

The Ebola Crisis: A Communicative Response from Samaritan's Purse

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**Thesis Committee**

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### **Dedication**

This work is dedicated to the staff of Samaritan's Purse and to all those that lost their lives during the Ebola crisis. To the staff of Samaritan's Purse, thank you. Thank you for being the ones that no matter what, stop on the side of the road and get into the trench to help the least of these. Thank you for displaying the light of Christ in the midst of the darkest places. Thank you for your sacrifice and dedication to helping and loving others. The world has no idea.

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### **Abstract**

Crisis does not discriminate. It can strike without warning, at any time or place. Managers, organizations, and leaders alike, must be ready at all times to respond to them, whether they are planned for or not. An efficient and quick response is especially necessary when health crises or natural disasters strike, because human life may be at stake. Crisis communication has become more and more important in a world that is daily filled with catastrophes. This study uses W. Timothy Coomb's situational crisis communication theory as a lens to view the Ebola crisis. The purpose of the study is to analyze news articles released from the non-profit Samaritan's Purse and conduct interviews to determine the communicative response to the Ebola outbreak from both the Liberian healthcare system and the international non governmental organization, Samaritan's Purse.

**Keywords: Timothy Coombs, Samaritan's Purse, Ebola crisis, situational crisis communication, Liberia**

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## CHAPTER 1: INTRODUCTION

Crisis, a word deriving from Latin and Greek, means “an unstable or crucial time or state of affairs in which a decisive change is impending” (“Crisis,” n.d.). In 2014, the world sat back and watched as the Ebola virus disease (EVD) ripped through the West African nations of Sierra Leone, Guinea, and Liberia. In the next two years, 28,600 people would contract EVD and 11,300 would die (Huster, 2016). Arguably, only two international non-profit organizations would respond to an outbreak that quickly spiraled out of control. Ebola became a crisis; during this unstable time, in the wake of the disease, were questions concerning communication and healthcare.

This study will seek to understand how the healthcare system and non-profit Samaritan's Purse responded to the Ebola crisis. In addition to this, it will view the disaster through Coomb's situational crisis communication theory (SCCT), seeking to understand how the loss of life could have been prevented or lessened with attention to the communicative response. This project requires a brief understanding of Samaritan's Purse, the West African nation of Liberia, and Ebola.

### **Samaritan's Purse**

Samaritan's Purse is a nondenominational international relief organization that has worked in over one hundred countries for the last forty-six years. The organization seeks to provide physical and spiritual aid to victims of war, poverty, natural disasters, disease and famine (About Us, 2016). Samaritan's Purse was originally founded by Bob Pierce in 1970 after seeing desperate children in Kojedo, Korea (History, 2016). The original mission of the non-profit was to “meet emergency needs in crisis areas through existing evangelical mission agencies and national churches” (History, 2016). Pierce continued to travel around the world,

and Asia, dedicating himself to finding those that were helping the least of these. In 1973, a young Franklin Graham, who also had a heart for world missions, met Pierce. Two years later, Graham traveled with Pierce to different places around the world, where his eyes were opened to people in deep physical and spiritual poverty (History, 2016). Graham would become the eventual successor of Bob Pierce, after the man lost a battle to leukemia in 1978. Since then, Franklin Graham has acted as the President and Chairman of the Board of Samaritan's Purse (History, 2016). The non-profit is based off of the Biblical account of the good Samaritan in Luke 10. "Samaritan's Purse travels the world's highways looking for victims along the way. We are quick to bandage the wounds we see, but like the Samaritan, we don't stop there" (History, 2016). Samaritan's Purse utmost goal is to aid the hurting in the world and to always point people back to the saving Gospel of Jesus Christ. Since it's founding, Samaritan's Purse has come to the aid of those affected by earthquakes, hurricanes, wars, and famines throughout the world (History, 2016). In addition to providing international crisis response, the organization has many other programs that serve people around the globe such as Operation Christmas Child, World Medical Mission, Great Home and Academy, Animals, Agriculture, and Livelihoods, Operation Heal Our Patriots, the Children's Heart Project, U.S. Disaster Relief, Construction Projects, Feeding Programs, Women's Programs, Water, Sanitation, and Hygiene, Children's Ministries, The Greatest Journey, Discipleship, Education, and Training, Health and Medical Ministries, and Human Trafficking Prevention. Each of these programs exist to help those in desperate need. Traces of the non-profit's work can be seen in almost every disaster the world has seen, some of the most notable being the Sudanese civil war, the Haiti, Nepal, and Ecuador earthquakes, and the most recent refugee crisis in Europe. Since 1970, Samaritan's Purse has not

only offered, help, but the hope of Jesus Christ. Now that a brief background of the non-profit has been provided, this work will look at Liberia and its inner conflict.

### **Liberian Conflict**

Situated on the coast of West Africa, Liberia shares a border with the Atlantic Ocean and is surrounded by the countries of Sierra Leone, Guinea, and Cote d'Ivoire. Home to 4.2 million people, it was founded in 1847 by American and Caribbean slaves that were freed. (Liberia country profile, 2016). Sadly, from 1989-2003 the country was wrecked by an internal civil war that killed 250,000 citizens, which was sparked by Charles Taylor, a man who began an uprising against the government and later became president in 1997 (Liberia profile –Timeline, 2016). During these years, rebel groups and warlords created massive instability within the country. People were ruthlessly killed, women raped, and children forced into becoming soldiers (Liberia country profile, 2016). In 2003, the civil war came to an end with the help of Nigerian peacekeepers, U.S. troops, UN peacekeeping missions, and a peace treaty between the government and the rebels (Liberia profile –Timeline, 2016). Since then, the country has struggled to rebuild itself, and re-establish stability. The civil war that plagued Liberia created distrust between the people and the Liberian government. Currently, Ellen Johnson Sirleaf serves as president of the nation. She is not only the first woman president, but has also made efforts to “secure peace, promote economic and social development, and strengthen the position of women” (Liberia country profile, 2016). When the Ebola crisis hit Liberia, Sierra Leone, and Guinea in 2014, Liberia was hardest hit by the disease. It is important to understand the background of this West African nation so that the Ebola crisis and results of the study can be fully put into context. The next section will look at the beginning of the Ebola virus disease, and it's spread and prevention.

## History of Ebola

“Ebola virus is invisible, except through an electron microscope or by way of its pathogenic effects. It is impersonal. It is apolitical. It seems to kill like the tenth plague of Egypt in Exodus-the one inflicted by an angel of death” (Quammen, 2015, pg. 1). In the summer of 2014, the world woke to a deadly epidemic that was hitting Africa and rapidly spreading across the borders of various nations. EVD, also known as Ebola hemorrhagic fever, originated in 1976 in Nzara, Sudan and Yambuku, Democratic Republic of Congo. It is classified by scientists as a zoonosis, “an animal infection that’s transmissible to humans” (Quammen, 3).

David Quammen, in his book *Ebola: The Natural and Human History of a Deadly Virus*, explains zoonosis.

The disease might be caused by a virus, or a bacterium, or a protozoan, or some other form of dangerous bug. That bug might live inconspicuously in a kind of rodent, or a bat, or a bird, or a monkey, or an ape. Crossing by some accident from its animal hideaway into its first human victim, it might find hospitable conditions; it might replicate aggressively and abundantly; it might cause illness, even death; and in the meantime, it might pass onward from its first human victim into others. (p. 2)

The bubonic plague, swine flu, bird flu, SARS, and West Nile fever are comparable to Ebola and can also be classified as zoonosis (Quammen, 3). EVD is passed to humans through the blood, organs, secretions, and bodily functions of infected animals. It has been transmitted through chimpanzees, gorillas, fruit bats, monkeys, forest antelope, and even porcupines (Ebola virus disease, 2015).

Doctors, scientists, biologists, and health organizations have struggled to understand the disease. Because of its ghost-like nature, it has been difficult to identify and diagnose the virus

since the first outbreak in 1976. Part of the battle with EVD is understanding how it functions and transmits from person to person. According to the Centers for Disease Control and Prevention, there is no identified host for it. "Because the natural reservoir host of Ebola viruses has not yet been identified, the way in which the virus first appears in a human at the start of an outbreak is unknown. However, scientists believe that the first patient becomes infected through contact with an infected animal, such as a fruit bat or primate (apes and monkeys), which is called a spillover event" (Transmission, 2015).

### **Disease Function**

Once a human is infected by the virus, a transmission occurs under different conditions. EVD spreads through direct contact in three main ways; the first, through blood or body fluids, such as urine, saliva, sweat, feces, vomit, breast milk, or semen. "Direct contact means that body fluids from an infected person (dead or alive) have touched someone's eyes, nose, or mouth or an open cut, wound, or abrasion" (Q&As on Transmission, 2015). The second method of transmission is through contaminated medical supplies; such as needles or syringes that were used on a contagious person. The third method is transmission through infected fruit bats or certain types of monkeys or apes (Transmission, 2015). While not mentioned in the aforementioned methods, questions often arise about whether or not EVD can be transmitted through coughing or sneezing. Currently, there is no evidence that it can be transmitted to humans in this way, however because it can be transmitted through the body fluids of an infected person, sneezing could possibly deliver it to someone else. According to the CDC, "large droplets (splashes or sprays) or respiratory or other secretions from a person who is sick with Ebola could be infectious" (How Ebola is Spread, 2015). These droplets could also provide short-term contamination on hard surfaces, such as bathrooms, handrails, doors, and other areas.

