developing, compiling, assessing and utilizing minimum standards of disaster response lead to the first publication of the Sphere handbook in 2000. The technical section of the book covers key disaster response areas concerning health, water, sanitation, shelter and nutrition. Each of these key areas is provided with a list of minimum standards that should be attained during a response effort. The minimum standards are qualitative in nature. For example, the first minimum standard in making provision for health is to "prioritize health services" (Sphere Project, 2004, p. 254).

Key indicators are listed with each minimum standard in order to monitor and measure whether the standards have been attained, as well as communicating the impact of the response (Sphere Project, 2004). These key indicators are also known as "signals." An example of a key indicator that health services are being prioritized would the identification, documentation and monitoring of the major causes of morbidity (illnesses) and mortality (death) after the disaster.

Key indicators are grouped with guidance notes. These notes include important points to consider when applying the standard and reviewing key indicators appropriately fit for different situations (Sphere Project, 2004). Guidance notes raise questions to consider and provide additional information for response situations when there is a lack of information. A guidance note example for prioritizing basic public health services is to consider the type of disaster and potential need for food, water, shelter, sanitation, controlling the spread of disease and, if the disaster affects large amounts of people, to

expand clinical health services to including trauma care (Sphere Project, 2004).

Of equal importance to the Sphere Project [if not greater importance to this research] are eight core "process and people standards" (Sphere, 2004, p. 22) described prior to the technical sections. These common standards, meaning the standards for all aspects of disaster response relating to the process and the people involved, are a) participation, b) initial assessment, c) response, d) targeting, e) monitoring, f) evaluation, g) aid worker competencies and responsibilities, and h) supervision, management and the support of personnel.

The Sphere Project was intended to be a process. The common standards listed above, when utilized in the process of disaster response, will create the most efficient disaster response (Sphere Project, 2004). It is imperative to assess the effects of the disaster prior to planning a response. Targeting and prioritizing the needs of the people and continuously monitoring the effects of the response allows the process to shift and move as needed. Participation of people affected by the disaster in the assessment, development, monitoring and evaluation ensures that the disaster response is appropriate (Sphere Project, 2004). The first six common standards parallel the Participatory Theory of Communications (See Appendix G).

Sphere calls for institutional commitment guided by legal responsibilities of responding humanitarian organizations. The humanitarian organizations that receive the Sphere training commit to abide by the humanitarian charter and to do all within their control to respond appropriately to the given disaster situation (Sphere Project, 2004).

As a cumulative effort of several humanitarian NGOs and the Red Cross Movement, the Sphere Project gives guidance for appropriate disaster response. The

Movement's greatest contribution to Sphere was the framing of the humanitarian charter and identifying "Minimum Standards to be attained in disaster assistance, in each of five key sectors (water supply and sanitation, nutrition, food aid, shelter and health services)" (Sphere Project, 2004, p. 2).

TRC involvement with Sphere

In 2003, at the 28th International Convention of the Red Cross and Red Crescent, a follow-up report was presented on the Movement component's implementation of the Plan of Action since the 27th International Convention of 1999. The Thai Red Cross (TRC) reported on both the implementation of cooperative efforts related to the Seville Agreement and also on utilization of the minimum standards of disaster response. The information for the follow-up report was acquired through questionnaires. The TRC completed the questionnaire and it was recorded as received November 1, 2002, to the International Red Cross and Red Crescent Headquarters in Geneva, Switzerland (International Committee of the Red Cross, Follow-up, 2003).

In the ICRC Follow-Up Report (2003), relating to cooperation within the Movement and the Seville Agreement, the TRC "reported that their contribution to International Federation and ICRC programmes took the form of keeping key persons or delegates on call for FACTs (Field Assessment and Coordination Teams) and ERUs [*Emergency Response Units*]" (p. 30). Specifically related to disaster response and the Sphere Project, the TRC stated it was going to "study and modify the recommendations of the Sphere Project and adapt them to local needs and particularities" (International Committee of the Red Cross, Follow-up, 2003, p. 31).

The 28th Conference Report (International Committee of the Red Cross, Follow-up,

2003) notes that National Society disaster relief delegates attended Sphere training sessions. According to the IFRC (International Federation of the Red Cross and Red Crescent Society, South East Asia Programme Update, 2002) the TRC received Sphere training no later than May 2002. The IFRC organized a regional disaster management (DM) program for the South East Asia in November 2001. This program included the development of the Regional Disaster Management Committee (RDMC) involving both Regional IFRC delegates and National Society managers. National DM delegates networked and visited with other national DM delegates. In April 2002, the Thai Red Cross DM delegates visited country delegates in both Cambodia and the Philippines (International Federation of the Red Cross and Red Crescent Society, South East Asia Programme Update, 2002). In May, the first Federation South East Asia and East Asia regional Sphere training took place with national DM delegates. Although the specifics of this particular training session cannot be determined, at least one representative from the DM sector of the TRC received training on minimum standard for disaster response.

More generally, although the specifics of the Sphere training offered to the TRC DM representative(s) cannot be determined, it appears that from as early as 1997 and in conjunction with the IFRC, the TRC has been accountable for disaster response standards consistent with those set forth by the Sphere Project (2004). Both of the IFRC disaster preparedness and emergency response policies contain elements of the Sphere common standards of a) participation, b) initial assessment, c) response, d) targeting, e) monitoring, f) evaluation, and g) aid worker competencies and responsibilities (International Federation of the Red Cross and Red Crescent, Disaster Preparedness Policy, 1999; International Federation of the Red Cross and Red Crescent, Emergency

Response Policy, 1997) (See Appendix H). The last paragraph of each of these IFRC policies state that "National Societies and the International Federation are responsible to ensure that all disaster preparedness activities [emergency response operations] and programmes are carried out in compliance with this policy;" and that all participating staff and volunteers are "aware of the rationale and content of the policy" (disaster preparedness ¶ 14; emergency response ¶ 19).

The TRC website contains a page on disaster relief services (Thai Red Cross, Disaster Relief Services, 2005). On the site, the TRC mentions that its disaster preparedness and disaster response services are offered during all three phases of a disaster (i.e., before, during and after) (See Appendix I). "In response to a disaster, relief items such as food, clothing and other basic necessities are provided and mobile medical teams fully equipped with first-aid kits, medicine and medical supplies are put into operation" (Thai Red Cross, Disaster Relief Services, 2005, ¶ 1). Although this website does not mention the common standards related to the Sphere Project (2004), the disaster response activities listed allude to attainment of minimum standards in each key sector relating to water supply and sanitation, nutrition, food aid, shelter and health services (Sphere Project, 2004).

It is apparent that the TRC DM delegate(s) were taught about the Sphere Project and, according to the IFRC South East Asia Programme Update (2002), there was a future plan to have at least 10 Sphere Trainers from the South East Asia Movement certified at a 2003 Training-of-Trainers (ToT) Sphere session.

Although the Sphere Handbook has been updated since its first printing in 2000, the information gathered from the IFRC policies and South East Asia Programme reports

verify the fact that the principles upon which the Sphere Project is based have remained the same. It appears plausible that the disaster response delegate(s) of the TRC were trained then on the "common standards" of disaster response during their 2002 Sphere training sessions. It is important to understand the training background so we can establish a standard against which we will measure the TRC's response to the tsunami.

Communication Theories

There is no question that communication plays a pivotal role in disaster response. Both the Seville Agreement and the Sphere Project identify "communications" as an integral part in effective coordination and efficient humanitarian response. This section will lay a foundation for the need to develop disaster communication theory to improve communication with vulnerable groups or people. Disaster communication can be built on the shoulders of related theories. Therefore, principles and practices of development communications, which also focuses on communication with vulnerable groups, will be summarized. The related theories of diffusion and participation will also be discussed. Health communications will then be introduced to examine the principles and practices of using diffusion and participatory theories within the arena of development communications, to achieve desired health outcomes for individuals and communities.

Vulnerable Populations

Before these theories can be clearly explained, it is important to understand the groups of people they address. The IFRC (International Federation of the Red Cross and Red Crescent Society, Who We Are, 2005) states, "Vulnerable people are those who are at greatest risk from situations that threaten their survival, or their capacity to live with an acceptable level of social and economic security and human dignity" (¶ 3). The World

Bank (1996) groups the poor and others disadvantaged "in terms of wealth, education, ethnicity or gender" (Chapter 1, p. 6) into a vulnerable class of society. Disasters create a vulnerable population of people. Vulnerable people are found throughout the world and in all walks of life. Whether a person is displaced from political warfare, is a child or aged adult, is one suffering from poverty or other socio-economic crisis, or is victim of a health emergency, his or her level of vulnerability can quickly change during and after a natural disaster.

Who the world might consider a non-vulnerable individual may become vulnerable, even for a short time, during a disaster. An example of this, from the 2004 tsunami in Thailand would be the healthy, wealthy, middle-aged tourist. Likewise, an already vulnerable individual, such as an economically unstable displaced Burmese immigrant living and working along the Andaman Coast of Thailand, is subjected to increased vulnerability when a victim of a disaster.

Disaster Communications

There has been little effort focused specifically on a theory of disaster communications. One document referencing "disaster communications" conferences at the United Nations, held in the 1990s, looked specifically at using telecommunications technology during disasters (Harbi, 2001). The result of these conferences was the creation of the Tampere Convention (International Telecommunications Union, 1998), an agreement of International Telecommunications Union members to use their specialized telecommunications skills and information technologies to mitigate the effects of a disaster (Harbi, 2001).

Since the 2004 South East Asia Tsunami there have been a few groups calling for significant disaster communication research focusing specifically on vulnerable groups and the immediately affected disaster victims. Sondorp and Bornemisza (2005) called for more research in the disaster communication field focusing on finding better ways to "communicate the right information at the right time to the right audience….[and to] improve interventions in fragile states…[and among] vulnerable populations" (¶ 7). Public relations professionals (Morley, 2005) also voiced their desire to improve disaster communications by thinking and acting locally and addressing the needs of the victims immediately affected by the disaster.

Although there is a recognized need for increased understanding about disaster communications, there is clearly a need to further develop disaster communications theory. At the same time, there has been a good deal of research focusing on communicating with vulnerable groups in developing nations. This research has identified principles of development communications that can be used as a guide to studying disaster communications because both fields address similar audiences. The common denominator of both development communication and disaster communication is the audience of vulnerable people.

Development Communication

Development communication is a subset of mass communications theory and has several definitions, ideologies and approaches. Wilkins (2000) defined development communication as, "the strategic application of communication technologies and processes to promote social change" (p. 197). Bessette (1996) noted that the general reference of development communication is "the planned use of strategies and processes

of communication aimed at achieving development" (¶ 5). Waisbord (2001) provided this general definition:

> Development communication refers to the application of communication strategies and principles in the developing world. It is derived from theories of development and social change that identified the main problems of the post-war world in terms of lack of development or progress equivalent to Western countries. (p. 1)

However, Melkote and Steeves (2001) definition provided a more concise yet holistic profile of development communication:

> Development is usually understood to mean the process by which societal conditions are improved….Empowerment…is defined as the process by which individuals, organizations, and communities gain control and mastery over social and economic conditions, over democratic participation within their communities, and over their stories….Our understanding of development communication emerged from our understanding of development as empowerment and communication as shared meaning. It involves issues at all levels of consideration: the grassroots, large community, regional, national and global levels. (p. 44)

While defining "development communication" it becomes necessary to clarify the meaning of these terms: underdeveloped and developing countries, developing world, and the Third World. Each of these terms denote countries, nations or communities that are struggling with social and/or political issues relating to poverty, unemployment, illiteracy, hunger, famine, disease and sanitation concerns, and refugee displacement

(Melkote & Steeves, 2001; Waisbord, 2001). Melkote and Steeves (2001) used the terms underdeveloped and Third World synonymously, and for simplicity throughout this thesis, all four terms will be use interchangeably.

Development communications got its start in the 1950s as international aid programs entered struggling countries of Latin America, Asia and Africa. The program administrators were armed with communication theory and methods as tools that were believed could elevate these countries out of poverty, illiteracy, health crises, and political and social instability (Waisbord, 2001). Theories of development communication were often based on the idea that the social problems were a result of either a lack of information or some power inequality in society, or both (Waisbord, 2001). Two major models of development communication are diffusion of innovations and participatory communication.

Diffusion of Innovations Theory

The diffusion model of development communication evolved from Everett Rogers's work as a way to combat lack of information for social and behavioral change (Morris, 2003; Waisbord, 2001). Rogers's diffusion of innovations (1962) model identified five steps on the path to adoption of innovations: awareness, knowledge and interest, decision, trial, and adoption or rejection. The process of diffusion has been seen as a vertical top-down or "trickle down" (Waisbord 2001, p. 5) model. According to Baran and Davis (2000), diffusion theory is a "source-dominated theory that sees the communication process from the point of view of an elite that has decided to diffuse an innovation" (p. 162). McQuail (2000) used the terms "hierarchy of status and expertise" and "linearity of effect" (p. 450) to describe the path of diffusion.

Rogers (1962) discovered that these new innovations, technologies or concepts must pass through a series of stages before being widely adopted by a targeted population. People become aware of new innovations through media channels. The innovation will be adopted first by a small group of risk takers known as early adopters. As others slowly start to adopt the innovation, opinion leaders, who have proven the innovation beneficial, emerge and encourage friends to try it for themselves. Because opinion leaders are respected and trusted in their communities, more people try the innovation and adoption rates quickly increase. The last group identified in the adoption process is a small cohort known as late adopters or laggards.

Whether an early adopter or a laggard, the desired outcome for adopting the new technical device, concept or useful information remains the same for all groups. Morris (2003) notes the standard formula for the diffusion model is knowledge/attitude/practice or KAP. The premise of diffusion theory is that information, transmitted through a mass media source to the intended audience, will lead to knowledge; this knowledge will change attitude and result in a change in behavior and/or practice. The role the media play in diffusion is concentrated only on the first (awareness, knowledge, information) stage.

Participatory Communication

By the 1970s, Rogers's theory of diffusion was seen as marginal in its effectiveness when used as the sole instrument of change. Rogers (1976) himself noted that interpersonal communication and personal participation in the decision making process were more effective in bringing about social and behavioral changes than pure persuasion.

Participatory communication emerged as a reaction the vertical model of diffusion noting that development communication could not exist on information transmission alone (Morris, 2003). According to Morris (2003), the participatory model stems from a horizontal process of information sharing that creates a dialogue between interested parties and leads to individual and community empowerment.

> The essence of the participatory approach lies in working with citizens to determine their needs and design and implement programs to address these needs, rather than imposing an intervention on a community… .Genuine participatory projects are seen to be those in which there is a grassroots control over key program decisions. (Morris, 2003, p. 226)

The Brazilian born educator, Paulo Freire is credited for influencing and shaping participatory communication as a way for individuals to have greater control over decisions that affect them (Morris, 2003; Waisbord, 2001). Freire's work, titled *The Pedagogy of the Oppressed* (1970), provided the world with an understanding of the effective power of dialogue and information exchange in the process of creating social equity, democratic practices and progression toward development. These interactive and horizontal communication practices of information exchange were seen as important keys to empowering oppressed or disadvantaged people.

Individual participation in the creation and sharing of information is vital to the communication processes of development because of the feelings of ownership and accomplishment enjoyed by indigenous participants (Rogers, 1976; Waisbord, 2001). Wilkins (2000) noted that development communication for social change requires a serious look at the power issues of information and technology control, especially when

developed nations create messages for underdeveloped communities without appropriate participation of the targeted group. There have been instances when powerful industrialized nations have constructed and disseminated messages to the Third World without an understanding of the audience's intrinsic cultures, customs, religion, political and social values and gender issues. These oversights resulted in ineffective communication (Melkote & Steeves, 2001).

Over time, aid organization field workers saw the stark realities of Third World nations and implemented appropriate communication at the grassroots levels of society, empowering individuals and communities to participate in the construction and dissemination of messages concerning issues of development. The value of audience participation and self-determination in the communication process was realized as these grassroots methods started to produce the desired social changes (Melkote & Steeves, 2001; Rogers, 1983; Wilkins, 2000).

Development communication has evolved over the years. Diffusion theory and participatory models have been utilized to construct social marketing and behavioral change campaigns throughout the developed and developing world. Some funding agencies of international development communications projects will only fund projects that use one or the other of these communication models. This is because evaluation measures of intervention effectiveness are weighted upon the model used and affects the length of time for the project and the cost of the project. Generally, diffusion model projects for social change are less time consuming and require a more simplistic method of evaluation than participatory projects.

However, Morris (2003) noted that the relationship between diffusion and participatory development communication projects is inseparable in today's world because projects either utilize techniques from both models of communication or produce outcomes consistent with a mixture of both models. The reason for this mixture is that the original diffusion model that focused mainly on the transfer of information has evolved in a participatory direction. This has come about as the importance of dialogue and participant self-determination has been realized (Melkote & Steeves, 2001; Morris, 2003; Rogers, 1976; Rogers, 1983; Waisbord, 2001). Additionally, the participatory models of development communication all contain some aspect of information transfer, thus incorporating, at the very least, the "awareness" aspect, which is the first step of adoption in the original diffusion model (Melkote & Steeves, 2001; Morris, 2003; Rogers, 1976; Rogers, 1983; Waisbord 2001). Waisbord (2001) notes, "The current aim of development communications is to remove constraints for a more equal and participatory society" (p. 2). In the end, diffusion and participatory communication have come together with diffusion theory exploring information transfer and participatory communication focusing on individual and group exchange and adaptation of information.

Health communications

A review of development communication literature shows how government and NGO agencies have addressed health concerns in the developing world. Agency-funded health interventions have spread around the globe to many Third World and developing nations through health campaigns and social marketing efforts. These campaigns have addressed safety issues, alcohol and tobacco consumption, infant's and women's health,

HIV/AIDS, family planning, and general health promotion. Because health is a key indicator differentiating between First World and Third World development status (Central Intelligence Agency, n.d.; World Bank, 1996; World Bank, 2006), health communications plays a significant role in development communication.

Development communications is defined as a strategy for improvement in societal conditions through empowerment and information exchange (Melkote & Steeves, 2001). In relation, health communications is loosely defined as the improvement of health by encouraging behavior modification and/or social change (Schiavo, 2005). Development communication principles have been used to address health issues through the creation and implementation of social marketing campaigns, health education, health promotion programs, and educational entertainment.

Schiavo (2005) noted that the terms health communication, social marketing and health education have been used synonymously, however, there are significant differences between them that affect program planning and evaluation. According to Schiavo (2005), the most important difference is that health communication does not rely upon a single theoretical framework in the construction and dissemination of health messages to a targeted audience. She stated:

> Health communication recognizes the complexity of attaining behaviour and social change and uses a multi-faceted approach that is grounded in the application of several theoretical frameworks and disciplines, including but not being limited to health education, social marketing, behavioural and social change theories…With the audience always at the core of each intervention, it uses a case-by case approach in selecting those models, theories and strategies. (Schiavo,

2005, ¶ 5)

International health campaigns, focused on improving personal, community and societal health, have incorporated and utilized both the diffusion and participatory principles of development communication. Evaluation of such health communication campaigns have had mixed reviews of effectiveness in attaining the desired results. Morris (2003) lists several media-centered campaigns producing limited results (Hornik, 1988, pp.140-144; McDivitt & McDowell, 1991; Ogundimu, 1994; Valente & Saba, 1998; Yoder, Zheng, & Zhou, 1991) and also listed projects with a social marketing foundation that have been broadly productive in attaining the desired outcome (McDivitt, Zimicki, & Hornik, 1997; Jato et al., 1999; Kincaid, 2000; Piotrow et al., 1990). The success or failure of these projects is affected by many variables and is not always a direct result of the theory or method used to guide the project.

Dalrymple (2004) argued there may be ethical dilemmas concerning culture and tradition that affect the outcomes of health communications campaigns. Health communications is affected by the same variables of culture, religion, gender issues and societal values that affect the success of development communication interventions. Cultural and societal values of the industrialized world may be very different from the cultural and societal values intrinsic to the underdeveloped communities to whom the message is intended. These variables can greatly affect the success and/or outcomes of health campaigns if not addressed appropriately.

Educational background can also play into the success or failure of health communications campaigns (Valente, Kim, Lettenmaier, Glass, & Dibba, 1994; Kane, Gueye, Speizer, Pacque-Margolis, & Baron, 1998). Two similar family-planning

campaigns were conducted in Western Africa. The nations of The Gambia and Mali were targeted with campaigns that combined both social marketing and education entertainment techniques. The results between the countries were greatly varied. Within The Gambia, uneducated individuals who listened to the radio drama showed an increase in knowledge, attitude and practice from the campaign (Valente et al, 1994). However, Kane et al (1998) found the opposite to be true among uneducated individuals within Mali and noted that the uneducated were not affected by the media campaign, but educated individuals were. These results suggest there were additional cultural variables affecting the success of the family-planning campaign within Mali. The results emphasize the point that what works for one group or culture may not work for another and also illustrates the need to create projects on individual group variables using whatever appropriate method or combination of methods to achieve the desired outcome.

Research by Morris (2003) provided a look into the outcomes of both diffusion-based and participatory-based health programs in underdeveloped nations. The purpose of her study was not to determine the cause and effects of interventions, but rather to assess whether the outcomes aligned with program goals. Social marketing campaigns are based on the principle of persuasion and generally fall in the diffusion sphere (Morris, 2003). The goal of diffusion is to create a change in behavior or practice; for example, through media channels a health product (such as a condom) would be marketed. The desired goal of the social marketing campaign would be condom use. The outcome indicator (assuming the purchased product is used) could be monitored by tracking condom sales.

Participatory projects have two goals: first to achieve a desired outcome, and second to encourage participation in the decision-making process. Therefore, participatory projects are monitored for "outcome indicators" and also "process indicators" (Morris 2003, p. 8). Health education and promotion projects have generally been grouped in the participatory sphere. For example, a health promotion project about safe sex might utilize statistical data of condom sales as an outcome indicator. Process indicators are more qualitative and subjective but may be identified as an increase in the community dialogue concerning safe sex.

Morris (2003) studied the outcomes of 44 international health campaigns or communication interventions for evidence of outcomes consistent with either the diffusion model (i.e., change in knowledge, attitudes and behavior) or outcomes identifiable to the participatory model (i.e. individual, social and community empowerment) and noted whether the outcomes were consistent with the desired goal of the original project. Each of the 44 development communication projects was focused on an aspect of health and took place in developing countries of Africa, Asia and Latin America. The diffusion and participatory studies chosen for review were based on specific criteria. "Each was an empirical study of one or more communication interventions that included information on the objectives and nature of intervention, the method of evaluation, and the outcome" (Morris, 2003, p. 3). Outcomes of these communication interventions were based only on the information provided in the individual articles and only according to the research criteria utilized in the original articles. By utilizing this information, Morris was able to determine whether outcomes of these studies were diffusion based (i.e. change in knowledge, attitude, behavior),

participatory based (i.e. individual, social and community empowerment) or a mixture of both.

Morris (2003) compared study outcomes with their original study objectives and found that the gap separating diffusion and participatory communication initiatives is slowly closing. Whether or not the planners of these communicative health initiatives knowingly borrow elements from each model, the results verified that some diffusion projects had participatory outcomes and that participatory programs also had a mixture of diffusion and participatory outcomes (Morris, 2003). From this evidence, Morris called for additional research for new development communication models and theories that will improve the desired outcomes of such development programs. She noted that looking into other disciplines of scholarship could add significantly to the field of development communication (Morris, 2003).

It is interesting to note that Morris comes from the discipline of communications while Schivio comes from the discipline of health and medicine. The difference between the two disciplines is evident by the scope of their research. The discipline of communications addresses a small, but significant, part of a whole social system. The discipline of medicine addresses the holistic health and wellbeing of individuals and social systems. Holistic medicine addresses every part of the person including but not limited to physical, social, spiritual, emotional, cultural and mental parts. Public health looks at entire social systems that affect individual and community health and wellbeing.

Schivio's (2005) description of health communication drew from multiple theoretical frameworks, methods, principles and disciplines in the construction and dissemination of health messages for a targeted audience was a holistic view of how to

address multiple parts comprising an entire health system of a targeted audience. Therefore, Morris's plea to develop better development communication models will be answered within the scholastic discipline of medicine. Because health communications utilizes a multifaceted and multi-disciplinarian approach to address social and health issues, it is an excellent place to converge theoretical and academic efforts to improve development communications. Therefore, the study of health communications provides an excellent foundation for the origination of disaster communications theory.

Disaster Communication

Disaster communication is a vital part of disaster planning. Communicating with disaster victims about issues of health and recovery is vital to saving lives and mitigating the effects of disasters. When a natural disaster occurs in developed and developing nations, agencies respond with relief, rescue, and recovery efforts. According to Campbell (2005), "rescue" is generally understood as a physical rescue from life-threatening situations. The meaning of "recovery" after a disaster is contextually varied to mean anything from recovery of dead bodies, to recovery of health, and even to recovery of livelihood (Campbell, 2005). The Thai Red Cross disaster preparedness and response plan notes both rescue and recovery as responses it provides before, during, and after the disaster (International Federation of the Red Cross and Red Crescent Society, Thai Red Cross profile, 2003; Thai Red Cross Society, Disaster Relief Services, 2005).

Natural and man-made disasters are multifaceted and have an effect on many different aspects of life, livelihood, health and humanity. Groups of humanitarian responders from all sectors of government and civil and social entities converge in response to a disaster and assist in rescue, recovery and rebuilding efforts. Many

different disciplines are represented within disaster response efforts and therefore should be utilized to create policies and systems that most efficiently produce the greatest good for the victims of such disasters.

In addition to development communication, principles and practices from the field of health communications also provide guidance for how to assess the needs and involve the impacted population in order to effectively address the issues associated with a disaster. Understanding these theories provides a foundation for understanding the response of the Thai Red Cross to the Southeast Asian tsunami. The participatory approach is especially beneficial for developing disaster communication theory because it empowers the victims to effectively deal with their situation.

According to the development communication model of participation, transfer of information between aid organizations and disaster victims will generally improve the desired effect of the health and relief campaign. Landesman (2001) noted, "Validation that the intent of the message was understood is evident by safety responses of citizens, use of shelters, and other appropriate actions" (p. 75).

The present study is aimed at investigating the disaster communication practices of the Thai Red Cross Society. Following the December 26, 2004, Asian tsunami, the TRC responded to the disaster affecting areas of Southern Thailand. The purpose of this study is to determine the mode of message construction, message content, and dissemination channels of health and relief information given, by the TRC, directly to the immediately affected victims of the tsunami.

Researchers have noted the importance for both vertical dissemination (diffusion) of information and also horizontal (participatory) communication (Schivo, 2005; Morris,

2003; Rogers, 1983; Servaes, 1996) working simultaneously in development communication efforts. Servaes (1996) called for the use of a "multiplicity paradigm" (p. 106) that will account for multiple political, cultural and situational elements in the construction of development communication programs. Following a natural disaster, appropriate use of both diffusion and participatory communication models will lead to more efficient disaster communications which will mitigate suffering and provide relief to disaster victims. This study seeks to understand how this took place after the tsunami by examining the communication practices of the TRC through the lenses of disaster, development, and health communications.

This research will contribute to improvement of disaster communication strategies and add depth to developmental and health communications research by taking a snapshot of the disaster communication network within the Red Cross Society of Thailand. The ultimate goal is to provide information that can help the lives of future disaster victims.

Research Questions

The main question guiding this research was as follows: what are the disaster communication networks and disaster communications policies of the Thai Red Cross Society? The answers from the following four sub-questions culminated to create an analytical framework of the Thai Red Cross disaster communication network.

RQ1: What are the disaster communication policies of the Thai Red Cross?

RQ2: What communication networks, both mass communication and interpersonal communication were utilized to disseminate messages from the TRC to Tsunami Survivors?

RQ3: How did the TRC acquire information about community needs in the Phang Nga Province?

RQ3a: Who communicated with whom about community needs?

RQ4: According to the TRC, were the community's needs met?

RQ4a: How does the TRC evaluate their effectiveness in disaster communication?

Chapter 3 Methodology

Description of Method

This is an ethnographic case study that investigated the phenomenon of disaster communications policies and practices within the organization of the TRC in response to the December 2004 Asian tsunami. A case study utilizes as many data sources as possible to answer questions of "how" and "why" (Wimmer & Dominick, 2003). Semi-structured interviews, phone and e-mail communications, internet searches and artifact collection added to the depth of understanding. Unconventional for most mass communications research (research which is guided by the methodology), this case study research required use of multiple research methods and led to deepening questions concerning disaster communications.

This case study was conducted using qualitative fact-finding methods. Information, data and artifacts were gathered about the TRC's disaster communication processes via interviews, meetings, observations and interactions. A journal and field notes were kept which included these observations, certain contextual meanings, thoughts and impressions. Non-governmental organization (NGO) personnel (working in the area immediately following the disaster) and Phang Nga Province villagers offered unsolicited comments and information concerning the efforts of the TRC. This information was used to contextualize meanings of research data, offer depth of understanding, and provide clarification and/or validation to the situations following the phenomenal disaster.

Acquiring official information and policies directly from the TRC proved challenging. During the course of collecting this information, there were several interactions with TRC personnel who responded that they were not authorized to answer

questions about the official disaster communication policy. Over time these individuals provided non-verbal body language, such as nodding of the head up and down or back and forth to the researcher's verbal assumptions for the delay in acquiring official disaster communication policy. Their non-verbal responses and body language added greater validity to certain findings.

Web based research was utilized to answer the deeper and additional questions that evolved concerning disaster communication policies and also to acquire organization communications documents of several agencies, including the TRC, involved in the recovery and reconstruction efforts following the Tsunami. Multiple sources of evidence were used to compare and triangulate data for reliability and consistency (Wimmer & Dominick, 2003; Yin, 2003).

Strengths of Methodology

The major strength of case study research is that it answers "what" "why" and "how" questions within the context of real life situations, and provides explanations for complex contemporary events related to "individual life cycles, organizational and managerial processes, neighborhood change, international relations, and the maturation of industries" (Yin, 2003, p. 2). Additionally, case studies deal with a plethora of variables and require the collection of multiple sources of evidence for a complete and all-encompassing (holistic) study. According to Yin (2003), "The most important advantage presented by using multiple sources of evidence is the development of converging lines of inquiry, a process of triangulation;" this triangulation of multiple sources of evidence makes case study findings more "convincing and accurate" (p. 98).

Because multiple variables are interacting during a specific situation, case study research provides an opportunity for researchers to evaluate strengths and weaknesses of the specific application of theories, principles, and practices. Because this is a case study specific to the Thai Red Cross's disaster response, the strength of this study lies in achieving a certain depth of knowledge concerning the TRC and its disaster communications response, with the focus being on those immediately affected by the tsunami.

Weaknesses of Methodology

There are multiple weaknesses thought to affect case study research. These weaknesses relate to an inability to make scientific generalizations from the research findings because of a possible lack of rigor, extensive time requirements to finish the research, and research biases that many times influences the findings (Yin, 2003). Wimmer and Dominick (2003) also noted that it is often not possible to replicate case studies because situational variables change or transform over time.

The down side to this specific case study is that the research findings cannot be generalized to other humanitarian organizations. Therefore, the findings of this study are specific only to the TRC. However, anecdotal evidence from this research may guide additional case study research of similar disaster communication phenomena.

Only a minimal part of this study could be replicated with any bit of confidence (Wimmer & Dominick, 2003; Yin, 2003). As time passes, reports of the actual communications efforts change as memories fade and individual agendas change. It would be impossible to replicate this study in its entirety because so many of the

determining variables have changed or transformed over time. Therefore, another weakness of this study is the lack of replication.

Researcher bias. Another weakness worth mentioning is that I, as the researcher, have my own biases related to my frame of reference from which I have collected and analyze the data. I have been mindful of my biases and tried to acquire additional facts and information, from a variety of sources, to add depth to the analysis. This study was specifically focused in an attempt to hedge my own biases by looking at several sides of the disaster communications networks of the TRC. However meticulous, one cannot deny the facts of personal biases and personal perceptions of what is real and what is truth. Personal bias adds the additional factor of "perspective" which can change the findings from one researcher to another.

To understand these possible biases, some information about myself is included so that the readers can more accurately assess the study. First, I am a medical professional. I am a seasoned nurse with over 15 years experience. The first course of action to help a patient is to do an assessment (find out what is hurt), diagnose the problem, and then, if I have the resources, provide a treatment. If I am lacking the skill or resources, then I ask for assistance or at least refer them to one who has the ability and resources to help.

I am a humanitarian. I have been all over the world doing humanitarian service and working in the field of development. This humanitarian work has taken me from Russia and Asia to Central and Southern Africa. When I help those in need, located in a developing country, I use the same formula of treatment as in the hospital: assess the

needs, diagnose the problem, assess the resources, and then allocate resources to needs. Efficient communication is the focal point of effectiveness in the process of treatment.

Definition of Terms

Disaster communication is defined for the purpose of this thesis as the sharing and exchange of information with the victims immediately affected by the disaster. The tsunami left behind many victims. Victims immediately affected by the disaster were those whose health, wellbeing, livelihoods, and/or place of residence were affected by the Asian tsunami in Phang Nga Province, Thailand.

Collection of Data

To gain an understanding of how, why and what kind of disaster communication took place in Thailand after the tsunami, the researcher lived within the culture and customs of the Thai people and around the TRC for a total of more than four months. This time was accumulated from two separate trips. The first visit was from May to August 2005. The researcher was located in the Khao Lak area of Phang Nga Province for the entire 10-week period. According to the United Nations, the tsunami hit the Phang Nga Province the hardest and created the most damage along the Andaman Coast (Department of Disaster Prevention and Mitigation and Thailand Ministry of Interior, 2005; Merlin-Scholtes, 2005). The second trip lasted from January to March 2006 for a total of seven weeks. The researcher stayed in both Phang Nga and Bangkok, with Bangkok serving as the research base. The National Headquarters of the TRC is located in Bangkok and is the home of the Disaster Preparedness and Response Relief Operations Center.

These trips were necessary because ethnographic studies revolve around the researcher being immersed in the culture and customs of the group or organization being studied, thereby providing the researcher with a "native perspective" (Wimmer & Dominick, 2005). While conducting this study the researcher used her health background and was significantly involved in humanitarian efforts throughout the tsunami-affected areas of Thailand. This provided the researcher with a unique opportunity for participant observation. Daily interaction with tsunami victims, disaster responders, Red Cross and other non-governmental humanitarian organization (NGHO) volunteers added considerable depth and breadth to the researcher's understanding. Journal entries, photographs, and field notes containing observations, impressions and contextual information were collected and used in order to gain the meaning sought by this study.

Primary sources of data originated from acquisition of the ICRC Communication Guide (2003), semi-structured interviews, meetings, e-mail and phone contact, documentation of mitigation reduction training, official government reports and the acquisition of a hard copy of the disaster response website. Interviews were conducted with TRC volunteers and administration officials from both the Provincial and National levels. These interviews fit the definition of semi-structured interviews because individuals were all asked the same basic questions, but responses guided the order and prompted additional questions to glean additional information (Wimmer & Dominick, 2003). These guiding questions are located in Appendix J.

Red Cross Policy

The initial purpose of this research was motivated by "what" and "how" questions. What was the TRC's disaster communications policy? How was it

implemented? How did the TRC communicate with the disaster victims when the phenomenal destruction annihilated technological infrastructure and there were masses of victims needing help immediately following the December 26, 2004, Asian tsunami.

Prior to leaving for Thailand, 2005, a copy of the ICRC Communication Guide (2003) was examined. This guide is a "training and operational resource for National Red Cross and Red Crescent Society information officers worldwide, as well as delegates working alongside them" (International Committee of the Red Cross, Communication Guide, 2003).

No other resource guides were located concerning the mass communication practices and policies of the Red Cross, and particularly the Thai Red Cross, therefore this sanctioned Communication Guide was the only document guiding a priori knowledge of the disaster communications practices of the TRC.

Interviews

Three informal interviews were conducted with TRC officials in the field. Prior to each interview, the interviewees were informed about the identify of the researcher, the intended purpose of the interview and how the information they provided would be used. After informing the participants about the research, they were asked if they consented to the interview. Each participant verbally consented. A signed consent was deferred on account that this research is qualitative and fact-finding in nature and the individuals interviewed were not answering surveys, questionnaires, or participating in formal interviews.

Language barriers were bridged via use of competent translators who are fluent in both Thai and English. These translators were chosen based on their English and Thai

translation capabilities, and their knowledge of Thai culture. Thai nationals were used as translators during the semi-structured interviews. Thai nationals and expatriates who have extensive experience with the Thai people served as translators during the rest of the research conducted in Thailand. These individuals possessed the ability to "read" the people and decipher the nuances of their communication through verbal and physical cues. Information was deemed trustworthy upon recommendation of the translator. The information was considered valid and credible when it was validated by two other sources. The World Bank (1996) follows the rule of thumb that "at least three sources must be consulted or techniques must be used to investigate the same topic" (p. 191).

Two of the three semi-structured interviews conducted from May through August, 2005, were audio recorded and then transcribed. Equipment malfunction prevented the audio recording of the third interview of Mrs. Tasana Meteeviboonwut, Phang Nga Province President. Tasana gave verbal consent for this interview and hand-written notes were taken of the discussion and interview. (Thai people use their given names, rather than their long family surnames, while communicating with others. Sometimes an individual may be addressed only by their official title such a "President" or "Colonel." This same convention of naming will be used throughout the thesis. The surnames will only be included occasionally and when deemed appropriate for clarification.)

The first interview took place on Friday, May 27, 2005 (5 months and 1 day after the tsunami) at the Frontline Disaster Operations Center located in Phang Nga Province, Khao Lak Coast, in Bang Niang Sub-District. Mr. Songphop Samee (nickname Choo), Frontline field officer for the TRC was interviewed. This interview lasted approximately

two hours. Choo is an Indian-Thai citizen (Indian father and Thai mother) who was born in Thailand and educated in India. He speaks and reads both Thai and English fluently.

Choo arranged for an interview with Colonel Chinnarat Rattanajikasem, commander over Frontline, within two weeks after the first research interview. However, this interview was continuously postponed until a chance meeting, in the field, Saturday, July 9, 2005 (7 months 13 days since the tsunami), at an opening ceremony of a public children's library in the Baan Thung Khamin village, Khuk Khek Sub-District. Colonel Chinnarat was in the area surveying community projects. Choo introduced us and informed the Colonel of my desire for an interview with him. Despite the Colonel's tight schedule, he agreed to be interviewed for a few moments. The interview lasted for one hour twenty minutes. Choo served as interpreter.

The third interview was conducted on Monday, August 1, 2005 (8 months 6 days since the tsunami), with Tasana Meteeviboonwut, TRC President of the Phang Nga Province. The interview was held at the Governor's Mansion in the Province's capital city, Phang Nga. Mrs. Tasana is the Governor's wife, and the Provincial Red Cross Headquarters are located at the Governor's residence. Tasana understands and speaks English fairly well. However, Ms. Raweewan Yingwansiri, the Chapter Secretary, attended the meeting and served as interpreter. Raweewa, is the head doctor of Veterinary Medicine at the Provincial Head Offices of Agriculture and Livestock, located in Phang Nga, and is fluent in English. This interview lasted about one hour.

Because of some language barriers and possibly some cultural barriers, additional questions were asked which were relevant to this research and provided clarification, explanation, and background to the processes of the Thai Red Cross. Understanding the

context of the situation was imperative for the interviewer/researcher. When a subject of interest arose, the conversation went on a tangent from specific mass communications and disaster communications questions and organizational setup of the TRC. These tangential conversations added depth of understanding for the researcher in relation to the circumstances surrounding the effect of the disaster on people, places, livelihoods, and the humanitarian response efforts as a whole.

The first two interviews (concerning the efforts of Frontline) were recorded using a digital recorder and a video camera respectively. These interviews were later transcribed. Because of a malfunction of the recording equipment, notes were taken during the interview with Tasana (Provincial President of the TRC). Personal impressions, restatements of discussion, and interviewee's implied meanings were written within the margin or bracketed within the text of the transcription. These nuances became more clear to the researcher after the first 10 weeks in Thailand trying to understand the people and their culture.

Secondary or supportive sources of data were the field notes and journals that listed observations, impressions and possible meanings of experiences. Artifacts that were collected from the head office in Bangkok included a few TRC publication booklets and a hard copy of the TRC website listing one paragraph as its Disaster Preparedness and Response Plan. This site was first removed and then updated on the TRC website during September 2005.

Deeper Questions

From these initial interviews and observations concrete evidence evolved that the Phang Nga TRC did not use any official disaster communication models. Therefore a

search ensued to determine if the TRC has disaster communications policies established at the highest levels of the National Society. These searches proved enlightening in many ways and led to additional questions and research. Furthermore, the research led to a baffling venture into unraveling the question of effective disaster communications, in general, as it relates to natural disasters, the victims, and the discipline of mass communications. Most of this research was performed using internet resources. Informal friendly discussions with PR professionals also added understanding.

After the first return from Thailand, the incredulous reality that there was no written disaster communication policy/plan authored or utilized by the Thai Red Cross prior to and immediately after the Asian tsunami was compelling enough to extend the research to answer the question of "why."

With the professional background and international development experience of the researcher guiding this case study, the continued questioning of why disaster communications practices and policies within the Red Cross neglect those most vulnerable at the time of a disaster became overwhelming. The Red Cross disaster communication practices and policies were filled with public relations rhetoric targeting general masses not the immediate victims. Grass roots needs assessments, utilizing participatory communication (inclusive of the victims) was thought to be a more appropriate course to more efficiently guide the disaster response as a coordinated effort for all involved. This is where the initial research was carried and where the method of research was forged. Frustration grew as almost all of the academic searches relative to the topic of disaster communication, crisis communication, and emergency communication within the discipline of "mass communications" proved to be tilted as far

into the PR corner as the Red Cross Communication Guide. It was a great struggle because it seemed just absurd that disaster communications would not seek to acquire information from and deliver reliable information to the "patients" (in the nursing world) or the "victims" (in the disaster world) who are immediately affected by the disaster. It seemed a great disparity of priorities.

The world of medicine and healthcare is filled with commonsense treatments. The results of theses academic searches were not common sense in nature and only added fuel to the issues of communication breakdown during a disaster. Believing there must be another answer, a search of "disaster communication(s)" within the discipline of medicine was entered. Articles on the importance of assessing the situation and having a good transfer of information between the “one in need” and the “one trying to meet those needs” with resources emerged (Campbell, 2005; Disaster Management, 2004; Noji, 2005b).