“Droplet spread happens when fluids in large droplets from a sick person splash the eyes, nose, or mouth of another person or through a cut in the skin” (How Ebola is Spread, 2015). This is why medical personnel treating Ebola must wear protective equipment. At the beginning of the outbreak, many people thought EVD was airborne and could not be caught through water or food. However, in Africa some people were given the disease through the handling of bush meat (touching or eating a dead animal that was carrying the virus).

Interestingly enough, and much more dangerous, is the timeline of when one is contagious. Once a person has the virus, they are not actually contagious until they begin to show symptoms. Symptoms of Ebola manifest in many different ways, but the most common are the following: fever, severe headache, muscle pain, weakness, fatigue, and sore throat (Signs and Symptoms, 2015). The World Health Organization (WHO) lists that after these primary symptoms, vomiting, diarrhea, rash, impaired kidney and liver function, and internal and external bleeding (oozing gums, blood in stool etc.) follow (Ebola virus disease, 2015). These symptoms can show up anywhere from 2 to 21 days after exposure to EVD, but most begin to show within 8 to 10 days of exposure (Signs and Symptoms, 2015). Diagnosis can sometimes be difficult because the symptoms appear to be very concurrent with other infectious diseases like malaria, typhoid fever, and meningitis (Ebola virus disease, 2015). Those that are unsure of whether or not they have it, can be tested for several different things. The CDC records that within a few days after symptoms begin (it can take up to 3 days of symptoms for the virus to become detectable) the following tests can be run: antigen-capture enzyme-linked immunosorbent assay (ELISA) testing, IgMELISA, polymerase chain reaction (PCR), and virus isolation (Diagnosis, 2015). A few other diagnostic tests, such as IgM and IgG antibodies, immunohistochemistry

testing, PCR, and virus isolation can be given during the disease, in recovery, or after death (Diagnosis, 2015).

### **Treatment**

The CDC gives a few basic interventions to increase the survival rate if implemented early on in diagnosis. Most EVD patients can be treated with “intravenous fluids (IV), balancing electrolytes (body salts), maintaining oxygen status and blood pressure, and treat other infections if they occur” (Treatment, 2015). There are a few experimental vaccines and treatments that are being developed, but none have been officially approved as of yet by the FDA. One of those experimental vaccines has proven to be effective and is currently in Phase III trials. The World Health Organization (WHO) has approved this vaccine to be used in the three countries where Ebola hit the hardest (Huster, 2016). There is hope that this particular vaccine could be the cure, if not at least an agent of change to slow down the rapid spread of the disease. Whether or not someone survives the deadly virus is based on how early it is caught, good medical care, and immune system response to treatment (Treatment, 2015). Some patients experience lasting side effects, such as vision and multiple joint complications. Those who survive the disease have antibodies that are said to last up to at least ten years; however, it is unknown if these survivors are immune to other strands of Ebola (Treatment, 2015).

Prevention of EVD is fairly simple, though in underdeveloped countries with fragile infrastructure, lack of basic hygiene complicates the process. For the average person to avoid the virus, they should practice careful hygiene, such as washing their hands with soap or using hand sanitizer that is alcohol based. People should avoid contact with blood and body fluids, as well as any items that might have come in contact with these things, such as clothing, bedding, or medical supplies (Prevention, 2015). Lastly, it is imperative to not touch the bodies of those that

have passed away from EVD, including abstaining from any burial rituals. A dead human body is actually the most contagious because the virus has completely taken over by the point of death. If someone passes away within the home, appropriate burial teams place the body in a bag, disinfect the home with chlorine solution, and swab for a sample to be tested. Everything touched by the infected person must be removed and burned. The family is then notified if the Ebola test was positive or negative. If positive, the family must remain at home for 21 days (the amount of time it takes for the virus to appear if another member was infected) (Allow for a Safe Burial When Someone Dies at Home, 2015).

Healthcare and medical professionals also take basic steps to prevent themselves from contracting EVD while treating the sick. Professionals wear personal protective equipment (PPE), practice proper infection control and sterilization measures, and isolate Ebola patients from other patients (Prevention, 2015). WHO reports much of the same qualifications, such as the following: "These include basic hand hygiene, respiratory hygiene, use of personal protective equipment (to block splashes or other contact with infected materials), safe injection practices and safe burial practices" (Ebola virus disease, 2015). In addition to this, workers should provide extra measures to ensure that there is no direct contact with the patient's blood or body fluids. For most workers this means wearing a face shield or pair of goggles, clean, non-sterile long-sleeved gown, gloves, and heavy-duty boots (Ebola virus disease, 2015). If monitored closely and vigilantly, these measures should prevent most healthcare professionals from contracting EVD.

The most recent outbreak of Ebola occurred in 2014 throughout Africa, mainly in Sierra Leone, Guinea, and Liberia. This specific outbreak can be traced back to patient zero, meaning the first person to have contracted the disease during this time. The New York Times reported in

“How Ebola Roared Back” that patient zero was Emille Ouamouno, who was one-year-old (Sack, Fink, Belluck, & Nossiter, 2014). Emille was from a small village in Mellandou, Guinea and died in December of 2013. It was the deadliest of the several outbreaks that the world has seen since the disease first appeared in 1976. According to Huster (2016), the current epidemic, as of March 2016, has reported over 28,600 cases and 11,300 deaths in the course of the last two years. Now that a thorough understanding has been provided of how EVD functions, a rationale will explain why this particular topic is being studied.

### **Rationale**

The Ebola crisis was chosen by the researcher because of the significance it played in an internship experience. During the summer of 2014, the researcher interned domestically with Samaritan's Purse and heard about EVD before Dr. Kent Brantly and Nancy Writebol became ill. Many of the interns working at Samaritan's Purse got a taste of what it was like when a health crisis affected not just one part, but all parts of an organization. The workers fighting overseas were not just people, they were fellow coworkers, colleagues, and supervisors. As the non-profit fought in prayer and action for their own, and the Liberian people, the heart of the researcher was broken for the developing situation. The experience of the researcher that summer inspired the study of Ebola and how it relates to situational crisis communication theory.

### **Research Questions**

The world is no stranger to epidemics and crises, such as unfortunate and mysterious ghost diseases that steal life from thousands. The researcher could not think of a topic more deserving of study than how effective communication functions during crisis, allowing those in crisis to respond appropriately and effectively to save lives. The purpose of this research is to rhetorically analyze the impact of the communicative response of Samaritan's Purse to the Ebola

crisis through the lens of W. Timothy Coomb's situational crisis communication theory. The researcher will use the following questions to guide this study:

**(RQ1)** How did the healthcare systems (Ministry of Health and hospitals) communicate about Ebola?

**(RQ2)** How did the non-profit Samaritan's Purse respond to this crisis?

**(RQ3)** In what ways could Coomb's theory guide effective communication in a crisis situation?

A brief history of Samaritan's Purse and the Liberian conflict has been provided for the reader. In addition, a thorough knowledge base of the Ebola virus disease, its spread and prevention control were outlined. The researcher explained the rationale behind the study and presented the questions that will be used to guide the research.

Chapter two will discuss the literature related to this study with attention on Coomb's situational crisis communication theory. Chapter three will discuss methodology and what specific tactics the study uses to gather and obtain critical information. Chapter four will present the results of the study and chapter five will discuss the results and provide further research and general conclusions.

## CHAPTER II: LITERATURE REVIEW

Crises can strike at any time or place. Thus, it has become increasingly important to understand how to effectively handle a crisis when it occurs. "Crises are...important social, political, economic and environmental forces and arguably create more change more quickly than any other single phenomenon. Crises have the potential to do great harm, creating widespread and systematic disruption" (Sellnow & Seeger, 2013, p.1). Managers and organizations must learn how to deal with them efficiently. Crises continue to occur around the globe, a few examples occurring in the last two years are: the Syrian refugee crisis with millions of people being displaced from their homes, the earthquake that rocked Nepal, damaging the country, and the civil war that has been escalating in South Sudan. These few examples reemphasize that crisis can "create widespread and systemic disruption" (Sellnow & Seeger, 2013, p. 1). Organizations must understand and learn how to appropriately respond to a crisis pre-disaster, during the disaster, and post-disaster. Crises will always be a threat, and depending on how they are handled can become an opportunity for growth. This literature review explores situational crisis communication theory, related theories and examples of situations where SCCT has been applied.

### **Crisis as Defined by Coombs**

To better understand situational crisis communication theory, it is important to understand what is meant by the term crisis. As defined by Coombs (2007), in his original work detailing SCCT, crisis is "a sudden and unexpected event that threatens to disrupt an organization's operations and poses both a financial and reputational threat. Crises can harm stakeholders physically, emotionally and/or financially" (p. 2). Crises not only damage the reputation of the organization, but can harm employees, the community, stockholders, customers,

or suppliers (Coombs, 2007). This definition lays a basic foundation for understanding the theory as a whole.

“Situational Crisis Communication Theory (SCCT) provides an evidence-based framework for understanding how to maximize the reputational protection afforded by post-crisis communication” (Coombs, 2007, p. 163). SCCT, created by W. Timothy Coombs, was a result of previous research and was officially established in 2007. Refined through the years, it was originally introduced in 1995 as a symbolic approach and then tested in 2002 (Kyhn, 2008). “SCCT consists of three core elements: (1) the crisis situation, (2) crisis response strategies, and (3) a system for matching the crisis situation and crisis response strategies” (Kyhn, 2008, p.4). The theory provides overall guidelines for managers in crisis situations and then more specific instruction based on what level of involvement the organization had in the crisis. The initial 2002 study says “SCCT is premised on matching the crisis response to the level of crisis responsibility attributed to a crisis” (Coombs & Holladay, 2002, p. 166). SCCT was born out of a need for crisis management guidelines, as Coombs researched countless case studies documenting organizational responses to crises, he realized that there were no guidelines for the stages of a crisis – before, during, and after (2007). “Crisis management needs evidence-based crisis communication guidance. Evidence-based guidance for decision making in a crisis must be supported by scientific evidence from empirical research rather than personal preference and unscientific experience” (Coombs, 2007, p. 163). SCCT provides a way for crisis managers and other individuals to be able to react to a crisis situation grounded on research rather than speculation or “best practices” guidelines. The core of situational crisis communication theory is based in and inspired by attribution theory.