In an effort to search deeper for thick description of information relating to the TRC disaster communication policy and practices, creativity became a necessary tool. Some evaluation reports from the United Nations about the relief efforts, with reference to the TRC, were eventually found. Also, documentation of “Sphere Project” training for the TRC was uncovered. The Sphere Project relates to minimum standards required for disaster response and disaster reduction. A section of this training discusses appropriate communications with the victims to assess needs and coordinate relief efforts according those needs (Sphere Project, 2004). The Red Cross in Thailand received this training in March of 2002. These documents provided a small glimpse of hope that there was, after all, a disaster communications plan at the Administration Level of the TRC.

From the United States, more than a dozen phone calls were placed to the TRC Headquarters, in Bangkok, during the last four months of 2005. Several e-mails were sent to the TRC website Webmaster asking for the 2004 Disaster Response page. This page was utilized by the TRC from early Spring 2004 until the site was updated in September 2005. The site was the only TRC-specific document found that referred to a disaster plan and communications. Results of the phone call and e-mail petitions were discouraging. All efforts to acquire information, documentation or proof of a disaster communication plan from the Administration level of the TRC via these efforts were futile from the United States.

A second trip to Thailand became inevitable. The TRC had previously been very helpful and accommodating with a physical presence before them. The research was not progressing and it was evident that answers would only come if another physical presence was made to the TRC administrative offices. During the January-March 2006 trip to Bangkok, there were several visits to the national headquarters, a plethora of e-mails and phone calls (while in-country) to both the Relief and Community Health Bureau (which encompasses a Disaster Response Center) and the International Relations Center finally proved productive.

Two informal meetings were held at the National Red Cross Headquarters. The first meeting, on February 1, 2006, was with Deputy Director Wantanee Kongsomboon of the Relief and Community Health Bureau, with Ms. Vichitra Watcharawaratorn, Head Secretary of International Relations, Administration Bureau, in attendance. During this meeting the same questions were posed to Deputy Director Wantanee as asked in the semi-structured interviews. She reported she was not authorized to answer these

questions and therefore referred me to a Dr. Kamchorn Tafiyakavee, Head Doctor of the TRC, and Mr. Sawanit Konsiri, Assistant Secretary General for International (External) Relations, Administration Bureau. Both men had authority to respond to the questions concerning TRC official policy.

Neither source responded to inquiries. A lack of progress initiated a second meeting at headquarters. On March 6, 2006, a meeting was had with Ms. Vicithra and she was presented with a letter containing an abridged version of the semi-structured interview questions to give to Mr. Sawanit. The essence of the letter was straight-forward in three questions. First, did the TRC have a disaster communication plan prior to the tsunami? If yes, what was it and how was it utilized? Second, how did the TRC know the needs of the disaster victims? How did the disaster victims know how and where to get help? And the third question referenced the TRC being represented at a National Workshop Tsunami Lessons Learn Conference, held in Bangkok, May 2005.

In addition to these meetings, personal communication via phone and e-mail were made to these individuals and their superiors. Dr. Sawanit, Director of International Relations Department corresponded with Dr. Amnat Barlee, Director of the Relief and Community Health Bureau to answer the disaster communications questions concerning policy. Dr. Barlee delegated the response to Deputy Director Wantanee and then Ms. Vicithra finally forwarded the response to the researcher from the International Relations office. The policy was obtained from the National Headquarters in Bangkok, on March 10, 2006, as it was read to the researcher over the telephone. However, this policy was not reported as “official” until March 21, 2006, via e-mail, after Dr. Kamchorn, the head official of the National TRC, reviewed the document and gave his stamp of approval.

In summary, then, this research project used a number of methods to study the case of the TRC's disaster communication policies and practices following the tsunami. Although some of these methods may limit the generalization of these findings, the exploratory nature of the study, the case itself, and the actual research findings all provide valuable contributions to our knowledge of disaster communication.

Chapter 4 Findings

Information provided in this section is based on responses to the research questions posed to TRC personnel from all three levels of TRC disaster management. Responses were given by representatives from the administrative level based at the TRC national headquarters, the Provincial level based at the Governor's mansion in Phang Nga, and the field level, based out of the Front Line office located in Khao Lak, Thailand. When appropriate the responses will be differentiated according to the level represented. Findings culminating from additional documentation and secondary sources will also be mentioned.

Chapter 9 of the International Red Cross Communication Guide entitled "Crisis Communication" which spoke specifically of communicating during a natural disaster was particularly relevant. It was apparent that the document contained public relations rhetoric on how to mitigate bad publicity for the organization and increase fundraising potential from donors.

> In the case of sudden-onset disaster or a rapidly moving conflict our efficiency and operational finesse may well come under scrutiny. And part of the service we as professional communicators should provide to our operational colleagues is some guidance on what to say and do if it is found wanting….Also with good preparation in the communications sphere alone, we can guarantee at least to reduce the impact of crises, stop 'incidents' turning into crises, and ensure that sudden-onset natural disasters do not turn into public relations disasters. (International Committee of the Red Cross, Communication Guide, 2003, Ch. 9, ¶ 9 & ¶ 14)

This guidance raised more questions than answers concerning the disaster communication practices of such an organization. In the mind of the researcher there was confidence that the Red Cross always sought to respond to disasters and to provide relief for the suffering, wounded and destitute. Therefore it was determined there must be some national communication policy which would include disaster management information related to assessing the needs of the population involved in the disaster, communication of those needs to the National Red Cross organization and guidance on how to match available resources to the needs of the masses.

A brief review of the organization of the TRC is worth mentioning. The National TRC houses the Relief and Community Health Bureau. Disaster preparedness and disaster response fall under the scope of activities within this bureau. Dr. Amnat Barlee is the director of the Relief and Community Health Bureau of the National TRC.

The Provincial TRC office is located in Phang Nga City, with the Governor's wife, Tasana Metheevibulvut, serving as president. The provincial TRC is responsible to coordinate and facilitate activities and projects within local communities.

Front Line gradually evolved as a TRC "field office" entity. Prior to the tsunami, Royal Thai Army Colonel, Chinnarat Rattanajikasem, served on the Science and Technology Committee in the Parliamentary House of Representatives, with a specialty in the use of effective micro-organisms. Dr. Amnat Barlee requested the Colonel to travel to Khao Lak and disseminate effective micro-organisms to reduce the foul smells associated with decaying bodies (personal communication, July 9, 2005). The Colonel arrived on December 28, 2004, and commenced the work with help from volunteers. Choo was one such volunteer who had remained with Front Line and the Colonel from

the first days of response efforts. As the Colonel and Choo were working in local communities they saw additional problems affecting the tsunami survivors. These problems were reported back to the national TRC. According to the Colonel, "The locals believed we were representatives from the TRC. Then we requested to become Front Line to the TRC and see to these problems. That is how Front Line became established within one month's time [of the tsunami]" (personal communication July 9, 2005).

Research Questions and Findings

Main Question: What are the disaster communication networks and disaster communications policies of the Thai Red Cross Society?

As noted in Chapter 2, this main question was broken into several sub-questions in order to better answer the different parts. This section will answer each sub-question in order.

RQ1: What are the disaster communication policies of the Thai Red Cross?

There were no "written" disaster communications policies in place prior to the December 26, 2004, Indian Ocean tsunami nor any "written" disaster communication policies utilized during the relief and recovery period after the tsunami. This finding is validated thru multiple interviews with TRC personnel in all three levels of the society. Front Line personnel verbally stated there were "no communications policies" (Choo and the Colonel), while both the Phang Nga Province TRC President and the Relief and Community Health Bureau representatives were unable to produce a "written" document of disaster communication policy.

The communication network of the TRC is very complex. Although the TRC maintains they are completely independent of the government (Wantanee), as pertaining

to the Red Cross founding principle of independence, the national disaster response plan is overseen by the Minister of Interior (National Workshop, 2005). Choo also maintains that the TRC is "independent" but that the connection of the TRC with the community is through many different governmental departments, such as the Health Department (personal communication, May 27, 2005). And, in addition, the Governor's wife in each Province generally holds the position of TRC Provincial President. These facts make the disaster communication networks of the TRC inseparably tied to government entities. (This research did not assess the disaster communication policies or practices of the Thai Government; however, relationships between the Thai Government and TRC discussed in official reports will be noted.)

The TRC communications network is further complicated by the fact that neither the TRC nor governmental reporting agencies defined their meaning of "communications" efforts. "Communications" is mentioned as a part of the response efforts in both the official government reports and within the TRC disaster plan published on its website. Deductive reasoning from documents and interviews points to "communications" efforts as those types of communications which provided public relations aspects of the disaster response and also communications that connected both foreigners and nationals with concerned family and friends. Linking family and friends using mobile phones is an example of this kind of telecommunications. Telecommunications will be discussed in a following section.

An example of public relations communications was the repeated appearance of the Prime Minister of Thailand on nationally televised broadcasts reassuring the Thai citizens that the natural disaster would be covered with money the government held in its

reserves (personal communication, February 2006). This message was also reiterated on the first page of a government report of disaster response efforts stating that, "Thailand had not requested international financial assistance following the tsunami…" (National Workshop, 2005, p. 1).

The report was generated in May 2005 from a conference titled "National Workshop on Tsunami Lessons Learned and Best Practices in Thailand." Hosted by the Thai government and the United Nations Office of Coordination for Humanitarian Assistance (OCHA), the main players of disaster response, both governmental agencies and non-governmental organizations, were in attendance. Lieutenant General Dr. Amnat Barlee, director of the Relief and Community Health Bureau, represented the Thai Red Cross Society at the conference (e-mail from Vichitra, personal communication March 21, 2005).

The national workshop produced a publication listing strengths, weaknesses and areas of needed improvement for disaster response. This document (National Workshop, 2005) noted under "general strengths" that the TRC was "integrated into the response at the provincial level" (p. 2). As part of the "best practices" the major contributions of the civil society (including the TRC) and private sector included "transportation, telecommunications, food and water" (p. 3). This Government report not only alluded to two types of communications, public relations and telecommunications, it also sheds some light on disaster management systems and organization in Thailand.

Even though the TRC was integrated into the response at the provincial level, when asked if information was exchanged between the Front Line field office and the provincial headquarters, President Tasana reported that the Colonel over Front Line did

not coordinate efforts through the provincial headquarters, rather he went directly to the national headquarters for assistance because he could get what he needed through that office much more efficiently and quickly (personal communication, August 1, 2005). Both Front Line and the Provincial Red Cross learned through experience that assistance came much quicker from the national headquarters than through the provincial office. Choo clarified this detail when he stated, "Everything we do we report to the National Red Cross, and the Provincial Red Cross if there is something they can do. But the Provincial Red Cross does not have the ability to support us…. The help is late and delayed as they report it [or submit requests] to the National Red Cross" (personal communication, May 27, 2005).

The Thai Government's Public Relations efforts ran parallel with the ICRC Communication Guide in dealing with crisis communication. According to the ICRC Guide (2003), disasters may initiate criticism of operational and organizational systems and those that run the systems. To mitigate bad press and criticism, communicators are instructed to reassure the media audience that the situation is under control and being dealt with appropriately. The ICRC Communication Guide (2003) further addressed image control issues in stating, "with good preparation in the communications sphere alone, we can guarantee at least to reduce the impact of crises, stop 'incidents' turning into crises, and ensure that sudden-onset natural disasters do not turn into public relations disasters" (Chapter 9, ¶ 14). It is reasonable to conclude that the Thai Government, which was ultimately responsible for the entire disaster response and therefore overseeing the TRC efforts, wanted to quell any fears of economic strain for their citizens. While discussing the Public Relation efforts with a Thai national and seeking clarification and

reasoning for such actions from the Prime Minister, information about the economic status of the country evolved. Thailand had recently come out of a significant economic depression. The fear of regression to that low economic state was a legitimate fear of many Thai citizens, and that was the probable reasoning of such televised and publicized messages concerning the ability of the government and not requesting outside help.

Mediated messages from the government were not directed at alleviating the suffering of the immediately affected victims of the tsunami, but rather a public relations effort to emphasize the ability and competence of the government and civic entities in dealing with the disaster. In addition to the government's public relation efforts on behalf of the TRC, it seems the TRC also utilized the ICRC Communication Guide (2003) and public relations practices by posting fundraising information on its website www.redcross.or.th and mobilizing citizens for volunteer efforts locally and nationally.

The disaster communication network of the TRC is complex and difficult to define. The tsunami disaster response activities initiated under the Relief and Community Health Bureau are inseparably intertwined with the Thai Government. Both the TRC and the Thai Government utilized public relation communicative practices following the Indian Ocean tsunami, with messages aimed at the general Thai population and not directed at the immediate and most vulnerable victims.

On March 21, 2006, notification was given that the disaster communication policy, previously received, was now "official." Mr. Kongsiri, the TRC head administrator, had reviewed the policy and given his approval. The policy had been forwarded via e-mail, on March 9, from Vichitra the TRC Head Secretary for External Relations. (See Appendix K). The policy states:

> Whenever people need help, not only during crisis, but also with family or individual's difficulties, they can call on and request for assistance. Communications policy, of The Thai Red Cross Society, is available with or without crisis, since TRCS have provincial chapters and branches down to the district level [punctuation added]. (Personal communications, March 9 and 21, 2006)

The TRC disaster communication policy proved problematic because most people in the community did not know "the process" of how to ask for help, or even that resources were available to them from the TRC. When Choo, the TRC field worker at the Front Line office in Khao Lak, was asked about operations training manuals and a disaster communications policy he retorted, "There is none! We have to collect it [information and training]; learning by doing it. We are lucky we have the Colonel and then some information from the Health Department" (personal communication, May 27, 2005). Choo further emphasized the lack of knowledge among the community members concerning resources available from the TRC. "Here on the internet TRC website is information on how to be prepared. The government and other agencies need to be involved to transfer this information to the communities and local level. This information is not to the other levels of the system. The local level is not able to access this information. We [Front Line] are now working on this" (personal communication, May 27, 2005).

This "official" disaster communication policy verified that assistance from the TRC is initiated only after a request for assistance is made. During the interview with President Tasana, she revealed that requests for assistance could originate from private

individuals within a community, the Ministry of Health (MOH), hospital social workers or agents representing an individual or family, or from the provincial office requesting assistance from the national office (personal communication, August 1, 2005); and, according to the National Workshop Report (2005), the Minister of Interior, who is responsible for disaster response, can also initiate a large-scale TRC response.

While not stated in any of the interviews or communications with TRC officials, a line of division can be drawn between the types of request for assistance and the type of TRC disaster response. Small-scale individual requests may receive a personalized response while large-scale requests for an affected community might receive a much larger and uniform response. President Tasana noted that once the governor received the phone call about the tsunami, she immediately knew assistance was needed, took action with her skeleton staff at the TRC offices, and commenced preparation of humanitarian packets and supplies (personal communication, August 1, 2005).

One day after the tsunami, the Phang Nga TRC handed out packets containing groceries, rice, clothing, medicine, soap and shampoo, a mosquito net and flashlight. It was also the intent of the TRC to provide everyone with some money along with the packet. Distribution of the packet and pocket money would be considered a uniform large-scale disaster response. In many cases the packets were distributed to village chief who in turn was responsible to get them to the remaining members of the village.

President Tasana further revealed that the first plan of action after a disaster is to meet “financial needs” (personal communication Aug 1, 2005) and that the TRC takes a facilitator’s role in coordinating with government and civic offices. While Tasana was unsure of the disaster communication policy, the small-scale response of the Provincial

Red Cross seemed to be consistent with what has now been defined as the "official" disaster communication policy and waited for individual requests to meet financial needs relating to medical expenses and restoration of livelihoods. To emphasize this point (of assisting those in financial need) Tasana introduced for review a thick three-ringed binder containing photographs of individuals, requests for assistance, and letters of appreciation from those assisted (personal communication, August 1, 2005).

Effective disaster communications requires active and open sharing of information between the victims and the responders. Front Line, organized within three days after the tsunami, and incorporated into the TRC one month after the tsunami, filled a great void in the TRC disaster response efforts. Five months after the tsunami, Front Line field worker Choo, stated there were no disaster communications policies and that he was in the process of trying to write disaster response manuals and policies from experience with the victims, information gleaned from the internet, and other disaster management sources (personal communication, May 27, 2005). Although Front Line did not have disaster communications policy, their continual proactive practice was to get into the community and, in the words of Choo, "Walk through the communities, talk to the people and see what is needed and clear it up. We talk to the proctor, the Health Department, and to the provincial Red Cross office and say this is needed for this community here" (personal communication May 27, 2005). According to the Colonel (personal communication, July 9, 2005), the initial community assessment was a byproduct of the distribution of disaster relief packet, by Front Line volunteers. Distributing these packets deeper into the affected areas and villages provided an intimate look at the struggles the victims were facing.

Front Line continued to work from a grass-roots level and as of July 9, 2005, "modeling" had become the communication practice of choice for this TRC entity. The Colonel stated,

> We do modeling. We build models for them to study and learn. Our job is unique in that we try to motivate the locals. We bring all these resources together and teach the people how to deal with the help that is available to them in the government sub districts…By working in the field, we know how to help them. We teach them what to do instead of them waiting for help. And once we teach them and point them in the right direction it stops the other blockages of corruption. They know the right way to ask for help. (Personal communication, July 9, 2005)

Although grassroots communication efforts were not and are not an official policy of the TRC or Front Line, grass roots communication practices of Front Line significantly guided the TRC disaster response efforts following the destructive affects of the tsunami in Thailand.

The "official" disaster communication policy of the TRC is based on small-scale requests for assistance and proved insufficient and inappropriate as a disaster communication policy for the mega-disaster resulting from the Indian Ocean tsunami. Additionally, the majority of citizens and victims of the tsunami were completely unaware of the TRC resources and the process by which to acquire assistance. Therefore, the disaster communications policy proved generally to be inefficient and ineffective in relieving suffering of the majority of those immediately affected by the tsunami.

The disaster communications practices of Front Line were especially beneficial for the immediately affected victims of the tsunami. Front Line collected information from the victims, assessed the actual situations, transferred the information to governmental agencies and the National TRC offices and provided victims with vital information and resources that improved their overall health and wellbeing.

RQ2: What communication networks, both mass communication and interpersonal communication were utilized to disseminate messages from the TRC to tsunami survivors?

The National TRC website www.redcross.or.th lists a page on disaster preparedness and disaster response. Although this page contains information appropriate for dissemination to disaster victims, Choo (personal communication, May 27, 2005) noted that "the transfer of information" does not make it to the local levels because "the local level is not able to access this information."

The government report (National Workshop, 2005) specifically noted that, "The contribution of the Thai civil society and private sectors…can hardly be overestimated. Major areas of contribution included…telecommunications…" (p. 3). The telecommunications effort was again emphasized in a Red Cross Red Crescent (2005) article entitled "Waves of Destruction" detailing the Red Cross humanitarian efforts throughout the tsunami affected zones. Within the article is an image of an Asian-looking woman holding a large mobile communication device with a Red Cross representative standing behind her and someone helping her hold the device from the front.

http://www.redcross.int/EN/mag/magazine2005_1/4-9.html article

It must be noted that the disaster response of "communications" was never plotted on any kind of time line within the government report (National Workshop, 2005) or the Red Cross publications. The government report (National Workshop, 2005) does however mention that great areas of improvement need to be made in setting up "backup emergency communication system(s), utilizing HF and VHF radios and including local radio operators" because "excessive reliance on wireless telephones created communications problems in the early days" (p. 5). According to many reports from Khao Lak locals and foreign nationals affected by the tsunami, the overload of cellular phone networks and outages of telecommunications towers created significant communication problems during the first few weeks following the tsunami.

The National TRC set up a communications center on the island of Phuket, 100 km (62 miles) away from the Phang Nga disaster affected zone of Khao Lak. Phuket Island is separated from the mainland of Thailand by a single bridge estimated to be less than one km (0.62 miles) in length. Known for its tourist appeal and First World amenities, Phuket's civil infrastructure supported many disaster response activities for the majority of the affected Thai Provinces. Phuket is home to an international airport, several hospitals, including specialty hospitals and the international hospital utilized by

many tourists. During the Christmas and New Year's holidays the island was packed with foreigners and nationals alike. After the morning of December 26, 2004, many tsunami victims eventually ended up on Phuket either to be treated in the hospitals, evacuated by plane, or in search of missing loved ones. Even though the TRC communications center was positioned far away from the foreign and national victims in Khao Lak, locating the center on Phuket Island was the most appropriate place for accessibility and effectiveness with the limited available resources. As previously mentioned, the TRC served in a facilitator role for coordination of relief efforts (personal communication, August 1, 2005) in addition to providing telecommunications services for the victims (National Workshop, 2005; Red Cross Red Crescent, 2005). The TRC communications center provided a place for these activities to take place.

Although telecommunications was noted as a way for the victims to be in contact with family and vice versa, telecommunications was not mentioned as a communication system to disseminate messages from the TRC to the immediately affected victims within the Phang Nga Province. In fact, there were no known mass communication efforts made by the National and Provincial TRC to communicate with the immediately affected victims of the tsunami. However, by late May 2005, the Royal Thai Army completed construction of the first radio tower within the Takuapa District of Phang Nga Province. President Tasana mentioned that for future disaster communication the radio tower would be used "as needed" by the Provincial TRC (personal communication, August 1, 2005).

The fact that the National and Provincial TRC made no communication efforts to exchange information with the immediately affected victims in the "hardest hit Province" (Department of Disaster Prevention and Mitigation and Thailand Ministry of Interior,

2005; Merlin-Scholtes, 2005) of Phang Nga is troubling. It is troubling because disaster management delegates of the TRC received disaster preparedness and disaster response training from the Sphere Project as early as 2002 (International Federation of the Red Cross and Red Crescent, South East Asia Update, 2002).