### **Attribution Theory**

Coombs drew on attribution theory, a popular social-psychological theory, to help develop situational crisis communication theory. Attribution theory states that once an event occurs, people will try to establish and figure out why the event happened. Even if the people themselves have little to no knowledge of the event, they will still assign responsibility to someone (because someone must be responsible) (Coombs & Holladay, 2010). Most people will experience either anger or sympathy when a crisis occurs and both of these emotions can cause people to have a motivation to act (Coombs, 2007). "Behavioral responses (as cited in Weiner, 2006) are negative when a person is judged responsible and anger is evoked. Behavioral responses are positive when a person is judged responsible and sympathy is evoked." Based on their emotions, stakeholders assign responsibility to someone. "The general attribution is that responsibility lies with the person involved in the event (internal) or environmental factors (external). For instance, a car skids off the road and hits a tree. The cause might be driver (internal) or ice on the road (external)" (Coombs & Holladay, 2010). The two theories are easily connected because of attributions the audience assigns to the organization. Is the organization at fault or were there other factors involved when the crisis occurred? "One of the main proponents (as cited in Weiner, 1986) of attribution theory (AT), attributions of internal or external responsibility shape affective and behavioral responses to the person involved in the event". Attribution theory is audience based because of how it seeks to understand the factors that influence what the audience will attribute to the organization after the crisis. "SCCT is rooted (cited in Hazleton, 2006) in AT and efforts to translate its ideas into crisis communication." The connection between AT and SCCT is clear.

### **Basic Understanding of SCCT**

In *The Handbook of Crisis Communication*, Coombs talks about the early development of situational crisis communication theory. "The premise was very (as cited in Coombs 1995; Coombs & Holladay 1996; Schwarz 2008) simple: crises are negative events, stakeholders will make attributions about crisis responsibility, and those attributions will affect how stakeholders interact with the organization in crisis." The theory focuses on stakeholders and how they (or the audience) react to the crisis (Coombs & Holladay, 2010). "SCCT is audience oriented because it seeks to illuminate how people perceive crises, their reactions to crisis response strategies, and audience reactions to the organization in crisis" (Coombs & Holladay, 2010, p. 38). It is important to understand the effect of the attributions people assert concerning the crisis, because this in turn affects their attitudes and behavior (Coombs & Holladay, 2010). SCCT looks at a general crisis and categorizes it as victim, accidental, or intentional. Once it has been categorized the organization is responsible for preventing further harm and helping people cope psychologically (help them see what prevention will be taken so it does not occur again). After these two steps have been taken, an organization discovers how to react based on their responsibility to what has happened (Aarhus School of Business, 2009).

### **Responsibility and Reputation**

Crisis responsibility and reputation are core to the theory of situational crisis communication theory. An organization's reputation is a priceless entity and is one, that, if damaged, may or may not be able to be repaired again. In addition to reputation, there is also reputational capital. "Reputational capital is an organization's stock of perceptual and social assets—the quality of the relationship it has established with stakeholders and the regard in which the company and brand is held" (as cited in Fombrun and van Riel, 2004, p. 32). The way that people perceive an organization can greatly influence the outcomes of certain situations.

“Attributions of crisis responsibility have a significant effect on how people perceive the reputation of an organization in crisis and their affective and behavioral responses to that organization following a crisis” (Coombs & Holladay, 2010). The more responsibility attributed to the organization by the audience, the more threat through the crisis (Coombs & Holladay, 2010). To be able to effectively deal with crisis threat, SCCT offers two steps to analyze the danger. The first step categorizes how responsible/not responsible the organization is for the crisis (viewed through the stakeholder's decision). The crisis is framed - the lens through which the organization sees the crisis and communicates it as so - through different crisis types to determine the organization's level of responsibility. These frames contain certain “cues”. “The cues include whether or not some external agent or force caused the crisis, whether the cause of the crisis was technical or human error. It does matter if stakeholders view the event as an accident, sabotage or criminal negligence” (Coombs, 2007, p. 6).

### **Identifying Crisis Type**

“SCCT works from a grouping of three crisis types: victim (low crisis responsibility/threat), accident (minimal crisis responsibility/threat), and intentional (strong crisis responsibility/threat)” (Coombs & Holladay, 2010). Coombs and Holladay (2002) go into more detail about these crisis types. (1) the victim cluster has very weak attributions of crisis responsibility (natural disasters, workplace violence, product tampering and rumor) and the organization is viewed as a victim of the event; (2) the accidental cluster has minimal attributions of crisis responsibility (technical-error accident, technical-error product harm and challenge) and the event is considered unintentional or uncontrollable by the organization and (3) the intentional cluster has very strong attributions of crisis responsibility (human-error accident, human-error

product harm and organizational misdeed) and the event is considered purposeful (p.4). These crisis types can help managers understand the organization's level of responsibility.

### **Crisis History and Prior Reputation**

Once the level of crisis threat has been identified, the second step is to determine what the crisis history is and what the prior reputation of the organization has been. If an organization has had a few crises in the past, the threat to the organization increases dramatically. Coombs (2007) developed the Crisis History Proposition, which "states that an organization that experienced a similar crisis in the past is attributed greater crisis responsibility and suffers more direct and indirect reputational damage than an organization with no history of crises" (p.5). This also plays into prior reputation, because most stakeholders will have less trust for an organization that has had mishaps before. According to Coombs and Holladay (2010), prior reputation is defined as "how well or poorly an organization has treated stakeholders in the past-the general state of its relationship with stakeholders". Coombs (2007) also developed the Prior Relationship Reputation Proposition, which states, "an organization that treated stakeholders badly in the past is attributed greater crisis responsibility and suffers more direct and indirect reputational damage than an organization with a neutral or positive relationship reputation" (p.5). How does the audience perceive the organization as a whole? Have there been previous misdemeanors and or crises? "Organizations (as cited in Coombs & Holladay, 2002, 2007) with negative prior reputations are attributed greater crisis responsibility for the same crisis than an organization that is unknown or has a positive prior reputation". If crisis history or prior reputation is present, then the attributions that the audience (or stakeholders) place on an organization will greatly affect the situation. This may also mean that the crisis type would be categorized more highly than if the organization had previously had no crisis situations. Before a

manager chooses the best strategy on how to respond to the crisis though, they must deliver instructing or adjusting information.

### **Instructing and Adjusting**

When a crisis occurs in real life, a manager must immediately provide a base response in regards to the crisis, especially if it is serious enough to be affecting the lives of stakeholders. Therefore, they will deliver what is known as instructing or adjusting information. Instructing information shows the stakeholders what action to take in order to protect their reputation, such as pulling a recall product out or clearing a dangerous area (Coombs & Holladay, 2010). This type of information is helping to prevent further harm. Craig Carroll (2013, describes it as helping “stakeholders to cope physically with the crisis; it tells stakeholders how to protect themselves from the crisis threat” (p. 265). Examples of this would be instructing stakeholders on how to evacuate an area, how to get to a shelter, or how to go about returning a hazardous recalled item. Adjusting information allows the stakeholders to cope with whatever has occurred psychologically. “Expression of concern (Coombs 2007b; Sturges 1994) or sympathy, basic information on the crisis event, and any corrective actions to prevent a repeat of the crisis would qualify as adjusting information”. It is important that these two types of messages be the first type of communication to go out once a crisis has occurred. This information should “reflect the need to make public safety the number one priority during a crisis” (Carroll, 2013, p. 267). Once the organization has instructed and adjusted their information, they can officially begin to correct the damage.

### **Crisis Response Strategies**

SCCT provides three main crisis response strategies that can be used once a crisis has occurred. “Crisis response strategies are used to repair the reputation, to reduce negative affect

and to prevent negative behavioral intentions” (Coombs, 2007, p.5). The crisis response strategies that will be described in the coming paragraphs have three main objectives when it comes to protecting reputation. According to Coombs (as cited in 1995 work), these strategies “shape attributions of the crisis, change perceptions of the organization in crisis, and reduce the negative affect generated by the crisis”. These response strategies are based off of the responsibility of the organization towards the crisis. “As crisis response strategies become more accommodative, show greater concern for victims, stakeholders perceive the organization as taking responsibility for the crisis” (Coombs and Holladay, 2004, 2005). The three strategies are that of denying, diminishing, or rebuilding, in addition to a fourth reinforcing, which is a side strategy. These three strategies can also be expanded into eight crisis response strategies provided by Coombs in his 1999 work, *Ongoing Crisis Communication: Planning, Managing, and Responding* (found in chart below).

Attack on Accuser	Crisis manager confronts person/group that claims a crisis exists
Denial	Crisis manager claims that there is no crisis
Excuse	Crisis manager attempts to minimize organizational responsibility
Victimization	Crisis manager reminds stakeholders that organization is a victim of crisis as well.
Justification	Crisis manager attempts to minimize the perceived damage inflicted by the crisis
Ingratiation	Crisis manager praises stakeholders & reminds them of the past good works done by the organization
Corrective action	Crisis manager tries to prevent a repeat of the crisis and/or repair the damage done by the crisis
Full apology	Crisis manager publicly accepts responsibility for the crisis & requests forgiveness from the stakeholders

(Coombs, 2007, p.3)

These eight strategies give managers more specific guidelines within the three strategies on how to handle crisis situations.