According to the Sphere Project Handbook (2004), the Project's first "process and people" standard is participation. This means participation of the people or population immediately affected by the disaster in all cycles of the project. Participation requires communication: both communicating with the victims and also receiving communication from the victims. The project calls for transparency throughout all involved groups (responding humanitarian organizations, immediately affected populations, government agencies and donors) for the best coordination efforts. One would assume that the TRC would have utilized this specific disaster response training during the tsunami aftermath.

Without the specialized Sphere training, Front Line was still the only TRC entity to systematically communicate with the masses of tsunami survivors. Front Line utilized grassroots, door-to-door, person-to-person communication to simultaneously gather information from the tsunami victims and disseminate messages to the villagers during the relief, recovery and rebuilding phases of disaster response (personal communication, May 27 and July 9, 2005). Choo stated, "Communications and broadcasts on TV is not effective. It's more effective to come in person and then the information about disasters is taken more seriously" (personal communication, May 27, 2005).

Consequently, Front Line received some criticism that they were "spoiling" the villagers by providing them with specific health information and creating an efficient communication system (personal communication May 27 and July 9, 2005). Choo

(personal communication, May 27, 2005) expressed his frustration with the current system of inefficient and inhibiting communication patterns, which, he felt, placed information sharing with the victims as a last priority of disaster response. His personal belief was that information sharing with the victims should be a high priority of disaster response. He stated, "Interestingly there is an attitude that we are spoiling the people by taking health information to them in person. The information is completely low level, I feel" (personal communication, May 27, 2005).

According to the IFRC (International Federation of the Red Cross and Red Crescent, South East Asia Update, 2002), after the disaster management and Sphere Program training throughout South East Asia, "the need to develop information-gathering networks (had) been recognized" (p. 4), however there were constraints impeding the process. The major constraint noted in the 2002 report was that national Red Cross societies wanted to utilize their own resources and they did not want or desire "rapid outside intervention;" additionally, the process of developing information-gathering and information-sharing networks might be impeded by "political environments, rigid organization cultures, and a lack of human and information technology facilities" (p. 4).

The success of Front Line in mitigating the suffering of the immediate affected tsunami victims, along with criticism of their communication practices, could well be due to the fact that Colonel Chinnarat Rattanajikasem did not originate in the TRC or disaster management culture. The Colonel's professional background is broad and diverse. According to the Colonel, he was able to assist community members because of his background and professional training as a psychologist and psychiatrist, lawyer, social worker, and as a doctor of herbal medicine and also massage therapy. In addition,

because of his government position and military background, he knew the appropriate government channels to address issues and solve problems efficiently (personal communication July 9, 2005). His experiences and training allowed the Colonel a knowledge base to efficiently gather information concerning community and personal needs, find resources to meet those needs and appropriately guide the tsunami victims to be proactive in solving their own problems. (personal communication, July 9, 2005).

The Colonel took his responsibility to the people very personally. He walked through the villages, talked to the people, assessed situations and personally took action at the grass-roots level of the tsunami-affected society. The Colonel stated, "We know the community and we know the village...(There are) many problems of (concerning) water, health, and basic needs, along with (needed) social and emotional help…Health problems affect every part. Someone else's health problem becomes my health problem" (personal communication, July 9, 2005).

The Colonel's interactions and assessments from the grass-roots level of society were reported to the top levels within the TRC and government agencies. The Colonel's actions provided the villagers with desperately needed resources, information and knowledge.

RQ3: How did the TRC acquire information about community needs in the Phang Nga Province?

RQ3a: Who communicated with whom about community needs?

The transfer of information from tsunami-affected communities to the TRC was initiated by Front Line. Front Line was the only TRC entity that was proactive in its method of acquiring and disseminating information within the tsunami affected

communities. Front Line directly interacted with victims of the tsunami and performed community assessments. From these grass-roots efforts within villages, information concerning the needs of the people surfaced. Once needs were identified, the Colonel forwarded requests for resources to the TRC head office in Bangkok. Because of his professional training, concerns identified by the Colonel were immediately addressed. Under his direction, Front Line was proactive in responding to issues and concerns with information, training and resources. The Colonel and Front Line volunteers empowered villagers and community leaders by teaching them how to appropriately deal with government entities and how to solve their own problems "now and in the future" (personal communication, July 9, 2005).

Colonel Chinnarat was a master of problem solving and caught a vision of the ability of Front Line to empower others to solve their own problems. To achieve this vision, the Colonel devised a simple, flexible, and concise formula for managing and solving problems. The formula is easy to understand and transferable to multiple agents working to solve specific and/or varied problems.

Colonel Chinnarat's problem solving formula. The formula is: I, T to the power of three, C to the power of 4 (I T3 C4). I equals information or intelligence. T3 equals technology, terrain and time. C4 is coordination, communication, command and control. Quoting directly from Colonel Chinnarat concerning his formula for solving problems, he stated with enthusiasm:

> Information and Intelligence, this is what we do in Frontline. Frontline is I. We gather information and tell the TRC the problems. We say this and this and this are the problems.

T1 is Technology. Computer and digital photos. With the internet there is a quick transfer of I (information and intelligence). The timing is fast and effective.

T2 is Terrain: this is the surrounding area, the cultures, the customs, and the habits of the people.

T3 is Time: Can you solve this problem in a timely manner? A day, a week, a month? The problem must be solved as soon as possible. Frontline tries to solve problems fast.

C1 is Coordination: it is good to have coordination between organizations.

C2 is Communication: must use local languages so locals can have a good exchange of information. (Locals must understand you and you must understand them.)

C3 is Command: who is in charge and who is the leader?

C4 is Control: Evaluation and Assessment. Information is sent to government officials and then they send needs and resources to solve the problems. (They must evaluate and reassess to see if the problem is really solved).

It is a good formula for solving problems. (personal communication, July 9, 2005)

I=Information and Intelligence.

T3=Technology, Terrain, Time

C4=Coordination, Communication, Command, Control

Personal observations of Front Line activities from the end of May to early August, 2005, corresponded with several points of the Colonel's problem solving formula. The Colonel and Choo were witnessed going into small villages, speaking with the people, gathering information and following up on previous community problems.

Both the Colonel and Choo made use of technology by carrying digital cameras and cellular phones at all times and utilizing the internet on a regular basis. These men knew the "terrain" of the area. Local languages were spoken while sensitivity was given to local cultures in addition to observation of local customs. While in a small community off the main road between Khao Lak and Takuapa, an inquiry about Front Line was made to see if anyone knew Colonel Chinnarat or Choo. The village leader, who happened to speak English, knew who the men were and the purpose of Front Line. From this it was gathered that the people know who was in command and who had the ability to help the village.

Colonel Chinnarat's success in the community stemmed not only from utilizing his problem-solving formula but also in the way he trained volunteers and community leaders. His "technique" for training revolves around a core group of dependable individuals who he personally trains. According to the Colonel (personal communication, July 9, 2005), these "few in the center" dispersed into communities and villages and asked "the community to gather as a group and have them pick a leader from their group;" once the village picked their own leader, "then the group helps themselves." He further states, "We teach them, make manuals for them, but they are the team."

One example of how Front Line helped to solve a community problem comes from the building of a catfish farm. The tsunami destroyed many fishing boat, shrimp farms and agricultural livelihoods within the Khao Lak area. Without boats, nets and rigging, the fishermen were unable to put food on the table of their families and provide other necessities. Front Line assessed the situation and researched the possibility of starting catfish farming within the area. A community-based catfish farm was built with village

residents engaged in the activity. Colonel Chinnarat reported that the community-based model of catfish farming was quickly replicated as other "locals became interested and wanted to be involved with it and learn how to have catfish in their backyard" (personal communication, July 9, 2005).

The purpose of the catfish project was not only to provide food and income for the community members, but also to empower communities with an ability to manage their own problems. The catfish project was an attempt to create a "sustainable project" that would thrive once Front Line pulled away and left the project in the community's care (personal communication, May 27, 2005).

As Front Line accomplished the goal of empowering communities to solve their own problems, the Colonel did not remove all Front Line resources (personal communication, July 9, 2005). In fact, the Colonel was on-call to answer questions and give suggestions when needed. He noted that if leaders struggle "they will ask for help," and if problems halt progression, "they call us and ask for suggestions." However, stated Colonel Chinnarat, "Today, they feel confident in their abilities to solve their own problems and make use of the main governmental organizations" (personal communication, July 9, 2005).

RQ4: According to the TRC, were the community's needs met?

RQ4a: How does the TRC evaluate their effectiveness in disaster communication?

At the National TRC level, Wantanee responded that the "Community needs were met because people had food, water, and money" (personal communication, February 1, 2006). Officials at the Provincial level deferred responding to this question along with the question referring to disaster communication policy.

Front Line knew the needs of the people and provided resources, information and direction to meeting those needs. Front Line empowered community members with knowledge and abilities to solve their own immediate and future problems. When asked if Front Line was effective in its efforts, both the Colonel and Choo verbalized that this grass-roots effort to engage the villagers in solving their own problems was very effective. Colonel Chinnarat stated,

> We are taking this opportunity to come with all these ideas and projects to teach the community how to get properly organized within their own community… Grass roots effort, yes, yes, grass roots. Effective, yes! If the people can help themselves then we can help them. If they cannot help themselves then we cannot help them. (personal communication, July 9, 2005)

Village residents who are educated on disaster preparedness and empowered with knowledge on how to deal with government agencies request less and less help from Front Line. Effectiveness of Front Line's grass roots efforts are therefore measured by monitoring how the villages are doing on their own and the amount of assistance they require from the Colonel. "If the leaders can not do it on their own, they will come and ask for help from me. If there is any problem that stops their progression then they call us and ask for suggestions. Today they feel confident that they can make use of the main (government) organizations" (personal communication, July 9, 2005).

The National TRC reported that the needs of the tsunami disaster victims were immediately met in the Phang Nga affected communities with food, water and money. Front Line, which was not fully integrated into the TRC until one month after the tsunami, reported their grass roots efforts in assessing needs and allocating resources to

meet those needs were effective. The efforts of these two groups were positive, but a retrospective look at the disaster situation and the response efforts revealed areas that needed improvement.

The magnitude of this disaster challenged every responding organization. Noji (2005b) used the term "mega-disaster" to describe the enormity and multi-faceted nature of this disaster and the wide path of destruction left in the wake of the giant waves. The path of destruction did not discriminate between foreigners, nationals or illegal immigrants and everyone within the path of the giant wave was affected.

The Andaman Sea laps at the shores of South Western Thailand and Southern Myanmar (formerly known as Burma). Many Burmese illegal immigrants reside in the Phang Nga Province of Thailand. The agricultural industry of South Eastern Thailand relies heavily on the Burmese workforce. Many Burmese worked illegally in Thailand as fisherman, agricultural laborers and construction workers. The South Eastern coastline of Thailand is covered with rubber tree, coconut tree and pineapple plantations. The influx of tourism in Khao Lak over the last 10 years, resulted in many construction projects and produced approximately 6000 hotel rooms before the tsunami. After the tsunami, only 600 rooms remained (Tourism Authority of Thailand, 2005; Birkland, T., Herabat, P., Little, R. & Wallace, W., 2005). Along the Khao Lak coast, dozens of tourist hotels stand as hollow frames.

From May to August, 2005, and January to March, 2006, the researcher witnessed thousands of Burmese immigrant families squatting on hotel property, in corrugated steel shacks, and working on the reconstruction of the large hotels demolished by the mammoth tsunami waves. Mile after mile the cacophony of saws, hammering and general

construction efforts filled the air from the first light of day to last ray of sun at night. Foreign-owned hotels were not the only employers of the illegal Burmese workers. While in the company of Royal Thai Military officers, Burmese squatters doing construction labor on the King's Project (a four story school with three separate buildings for students ranging from primary to high school), were identified along with their living quarters situated close by.

The Burmese immigrants were vulnerable before the tsunami and suffered greatly afterwards. Reports from locals and foreigners within the tsunami-affected area revealed that the illegal Burmese immigrants who survived the tsunami fled to the mountains when the water receded. Injured, hungry and destitute, these people were too scared of being taken to prison or deported back to Burma (Myanmar), to seek help from the Thai officials. The Phuket Gazette is the main daily newspaper in the disaster-affected region and reported that the bodies of many Burmese were rarely identified or collected by their surviving family members ("Krabi Tsunami Corpses," 2005). On several occasions the researcher was informed that the surviving migrant Burmese did not identify or collect their relative's bodies because of fear of being imprisoned or deported if discovered by Thai authorities.

Because the TRC operates on seven founding principles, two of which are humanitarianism and neutrality, constant enquiry about the Burmese victims and assistance provided for them was carefully and constantly avoided not only by TRC personnel, but also by high-ranking military personnel responsible for the Thai government response and rebuilding efforts. Confused by the reaction, the question was posed to a trusted Thai informant who volunteers with the Phuket Red Cross and also

offered her services within the Phang Nga Province after the tsunami. She revealed that she could not answer the questions about the Burmese because that information was "sensitive" (personal communication, December 15, 2005). (Because of the "sensitivity" to the subject of Burmese immigrants, the identity of some information sources will not be disclosed here.)

Unwilling to place Thai friends in compromising positions, questioning concerning the Burmese situation stopped. However, the Tsunami Lessons Learned Report (National Workshop, 2005) validated concern for the Burmese and noted that the immigrant and minority populations were not provided with the needed assistance and that progress needed to be made in this disaster response area within Thailand. The reaction of the TRC to questions about the Burmese and the information gleaned from the National Workshop (2005) Report, leads to the facts that there was a great disparity between those who actually received help from the TRC and those who did not. Many of the Burmese fisherman and agricultural workers did not receive the help they needed.

Common sense states that relief should be provided in a timely manner. During the interviews with TRC personnel, the concept of timely disaster relief was briefly discussed. During the first three days after the disaster, the TRC specifically mentioned the distribution of relief packets as the major relief activity. But General Amnat Barlee must have known the situation was desperate and additional relief was needed immediately. Both Colonel Chinnarat and Choo noted that "Front Line was organized because the traditional Red Cross did not know what to do" and "the TRC was confused to know how to help" so many people (personal communication, July 9, 2005). But it was not only the TRC struggling to help the victims, but the government, community services,

other relief organizations, and international volunteers and agencies converging on the disaster affected area fumbling along in their relief efforts. According to the Colonel, "It was a mess! There was no organization" or coordination of relief efforts in the beginning (personal communication, July 9, 2005).

Several factors governed the inability of the TRC to response to the disaster in a more efficient, effective and timely manner. A culmination of comments from all levels of the TRC and the official National Workshop (2005) report led to the following conclusions. There was a lack of appropriately trained disaster management volunteers and personnel within the TRC (personal communication, August 1, 2005; National Workshop, 2005). There was a massive overabundance of inappropriate donations that placed unnecessary strain on the overburdened TRC personnel (personal communication, May 27, July 9 and August 1, 2005; National Workshop, 2005).

The sheer magnitude of the disaster made it impossible for one organization to respond to "all" the victims' needs; and, according to the Colonel, without appropriate coordination of efforts between the many responding organizations there was still many problems. One can only wonder if a quicker integration of Front Line into the TRC would have produced a different level of efficiency and effectiveness in disaster response efforts.

The lack of appropriately trained disaster responders could be due to the fact that TRC "training" is provided to the provincial presidents every two months. Although President Tasana goes to Bangkok every two months for "training," there is no perpetuation of the knowledge and skill, at the provincial level, among provincial TRC staff or volunteers (personal communication, August 1, 2005). Therefore, at the time of

the tsunami, President Tasana shouldered a very heavy responsibility for disaster management within her province.

In addition to trying to coordinate humanitarian disaster packet distribution, President Tasana was required, along with her skeleton staff and handful of volunteers to deal with a logistical nightmare of storing and distributing a mountain of inappropriate donations for the relief efforts (personal communication, August 1, 2005). The situation became so desperate and unmanageable that several Buddhist temples were stacked to the ceiling with thousands of large bags full of donated supplies. The remnants of such donations were seen many months later lining the roadways to the temporary housing locations. While visiting the temporary housing village of Bang Sak, a rooster stood atop a pile of black garbage bags containing donated clothing that the villagers could not use or just didn't want. Tsunami Volunteers, a charitable organization within the region, is now helping locals find ways to use the fabric from such clothing in profitable ways. "Tsunami dolls," as the flat gingerbread-shaped dolls are called, are now sold to tourists and provide an income for some of the tsunami victims.

Needless to say, analysis of the effectiveness of the TRC disaster response efforts and disaster communication networks raises questions about what could have worked better. When Deputy Director Wantanee of the National TRC Relief and Community Health Bureau was informed that the hope for this research was to improve disaster communication networks specific to the needs of the immediately-affected disaster victims, she exclaimed that her bureau was also working on this kind of an improvement in communication, assessment, and appropriate allocation of resources. Communication plays a major role in disaster response efforts. Wantanee's response revealed that

appropriate disaster communication [the sharing of information between the immediately affected victims of the disaster and the responders] can only lead to greater effectiveness in all aspects of disaster response.

General Findings

The TRC disaster response network is interwoven within the fabric of the Thai government's disaster prevention and mitigation policy. The Prime Minister of Thailand is responsible for disaster response and the Ministry of Interior directs the efforts. The ability of the TRC to independently respond to a disaster is thus inhibited by the overarching political influence. Although TRC delegates received disaster preparedness and disaster response training (Sphere Project, 2004) in 2002, and reported at the International Red Cross Convention, in 2003, that they were going to "study and modify the recommendations of the Sphere Project and adapt them to local needs and particularities" (International Committee of the Red Cross, Follow-up, 2003, p. 30-31), the recommendations to develop information gathering systems related to disaster management had not been implemented by the TRC at the time of the tsunami.

The Sphere Project's (2004) first "process and people" standard is participation. This means participation of the people or population immediately affected by the disaster in all cycles of the project. Participation requires communication: a transfer of information between victims and responders. The Sphere Project (2004) training calls for transparency amongst all responding organizations, humanitarian entities, governmental agencies and possible donors and that information is shared accordingly with the victims and immediately affected population. A system of direct communication with immediately affected populations of a disaster had not been established, by the TRC,

prior to the December 26, 2004, Indian Ocean Tsunami; nor has such a system or the recommendations of the Sphere Project been adapted as of March 2006.

The TRC disaster communication policy notes neither diffusion nor participatory models of disaster communications. Their disaster communication policy requires that individuals in the community request assistance from the TRC before action is taken. This was further illustrated by President Tasana Metheevibulvut as she showed the files of individuals that had received assistance from the Provincial TRC Chapter. She commented on the process of providing assistance stating that a social worker, hospital employee or a Ministry of Health (MOH) official many times initiated the formal request for help (personal communication, August 1, 2005).

Although the official disaster communication policy of the TRC does not denote diffusion or participatory communication methods, Colonel Chinnarat Rattanjikasem's work in the disaster-affected communities is characterized by participatory communication methods. The Colonel and his assistant, Choo Samee, empowered individuals and communities to sort out their own problems and take control of their own situations. They did this by going into the villages, talking to the people, collecting and sharing information, and also modeling appropriate ways to work with government entities (personal communication, July 9, 2005).

The main finding of this research is that disaster communications within the discipline of mass communications has been significantly slanted to public relations tactics revolving around corporate image protection and fundraising efforts. Because of this, there is a significant lack of information for both researchers and humanitarian workers on the best ways to communicate with the people immediately affected by a

disaster. The discipline of health and medicine offers models of communication and fundamental principles of assessment and information-gathering which can be applied in these situations.

Chapter 5 Discussion

A Policy That Can Not Be Implemented Effectively Is No Policy At All

The paramount finding of this research emerged as initial research documents were analyzed for information concerning the general topic of disaster communications. The papers, books and documents being analyzed were all found during EBSCO searches under the discipline of communications or from Google searches using the terms *disaster* or *crisis* or *emergency* in combination with the term *communication(s)*. Review of these papers, books and documents created great frustration and disbelief. Each reviewed source referred to public relations tactics aimed at influencing general audiences not immediately affected by the disaster; yet, these sources completely neglected any mention of communications between immediate victims and responding agencies striving to mitigate effects of disasters on the life and health of these victims.

From these initial searches the paramount finding emerged: the discipline of communications has overlooked the most vulnerable audiences following a disaster. This void, disaster communication with an immediate victim audience, is beckoning to be filled by further research and techniques that will benefit future disaster victims. The disciplines of health and development provide an appropriate starting point for future study and research leading to more holistic disaster communications practices.

After struggling for several weeks to find disaster communications information (which this thesis defines as communicating with the masses immediately affected by the disaster), exasperated and discouraged with the public relations answers, a search outside the discipline of communications and within the discipline of medicine was started. It was there that was found some information on assessing the situation of the victims and

providing relief according to those assessments (Campbell, 2005; Disaster Management, 2004; Noji, 2005b). It became exceptionally clear that patterns of disaster communications policies and practices could be organized under different disciplines such as communications, medicine/health and development, to name a few. Here lies the possible answer to many of the disaster communications problems discussed and highly publicized during the aftermath of both the Asian tsunami and most recently Hurricane Katrina in New Orleans (Comfort, 2005).