### **Denial Strategy**

The crisis communication research goes into depth on the three strategies that sum up the eight strategies given in Coombs' early work. The first main strategy is denial. Denying involves the organization explaining that the crisis was someone else's fault or that it did not occur. If they are not connected to the situation, then they will not suffer any reputational harm. According to Coombs (2007), "in rumor and challenge crises, managers need to argue that there is no 'real' crisis. Managers deny the truth to the rumor or refute the charges of immoral conduct" (p.7). The organization is attempting to claim no responsibility for the crisis, which will result in little to no damage (Coombs & Holladay, 2010).

### **Diminish Strategy**

The second option is the diminish strategy. According to Coombs & Holladay (2010), "diminish strategies seek to minimize the organization's crisis responsibility and/or reduce the perceived seriousness of the crisis". While this can be used successfully, it is also an option that can be marked by failure because of outside sources. Those that use this will need solid and believable evidence to back up their claim (Coombs, 2007). "Failure occurs when the news media or, in the case of online-oriented crises, people posting messages reject the crisis manager's frame and continue using a different frame" (Coombs, 2007, p. 7). This clearly shows how difficult it can be for a manager to choose the correct frame that will continue to evoke trust from stakeholders. Reinforcing this statement, Coombs (2007), goes on to say, "stakeholders will be given competing frames and will select the frame provided by the source they find most credible" (p.7). This strategy works very well when an accidental crisis has occurred.

**Rebuilding Strategy**

Lastly, the organization can also choose to employ rebuilding strategies. If the organization is completely at fault, they would use this strategy, which would involve apologizing and providing compensation to parties to bolster the perceptions the audience had of the situation (Coombs & Holladay, 2010). This type of strategy helps to generate a better reputation. "Rebuild strategies attempt to improve the organization's reputation by offering material and/or symbolic forms of aid to victims" (Coombs, 2007, p.7). This helps to, hopefully, offset the damage that has been done through the crisis. The rebuilding strategy is mostly used when the reputational threat is very high. "The rebuild strategies are used for crises that present a severe reputational threat such as intentional crises or accidental crises coupled with a crisis history and/or unfavorable prior relationship reputation" (Coombs, 2007, p.7). It's all about repairing the image as much as they can.

**Reinforcing**

Lastly, there is also a type of side strategy that can be used, called reinforcing. In Coombs original work, it was known as bolstering. "Reinforcing strategies try to add positive information about the organization by praising others (ingratiation) and/or reminding people of past good works by the organization (bolstering)" (Coombs & Holladay, 2010). In the original article on SCCT, Coombs (2007) talks about praising stakeholders. "Praising stakeholders generates some goodwill and being cast as the victim evokes sympathy for the organization" (p.7). This stage is utilized the most when it is paired with denying, diminishing, or rebuilding. "Reinforcing strategies (as cited in Coombs 2006) would seem odd if used alone and are opportunity strategies". Reinforcing is viewed this way because it can only occur if the organization has a good past history. These good works from the past allow the organization to

draw from previous examples as they try to reinforce or bolster their reputation that has been damaged.

### **Image Restoration Strategy**

Within crisis strategy, there is an important connection between image restoration theory and SCCT. Coombs has talked about the power of these strategies and how a situation can be restored through different avenues of communication. The stakeholder's perceptions and former attributions can be completely changed from what they once were. "SCCT shares this (as cited in Benoit, 1995) belief in the power of communication with image restoration theory. Both believe in the power of man's ability to communicate." Image Restoration Theory is a descriptive system used to analyze crisis cases. The focal point is identifying which crisis response strategies were used in the case and drawing speculative conclusions about the utility of the crisis response strategies" (Coombs, 2007, p.6). SCCT takes the crisis response strategies provided by image restoration theory and uses them to create a system for how stakeholders and managers alike will react to crisis when it comes (Coombs, 2007).

### **Boundaries in Selecting Crisis Strategies**

Every crisis must be responded to, but many managers in crisis communication will face boundaries when it comes to selecting a strategy on how to respond. They are bound by financial restrictions in some cases. One strategy might work better, but would be too expensive. "The more (as cited in Cohen, 1999; Patel and Reinsch, 2003; Stockmyer, 1996) accommodative the strategy, the more expensive it is for the organization. For example, a manager might have to go with the excuse apology because they could not afford the after-effects of the apology strategy (Coombs, 2007, p.8). However, the decision to use a certain strategy can be affected by the frame that the media has already chosen to use. Most of the stakeholders and/or audience will

hear about the crisis through the media (Coombs, 2007, p.8). This puts the organization at an obvious disadvantage. "Research from (as cited in Carroll, 2004) agenda setting and reputation suggest that the stakeholders will adopt the media's frame for crisis". If a frame for the crisis is already established, the manager will need to adjust the frame of choice in order to respond and repair damage people or media have caused (Coombs, 2007, p.9). It is up to the manager then to determine which strategy will best fit the crisis situation and repair the reputation. Coombs (2007) reiterates the purpose of the theory: "SCCT models the crisis situation and provides an evidence-based set of guidelines for using crisis response strategies that can benefit crisis managers and their organizations" (p.9). It is important for managers to select the most appropriate crisis strategy to be able to uphold the reputation of the organization.

### **Situational Crisis Communication Theory Studies & Examples**

The following case studies are examples of different organizations that have encountered crisis and responded clearly or have effectively applied SCCT theory to the situation.

#### **The Red Cross**

In the article *Through the looking glass: A decade of Red Cross crisis response and situational crisis communication theory*, Sisco, Collins, and Zoch analyze how the Red Cross responded to crisis through the lens of SCCT. Over the last twenty years, the Red Cross experienced numerous crisis situations that damaged their reputation. In 1998, they were accused of not screening their blood tightly enough, which led to thousands of people contracting serious diseases. "The scope of the problem (as cited in Parker, 1998), and its implications, paralyzed the Red Cross, to whom the federal [government] had delegated [its] responsibility for protecting the blood supply". This incident caused the U.S. Food and Drug Administration to completely restructure and reorganize how the nation dealt with the blood supply. Next, in the

1990s, Joseph Lecowitch, the Executive Director for the New Jersey chapter and his bookkeeper Catalina Escoto, were caught embezzling millions of dollars. This, of course, brought scrutiny from many stakeholders that questioned how much access local chapters had to the organization's finances as a whole. Then in 2011, there was a mishap with money collected for families affected after a terrorist attack. "After the attacks (as cited in Allen, 2005) on September 11, 2001, the Red Cross was involved in what was arguably one of the largest nonprofit scandals in history after it withheld more than half of the \$543 million collected to help survivors and the families of those killed". Lastly, in 2005, the Red Cross was widely criticized after Hurricane Katrina. Their response to the national disaster was incredibly slow, in addition to there being question of the appropriateness of how they distributed financial aid to those in need. "With two national crises (as cited in Katrina: The long road back, 2005) so close together, the Red Cross was again criticized for the lack of control over local chapters, inability to provide volunteers, and distribution of donations".

The study analyzed 1,585 news articles, using five major American newspapers accessed through a scholarly database. *The Houston Chronicle*, *The New York Times*, *The Washington Post*, the *St. Louis Post-Dispatch*, and the *San Francisco Chronicle* were all coded and studied to see if they were written in times of crisis and to see what, if any, the crisis response was. The newspapers collected the following amount of articles that dealt just with criticism in regards to the Red Cross' performance: *The Houston Chronicle*-63 articles *The New York Times*-43 articles, *The Washington Post*-49 articles, the *St. Louis Post-Dispatch*-38 articles, and the *San Francisco Chronicle*-10 articles (Sisco, Collins, Zoch, 2010). Eighty-three percent of the articles included a response from a national Red Cross spokesperson, fifteen percent included a response from a local representative, and three percent included a response from a volunteer (Sisco, Collins,

Zoch, 2010). In the end, all three strategies as listed by SCCT theory were employed. Fifty-four percent of the articles showed the diminish strategy being used, twenty-five percent of the articles found the rebuild strategy being used, and eighteen percent of the articles used the deny strategy. Across the board, in the articles that were categorized under victim, accident, and preventable crisis, the diminish strategy was used the most. Finally, the study found that the articles that mentioned previous negative crises were negative seventy-one percent of the time (Sisco, Collins, Zoch, 2010)! This study concluded that the Red Cross chose the response strategy one-third of the time and could have repaired their reputation more if they had used the theory of SCCT.

### **General Motors Bankruptcy**

In, *An examination of the situational crisis communication theory through the general motors bankruptcy*, Skye Cooley and Asya Cooley conducted a study using SCCT. The study looked at General Motors filing for chapter 11 bankruptcy and then evaluated the response to their financial crisis. The crisis began in 2008 for General Motors. The company began discussing a merger with Chrysler, closing down plants and cutting thousands of jobs. Later the same year, they receive \$13.4 billion from the U.S. troubled asset relief program. Then in 2009, they requested another 22 billion dollars from the government to aid them in their time of need (Cooley & Cooley, 2011). The CEO, Rick Wagoner, then resigned a few months later and one month after that GM received \$2 billion in governmental aid! In the same month, they cut 21,000 more jobs in an effort to avoid bankruptcy. However, this too did not seem to help because yet another month later they received \$4 billion from the government (making the total amount received, \$19.4 billion). "On May 31, 2009 (as cited in 'Timeline') investors holding about 54 percent of GM's \$27.2 billions of bonds indicated support for a U.S. Treasury-brokered swap

that may help speed the way through bankruptcy". Finally, General Motors filed for bankruptcy on June 1, 2009. Surprisingly, the U.S. government offered to pay \$30 billion of funds (taxpayer dollars) to help the company reorganize itself. As a result, GM sold its Hummer and Saturn lines, in addition to discontinuing several models of trucks. On June 25, 2009, GM officially received \$33.3 billion dollars from the government (including Canada and Ontario governments). After that, key operations and core brands were sold to a new company created under the United States Treasury (Cooley & Cooley, 2011). The crisis that General Motors went through was extreme, especially in regards to financial aid.