These complex humanitarian disasters (Noji, 2005a) are multi-faceted and require a multitude of methods and theories from varying disciplines to alleviate the suffering of the immediately affected victims (Schiavo, 2005). If policy governs humanitarian response efforts, then disaster communication policy should be created and implemented with the main focus on mitigating the effects of disasters on the most vulnerable populations and not as corporate image protection policy. Image protection and fundraising was the main basis of the ICRC's Crisis Communication Guide (2003) prior to the Indian Ocean tsunami. Both the ICRC's communication guide and the TRC's disaster communication policy were ineffective as disaster communication tools and disaster mitigation agents. The lack of information exchange between the responding Red Cross agencies and the immediate victims is evidence of this unfortunate condition.

According to the Select Bipartisan Committee (2006), of the United States Congress, investigating the aftermath of Hurricane Katrina, the first place to review the effectiveness of disaster response efforts is to review policy. Because there is a vast life-and-death difference between theory and practice of policy creation and policy

implementation, “A policy that can not be implemented effectively is no policy at all,” (Select Bipartisan Committee, 2006, p. ix).

As the incidences and magnitude of natural disasters are ever increasing (International Federation of the Red Cross and Red Crescent Society, Disaster Management, 2004), issues surrounding the topic of disaster communication are plentiful. A few of the issues brought to the forefront relate specifically to victim participation, information exchange, and transparency of both policy and practice in the coordination of relief efforts (Select Bipartisan Committee, 2006; National Workshop, 2005). Appropriate exchange of information between the victims and the responders, and transparency of relief efforts between responding organizations, can mitigate the effects of disaster to save more lives and livelihoods.

The purpose of this thesis was to research and analyze the disaster communication network of the TRC. As the discussion follows, it is not the researcher’s intent to be critical or debasing of the TRC as an organization. Rather, the purpose of this analysis is to provide significant information that can further mitigate the effects of future disasters. The disconnect between the TRC disaster communication policy and the need to mitigate the effects of the disaster on the most vulnerable populations may be the tip of a communications iceberg for many developing countries striving to work within the standards of international humanitarian organizations such as the Red Cross.

The following discussion will highlight possible pitfalls inhibiting non-governmental humanitarian organizations (NGHO), in developing countries, from working within international standards for disaster response. A discussion of Front Line’s grassroots disaster response efforts will show that flexibility and initiative lead to

effective disaster response. This section will conclude with a petition for multi-disciplinary cooperation towards developing disaster communication theory and a proposed model offered by the researcher.

The question arises whether the humanitarian organizations of developing nations will truly be able to implement the full scope of standards and principles guiding their international counterparts. Since the TRC is a member of the International Red Cross and Red Crescent Movement, one would think that ICRC Code of Conduct (1995) (See Appendix L) would be incorporated and followed closely. The Code of Conduct "brings together the classical humanitarian principles of humanity, independence, neutrality and impartiality, along with modern principles derived from development: accountability, partnership, participation and even sustainability" (Hilhorst, 2005, p. 3). However, "because it does not prescribe a hierarchy of principles, one can argue that the Fundamental Principles have become contingent" (Hilhorst, 2005, p. 3).

As stated earlier, the purpose of this research was to determine the TRC disaster communication network, policies and practices. The findings of the research reflect an absence of adherence to the paramount guiding principles upon which the Red Cross is based. The findings unequivocally show that the TRC was not able to uphold the Red Cross Code of Conduct in their disaster response efforts. The TRC neglected to utilize the Sphere (2004) recommendations in its disaster response efforts and, therefore, neglected abiding by several important Red Cross principles and standards. The Sphere Project's (2004) minimum standards for disaster response incorporate both the ICRC Fundamental Principles and the Code of Conduct (1995) governing the Movement's actions during a disaster.

The TRC disaster communication policy proved inadequate not only as a tool for disaster mitigation, but also as a guide for appropriate disaster response efforts. The first Sphere standard of disaster response is participation, meaning the participation of disaster victims in all aspects of disaster response activities. This standard is also evident in the IFRC's disaster policies. According to the IFRC disaster preparedness and emergency response policies to which the TRC is responsible to be compliant, participation of the beneficiaries in disaster preparedness and response activities is essential (International Federation of the Red Cross and Red Crescent, Disaster Preparedness Policy, 1999; International Federation of the Red Cross and Red Crescent, Emergency Response Policy, 1997). The TRC made no mention of either of these policies governing its own disaster communication efforts. And reference to this standard of participation is completely missing in the TRC disaster communication policy.

When TRC administrators were asked about a disaster communication policy, it took more than seven months to obtain the "policy" from the TRC. The slow response of the TRC in producing the policy, and the difficulty experienced by the researcher in obtaining it from TRC authorities, signified two things. First, it illustrated the lack of importance of such a document within the TRC disaster mitigation sector. Second, it showed that the Sphere Project training had neither been diffused throughout the TRC community nor implemented into disaster response policy.

The disaster communication policy that was finally produced is fully based on the victim taking the first initiative by asking for help (see Appendix K for the written disaster communication policy). However, the majority of disaster victims, who were Thai nationals and immigrant workers, neither knew the policy nor the process by which

to obtain assistance from the TRC (C. Rattanajikasem, & C. Samee, personal communication, July 9, 2005). This evidence shows that the standard of participation was missing during the initial TRC relief efforts. The minimum standards of disaster response (Sphere Project, 2004) were not only missing in policy, but also practice.

Challenges of Maintaining Minimum Standards in Disaster Response

So what inhibited the TRC from following the basic Fundamental Principles and Code of Conduct in their disaster response efforts? This study identifies several possible inhibiting factors and a short list of contingencies will be offered. This list of contingencies may affect not only the TRC's ability to uphold its organizational standards, but also other NGHO's abilities to uphold similar standards as well. In order for this study to have the impact that is possible, the TRC must honestly evaluate itself by take a careful critical look at its organizational structure, disaster response efforts, disaster response policies and actual disaster response practices and be wiling to make the needed changes to improve disaster mitigation efforts.

Developed World Bias

The ICRC Code of Conduct (1995) has been written with a developed world bias. The code was written by eight humanitarian organizations, including the ICRC and IFRC, with the intent of standardizing the humanitarian response during a disaster. The code "seeks to maintain the high standards of independence, effectiveness and impact to which humanitarian response NGOs and the International Red Cross and Red Crescent Movement aspire" (International Committee of the Red Cross, Code of Conduct, 1995, p. 1). The developed world bias is evident in this statement that humanitarian NGOs are independent of governments. As will be shown hereafter, NGHOs are not always

independent of governments in the developing world. Also, the measures for effectiveness and impact are subjective and can greatly vary between economically stable first world nations and subsidy-dependent developing nations.

Hilhorst (2005) noted that several articles of the ICRC Code of Conduct (1995) are difficult for struggling developing nations to utilize appropriately because of a lack of understanding concerning the hierarchal relevance of "humanitarianism" as the first Fundamental Principle of the Red Cross. She suggested this lack of understanding is present because contextual meaning for such principles as humanity, neutrality and impartiality is absent within the situational realm of some developing nations. According to Hilhort (2005), the Code of Conduct is not followed for three reasons. First, because organizational interests sometimes prevail over humanitarian imperatives and this is "especially damning for NGOs" (p. 5.). Second, the translation of impartiality "in the policy realm, can be problematic and ambiguous" because the term is "often compromised by budgetary restrictions, operational constraints or limitations imposed by militia or other local authorities" (p. 5). And finally, the issue of neutrality is dealt with in such an "awkward and ambiguous way that it offers little guidance to NGOs…" (p. 6). Although the concepts of humanity, neutrality and impartiality are all subjective, the variance of subjectivity is less from the developed or first world perspective. This common understanding amongst the first world is known as the developed world bias (Hilhorst, 2005).

The struggles that humanitarian organizations based in developing nations experience in following the Code could well be due to this developed world bias in its wording (Hilhorst, 2005). Therefore, a Westernized or Developed World bias is the first

possible contingency affecting the proper adherence to the Code of Conduct. To remove this possible contingency, Hilhorst (2005) called for "the wording of the entire code (to) be adjusted to eradicate its bias towards International Non-Government Organizations, and to make it equally relevant to local NGOs" (p. 17).

Clarification of terms and transparency of disaster response practices. If the Code of Conduct is to be rewritten, then clarification of the terms "impartiality" and "neutrality" should be included and allow for the diversity experienced by non-industrialized nations and developing countries (Hilhorst, 2005). For instance, if a local humanitarian agency is unable to access a vulnerable group following a natural disaster, because of logistical or political constraints, then they should act in a transparent way. By acting in a transparent way, the impediments they face in providing services are known to all. With humanitarian organizations knowing the limits and abilities of one another, those not inhibited would then have an opportunity to provide the needed services to the vulnerable population.

Once these terms are clarified to allow for the contextual diversities of third world and developing nations, then structure can be given to the principles of impartiality and neutrality within those struggling nations. This will allow for more organizational transparency that can lead to improved coordination between disaster response organizations. In the situation faced by the TRC, this would have been exceptionally helpful for the Burmese immigrant laborers who were seriously neglected by humanitarian relief agencies immediately following the tsunami (National Workshop, 2005).

Undocumented Burmese laborers have worked in Thailand for many years.

According to Thornton (2006), in an effort to escape the Burmese military dictatorship and the "world's longest civil war—57 years" (p. xi), people of Burma and especially the Karen minority seek refuge and work along the Thai-Burma border. These illegal immigrants have provided Thailand with an agricultural and construction workforce that supports much of the economic growth along the Andaman Coast. These laborers have never been officially recognized by the Thai government nor included in census reports. According to a legal, English-speaking, Burmese immigrant who was trying to help the Burmese refugees throughout the Khao Lak area, "If the government of Thailand officially recognized the Burmese population in this area, they would have to provide services for them, and they just won't do that. The Burmese receive no help from the Thai government" (personal communication, January 25, 2006).

If the TRC had been able to give contextual meaning to the principles of impartiality and neutrality concerning the social and political situations of the Burmese immigrants, they may have been able to speak more openly about the situation and at least directed other relief organizations to this vulnerable population. Instead, the TRC remained silent because it was a "sensitive issue." Its silence, along with the silence of the government and the military, only exacerbated the impact of the disaster on this group of Burmese refugees.

Cultural Implications

Culture plays a role in perception of situations and the construction of events. Servaes and Arnst (1999) stated that culture is visible in the way people "perceive and interact with the world" and with others who "share similar perceptions" (p. 120). "It is precisely such shared, often unarticulated and sometimes inarticulable patterns of

perception, communication, and behavior that are referred to as a culture," (Servaes & Arnst, 1999, p. 120). Dalrymple (2004) reported that "culture is the context that nurtures the individual and all cultures have positive, existential [lived experience] and negative elements" (p. 6, pdf).

The Code of Conduct speaks of respecting the culture in which humanitarian efforts are carried out. Hilhorst (2005) noted that the statement "respecting the culture" leaves plenty of interpretive meanings for humanitarian agencies to sort through. For instance, what if the suppression of women and genital mutilation of young girls is the cultural norm within the village, community or country that requires humanitarian aid (Hilhorst, 2005)? Is there both acceptable culture and reprehensible culture? And what if the cultural practices impede the process of delivering life-saving aid to the most vulnerable victims of a disaster? There is a growing consensus based on international norms of human rights and international law that some so-called "cultural practices" conflict with these norms and should be eliminated.

There are definitely ethical dilemmas to hurdle when it comes to respecting culture and promoting health. Dalrymple (2004) stated, "To tamper with cultural forms might be to affront people's dignity and humanity. On the other hand, in a rapidly changing society people are seeking the knowledge and skills to drive change and take responsibility for their choices" (¶ 2, html). In order to deliver humanitarian relief during a disaster or promote healthy lifestyles during times of tranquility, an organization or individual must approach the targeted group with cultural sensitivity. Dalrymple (2004) further suggested that "working in a cultural context means promoting the positive, affirming and recognizing lived experiences and contextualizing the negative with a view

to bring about useful change" (p. 6, pdf).

So what role did culture play in the TRC's response efforts? There are at least two different cultures intermingling in the scenario of disaster relief. The first identifiable culture is that of the humanitarian agency. The culture of the TRC is based on the International Red Cross Founding Principles. Humanitarianism is the foremost guiding principle that culturally binds all entities of the Red Cross Movement together. The second identifiable culture in disaster relief is that of Thailand and its people. So what is the dominant culture of Thailand?

Thailand, its people and dominant culture. Understanding the dominant culture of Thailand may shed some light on why the TRC's did not use the Sphere Project (2004) of minimum standards for disaster response or follow the Code of Conduct in its response efforts. Culturally and historically, Buddhism is the dominant religion in Thailand. The main premise of Buddhism is to overcome suffering in an attempt to elevate ones spiritual self to a state of enlightenment, meaning "deep insight into the ultimate mysteries of life" (Melkote & Steeves, 2001, p. 288). Buddha also taught "Four Noble Truths" related to life and suffering, the detriment of pernicious human desires, overcoming suffering by ridding one's life of human desires, and living in the right path that can leads to enlightenment. Additionally, the qualities of heart required for one to achieve enlightenment are loving kindness, compassion for others, joy in others' happiness, and composure under pressure (Melkote & Steeves, 2001).

The central concern of Buddhism is compassion for all (Melkote & Steeves, 2001). The Thai people are particularly known for their gentleness, live-and-let-live attitudes, and pure compassion for all forms of life. This was exceptionally evident, after

the tsunami, when Thai nationals from around the country reached out to help and serve in whatever capacity they were able. Many Thais from around the country provided both small and grand acts of compassion for thousands of victims. Stories that tourist survivors shared were compelling and heartwarming as they spoke of the many acts of kindness offered to them by those who could not even speak their language. A truly humanitarian spirit is alive and well in Thailand. But this is the culture of the Thai people: a culture of genuine care and service.

In summary for the culture of Buddhism, suffering is a mandatory element for a person to reach the ultimate spiritual level of enlightenment. Enlightenment may be achieved through living a simple life, suppressing all human desires and providing service to others in need. There were many Thais suffering in body and spirit after the tsunami, and this suffering, along with giving service to others, may have been viewed as progression to enlightenment. Conversely, the act of requesting help or even desiring help for one's self may have been completely taboo for faithful Buddhist seeking that ultimate spiritual state of enlightenment.

An elderly Thai gentleman patiently introduced one aspect of the culture in describing how one never wants to be above other people because equality is maintained amongst everyone. To desire extra knowledge or an additional measured portion is not the way of the Thai people. Whatever is received is shared with all. The elderly are respected not only for their age and life experiences, but also for the knowledge and wisdom they share with younger generations. Thais are humble and take great pride in living by this law of equality.

This concept of equality and service is engrained so deeply within the Thai people

that public humiliation or shame will be avoided at great costs. Shame, for example, could be brought upon a person by the human desire of greed. Therefore, honesty is a highly favored personal virtue.

Here are two personal examples of this honesty and shame interaction. While motorcycle riding with a Thai friend, I noticed a wallet in the middle of a road. Being in the country with very few farmers and even less traffic on the dirt road, I nudged my friend and told him to stop. Sympathetic towards the individual missing their wallet, I explained about the wallet and asked what we should do. He quickly responded, “It’s not mine.” And started back down the road.

A young mother who lost all earthy possessions during the tsunami was employed to learn the art of jewelry making and make pearl jewelry for export. One day she came to work with a new pair of beautiful pearl earrings. The pearls were very unique and exactly the same as the pearls at work. When questioned about the earrings she stated she bought them in a shop, but upon further questioning she admitted to taking the pearls home and making the earrings for herself. The earrings were returned and she was given a second chance to earn back the trust she had lost by stealing. Shamed and publicly humiliated for her dishonesty, this young mother (who is also the most talented worker within the group) will not return to work. Repeated petitions for her return are answered with, “I am shamed, I am shamed.”

These two examples illustrate outcomes of saving face in Thai culture. The first example illustrates how actions governed by honesty allow a Thai to live without shame or fear of retribution. The second example illustrates the extent to which shame can produce severe self-inflicted social and financial wounds.

Although the TRC stated that individuals had to come to them to receive help, many devout Buddhists might quietly endure the suffering and not request specific help for themselves in a dual attempt to reach enlightenment and avoid the appearance of greed that might lead to public shame.

Political Implications

Variables related to culture and political implications found within the TRC disaster response organization affected the process of response to the tsunami. Although the officials at the TRC stated that they are independent from government organizations and other NGO's, the prime minister is actually responsible for disaster relief throughout Thailand. The disaster relief efforts are under the direction of the minister of interior and carried out by the Thai military. As stated in the report of the National Workshop (2005), "The Royal Thai Armed Forces and other Ministries are brought into response framework through the National Defense Council. The Thai Red Cross is integrated into response at provincial level" (p. 2). Additional disaster response organizations are incorporated into the disaster management response efforts as coordinated by the Thai Ministry of Interior (2005). (See Appendix E).

The National Workshop (2005) conference that was held in Bangkok on May 30-31, 2005, involved all of the major players of the disaster response effort including the minister of the interior, military personal, United Nations officials and other non-government humanitarian organizations. The TRC was represented by Dr. Amnat Barlee, director of the Community Health and Disaster Prevention Bureau. Another point worth mentioning is the disaster response operations center was located within the TRC Headquarters, 2nd floor, in conjunction with the Community Health and Disaster

Prevention Bureau. Such close correlation shows that the TRC is not independent of the government in Thailand. Therefore although the TRC had the Sphere Project training, they had to wait for the government officials to tell them what to do and when to do it.

The ICRC recognizes the importance of national societies maintaining good and open relationships with their governments. According to Davey and Blondel (1999), of the ICRC, National Societies are sometimes required to disregard the humanitarian principles upon which the society was founded in order to maintain a relationship with the government and keep humanitarian channels open within their country. It seems this might be the political case between the TRC and the government of Thailand.

Although not stated by the TRC, analysis of the political and cultural context in which the TRC was working shows there was organizational conflict during the disaster response. Political and cultural impediments inhibited the TRC in their ability to provide effective disaster relief and therefore placed TRC administrators in an uncomfortable position when it came time to answer research questions. First, the TRC was required to follow the direction of the Minister of Interior and other governmental leaders in the response efforts. This negated the responsibility the TRC had in initiating appropriate and effective disaster response efforts that had been taught during the Sphere (2004) training, in 2002. Second, the save-face and avoid shame culture initially prevented TRC administrators, at provincial and national levels, from openly answering research questions. Silence and avoidance provided an outlet to diffuse the questioning. Gentle persistent persuasion led minimal information from administration officials; however, an official TRC disaster communication policy was obtained. As the TRC is “owned by the King” (Tasana, personal communication August 1, 2005; Thai Red Cross, At a Glance,

n.d.) any criticism of the TRC disaster response efforts may be perceived as criticism of the King of Thailand. Criticism of the royal family would produce the greatest shame of all.

Financial and Economic Constraints

The Thai government response to the tsunami was highly influenced by the economic history of the country. In 1997-98 there was a financial crisis in Asia, and Thailand was hit hard by recession and economic woes (Haggard, 2000). Thailand's economy had recovered sufficiently by December 26, 2004, but fear of another financial crisis was foremost on the minds of Thai citizens.

The Prime Minister continually tried to allay these fears in public broadcasts stating that all of the reconstruction and response efforts would be handled by the government, and also that the government had enough money within its reserves to handle the entire response efforts (Suttinan, G., personal communication, February 1, 2006; Pinky, personal communication, February 12, 2006). It is also documented in the government reports that "no outside help was requested" (National Workshop, 2005, p. 1). The Prime Minister's efforts to allay fears in telling the Thai citizens that all disaster response could and would be handled nationally, may have influence the TRC's abilities and resources for disaster response.

Here again the save face and avoid shame culture becomes apparent. It seems the government was trying to handle all disaster response on its own, both physically and financially, and to save face among its citizens. The TRC on the other hand, would save face with government and military officials by respecting their authority and working within the guidelines they provided to the TRC.

Each of the listed impediments affected the TRC disaster response efforts in some way. These inhibiting factors can be addressed and analyzed from several perspectives. Additionally, each impediment can be dissected and analyzed by different academis disciplines. For instance, the "developed world bias" noted in the Code of Conduct (Hilhorst, 2005) can be addressed by international development scholars. Cultural, political, and financial concerns can be addressed equivalently by sociologists, political scientists and economists. A multi-discipline approach to disaster response will produce the greatest benefit for mitigating the effects of such tragedies as the Indian Ocean tsunami.

A Little Initiative and a Whole Lot of Colonel Chinnarat Rattanajikasem

Although Colonel Chinnarat Rattanajikasem entered the disaster scene in Phang Nga Province devoid of the same disaster management training offered to TRC officials, his actions exemplified the truest implementation of the Sphere Project (2004) minimum standards of disaster response. The Colonel has a diverse and broad background as a doctor, lawyer, psychologist, social worker, scientist, financial consultant, member of parliament and military man (personal communication, July 9, 2005).

The Colonel arrived in Khao Lak to spray decaying bodies with a biological agent to reduce the horrific smell. When he saw the needs of the people, and the lack of assistance provided to them, he took action. His background in multiple disciplines allowed him to use all of his professional experience in law, medicine, psychology, finances and civil service to assess individual and community needs and then request help from TRC headquarters.

Within days of the tsunami Colonel Chinnarat created Front Line and organized disaster response volunteers. The volunteers used grassroots methods to gather information about the tsunami victims. They did this by going into villages and communities, by talking directly with the people affected by the tsunami, and assessing the actual situational needs of the people. The Colonel worked tirelessly along side the volunteers and with the people. Because of these information-gathering techniques, requests for assistance were based on the actual assessed needs of the people. These actions alone meet the first three minimum standard of disaster response: participation, initial assessment, response based on assessed needs (See Appendix G).