Using a content analysis, Cooley's study looked at all publically released statements to the public about the bankruptcy of GM and the creating of the new GM under the government organization. They looked at press releases, conferences, CEO blogs and speeches, GM's YouTube page, and a speech from the president. The study analyzed a total of 133 crisis communication responses between the dates of June 1, 2009 to July 10, 2009 (Cooley & Cooley, 2011). Forty-eight percent of the communication used the deny strategy, forty-six percent used the deal strategy, and six percent used the diminish strategy. The diminish cluster was used the most out of the three given, followed by deal and deny.

General Motors faced a great challenge in communication. "The SCCT model predicts that companies facing crises such as bankruptcy have an increased risk of reputational damage due to the fact that blame for the crisis is more attributable to the company itself" (Cooley & Cooley, 2011, p. 2008). Not only did the company cut millions of jobs, but they also borrowed billions of dollars from the government and closed a few major dealerships (Cooley & Cooley, 2011). However, throughout all of this, GM generally followed the theory of SCCT. "While not ideal to circumstances for a company to find itself, GM's crisis communication response to the

challenges it faced largely followed the recommendations of the SCCT model and provide insight into which particular crisis communication strategies and message clusters companies use when filing Chapter 11” (Cooley & Cooley, 2011, p. 209). GM did three things that allowed them to use proper crisis communication. First, they used the diminish strategy to point people towards the economic downturn and to make it okay that they had received billions of funding from the government. Secondly, they used the deal strategy to empathize with the stakeholders and employees that were suffering. Lastly, they owned up to their failures (did not apologize profusely over it), kept a positive outlook by changing their culture and pointed towards a brighter future (Cooley & Cooley, 2011). This particular study showed the “specific strategies and strategy clusters from the SCCT model as applied to crisis management” (Cooley & Cooley, 2011, p.210).

The above studies were a few great examples of the way that situational crisis communication theory has been used in crisis situations. It is important to demonstrate the practical applicability of SCCT. In the eight years since its conception, SCCT continues to become more and more refined.

### CHAPTER III: METHODOLOGY

This study identifies the crisis communication strategies used by the non-profit Samaritan's Purse during the Ebola outbreak. It will look at what those working firsthand in the field experienced in regards to how communication was disseminated to the public as the outbreak occurred. The methodology chapter is designed to present the research questions, research design, the methods used to collect data and the analytical procedure. The following questions to guide this study:

**(RQ1)** How did the healthcare systems (Ministry of Health and hospitals) communicate about Ebola?

**(RQ2)** How did the non-profit Samaritan's Purse respond to this crisis?

**(RQ3)** In what ways could Coomb's theory guide effective communication in a crisis situation?

#### **Mixed-Methods Research**

The researcher applied a mixed methods approach for this study because of what it offers in the terms of textured information. Founded in 2000, mixed method research combines both qualitative and quantitative methods. Gail Caruth, in a study on mixed method research, compared it to qualitative and content research. "It offers richer insights into the phenomenon being studied and allows the capture of information that might be missed by utilizing only one research design (Caruth, 2013, p.1). Information gleaned from mixed methods research is in-depth and can develop more questions for research done in the future. John Creswell notes that this type of design specifically describes the experiences of participants. "This description culminates in the essence of the experiences for several individuals who have all experienced the same phenomenon" (Creswell, 2014, p. 14). The approach is the most suited for this study

because the crisis being analyzed took place in another country and is inaccessible to the researcher. It will allow for data to be collected second-hand in an accurate and precise manner. A mixed method study was chosen because it opened up doors for the researcher to gather accurate information through personal contacts, in addition to broadening the amount of knowledge available for collection. It will be used through conducting qualitative interviews and collecting public documents for use.

### **Data Collection**

For the purpose of this study, the researcher will collect data through two main outlets, interviews and published articles. All personal interviewees will have served during the Ebola crisis with the non-profit Samaritan's Purse. These individuals may have served as nurses, doctors, general field staff, or distributors of health information. Two to three professionals will be interviewed and asked specific questions regarding what information was communicated and how it was disseminated. Interviews will occur primarily via Skype or by phone, although email will be utilized if necessary. In addition, the researcher hopes to gain access to some of the communication materials distributed by Samaritan's Purse.

### **Articles**

The second main way that data will be collected is through information released and published from the non-profit during the crisis and as they helped to battle the disease. Fourteen published articles from the Samaritan's Purse website were analyzed, from the time the outbreak began to the time the country was declared Ebola free in January of 2016. Each one was specifically chosen based on the relevance of the information provided regarding the study topic. Each of these articles was chosen because of the in-depth information provided about the Ebola crisis and communication. All information looked at is publicly accessible. The researcher will

analyze these publications, looking at the various ways the non-profit responded to the crisis and effectively communicated to the public about the Ebola virus.

### **Data Analysis**

After the articles were collected, the following steps were taken to analyze them. All articles written by the non-profit, Samaritan's Purse, were collected from the beginning to the end of the Ebola crisis. Each article was then compiled into a master list and sorted by date. Next, the researcher went through and read each article in sequential order, from beginning to end. It was considered important to read the selected pieces in order to get a full view of the entire crisis situation and what communication was used at each stage. Afterwards, articles were then sorted through based on their application to the study.

The study will analyze how the theory of crisis communication was utilized or could have been utilized to lessen the ultimate death toll. Using Coomb's theory, it will view the situation through it's pre-crisis, crisis, and post-crisis stages. The goal is to seek to discover what happened from the very beginning of the outbreak in regards to communication. What was communicated to the public about the disease? When was action taken and how was information distributed? Secondly, the study will take this information and then seek to understand how the non-profit Samaritan's Purse responded to what was going on and the communication they used during the time period. This theory was intentionally chosen for the study because of the desperate need for communication within the Ebola crisis.

### **Expected Results**

The researcher is hoping to gain information from the interviews detailing the communication process from the beginning of the Ebola outbreak in Liberia to the end. According to Coombs, Samaritan's Purse may be identified as a victim because they were not in

any way responsible for the outbreak of the disease. Beyond this, the researcher specifically believes the results will show denying and reinforcing methods used by the non-profit immediately following the discovery of the outbreak. The outbreak threatened the lives of millions of people, so although the responsibility for the crisis was low, the threat was incredibly high. The interviews will be used to get an in-depth look at the process of communication, so it is hoped that through this, the researcher will identify underlying themes within the response.

## CHAPTER IV: RESULTS

Research for this study was collected primarily in two ways. First, fourteen articles from the Samaritan's Purse website were found, detailing their response to the Ebola outbreak from beginning to end. The researcher organized all articles into date order and read them chronologically in their entirety. Secondly, the researcher conducted interviews with two Samaritan's Purse employees that worked in the midst of the Ebola crisis to get a more thorough understanding of how communication was utilized throughout. The following research questions led the study and research of the data being collected:

(RQ1) How did the healthcare systems (Ministry of Health and hospitals) communicate about Ebola?

(RQ2) How did the non-profit Samaritan's Purse respond to this crisis?

(RQ3) In what ways could Coomb's theory guide effective communication in a crisis situation?

The chapter is divided into two main sections, results from the interviews conducted and the analysis of the articles.

### **Interviews**

Two Samaritan's Purse employees who worked in Liberia during the Ebola crisis were interviewed. The interviews were forty minutes to one hour and took place over Skype. The below questions were asked of each participant regarding the communication process during Ebola.

**Q1:** What is your position at Samaritan's Purse and how long have you worked in this field? What did your job entail during the spread of Ebola? (ex: Did it change any? Did you take on any new tasks?).

**Q2:** When people began getting Ebola, what was their prior knowledge of the disease, if any?

**Q3:** How much time passed before the information about Ebola began to be communicated to the public?

**Q4:** What was communicated to the public about the disease?

**Q5:** Specifically, what was the system and/or process that Samaritan's Purse used to communicate to the public?

**Q6:** How was this system created and what kinds of information did it cover with the public? How long did it take to create this?

**Q7:** How was the information itself disseminated throughout the affected regions?

**Q8:** What was the public's reaction to this information?

**Q9:** Did the healthcare systems within the country communicate about the disease? If so, please give a detailed response on how.

**Q10:** In your opinion, what ways could communication have been better utilized to help lessen the death toll?

It was found that both interviewees had an in-depth knowledge about the Ebola crisis because of their positions within the organization and time spent in the field. One interviewee's work was based on the design and implementation of the Samaritan's Purse Ebola response, while the other handled logistics (providing SITREPS to headquarters) and worked closely with healthcare (managing sanitation in the clinic with Ebola patients, traveling out to communities to remove the bodies of the deceased etc.). Although some people had heard about an Ebola breakout in Guinea, most did not have any prior knowledge of EVD before it hit the country. There was a reservoir for the disease, but there was no pass over of it until it hit in March of 2014. The only thing comparable to Ebola that the people had some knowledge about was Lassa fever which is also a viral hemorrhagic fever. However, Lassa fever has a treatment and much

lower mortality rates. Participants were asked about the amount of time that passed before communication was disseminated to the public. There was already an outbreak of Ebola occurring in Guinea in 2014, but it did not officially cross over into Foya, Liberia until March 22, 2014. Samaritan's Purse immediately began developing Ebola messaging that was placed into each of the current programs that they were running. The team heard about the disease crossing over on a Saturday night and by Monday they had shifted programming, teaching the in-country staff about the disease and developing communication plans. During the first few weeks of the outbreak, basic information was being shared with the area that Samaritan's Purse worked in. This included what the disease was, symptoms, how it spread, prevention, the high mortality rate and what to do if they or a close family member felt sick. People were instructed to notify the district health officials if they noticed any travelers coming through from Guinea or a funeral.

SP staff members began attending almost daily meetings with the Ministry of Health (MOH), which included the United Nations Children's Emergency Fund (UNICEF), and other key international non-governmental organizations (INGO's). All materials and messaging had to first be approved by the MOH, who was focusing primarily on coordination of messaging. UNICEF was working with supporting water and sanitation hygiene support, while most of the other INGO's helped support the printing of materials. In the early weeks, radio spots, printed materials like pamphlets, and even songs were created. The INGO's were all major drivers of helping to get the information out. One of the earliest messages developed was "Ebola is real and it kills". The organizations were so focused on getting the message out quickly that the quality of the message was not well developed (especially from a behavior change perspective).

During those first few weeks, messages were spread by SP staff members. Based off of their development model, SP in country staff live and "oversee" specific villages. It was easy, to

some extent, for the message to get out to these villages because SP is well-known and respected for the work they have done over the years in the country. Besides this, the team in Liberia had permission to develop a mass Ebola awareness campaign. Messaging was quickly put into already existing programs, such as literacy, church mobilization, water and sanitation hygiene, health programming and animal husbandry. Staff went door to door, walked the streets, spoke at community meetings, and mosques with the goal of blanketing the districts they were working in and spreading the message to anyone and everyone that would listen. This included handing out pamphlets (the first one contained only pictures) and walking through towns with megaphones. The first modes of messaging were vital because previously there was no EVD messaging developed. EVD lives in a reservoir or host, which makes it difficult to predict when an outbreak occurs, and up until this point, no one had ever seen it spread so violently. One of the participants pointed out that even during those first few weeks, SP recognized how serious the disease was. It sparked fear immediately, and no protocol on border crossings, combined with how quickly people move in the area, showed them the deadly potential. As the weeks wore on and the outbreak became more serious, different options for messaging appeared. The staff continued to talk with citizens face to face, but also used radio messaging, in addition to a few songs that were created. However, post EVD research done by SP has shown them however that the songs on the radio confused most people. As the outbreak continued to claim more and more lives, there was a shift in the communication messaging, from information only to empowerment. One interviewee spoke about this shift:

At first we were all scared and we made the rookie mistake of thinking that information equals action. In reality, information may prompt someone to act, but has no bearing on what kind of action that person will take. So, the message "Ebola is real and it kills" was

true, and it did connect with some people and it influenced their behavior, but that was kind of a fluke. We saw the outbreak spiral out of control not because of a weak health care system but because of poor communication and a massive distrust of the government aid agencies. (Personal Communication, April 11, 2016)

The messages being dispersed moved away from shock and towards aspirational messaging, with slogans like “Together we can stop Ebola” or “Let’s Kick Ebola out of Liberia”.

Unfortunately, despite all of the early messaging, the public’s reaction was poor to the information being communicated. Samaritan’s Purse has a long history in Liberia and is well known and respected, which is why they were able to spread the word in more communities. However, some of these communities refused to let them talk about Ebola. Rocks were thrown at vehicles and at people, which created a large security issue. It was found that most people did not even believe that Ebola was real, including those that held high positions in the government and healthcare workers (who were very open about the fact that “it was not real”). The results of research discovered that there was fear and distrust brewing among the citizens of Liberia for a few different reasons. Liberia was ravaged by a civil war from 1989-2003, which killed more than 250,000 people (Liberia country profile, 2016). This time of civil war left Liberians in a place of mistrusting the government and outsiders, specifically in the more indigenous areas of the country. This mistrust ran so deep that the Liberian people believed Ebola to be a ploy by the government, thinking they wanted to get aid money (Personal Communication, April 11, 2016). Rumors began flying around that once a person was taken into a treatment center, aid workers were harvesting people’s organs inside and selling them. Fear was another factor as SP worked to communicate about the disease. Besides the fact that EVD is a mystical disease and was killing people quickly, the way to stop the spread of it went against everything Liberian culture

stood for. Mothers specifically, were used to diseases like malaria and typhoid, and unfortunately the beginning symptoms of EVD are almost exactly like that of the aforementioned diseases. Mothers were being told that their children could present with these symptoms and that they could not help or even touch them. The research shows that what occurred was an unimaginable situation. Your child becomes ill, you have no way to help them, and the only thing to do is for you to drop them off at a center with people wearing suits who may or may not take care of them (besides this, they were not allowed to visit). Worse yet, most people who went to Ebola treatment centers were dying, and never came out because the bodies had to be disposed of. This was found to be another struggle with the disease spreading because it is against Liberian culture to cremate those that have died. This was counterintuitive in a culture that highly values taking care of loved ones and having a specific way to bury and honor the deceased. Paired with a lack of mistrust for outsiders and the government, especially while most people went to treatment centers and never returned, only fostered this fear and made communicating difficult at best.

Participants were asked about how the healthcare systems communicated during the crisis within Liberia. It was found that the healthcare systems and governments were, on a whole, unprepared. A district health official in Foya realized the devastation of EVD, but because the outbreak had not yet spread to other areas, there was a lack of support and supplies. No ambulances were available and the health official ended up coming to SP for vehicles to use. When the MOH finally realized how serious the outbreak was, they were unable to handle it. The World Health Organization (WHO) was also unprepared and did not declare an international disaster until August 8<sup>th</sup>, which was after thousands had become sick. In addition to this, the health care work force was devastated during the EVD outbreak when almost half of them died. They had information about the disease, but because of the skepticism and disbelief that it was

real, many caught it themselves while taking care of neighbors or loved ones. About half way through the spread, a slogan was created for the health care workers, which was “Keep safe, keep serving”, but unfortunately for many it was too late. Their desire to provide care outweighed the risk of becoming infected themselves. Before an international disaster was declared, the crisis exploded. Dr. Kent Brantly and Nancy Writebol were diagnosed with Ebola on July 26<sup>th</sup> and at that time, interviewees said that SP Ebola care centers were running with about 30-35 patients. Each day the centers were receiving 10-15 new cases (that they even knew about) and only two ambulances were even available to help with delivering patients or the deceased to appropriate burial sites. At this point, the world began to take notice and many INGO's began pulling out because they were being overwhelmed and unable to handle the influx of the sick. At this point, SP had to evacuate staff and rethink the appropriate course of action and how they could continue with communicating and treating the disease.

Finally, the participants were asked about how communication could have been used to lessen the death toll. A few of the smaller things noted were the following: the government helping and providing more support in Monrovia, hospitals being prepared, and hospital staff being able to communicate to the nurses about what to look for when an Ebola victim presented. Overwhelmingly, though, two key themes were discussed within the interviews. The first one was that the culture affected who delivered the message, the messenger was more important than the message itself. There are two main systems of hierarchy in Liberian culture, the government and the Traditional Council (chieftain system). The traditional chieftain system works alongside the government, but often has more power and pull amongst the people, especially the tribes, and rural/indigenous people. The SP staff believes that if they had accessed the Traditional Council sooner and used them to give the message to communities, the people would have listened. In

this case, Liberians would have trusted the Traditional Council and the leaders that oversaw each of their communities and tribes over the government.

And a lot of times here, it's not so much the message, it's the messenger. The messenger is the most important thing, more so than the message. So having that person that everyone trusts and respects give that message, they would have listened. Regardless of if they had known what Ebola is or was, or anything, they would have listened because it came from the top chief. Because that system is already put in place within this culture, people would have respected and listened to it regardless of if they would have understood it. (Int. 1, Personal Communication, March 28, 2016)

Using the traditional chiefs, leaders, and healers to communicate the message could have helped slow down the spread of the disease and the fatalities that occurred because they were the most trusted in the community.

The second theme seen throughout the interviews was that information does not always equate to action, people make decisions based off of their motivations. Behavior change communication is rarely applied to public health crises, but is one of the most applicable, especially in regards to the Ebola crisis. A prime example of motivation was demonstrated by the way Liberians reacted when keeping a EVD victim at home became a punishable offense. People were not taking sick family members to ETU's, so the government tried to discourage that behavior by punishing those that refused to comply. However, in reality the behavior did not change, because families didn't want their loved ones to not be cared for attentively, to be alone, or to end up dying and being cremated. Liberians ultimately kept patients at home out of love for them and the threats given by the government about being sent to prison did not change that behavior. "When people are in fear, you need to communicate to them in a different way. You

can't make them more fearful because that's not going to help them, but at the same time you have to somehow get your point across" (Int. 1, Personal Communication, March 28, 2016). The motivation behind the EVD communication messages needed to be changed.

### **External Communication and Awareness**

Articles collected during the crisis were analyzed and range in date from May 2, 2014 to February 25, 2016. Throughout the articles there is a clear shift in the communication from information to empowerment. The first six articles focus on external communication and awareness.

**Overcoming the Fear of Ebola.** The article addressed the very first response to the Ebola outbreak (dated only about a month after the staff first heard about EVD). Volunteers went out and began an awareness campaign, detailing the facts about the virus. Some communities rejected the volunteers and even "called them paid agents who were sent in the communities to spray the people and killed them" (Overcoming the Fear of Ebola, 2014). Fear and resistance from the Liberian people emerged at the beginning of the outbreak.