Front Line was finally incorporated into the TRC one month after the tsunami. In July, 2005, Colonel Chinnarat and his assistant Choo were still in the villages, working with the people and empowering them to solve their own problems. Their efforts seemed effective with lasting and sustainable results. Why did the Colonel's system work? What can the world learn from Colonel Chinnarat Rattanajikasem's example of disaster response?

By utilizing his wealth of knowledge and skill and taking initiative for the benefit of others the Colonel was an effective disaster responder. He could have compartmentalized his responsibility as a scientist by spraying the decaying bodies with the chemical agent and then leaving the disaster affected area when the assignment was completed. But he branched out of his given scientific responsibility and into additional disciplines of which he had knowledge and skill; in turn the effects of the disaster were lessened on the lives and livelihoods of the immediately affected victims of the tsunami.

For these efforts the people of Phang Nga Province, along with the world community, should offer their thanks.

Colonel Chinnarat was uninhibited by the disaster response hierarchy of authority. This may be because he held a bit of authority himself; however, he took initiative to find ways to help those in need. The Colonel and Choo were proactive in their response efforts. Not only did they go directly to the people to ask questions and but they took their findings directly to those who could provide the needed assistance.

The Colonel's formula for problem solving exhibits his initiative and uninhibited nature. (Refer to Findings Chapter, pages 75-76). The Colonel was not and is not inhibited by cultural or political barriers during disaster response. According to both the Colonel and Choo, communication is key to effective disaster relief (personal communication, July 9, 2005). Communication in Thailand can be impeded by saving face avoidance tactics. Fast and efficient communication is a main focus of the Colonel's problem solving formula, therefore, there is no room within disaster response efforts to be impeded by these cultural or political barriers of communication. The get-it-done-now demeanor of the Colonel requires that communication lines between responders, victims, governments, donors and other humanitarian organizations be open and working efficiently for effective disaster response. The Colonel does not neglect the culture nor the language of the people, but he promotes the positive qualities of transparency in his formula.

As we examine the Colonel's disaster response efforts, we see from his example what worked for the people. The Colonel's greatest contribution was not only to the Asian tsunami victims, but also to future disaster victims throughout the world. By

assessing what worked to mitigate the effects of this mega-disaster, the development of disaster communication theory can commence. This theory should drive policy that will affect the actions of government agencies and NGHOs concerning disaster response initiatives.

Disaster Communication Theory

The paramount finding of this research is that disaster communication theory is missing from academia and should be developed in the research literature. This research found that within the discipline of mass communications, disaster communications is heavily slanted toward public relations issues of image control and also the diffusion of news. Speaking about emergency communication related to health issues, Snyder and Cistulli (2005) verified this finding by stating, "…crisis communication is more often patterned after current public relations practices than chronic communication campaign practices" (p. 299).

Although disaster communications has not been generally embraced in the academic field of communications, it has been addressed in policy management circles. This evidence is readily available with a brief review of the listed references. Most of the documents referring to disaster communication come from government agencies and NGOs known in the sphere of development.

Since the Asian tsunami, of 2004, and Hurricane Katrina, of 2005, there has been an international appeal for improved disaster communication specifically focused on communication measures targeted at the immediate affected disaster victims (Morley, 2005; Select Bipartisan Committee, 2006; Sondorp & Bornemisza, 2005). Morley (2005)

noted that public relations professionals have started to notice their inadequacy in this aspect of disaster response.

Natural and man-made disasters are multi-dimensional and complex (Noji, 2005a; Schiavo, 2005). While general public relations practices are necessary to disseminate information and news of the event to concerned national and international audiences, of greater importance is the mitigation of the disaster effects on the most vulnerable populations: the immediately affected victims of the disaster. Mitigating the effects of the disaster on this population can be accomplished through appropriate disaster communication practice.

Because disasters are multi-dimensional, a multi-faceted approach must be used to develop disaster communication theory. Utilizing theories and methods from multiple disciplines in the creation of disaster communication theory can provide disaster management professionals with an efficient, flexible, and effective tool for disaster response. Colonel Chinnarat, who took this kind of multi-dimensional approach in his disaster response efforts, utilized his knowledge and skill from a plethora of disciplines and was found to be exceptionally effective in helping disaster victims.

One discipline that uses multiple methods and theories to reach a desired outcome is the discipline of medicine. Schiavo (2005) noted that health communications utilizes multiple methods and theories from many disciplines to accomplish the desired health outcome. Health communications provides a good pattern for the development of disaster communication theory because it focuses all aspects of theory and methods on producing a health benefit to an individual.

Disasters threaten life, health and livelihood of the immediately affected people. Consequently, the focal point of disaster communications theory must be on the disaster victim and identifying ways to diminish the affects of the disaster upon them. Although each identified discipline could create their own discipline-specific theory of disaster communications (for example, the focus on public relations, corporate image protection, diffusion of news and fundraising efforts within the discipline of communications), the axis upon which disaster communication theory turns must be the point of convergence of all disciplines on the topic of mitigating the effects of the disaster on the immediately affected victims.

Stakeholder theory (Freeman, 1984), from the discipline of public management, might be a beneficial starting point to identify other disciplines from which to draw theory and method for disaster communication theory. Stakeholder theory says to identify every audience that has a stake in the outcome or findings. The victims have one of the greatest stakes in a disaster event because it is their life and health at stake.

The World Bank (1996) has produced a Participation Sourcebook that focuses on stakeholder participation in economic and social development. This is a good resource to review and draw information on the importance of empowering the affected population and other stakeholders in disaster response efforts. Principles and practices from the discipline of development, such as diffusion and participatory communication, will add to disaster communication theory. Moreover, identification of additional stakeholders in disaster communication theory will produce additional disciplines to be consulted and draw expertise.

The development of disaster communication theory is long overdue. Progress toward a theory of disaster communication will require a multi-dimensional approach and trans-disciplinarian cooperation. Combining the best theory, methods and practice from multiple disciplines provides a cumulative source from which to develop a phenomenal disaster communication theory. It is time to break out of our compartmentalized disciplines, use some imagination, and take the initiative to do something of great importance that can positively affect the world. This is a petition for all communication scholars, from all scholastic disciplines, to work together for the benefit of current and future disaster victims. It is time to move forward in this area of communication theory.

Conclusions and Personal Observations

In conclusion, I want to share a few thoughts on points of interests that evolved and also offer a few suggestions on how to improve disaster communication networks and disaster response for future disasters. I will first introduce the topic of power/control struggles and how this interacts with the principle of empowerment. I will then speak about communication breakdown following a disaster and share examples of TRC communication breakdown after the tsunami. I will then introduce the principle of victim participation for effective disaster mitigation and response efforts, and also share examples from Colonel Chinnarat's efforts. And lastly, I will propose a model for effective disaster communication offer a few points on how the TRC can improve their disaster communication network in preparation for future disasters.

Empowerment

In my opinion, the empowerment of villagers in the tsunami-affected zone of Phang Nga Province, Thailand, is one of the greatest highlights of Colonel Chinnarat's

disaster management efforts. This empowerment came as Colonel Chinnarat affirmed to the victims that it was okay and acceptable for them, as enlightenment-seeking Buddhists, to ask for help following the tsunami.

The notion of empowerment (individual, organizational or community) has been recognized as the *gaining of control* over resources, democratic and political processes, and social and economic conditions (Melkote, 2000). However, empowerment of Thai nationals and disaster-affected communities was not solely based on the attainment of control over resources, social conditions, economic conditions or political processes. Rather, individual and community empowerment, following the tsunami, evolved with the sharing of knowledge: knowledge of legal rights, knowledge of how to ask government agencies for assistance, and knowledge about who to approach for help.

From this example I have come to believe that empowerment is not an all or nothing issue of control over resources, society, politics or the economy, but that empowerment can be attained in very small increments of progress. I call these steps of progress: increments of empowerment. Information, knowledge and education are basic increments of empowerment. This case study shows that the sharing of information actually liberated Thai nationals from their own cultural inhibitions and empowered them in their personal decision-making processes.

Communication Breakdown

The sharing of information or diffusion of information, to the immediately-affected victims of a disaster, from reliable sources, such as trusted government officials and NGHOs, is imperative for effective disaster communication. Effective disaster communication leads to knowledge and knowledge leads to efficient action of both

victims and the responding agencies. This diffusion of news and exchange of information must be transmitted through any means of interpersonal or mediated communication methods, such as written text, audio, and visual messages, to reach the greatest number of immediately-affected disaster victims. Every attempt should be made to provide the disaster victims with accurate and timely information. Information must be diffused in the appropriate languages of all identifiable disaster victims.

Communication breakdown arises when information is not gathered or shared with appropriate groups or individuals. Communication breakdown during disasters has been increasingly evident. Jeong (1996) reported that this breakdown is generally organizationally dependent because various responding organizations have "differing perceptions of information requirements for various functions" and that "these differing priorities often lead to overestimated or underestimated damage assessments being delivered within and among organizations" (p. 15).

Jeong's (1996) findings are validated from this current research looking at the TRC's communication response to the Indian Ocean tsunami. Theoretically the TRC is independent from the government of Thailand. However, disaster management throughout the country is overseen by the Prime Minister and carried out by the Minister of Interior and the Royal Thai Military. Therefore, political constraints led to the communication breakdown within the TRC and between responding government agencies. Because of these constraints, Provincial TRC President, Tasana Metheevibulvut, had not the authority or resources to work outside the government's disaster management realm.

Not only was there a communication breakdown in the TRC line of disaster response, but also within government agencies responsible to help disaster victims. Choo of Front Line noted that corruption in the response effort crept into disaster response as the sharing of knowledge and information was hedged between responsible government agencies and affected communities (personal communication, May 27, 2005). Government officials who had the ability and knowledge to help those in need, following the disaster, did not share their knowledge of available services with those in need; therefore, various services were not being utilized by the victims. Ultimately, what Choo was saying was that information is power; whoever has the information has the power, and those who withheld information and services, meant for the people, are corrupt (personal communication, May 27, 2005). After Front Line was integrated into the TRC, the Colonel and Choo worked with the people in the villages and the government agencies to remove these communication barriers (personal communication, May 27, 2005, and July 9, 2005).

Participation

The TRC did not follow the Sphere Project's (2004) minimal standard of *participation*, meaning the participation of those affected by the disaster, in their disaster response efforts. Unfortunately, the chaos of trying to find logistical solutions to unnecessary and inappropriate donations overburdened TRC officials (National Workshop, 2005) and became a great distraction from the more pressing issues of disaster management and response. This problem might have been easily remedied or prevented if the Thai government department of disaster management and mitigation would have utilized the Sphere Project (2004) minimal standards for disaster response in its efforts.

The missing link in all disaster communication is the voice and participation of the victims in disaster assessments and disaster response efforts. Disaster victims must be consulted and engaged in the disaster response efforts regardless of power struggles within responding organizations or even within different segments of the affected population. Those immediately affected by a disaster are the most knowledgeable of their own resources and needs following the disaster, therefore, effective disaster communication should incorporate participation of those immediately affected by the disaster.

Individual and community needs assessments must be based first on preservation of life, and second on the preservation of livelihood. All cultural, minority and segmented groups within any particular community should be represented in the overall assessment; information gleaned from these diverse representatives adds legitimacy and accuracy to community disaster assessments. The knowledge gained from these thorough assessments will guide more efficient and effective response efforts. The needs assessments of effected communities, verified by responding agencies, should be utilized to coordinate and orchestrate disaster response efforts.

A Proposed Model for Disaster Communication

The Colonel's disaster response efforts provide us with a multi-faceted study of victim empowerment, victim participation and effective disaster communication networking. Even though the Colonel's efforts were directed only toward Thai-national communities, the example he provides can be transferred to other minority or segmented groups involved in disasters.

Colonel Chinnarat served as a mentor to villagers. He gathered information and assessed the disaster situation within communities by physically walking through the damaged areas and talking to individuals. The Colonel freely shared his knowledge by working directly with the people hit by the tsunami. The people trusted Colonel Chinnarat and respected his opinion and his counsel. As the Colonel shared his knowledge and worked side by the side the people, the people were educated and then empowered to work through their own problems using the government resources available to them.

Colonel Chinnarat served as a liaison between the disaster-affected people and the disaster response head office of the TRC, in Bangkok. As both a mentor to the people and a liaison between communities and government agencies, the Colonel was able to help villages become organized in their own disaster response efforts. The disaster communication model proposed here revolves around the principles of individual and community empowerment, participation and organization.

Effective disaster communication must originate or focus on the people at the point of disaster impact. Disaster victims to whom this disaster communication model targets are those who are most vulnerable to lose their life, health or livelihood due to the natural or man-made disaster. Disaster communications must target the victims of disasters as the point where vital information is exchanged.

The exchange of information between victims and responding agencies leads to knowledge. Knowledge transformed into positive self-directed action is an increment of *empowerment*. Communities that are educated about disasters and how to respond or react during a disaster can be empowered to take a proactive stance in disaster

management and mitigation. Empowered individuals and communities *participate* in finding solutions to their own problems. The participation of many leads to a system of *organization.*

A community-based model of emergency preparedness and disaster response would be highly beneficial to communities throughout the world, especially communities within developing nations. A volunteer emergency preparedness model connected with either government emergency response agencies or NGHO emergency response groups could provide developing nation communities with good emergency preparedness and response options. The basis of such community programs would be to enable and empower communities in their own disaster response efforts. Front Line's grass roots disaster response model, championed by Colonel Chinnarat, proved effective within the communities it served. Front Line was effective because it opened communication channels that led to a gradual empowerment of disaster-affected people and communities.

My proposed disaster communication network or model starts with a core group of community-based volunteers. These individuals should receive emergency preparedness and response training from appropriate disaster management groups. The community volunteers would, in turn, propagate emergency preparedness and disaster response training throughout their individual villages and communities, empowering individuals and guiding the organization of community-based emergency preparedness and response groups.

The core group of community volunteers could serve as information liaisons between responding organizations and the affected community. Following a disaster, the communication points within affected communities would be these trained volunteers.

As disaster communication liaisons, the volunteers would provide the stakeholders of both the disaster-affected community and the responding agency with accurate and timely information, mediating the assessment of needs and resources.

These liaisons would serve a very important role in disaster management because, not only would they have an understanding of the communities, cultures and customs, but they would also be a resource for distributing information to disaster-affected individuals. Colonel Chinnarat commented on the abilities of a liaison stating, “A person in this position must have a varied background in many different fields, they must understand the people and the customs and the way things work. They must speak the language of the people”(personal communication, July 9, 2005). They must speak not only the verbal language of the people, but the body language and cultural language of the people as well. Colonel Chinnarat was an exemplar of these abilities.

Community-based emergency response programs initiated by governments or NGHOs, in communities throughout the world, and specifically within developing nations, can be modified to accommodate the social, political, cultural and health circumstances of targeted audiences. Effective disaster communication must incorporate aspects of both development communication and health communication practices. Haider and Pal (2005) noted that the future of health communications is to tailor communication strategies to target different audiences according to their “social, political, economic, environmental and health circumstances” (p. 421). Thoughtful innovations and supportive organizations influence healthy behavior. Haider and Pal (2005) explain the necessity of creating communication strategies that target individuals according to their life situations. They stated:

> Focused innovations and organizations play key roles in targeting behavioral contributors to health promotion and disease prevention. Innovations that are tailored to suit specific audiences segments and are marketed through proper media channels have a greater likelihood of being adopted by individuals and groups. Organizations that aim specifically to foster behavior change through health communications can concentrate their efforts on identified needs of the consumer as part of a consumer-oriented paradigm. (Haider & Pal, 2005, p. 421)

How is this related to disaster communications? Disaster victims become resource consumers; therefore, engagement of individuals in disaster preparedness plans and efficient emergency response training is a healthy behavior that may mitigate the negative effects of a disaster on life and livelihood.

As stated previously, health communications provides a good basis for initiating disaster communications because it utilizes multiple disciplines, theories and methods to achieve the desired outcomes. The positive consumer-oriented behaviors associated with disaster preparation and emergency response might be: maintaining a small storage of food and water, having a first aid kit, participating in disaster drills, and knowing escape routes. Targeting negative consumer-oriented behaviors with disaster communications strategies will require a multi-faceted approach to initiate and organize community emergency preparedness and response programs. The creation of this network must utilize "several theoretical frameworks and disciplines, including but not limited to health education, social marketing, behavioural and social change theories" (Schiavo, 2005, ¶ 5) to protect the lives and health of those who are the actual and immediate victims of natural and man-made disasters.

Each community in which a disaster communication network is to be established will be different from the next. I believe that the use of Colonel Chinnarat's versatile formula for solving problems (IT3C4—I=Information; T3=Technology, Terrain, Time; C4=Coordination, Communication, Command, Control) would address a significant portion of different community variables and situational issues. The core group of knowledgeable volunteers (also know as the disaster communications liaisons) can use this formula to address community issues as they go through the process of educating, empowering, and involving community members in emergency preparedness and disaster response training. The ultimate goal of this disaster training and community participation would be the organization of community-based emergency preparedness and response groups who have an open line of communication with disaster management government agencies or NGHOs. The creation of these disaster communications networks will require collaboration from varying disciplines, the use of multiple strategies and different combinations of approaches, and I believe it can be accomplished. Colonel Chinnarat's formula for solving problems combined with a community volunteer-based emergency preparedness and response program could significantly improve disaster communication networks world-wide.

The TRC would do well to initiate this model of community-based disaster preparedness and response training and inform communities about the services they offer. Although the TRC could not fulfill the minimum standards of disaster response, because of its political affiliation with the Thai Government, Thais and foreigners alike were moved to respond with a great wave of compassion for all humanity.

Humanity is alive and well in Thailand. Others came to the rescue of their fellow men and women. Locals, nationals and foreigners reached beyond themselves and their families to help those in distress, despair and need. Time and time again I listened to stories of that fateful day in December. Each survivor's story was unique. However a common thread of humanity and compassion is woven throughout—Citizens opening their homes, kitchens and pantries to the destitute; there were heroic acts of rescues and unselfish care for the wounded. Compassion emerged from the chaos and humanity generally prevailed over the horrors of the disaster.

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Appendix A

Seven Founding Principles of the Red Cross

The seven founding principles of the Red Cross are:

1) **Humanity**: To prevent and alleviate human suffering without discrimination.
2) **Impartiality**: To relieve suffering of individuals with no discrimination as to nationality, race, religious beliefs, class or political opinions. Actions are guided solely by the needs, and giving priority to the most urgent cases of distress.
3) **Neutrality**: The movement may not take sides in hostilities or controversies of political, racial, religious or ideological nature.
4) **Independence**: The movement is independent. National societies must always maintain their autonomy so that they may be able to, at all times, act in accordance with the principles of the Movement.
5) **Volunteer Service:** This is a voluntary relief Movement not prompted in any manner for gain.
6) **Unity**: There can be only one Red Cross or Red Crescent society in any one country, which must be open to all and carry its work throughout the entire territory.
7) **Universality**: The Movement of the Red Cross is worldwide and all Societies have equal status and share equal responsibilities in helping each other. (The Thai Red Cross Society: at a Glance (n.d.)

Appendix B

Historical Highlights of the Thai Red Cross

According to the Thai Red Cross (n.d.), these are major highlights of its organization:

1893. Founding of the Red Unalom Society of Siam.

1895. Thailand acceded to the Geneva Convention.

1906. The name “Red Unalom Society” was changed to “Siamese (Thai) Red Cross Society.”

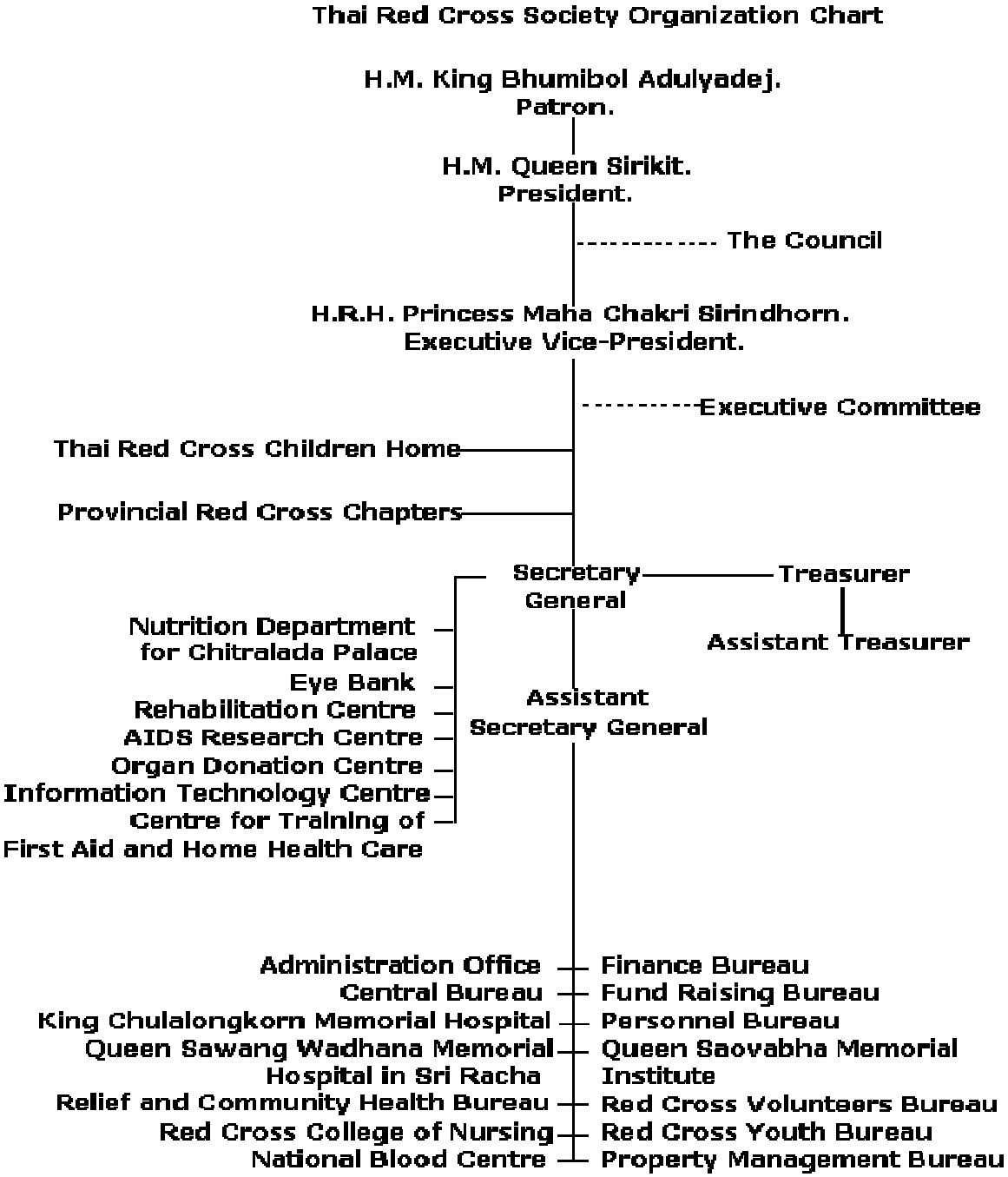
1920. The TRC was officially recognized by the International Committee of the Red Cross.