**Wrestling with Ebola.** The article was written by the leader of the SP disaster response team battling Ebola, Dr. Lance Plyer. Ebola removes all human touch and communication from those that get it. Once a person was taken to an Ebola treatment unit (ETU), they were most likely never seen again because they usually died. Visitors weren't allowed in because of the risk of infection. "It robs the patient of their social dignity as well as their physical health. It marginalizes and isolates like no other sickness I know" (Wrestling with Ebola, 2014). The article shows just why Liberians were so afraid to bring their family members to treatment centers.

**Working Together to Contain Ebola.** The article discusses a volunteer doctor's experience in the ETU after arriving in Liberia. It brought to light the importance of educating the people about the Ebola virus and helping the people prevent its spread. "I have been learning the approach to a community awareness and education, which is critical in preventing a wider spread of what is already a frightening outbreak in the West African region" (Working Together to Contain Ebola, 2014). SP was determined to spread information about the disease, although at this time they did not yet know the messenger was a vitally important part of the equation.

**Liberia's First Ebola Survivor.** The article details the story of Liberia's first Ebola survivor, but comes four days before Dr. Kent Brantly and Nancy Writebol are diagnosed with EVD. Harrison Saleka, who survived Ebola, was a prime example of how Ebola spread based on the cultural burial traditions for the deceased. He contracted the disease while helping to prepare a family member's body for burial. During the writing of the article, the outbreak was beginning to spiral out of control, but SP continued to put a strong emphasis on the awareness campaign. In just under three months, the campaign led by staff reached 430,000 people (Liberia's First Ebola Survivor, 2014). External communication to the public was pushed daily.

**Ebola Crisis in West Africa.** The article links to a video of Ken Isaacs, Vice President of Programs and Government Relations for SP, testifying before the House of Foreign Affairs Subcommittee about Ebola in August (after Dr. Brantly and Nancy Writebol have been diagnosed). Mr. Ken Isaacs brought to light that the EVD epidemic was an international disaster that was out of control and uncontained. In the video, a more in-depth look at SP's response to the epidemic is explained. There are 3.6 million people in Liberia and at this point over 435,000 people had been informed through the public awareness campaign. The lack of communication and overall unpreparedness is seen through several things. Only two relief agencies were

providing all clinical care for Liberia, Sierra Leone, and Guinea, and SP owned and operated the only two aircrafts in the entire country, which turned a sixteen-hour road trip into a forty-minute helicopter ride (vital for getting lab results back on confirmed or unconfirmed EVD patients).

The researcher also found a few key themes present in the article that were present in the interviews. Mr. Isaacs explains the need for informing health workers about the disease, clarifying that they did not possess the information to understand what Ebola was and how it worked. He reported that two of the most prominent physicians in Liberia openly mocked the existence of Ebola and went to a hospital to treat patients. Within five days, both of them had contracted EVD and died. It was also stated that there was a huge need for general public awareness because the cultural traditions of burying the dead, such as kissing the corpse, were contributing to the spread of the disease. The theme of public awareness is continually seen.

**Keeping Up the Fight Against Ebola.** Samaritan's Purse staff expanded the awareness campaign to Lofa, Gabarpolu, and River Gee, which were close to the border of Guinea (where EVD crossed over from). The article, released on September 8, 2014 contained new numbers on the progression of the awareness campaign. Over 8,000 church leaders were educated (collective reach of 200,000), in addition to the 450,000 people that were reached through flyers, radio spots, and community events (Keeping Up the Fight Against Ebola, 2014). These numbers had a large impact, but it was noted that those reached only accounted for ten percent of the Liberian population. Lastly, the article continues to emphasize the fact that many citizens are still in fear or denial, even though the death toll from EVD was over 2,000 (Keeping Up the Fight Against Ebola, 2014).

The first six articles presented the massive public awareness campaign that Samaritan's Purse undertook, highlighting fear and denial among the Liberians, as well as the need for health

workers and the public to be educated. The next eight articles shift from delivering information to empowering and teaching the Liberian people.

**Samaritan's Purse Airlifts Relief Supplies to West Africa for New Effort in Fight Against Ebola.** This article is the first of many where we see that SP has regrouped after Dr. Brantly and Nancy Writebol became sick. External communication is still the focus, but has turned to empowering the people instead of just trying to spread information. The article explains that SP can no longer keep up with the amount of people seeking care for EVD. In addition to this, so many citizens have died, and the people were still fearful of seeking treatment, highlighting the fact that denial was taking a toll on the country. A 747 jet was filled with 100 tons of rubber gloves, face masks, rubber boots, and disinfectants for people. "To help these families, Samaritan's Purse has developed a community-based care program to train and equip people to care for their loved ones and protect themselves from the deadly disease" (SP Airlifts Relief Supplies to West Africa for New Effort in Fight Against Ebola, 2014).

**Ebola Supplies Being Distributed in Liberia.** The article provides a more thorough understanding of what the purpose of SP's new approach is to handling EVD. The 747 jet that had been delivered was itself a symbol of the new strategy. It explained that part of the new program was to supervise Community Care Centers in the hardest hit areas, and to train Liberians to run 10-bed facilities in more remote areas of the country (Ebola Supplies Being Distributed in Liberia, 2014). SP also created protection and control kits for families. "Each kit includes rubber gloves, a bucket, soap, disinfectant, and a specific disinfectant for treating drinking water" (Ebola Supplies Being Distributed in Liberia, 2014). In addition to both of these new initiatives, caregiver kits were created, so that people could take care of their loved ones if they could not make it to an ETU. The kits were packed with protective clothing, hydration

items, medicines, and disinfectant. The public awareness campaign is mentioned at the end of the article and at the time (October 5, 2014) 450,000 people had been educated on Ebola, with just as more religious leaders being reached (with a reach of 450,000 themselves).

**Samaritan's Purse Launches Bold New Initiative to Combat Ebola.** This article is a press release discussing how SP trained caregivers to provide loved ones with care. The kit contained illustrated step by step instructions on how to take care of those that had EVD, including the supplies necessary to do so. The kits primarily went to specific villages along the River Gee, where there were no ETU's or Community Care Centers. Dr. Kent Brantly said, "If we don't provide education and protective equipment to caregivers, we will be condemning countless numbers of mothers, fathers, daughters and sons to death because they chose not to let their loved ones die alone" (2014). This further highlights the theme the researcher sees with fear and the need the people had for awareness.

**Fighting Ebola in West Africa.** This article gives a breakdown of all the different initiatives SP provided up to this point in time (October 21, 2014). It gave viewers more information about the infection prevention and control kits that were given to the public. SP handed out kits that contained gloves, soap, buckets, and a disinfectant for treating drinking water. "Our focus will be on educating 300,000 people in high transmission areas across multiple counties throughout the country" (Fighting Ebola in West Africa, 2014). Lastly, the article discussed the continuation of spreading Ebola information and awareness.

**Putting Out the Fires of Ebola in Liberia.** This article addressed the commitment of SP to helping the Liberian people be free of the Ebola disease. Beyond that, it highlights the fact that fear and denial were still rampant among many of the citizens. "In addition to the threat of the disease itself, there are still many who remain in denial about Ebola. Others are deeply

mistrustful of outsiders and refuse to accept our assistance, even becoming hostile” (Putting Out the Fires of Ebola in Liberia, 2014). As stated above through the interviews, hostility was common when going to reach out to people. Lastly, a process was given for responding to hot spot communities. Once the staff learned about a break out in a certain area, they went to assess, to see how many people had Ebola already and if the citizens living there were open to receiving help. Each household in the area then received an infection and prevention kit. After this, the team would address those that were already stricken with Ebola. They were directed to the nearest ETU or given the choice of two other different types of facilities. “If such a facility isn’t close – which is likely, since there are only eight in the country-then community members are given the choice between a small mobile care center and home-based care training” (Putting Out the Fires of Ebola in Liberia, 2014). At the point in which the article was written (November 25, 2016) SP had already built two community care centers and educated 26,000 Liberian people by passing out 10,000 hygiene kits since October.

**Ebola Response Update.** The article, written in February of 2015, gives a run down of the work SP continued to do, the numbers of those infected, and where it was expected to head. It is important to note that of the three countries affected by EVD (Liberia, Sierra Leone, and Guinea), Liberia had the largest amount of life taken, with 4,800 people dying from the deadly virus. The most important research reported from this article though, is the fact that the people are cited as recognizing Ebola as a real disease. “Probably most significantly, the attitudes and actions of the Liberian people began to change. In order to survive the outbreak, certain cultural practices (specifically regarding burials) were relinquished” (Ebola Response Update, 2015). This article is one of the first times behavior change is reported.

**Samaritan's Purse Honored in Liberia.** This article, written on August 6, 2015, highlights Samaritan's Purse as being the only international organization to receive awards and be honored by the Liberian government. SP was awarded the Global Image award and Dr. Brantly was awarded the Grand Commander grade of the Order of the Star of Africa award. In addition to this, they were invited to the Presidential Independence Day Celebration. By this time, most of the media frenzy had ceased to exist around Ebola, even though the disease was still present. SP continued their work in Liberia through "psychosocial counseling and health visitations, post-Ebola recovery, health programming, and overseeing the Foya Transit Center" (Samaritan's Purse Honored in Liberia, 2015).