1921. The TRC was accepted as a member of the League of Red Cross and Red Crescent Societies.

1962. Establishment of the TRC Provincial Chapters throughout the country.

Today the TRC constitutes a major network of health care and relief services. It is by far, the largest humanitarian organization in the country. (The Thai Red Cross Society: At a Glance, pg 4-5).

Appendix C



Obtained from http://www.redcross.or.th/english/aboutus/organizationchart.php4

Appendix D

The Mission of the Asian Disaster Preparedness Center

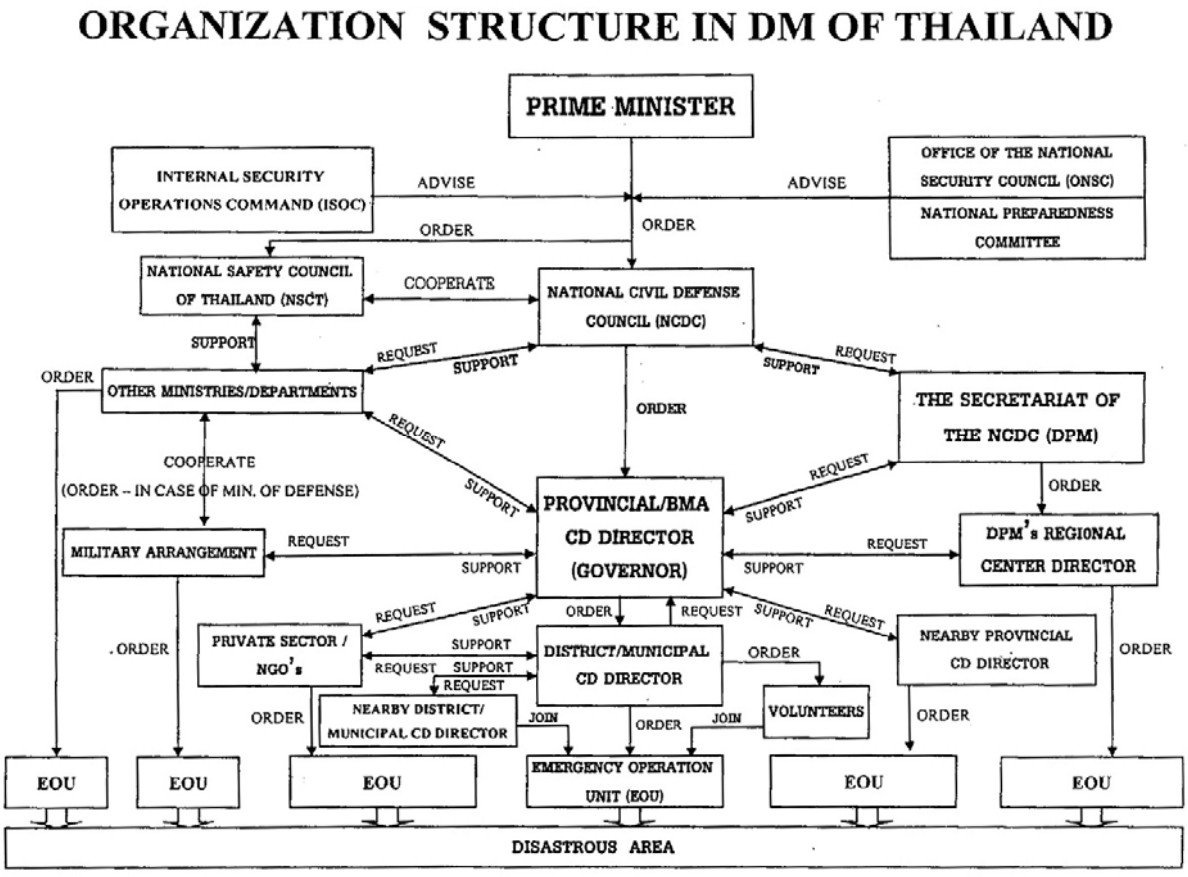
The Asian Disaster Preparedness Center (ADPC) is a non-profit organization supporting the advancement of safer communities and sustainable development, through implementing programs and projects that reduce the impact of disasters upon countries and communities in Asia and the Pacific, by:

- developing and enhancing sustainable institutional disaster risk management capacities, frameworks and mechanisms, and supporting the development and implementation of government policies;
- facilitating the dissemination and exchange of disaster risk management expertise, experience and information; and
- raising awareness and enhancing disaster risk management knowledge and skills.

Information obtained November 15, 2005, from http://www.adpc.net/

Appendix E

Thailand Department of Disaster Prevention and Mitigation



Disaster management system obtained from http://www.disaster.go.th/html/english/

Appendix F

International Committee of the Red Cross Plan of Action, 1999:

Resolutions and Final Goals

The following is the Plan of Action from the 27th International Conference of the Red Cross and Red Crescent, held in Geneva, Switzerland, 1999. The three resolutions and final goals became the plan of action from 2000 to 2003 for all members of the Movement. A follow-up on theses resolutions and final goals was given at the 28th International Conference the later part of 2003.

Plan of Action for the years 2000-2003

Annex 2 of the resolution 1--The members of the 27th International Conference of the Red Cross and Red Crescent, held in Geneva from 31 October to 6 November 1999, adopt the following Plan of Action for the coming four years in order to improve the care and protection of victims of armed conflicts and disasters and more generally of the most vulnerable people. They will implement the actions set out in the Plan of Action in accordance with their respective powers, mandates and capacities. In adopting this Plan of Action, the International Conference recognises the unique nature of the co-operation between the International Red Cross and Red Crescent Movement [1] and States [2] and the specific mandates of each component of the Movement. It also reaffirms the commitment of States, adhering to the purposes and principles of the United Nations Charter, to meet their existing obligations under international humanitarian law to support the work of each component of the Movement and to respect at all times the components' adherence to the Fundamental Principles. The Plan of Action is divided into long term goals and specific actions which represent the main areas where a renewed effort is required from States and the Movement for their respective commitments in the coming four years. [3] The 28th International Conference will evaluate the results attained over the next four years. The Standing Commission of the Red Cross and Red Crescent will encourage and further the implementation of the Plan of Action, according to its statutory mandate, through consultations with States party to the Geneva Conventions, components of the Movement and other actors, as to the best methods of achieving this.

1. Protection of victims of armed conflict through respect of international humanitarian law

Final goals

1.1 Full compliance by all the parties to an armed conflict with their obligations under international humanitarian law to protect and assist the civilian population and other victims of the conflict and to respect protected objects

1.2 An effective barrier against impunity through the combination of relevant

international treaties and national laws concerning the repression of violations of international humanitarian law, and the examination of an equitable system of reparations

1.3 Universal acceptance of international humanitarian law and the adoption of all necessary measures by States at the national level to ensure the implementation of their obligations under international law

1.4 Integration, by States, of their obligations under international humanitarian law in relevant procedures and training. Promotion of this law among relevant persons and bodies

1.5 Conformity of weapons with international humanitarian law, the establishment of effective controls on the availability of arms and ammunition, and an end to the human tragedy caused by anti-personnel landmines

Actions proposed

2. Humanitarian action in times of armed conflict and other disasters

Final goals

2.1. Effective response in disaster situations through improved national and international preparedness

2.2. Strengthened mechanisms of co-operation and co-ordination amongst States, the Movement and other humanitarian actors

2.3. Provision for the rights and acute needs of the most vulnerable people as the first priority for humanitarian action

2.4. Understanding of the respective roles of political, military and humanitarian actors, and protection of humanitarian personnel

Actions proposed

Final goal 2.1 - Effective response in disaster situations through improved national and international preparedness

1. States will:

(a) establish or update national disaster preparedness plans which incorporate linkages, where necessary, to international systems of disaster response and have clearly defined and agreed roles and responsibilities for National Societies, including representation on appropriate national policy and co-ordination bodies;

(b) examine the vulnerability of their disaster response systems to disaster damage and take steps to ensure that these systems can continue to operate effectively in responding to the needs created by disasters;

(c) help, as appropriate, National Societies, in co-operation with the International Federation, to access and benefit from international funding within the multilateral context, with a view to strengthening disaster preparedness.

2. National Societies, supported by their respective governments, the International Federation and the ICRC, will:

(a) strengthen their disaster preparedness and response capacities, including the raising of community awareness and support, both nationally and internationally, in response to changing patterns of risk and vulnerability, and through lessons learned from experience

gained over the past decade, including those within the framework of the International Decade for Natural Disaster Reduction (IDNDR);

(b) examine the vulnerability of their disaster response systems to disaster damage and take steps to ensure that these systems can continue to operate effectively in responding to the needs created by disasters.

3. The International Federation, while drawing upon existing research and the competence of relevant international bodies, will undertake a study to assess the future impact of climatic changes upon the frequency and severity of disasters and the implications for humanitarian response and preparedness.

Final goal 2.2 - Strengthened mechanisms of co-operation and co-ordination amongst States, the Movement and other humanitarian actors

4. The Movement, supported where appropriate by States, undertakes to improve co-operation and co-ordination in its international activities, both internally as set out in the 1997 Seville Agreement, and with States, the United Nations system, regional, national and sub-national authorities, international organisations and other actors, based upon the "Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations in Disaster Relief".

5. States and the Movement will support efforts to develop minimum practical standards for the delivery of humanitarian assistance, such as those elaborated in the *Sphere project* (Humanitarian Charter and Minimum Standards in Disaster Response).

6. The Movement will develop its activities in post-conflict situations. In particular, the International Federation will develop its strategy to guide post-conflict relief and rehabilitation programming based on National Societies' capacity for social mobilisation and service provision. States and the Movement will promote better co-ordination between States, international organisations, the Movement, NGOs and other organisations in managing the transition from emergency humanitarian assistance to longer term development assistance.

7. States and the Movement will co-operate to further develop:
(a) response mechanisms that are, above all, rapid, flexible and effective in responding to needs of victims and vulnerable people;

(b) funding mechanisms that provide more predictable and appropriate funding while recognising the accountability requirements of all parties.

Final goal 2.3 - Provision for the rights and acute needs of the most vulnerable people as the first priority for humanitarian action

8. States and all parties to an armed conflict will take all necessary measures to ensure the civilian character of refugee and internally displaced persons camps, and that appropriate conditions are met regarding location, environment, camp security, law and order, and registration. The Movement will offer its services, where required, in assisting to meet these responsibilities.

9. National Societies, the International Federation and the ICRC, according to their respective mandates and in accordance with international humanitarian law, may offer their services on behalf of refugees and asylum seekers in co-operation with UNHCR, and, taking note of the Guiding Principles on Internal Displacement, may also offer their services on behalf of internally displaced persons, and will:
(a) extend support to States in fulfilling their obligations to assist and protect refugees, asylum seekers and internally displaced persons;

(b) ensure that their programmes support host government efforts to seek durable solutions for displaced populations, including voluntary repatriation in safety and dignity, in dialogue with countries of origin;

(c) promote efforts to develop solidarity and understanding between host communities and refugees, asylum seekers and internally displaced persons.

10. States and the Movement encourage the United Nations Security Council, before applying economic sanctions, to take into
account the needs of the civilian population and apply humanitarian exemptions, as appropriate. States welcome the note by the President of the Security Council of 29 January 1999 on the work of the sanctions committees, in particular the paragraphs relating to the humanitarian impact of sanctions.

Final goal 2.4 - Understanding of the respective roles of political, military and humanitarian actors, and protection of humanitarian personnel

11. Political and military actors and humanitarian organisations, while acknowledging and respecting the clear distinction between their different missions and modes of operations, will undertake at the national and international levels to strengthen their dialogue in order to ensure a clear understanding of, and respect for, each others' mandates and roles.

12. Humanitarian personnel will be respected and protected at all times. Threats to, and attacks on, such personnel will be duly investigated and those alleged to have committed such attacks will be brought to justice under due process of law. In this context, States are encouraged to consider becoming parties to the 1994 Convention on the Safety of United Nations and Associated Personnel.

3. Strategic partnership to improve the lives of vulnerable people

Final goals

3.1 Improved health for vulnerable people based on strengthened co-operation between States and National Societies

3.2 New initiatives to meet the needs of vulnerable people and to reduce discrimination and violence in the community

3.3 Increased National Society capacities and effective partnership with States, and co-operation with relevant humanitarian and development organisations

Actions proposed

Final goal 3.1 - Improved health for vulnerable people based on strengthened co-

operation between States and National Societies
1. States note the important role of National Societies in providing and advocating for improved health and social services particularly for vulnerable groups, and will strengthen their co-operation with their National Societies to further this end. States will provide opportunities, where appropriate, for National Societies to be represented in policy, planning and implementation bodies.

2. States, National Societies, and the International Federation, together with the appropriate international and national bodies, will develop their collaboration to increase promotion and provision of primary health care, with particular emphasis on preventative primary health care and the well-being of vulnerable people in inaccessible and under-served areas, and in the most deprived sections of large cities.

3. States recognise that blood service provision as part of health care is the overall responsibility of governments. National Societies will support national blood programmes as needed through the provision of high quality and safe blood services based upon voluntary, non-remunerated blood donation. To this end, States will strive to ensure, where appropriate, that adequate resources are made available to National Societies involved in such programmes.

4. The International Federation and National Societies will, in co-operation with States, and appropriate national and international bodies, further strengthen their capacity to prevent, treat and control communicable diseases (including emerging and re-emerging diseases), especially tuberculosis, HIV/AIDS and other sexually transmitted diseases, malaria and vaccine-preventable diseases.

5. States recognise the intrinsic value of first aid training for the public as an effective means for prevention, preparedness and response to emergencies as well as day-to-day health problems. Accordingly, States, where appropriate, will give consideration to providing opportunities for first aid training for school children, public servants, health professionals and members of the community, utilising in particular the expertise and capacity of their National Societies.

6. States will respond to the growing global problem of road accidents through, for example, the further development of road safety measures in collaboration with all concerned partners, in particular National Societies. Concerned National Societies will develop their role in support of first aid training and public awareness activities to reduce levels of road accidents and the resulting casualties, especially amongst vulnerable populations.

Final goal 3.2 - New initiatives to meet the needs of vulnerable people and to reduce discrimination and violence in the community
7. The ICRC, the International Federation and National Societies, with the support of States where applicable, will develop innovative ways to explain and communicate the Fundamental Principles of the Red Cross and Red Crescent, inside the Movement and externally to local authorities and the community, as a means of:
(a) ensuring that all volunteers and staff of the Movement understand and act on the basis

of the Fundamental Principles in their day-to-day work;

(b) ensuring that public authorities understand the role of the Movement, use its capacity and facilitate its access to vulnerable people in peaceful and violent circumstances, in accordance with applicable international law;

(c) developing mutual understanding and fostering initiatives in the community, taking into account the diversity of its cultural, religious and other representative features, to protect life and health and to ensure respect for the human being.

8. States, where appropriate, will facilitate access to schools and universities for National Societies, the International Federation and the ICRC, and will contribute to the development of communication and teaching materials which foster understanding of the Fundamental Principles.

9. National Societies will review and adjust their service delivery and communication programmes to ensure that they fully represent the application of the Fundamental Principles, with particular reference to advocacy for, and services to, the most vulnerable people in the community.

10. National Societies, in reviewing their programmes, will pay special attention to the needs of children living in difficult circumstances, in particular street children. With the support of the International Federation, they will develop their activities and advocacy, where appropriate, to contribute to meeting these needs. States, where appropriate, will draw on the capacities of National Societies, and support their actions in meeting the needs of street children.

11. States will seek to improve the plight of children living in difficult circumstances by meeting their special needs, with emphasis on prevention of sexual exploitation and physical and other forms of abuse and the sale of children with the ultimate objective of the reintegration of these children into their families and society. States will strive to achieve the rapid conclusion of the work of the United Nations Working Group on an Optional Protocol to the Convention on the Rights of the Child, on the Sale of Children, Child Prostitution and Child Pornography.

12. National Societies and States will co-operate and, as appropriate, take initiatives to promote tolerance, non-violence in the community and respect for cultural diversity.

Final goal 3.3 - Increased National Society capacities and effective partnership with States, and co-operation with relevant humanitarian and development organisations

13. States, recognising the auxiliary role of National Societies and the growing significance of their work in the provision of services and the fostering of respect for the human being, will:

(a) where necessary, commit to further strengthening the capacity of the National Society of their own country, facilitating and supporting its role in response to new challenges in the national context;

(b) recognise the growing importance of volunteers as providers of practical and emotional support to vulnerable people in the community, thus complementing the coverage of needs not met by the formal service delivery system. States consequently review, and where necessary, introduce or update legislation so as to facilitate the efficient work of relevant voluntary organisations;

(c) increase their support for building a stronger, global National Society network, better able to respond to needs in the community and to disasters. In this they will give due recognition to the experience of the "Tripartite Process" launched by the International Federation in follow-up to the 26th International Conference;

(d) as appropriate, increase their support for co-ordination between the National Society network and relevant humanitarian and development organisations.

14. National Societies, in order to ensure their capacity to respond more effectively to new challenges, will:
(a) take new initiatives to ensure a well-balanced participation by people from all sectors of society in their organisation and programmes, and promote their integration into National Society decision-making processes and leadership positions;

(b) review their legal base and statutes to determine whether they need to be updated. As part of this process they will consider the draft model law prepared by the International Federation and the ICRC, the guidelines for National Society statutes and other relevant decisions of Movement and International Federation statutory bodies;

(c) commit themselves to increased co-ordination and co-operation with relevant humanitarian and development organisations.

15. The International Federation will:
(a) continue its research, in co-operation with National Societies, on specific aspects of voluntarism, in order to develop updated policy and guidelines;

(b) initiate, in co-operation with National Societies and the ICRC, an in-depth study into the working relationship between States and National Societies, taking into account the changing needs in the humanitarian, health and social fields, the auxiliary role of National Societies and the evolving role of the State, the private sector and voluntary organisations in service provision;

(c) implement "Strategy 2010", adopted by its General Assembly in October 1999, which seeks to build the individual and collective actions of National Societies, in co-operation with States, in order to improve the lives of vulnerable people.

Appendix G

The Sphere Project Common Standards of Disaster Response

The Sphere Project (2004) defines minimum and common standards of disaster response for the entire disaster management and response communities. This community includes all Red Cross components, governments and non-governmental humanitarian agencies (NGHA). Under the Sphere handbook chapter entitled, "Common Standards for All," core 'process and people' standards are listed. Six of the eight standards relate specifically to the Participatory Theory of Communications. The standards are:

1. Participation—disaster affected populations must be involve in decision making through the project cycle (assessment, design, implementation, monitoring and evaluation). Information and knowledge sharing between all parties involved allows for transparency and better coordination of response efforts.
2. Initial assessment—assessments are made concerning each aspect of a disaster related to life, health, dignity and livelihoods. This assessment provides a basis for immediate response from the organizations best suited to assist.
3. Response—the response should be organized on the basis of assessed needs.
4. Targeting—this standard is utilized to provide for the needs of the most vulnerable while providing aid efficiently without causing dependency.
5. Monitoring—the disaster and response situations must be continually assessed for changes. Monitoring is a standard that helps managers and affected populations to determine priorities, identify trends or emerging problems, identify the effectiveness of the response and to make changes as necessary. Information that

is collected should be disseminated to the right audiences (both the response sector and the disaster affected population) and acted on accordingly.

6. Evaluation—looking critically at the humanitarian response following a disaster provides lessons that will enhance future efforts once they are addressed in policy and utilized in practice.
7. Aid worker competencies and responsibilities—aid workers will possess appropriate qualifications, attitudes and experience to plan and effectively implement appropriate programmes. Workers should be familiar with human rights and humanitarian principles and have an understanding of the local cultures and customs.
8. Supervision, management and support of personnel—aid workers received supervision and support. Humanitarian agencies should ensure that their staff are qualified and competent, and properly trained and prepared, before assignment to an emergency situation.

Appendix H

International Federation of the Red Cross and Red Crescent, Disaster Preparedness (1999) and Emergency Response (1997) Policies

Disaster preparedness policy, 1999

Introduction

The readiness to predict and, where possible, prevent disasters, reduce their impact as well as respond to and cope with their consequences at international, national and local levels is central to the work of the International Federation of Red Cross and Red Crescent Societies and every individual National Society. This work, key to development, essentially involves reducing the vulnerability of households and communities in disaster-prone areas and improving their ability to cope with the effects of disasters; strengthening the capacities of National Societies in disaster preparedness and post-disaster response; determining a National Society role and mandate in national disaster plans; and establishing regional networks of National Societies that will strengthen the Federation's collective impact in disaster preparedness and response at the international level.

Scope

This policy establishes the basis of Red Cross and Red Crescent action in disaster preparedness. It applies to all types of disaster preparedness activities at local, national, regional and international levels whether carried out by a single branch of a National Society, by an individual National Society or by the International Federation acting together.

Statement

The International Federation and each individual National Society shall:

Recognize that disaster preparedness should be one of the primary activities of the International Federation and each National Society, regarding it as the most effective way of reducing the impact of both small and localized as well as large-scale disasters. The National Society has a role to play at the branch, the national and the international level. These roles shall be complemented by the actions of the Federation at the international level.

Recognize disaster preparedness as an effective link between emergency response, rehabilitation and development programmes and strive to build disaster preparedness upon the competent programming in other key areas Red Cross/Red Crescent work such as in the health sector.

Recognize the Red Cross/Red Crescent role in disaster preparedness as complementary to government and thus will not replace state responsibilities. In addition, the National Society should engage in debate with the government on the focus

and nature of the National Emergency Plan and encourage the assignment of a clear role and responsibilities to the National Society, supported by appropriate legislation.

Advocate, where necessary, with government, donors, non-governmental organizations and the public, the need for and effectiveness of disaster preparedness. National Societies should contribute to raising awareness of hazards, levels of risks and coping mechanisms adopted by society and mitigation programmes, such as early warning systems, that may reduce the loss of lives and property when a disaster strikes.

Strengthen the organizational structures at international, national and local levels required for effective disaster preparedness. In particular, prioritize the strengthening of branches and the mobilization and training of Red Cross/Red Crescent volunteers in high-risk areas and the responsibility of National Societies to prepared to be part of the Federation's international disaster response programming. Integrate or harmonize such activities with institutional development and other relevant programme areas.

Improve co-ordination by promoting better co-operation and partnerships between National Societies, ICRC, governments, non-governmental organizations and other disaster response agencies at local, national, regional and international levels.

Identify those persons, communities and households most at risk to disaster through assessment and analysis of risks, vulnerabilities and capacities (Vulnerability and Capacity Assessment) as a basis for prioritising location and focus of programming activities.

Raise awareness of disaster hazards through public education, encouraging vulnerable people to take preventative and mitigating actions where possible before disaster strikes. Ensure that the knowledge from prediction and early warning systems can be accessed, understood and acted upon by local communities

Improve the ability of vulnerable communities to cope with disasters through community-based disaster preparedness strategies that build on existing structures, practices, skills and coping mechanisms. Recognizing that a community-based approach is the best guarantee that improvement in disaster preparedness will be realized and sustained, the assisted population must participate in the planning and preparation for disasters. All activities and programmes should be sensitive to issues of gender, generation and the needs of vulnerable groups, such as the disabled.

Strive to provide the financial, material and human resources required to carry out appropriate and sustainable disaster preparedness activities. In particular, maximize the strategic advantage of the International Federation to mobilize all available resources and establish regional networks of National Societies that will strengthen the Federation's collective impact in disaster preparedness.

Responsibilities
National Societies and the International Federation have a responsibility to ensure that all disaster preparedness activities and programmes are carried out in compliance with this policy; that all staff and volunteers participating in such programmes are aware of the rationale and content of the policy; and that all relevant governmental, intergovernmental and non-governmental partners are adequately informed of this policy.

Obtained from http://www.ifrc.org/who/policy/dppolicy.asp

Emergency response policy, 1997

Introduction
Emergencies can be on any scale, affecting a single household or a local community, causing disruption at a national or even global level. Emergencies are defined as life threatening situations which put people at risk of death or severe deterioration in their health status or living conditions, and which have the potential to out-strip the normal coping capacity of the individual, family, community and state support systems. Emergencies may affect men and women differently, and they in turn have differing ways of coping with emergencies.

The Red Cross and Red Crescent must be able to act in all these life threatening situations regardless of the scope of the emergency, and its actions must be governed by the same policy regardless of the size and level of the response.

Scope
This emergency response policy establishes the basis of Red Cross and Red Crescent emergency response and applies to all types of International Federation emergency response whether carried out by a single branch of a National Society, by an individual National Society or by the International Federation acting collectively.

Statement
The International Federation and each individual National Society shall:

Seek to assist the most vulnerable people in emergencies. International Federation Emergency Response seeks to protect the life and health of the individual and to ensure respect for the individual through assisting those most affected in obtaining adequate access to basic life support needs. These encompass at a minimum: adequate safe water and sanitation, adequate food, adequate health care including psychological support, adequate shelter. All assistance must be carried out in a manner that does not add to the threat of violence against the assisted population.

Recognize the Red Cross Red Crescent role as auxiliary to government in humanitarian services and thus will not replace or undermine state responsibilities where the potential for appropriate state action exists. In addition, it will not normally replace or duplicate the work that other humanitarian agencies are mandated to carry out.

Undertake emergency response according to the Fundamental Principles of the Red Cross and Red Crescent and apply the principles and spirit of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

Work within the competence of the Operating National Society and the International Federation. Rely on, but not be limited by, local capabilities and coping mechanisms. Programme beneficiaries, men and women, must be meaningfully involved in the planning and implementation of emergency response.

Base their actions on appropriate disaster preparedness programming and planning. International Federation emergency response programmes are designed and implemented to maximize the possibility of beneficiaries speedily returning to their normal lifestyles, or where this is not possible, to attain a quality of life as free from external aid as possible.

Work towards self reliance and sustainability of programming by both the Operating National Society and the assisted population taking into account the long term effect of emergency assistance on future development opportunities. Operating National Societies should take responsibility to actively plan and pursue their capacity building during emergency assistance operations.

Continue until the acute threat to life and health has abated or, in situations of prolonged threat, until the needs can be more appropriately addressed within the framework of rehabilitation mechanisms.

Maximize the strategic advantage of the International Federation by 'working as a Federation' to mobilize all appropriate resources, including the regional structures of the Federation, while ultimately building on the capacity of the Operating National Society.

Financial resources
The primary tool for International Federation emergency response fund-raising is the Emergency Appeal. National Appeals are launched nationally by the National Society concerned. International Appeals are launched by the Federation Secretariat. The Appeal process is governed by National Society regulations and, internationally, by the Principles and Rules for Disaster Relief.

Human resources
Recognizing the vital role of human resources in emergency operations, the International Federation must ensure the proper identification, placement, retention, development, support, administration and management of suitably qualified, trained and experienced personnel to work in the service of the most vulnerable. The International Federation must, with the National Society concerned, be constantly vigilant to minimize the risk to the safety and security of volunteers and staff working for the programmes.

Information resources
The International Federation recognizes data and information as key resources in its emergency response. It is committed to making the Red Cross and Red Crescent a reliable and timely source of disaster related information. Information systems will be designed and implemented in order to maximize:

•the speed, efficiency and effectiveness of emergency response.

•the security and safety of beneficiaries, staff, volunteers and fixed assets.

•the timeliness, accuracy and clarity of reporting and accountability systems.

•the involvement of beneficiaries and local organizations.

Physical resources
International Federation policy dictates that the need for physical resources is well defined, that quality standards are ensured, that delivery is timely, that stocks are adequately maintained and distribution controlled.

Physical assets not used in the emergency response programme or surplus to operational requirements, as the programme scales down, should be deployed to support other emergency programmes when no longer needed for the emergency at hand, subject to national government regulation.

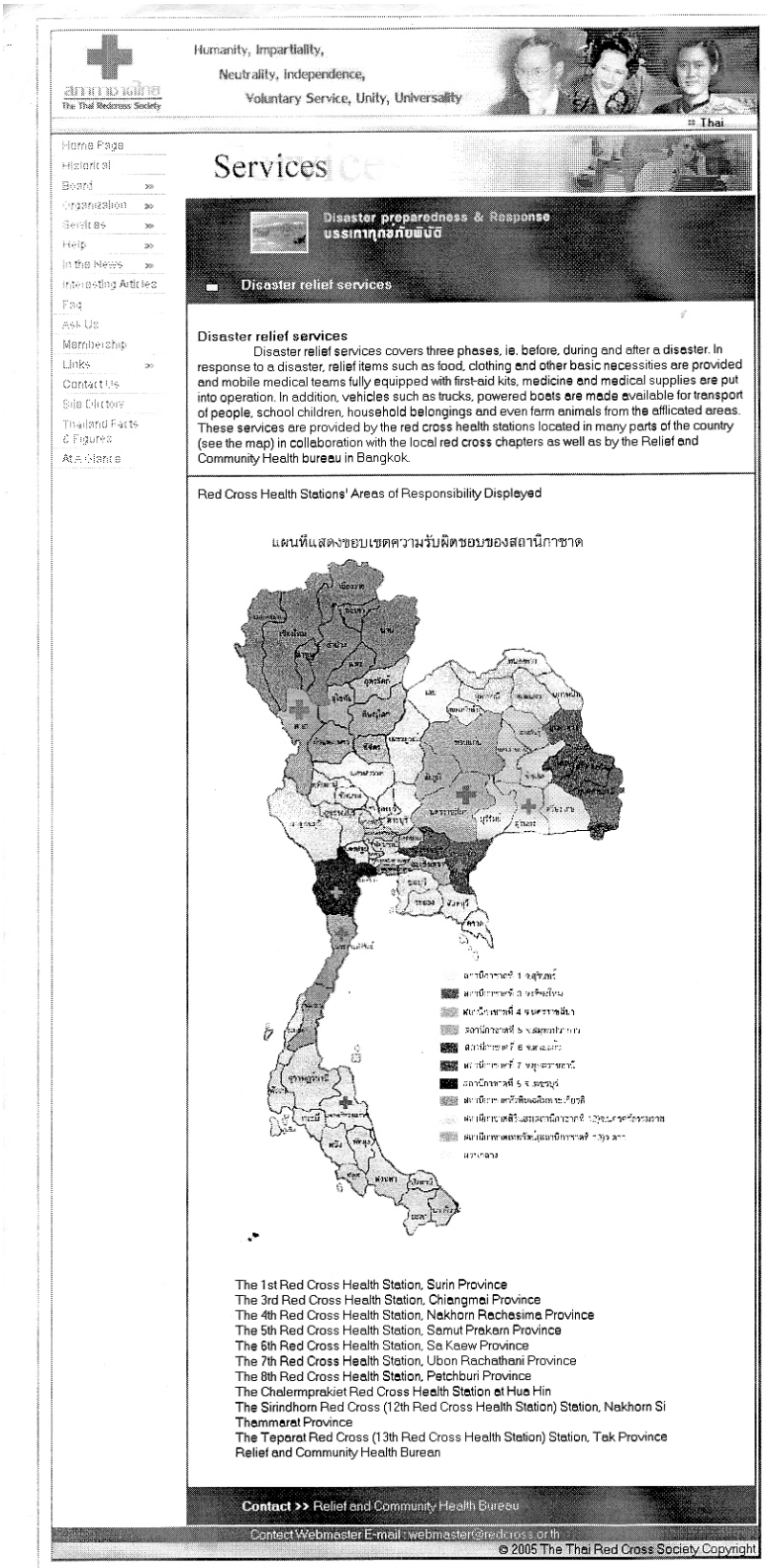
Consistent with the above, the impact of local purchase upon the local economy and well-being of the population should be assessed to ensure that such actions do not cause undue harm. Programme officials should refrain from creating duplicate infrastructures when existing National Society or commercial enterprises can provide the necessary support.

Responsibilities
National Societies and the International Federation have a responsibility to ensure that all emergency response operations and programmes are carried out in compliance with this policy; that all staff and volunteers participating in emergency response programmes are aware of the rationale and details of the policy; and that all relevant governmental, inter-governmental and non-governmental partners are adequately informed of this policy.

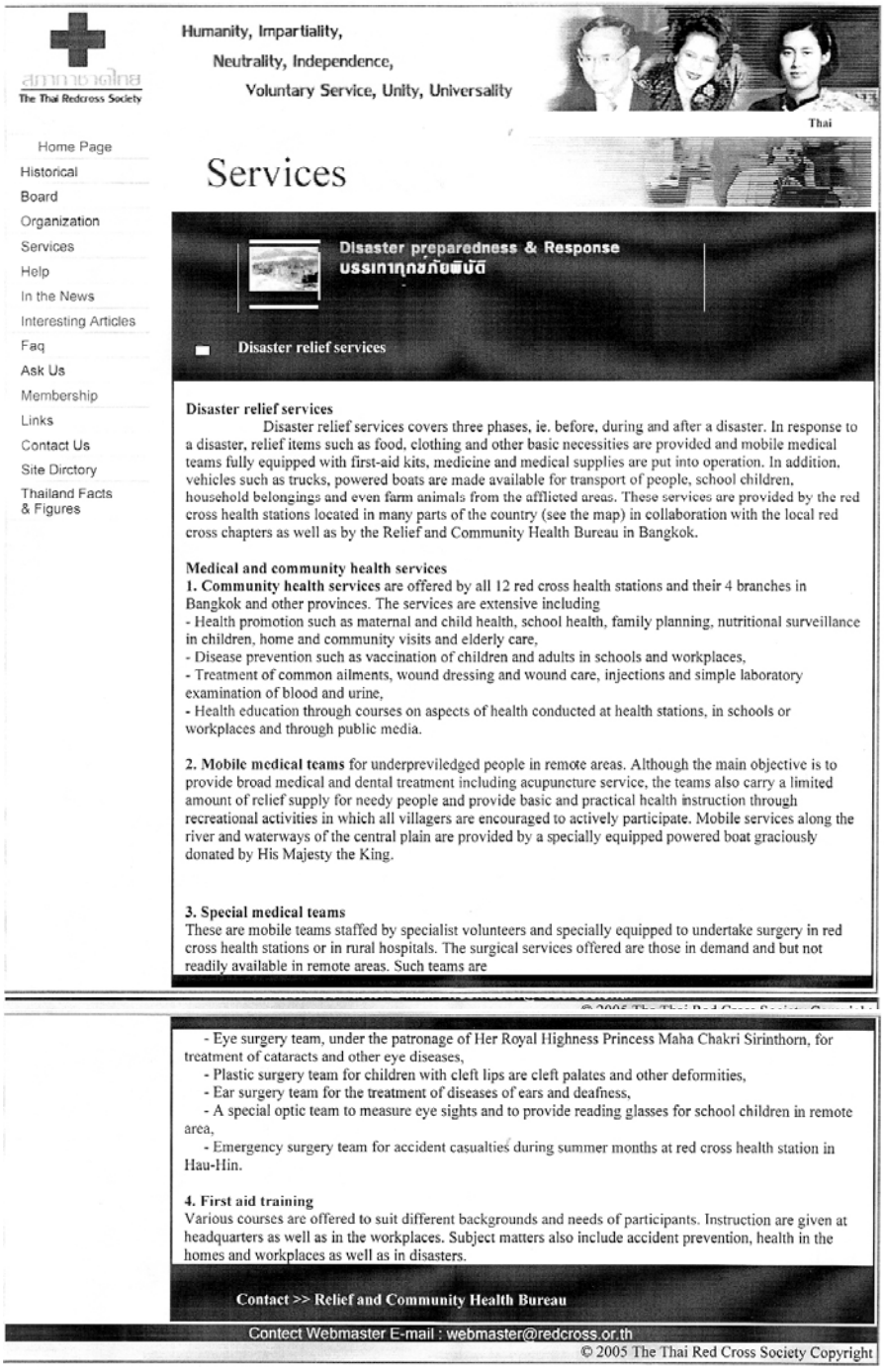
Obtained from http://www.ifrc.org/who/policy/emergenc.asp

Appendix I

Thai Red Cross Disaster Relief Services Webpages
Early 2004 Webpage



Webpage updated in September 2005



Two Webpages: One prior to the tsunami (updated early 2004) and the second webpage updated September 2005.

The 2004 Webpage was obtained from the TRC Headquarters in Bangkok on March 2, 2006. The 2005 Webpage was obtained from http://www.redcross.or.th/english/services/disas_menu2.php4

Appendix J

Interview Questions

General questions asked during each of the three interviews, the emails, and the meetings:

1. What is the organization of the TRC from the Central level in Bangkok to the Provincial level in Phang Nga and the community level?
2. What are the disaster communication policies of the Thai Red Cross?
3. What communication networks, both mass communication and interpersonal communication, were utilized to disseminate messages from the TRC to tsunami survivors? (Radio, TV, print, internet, loud speakers, grapevine, pamphlets, brochures, posters, etc.)
4. How did the TRC acquire information about the community needs in the Phang Nga Province? Who communicated with whom?
5. According to the TRC, were the community needs met?
6. How does the TRC evaluate their effectiveness in disaster communication?

Appendix K

Official Disaster Communication Policy of the Thai Red Cross

Original Message-----

From: watcharawaratorn vichitra

To: thandim@aol.com

Sent: Thu, 9 Mar 2006 19:57:34 -0800 (PST)

Subject: Re: Government and WHO reports

Dear Tami,

I have followed up the questionaire from the Relief and Community Health Bureau and send you a draft as follows:

1. Communications policy of The Thai Red Cross Society is available with or without crisis since TRCS have provincial chapters and branches down to the district level. Whenever people need help not only during crisis but also family or individual's difficulties, they can call on and request for assistance.

2.A. TRC know the needs of disaster victims through RC chapters and branches and RC Health Stations.

2.B. They learn from our activities whilch ensure them that we are accountable especially on health problem or disaster

affected.

3. Yes, Lt. Gen Dr. Amnat Barlee, Director of Relief and Community Health Bureau, represented the Thai Red Cross Society at the conference on May 30 and 31, 2005.

However, the above answer will be passed to Mr. Kongsiri for approval.

With best regards,

Vichitra

Appendix L

The Code of Conduct: Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes (1995)

1. The Humanitarian imperative comes first

The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognize our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations, is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster. When we give humanitarian aid it is not a partisan or political act and should not be viewed as such.

2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone

Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs. Within the entirety of our programmes, we will reflect considerations of proportionality. Human suffering must be alleviated whenever it is found; life is as precious in one part of a country as another. Thus, our provision of aid will reflect the degree of suffering it seeks to alleviate. In implementing this approach, we recognize the crucial role played by women in disaster-prone communities and will ensure that this role is supported, not diminished, by our aid programmes. The implementation of such a universal, impartial and independent policy, can only be effective if we and our partners have access to the necessary resources to provide for such equitable relief, and have equal access to all disaster victims.

3. Aid will not be used to further a particular political or religious standpoint

Humanitarian aid will be given according to the need of individuals, families and communities. Not withstanding the right of NGHAs to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions. We will not tie the promise, delivery or distribution of

assistance to the embracing or acceptance of a particular political or religious creed.

4. We shall endeavour not to act as instruments of government foreign policy

NGHAs are agencies which act independently from governments. We therefore formulate our own policies and implementation strategies and do not seek to implement the policy of any government, except in so far as it coincides with our own independent policy. We will never knowingly - or through negligence - allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments. We will use the assistance we receive to respond to needs and this assistance should not be driven by the need to dispose of donor commodity surpluses, nor by the political interest of any particular donor. We value and promote the voluntary giving of labour and finances by concerned individuals to support our work and recognize the independence of action promoted by such voluntary motivation. In order to protect our independence we will seek to avoid dependence upon a single funding source.

5. We shall respect culture and custom

We will endeavour to respect the culture, structures and customs of the communities and countries we are working in.

6. We shall attempt to build disaster response on local capacities

All people and communities - even in disaster - possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies. Where possible, we will work through local NGHAs as partners in planning and implementation, and co-operate with local government structures where appropriate. We will place a high priority on the proper co-ordination of our emergency responses. This is best done within the countries concerned by those most directly involved in the relief operations, and should include representatives of the relevant UN bodies.

7. Ways shall be found to involve programme beneficiaries in the management of relief aid

Disaster response assistance should never be imposed upon the beneficiaries. Effective

relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. We will strive to achieve full community participation in our relief and rehabilitation programmes.

8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs

All relief actions affect the prospects for long term development, either in a positive or a negative fashion. Recognizing this, we will strive to implement relief programmes which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles. We will pay particular attention to environmental concerns in the design and management of relief programmes. We will also endeavour to minimize the negative impact of humanitarian assistance, seeking to avoid long-term beneficiary dependence upon external aid.

9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources

We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. We recognize the need to report on our activities, both from a financial perspective and the perspective of effectiveness. We recognize the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance. We will also seek to report, in an open fashion, upon the impact of our work, and the factors limiting or enhancing that impact. Our programmes will be based upon high standards of professionalism and expertise in order to minimize the wasting of valuable resources.

10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified humans, not hopeless objects

Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears. While we will cooperate with the media in order to enhance public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximizing overall relief assistance. We will avoid

competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.

Obtained from http://www.icrc.org/Web/Eng/siteeng0.nsf/html/57JMNB?