**Ebola Memorial Cemetery Dedicated in Liberia.** The article highlights the fact that Samaritan's Purse consistently went above and beyond, and that Liberia was declared Ebola free. SP specifically ran an Ebola Treatment Unit in Foya, Liberia during the outbreak. As Ebola ravaged the area, many people's lives were taken. A special piece of land was given for the purpose of burials and after the disease slowed down, it acted as a mass graveyard for two hundred and fifty-one people. However, none of the people's families had been able to have a funeral for their loved ones, say good-bye, or properly bury their family members. The mass grave was covered with tall grass, overrun by vegetation, and in no way a place where family members could visit deceased loved ones. Samaritan's Purse, in conjunction with the Foya District, decided that the lost should be remembered. Over the course of two months, SP transformed the site into the Ebola Memorial Cemetery, complete with a fence, gate, and marble headstones for each of the lost. This action not only honored all those that so bravely fought against EVD, but also gave Liberians a chance to be able to properly grieve for their family

members and friends. A dedication ceremony was held to commemorate the area, where Joseph N. Boakai, Liberia's Vice President talked about the impact of SP.

It truly brings me deep personal pride and fulfillment to be associated with such a gesture in humanity that uplifts the spirit. Thank you Samaritan's Purse! You are indeed contributing to reshaping and refining the moral, psychological, spiritual, and emotional makeup of our society. (Ebola Memorial Cemetery Dedicated in Liberia, 2016)

For the third and hopefully final time, Liberia was declared Ebola free in January of this year.

## CHAPTER V: DISCUSSION

The discussion chapter will directly answer the research questions presented at the beginning of this study. It will seek to show how Coomb's situational crisis communication theory relates to the Ebola crisis and in what ways the researcher sees direct correlations. In addition to this, the chapter will discuss the limitations of the study and the need for future research on the topic. It is important to note that in order to answer the way in which Coomb's theory correlated to the crisis, a thorough understanding of the crisis and response was needed.

### **How did the healthcare systems communicate about Ebola?**

The Ministry of Health and the hospitals in Liberia were, on a whole, underprepared and not capable of handling the Ebola epidemic. Based off of the interviews completed by the researcher, it was found that many INGO's partnered with the MOH in Liberia and health districts to spread information and awareness about the disease. The MOH mostly coordinated and approved the information being disseminated. However, it was realized too late that EVD needed to be dealt with seriously. This was shown in the lack of communication to the caregivers and doctors of the country. The communication between the healthcare systems and those that were in the trenches, fighting the disease, was not clear. Nurses were not given proper instruction about what to do when someone with Ebola presented, and in addition, there was a lack of supplies for them to treat those that came in. Without the proper personal protective equipment and transportation needs, like ambulances, those that worked this epidemic were doomed from the beginning. Karin Huster (2016), the clinical lead of an ETU with Doctors Without Borders, reports that throughout the EVD crisis, over 800 healthcare workers contracted Ebola and out of that, more than 500 died. The other contributing factor to this was that because of a deep mistrust of the government, many doctors and healthcare workers did not believe Ebola was real. They

believed that the government wanted to line their pockets with the money of the aid organizations, which further fed into their thinking that it did not exist (Int. 2, Personal Communication, 2016). In an article entitled “Knowledge Practices and Their Durability in Post-War and Post-Ebola Liberia” an example of a doctor displays this very problem. Kauffeldt et. al (2015) spoke about a “doctor” going on the radio about a cure for EVD saying that “a god revealed the right medicine for Ebola to him in a dream. He used chalk and leaves as medications and he organized a team and opened a traditional ETU in Ganta”. Over the course of the next two weeks, the entire team contracted Ebola and sadly, most of them died. This distrust, for the government, combined with the cultural practices of the people, helped EVD spiral out of control. “Since there was rampant distrust of the government anyway, a renewed reliance on tradition developed in Liberia and Liberians continued their normal practices for treating the sick” (Kauffeldt et al., 2016).

Another finding that is important to note, was that the infrastructure of the country simply did not set Liberia up for the ability to be able to respond. Huster (2016), noted “Three of the poorest, most dysfunctional governments in the world were left much too long to manage on their own the biggest outbreak of a dangerous infectious disease, one that spread across the borders like wildfire”. The country found themselves in a position that resulted in the death of over 4,800 Liberian people. “Poor countries that lack roads and other essential infrastructure are most susceptible but least able to withstand the assaults of diseases or wars on their populations” (Huster, 2016). The senator of Lofa Country in Liberia, at a memorial service for those that lost their lives even said, “We were ignorant, that is why we lost so many people to this disease” (Ebola Memorial Center Dedicated in Liberia, 2016). Infrastructure, coupled with the mistrust of

the government and cultural practices greatly determined the response of the healthcare systems in Liberia to EVD.

### **How did the non-profit Samaritan’s Purse respond to this crisis?**

Throughout the two-year crisis of EVD, Samaritan’s Purse remained faithful to fight for the Liberian people, never wavering from remaining in the trenches to treat the people and provide them with dignity in their last days. The interviews and articles that were analyzed provide readers with a more thorough understanding of how Samaritan’s Purse responded and what action they took. For quick reference, the below chart gives a brief overview and timeline of SP’s response to EVD.

#### **Timeline of SP Response to Ebola Crisis**

<b>March 2014</b>	SP staff learns about EVD crossing into Liberia	Two days later, Ebola messaging is put into programs
<b>June 2014</b>	Messaging is continued within SP programs and into the communities	First Ebola patient presents at ELWA Hospital
<b>July 2014</b>	SP treats EVD patients, Dr. Brantly & Nancy Writebol contract Ebola	430,000 people have been reached by EVD messaging
<b>August 2014</b>	Expat staff is evacuated, Ken Isaacs testifies before the House of Foreign Affairs	435,000 people have been reached, Brantly survives
<b>September 2014</b>	Community Care based program was developed	450,000 people have been reached
<b>October 2014</b>	50,000 prevention & control kits and 3,000 caregiver kits are distributed	Focus on educating 300,000 more Liberians in high transmission areas
<b>November 2014</b>	Construction begins on 15 Community Care Centers	Messaging and education continues
<b>February 2015</b>	Attitudes and actions of Liberians have noticeably started to change	1.5 million Liberians have received Ebola education
<b>May 2015</b>	Leadership training begins – psychosocial counseling, evangelism, & discipleship	1.6 million have been educated
<b>August 2015</b>	SP is honored with the the Global Image Award	Post Ebola recovery work
<b>January 2016</b>	Liberia is declared Ebola free	

**Pre-Crisis**

Before the crisis, Samaritan's Purse did not take any specific actions, which was because of the fact that as one interviewee said, "Ebola wasn't even on our radar!" (Interview 1, Personal Communication, 2016). However, SP did already have a long-standing history within the country of Liberia. They were well known and respected before the crisis occurred, which helped bolster their reputation as they began to respond.

**Crisis**

Samaritan's Purse learned about Ebola in late March of 2014. Upon hearing of the disease, they immediately sought out action. Although the first case of EVD had not yet come to Liberia, they responded by putting Ebola messaging into each of their current programs, attending daily meetings with the MOH and other INGO's, and sending staff out to blanket the surrounding communities they served in. As the disease ramped up, so did the response. From June to October 2014, they took over an ETU originally built and run by MSF, treating as many as 30-35 patients daily, with another 10-15 new cases presenting each day at the treatment centers. By this point, radio messaging had been developed, the staff continued to spread awareness by walking through communities with megaphones, and they continued to speak with anyone that would listen to them about the dangers of Ebola. By this time, SP had educated 430,000 people through Ebola messaging. Then, in July of 2014, Dr. Kent Brantly and Nancy Writebol were infected with EVD. This was a huge hit to the organization, as they worked for days treating these staff members and trying to arrange a way for them to be medevaced back to the United States. Suddenly, the world began to pay attention to the crisis that had been raging on in West Africa, which had for the most part been ignored. Media headlines and news stories everywhere broke out into an Ebola craze. Attention from the international community had been needed from the

beginning, especially since SP was nearly alone in their fight against Ebola, as Doctors Without Borders was the only other organization on the ground. Huster (2016) writes, "But for those of us on the front lines from the early days, face to face with Ebola and its deaths, 'slow' seemed too kind a word for the world's response. 'Cowardly' and 'non-existent' come closer". It was appropriate then at this point, that Ken Isaacs, Vice President of Programs and Government Relations at Samaritan's Purse had the opportunity to testify in front of the House of Foreign Affairs. He gave a moving message, discussing what the response had been to the outbreak and showcasing the desperate need for the international community to wake up and move into action to help West Africa.

In the same month, SP made the decision to pull all expat staff from Liberia. Ebola became nearly uncontrollable and the Liberian people were devastated by loss, fear, and denial, which resulted in riots and a safety concern for staff members. EVD was overwhelming the country and it was a large burden to bear, so the decision to pull staff gave the organization time to reassess and develop a new response to the outbreak. At the time of doing this though, "450,000 people were reached through flyers, posters, community events, and other activities", including those who heard radio spots on air" (Keeping Up the Fight Against Ebola, 2014).

However, despite the risks and challenges, Samaritan's Purse was back in country in the next two months. As noted in the results, by September, a new plan was rolled out, with a clear shift from getting information out to empowerment. The new initiatives that would begin to be implemented displayed the need for messaging to come from a different perspective. The first initiative that came out was the building of fifteen Community Care Centers. SP began building these centers (the first opened in December) so that those sick with Ebola could receive basic care. The 10-bed facilities were supervised by SP staff and run by Liberians that had been trained

(Ebola Supplies Being Distributed in Liberia, 2014). The second initiative was the distribution of 50,000 prevention and control kits that contained rubber gloves, a bucket, soap, disinfectant, and a treatment for drinking water. The goal was to reach 300,000 people through a massive awareness campaign, helping them to prevent the spread of the disease through proper hygiene and sanitation (Ebola Supplies Being Distributed in Liberia, 2014). The third initiative was the distribution of 3,000 caregiver kits that included protective clothing, hydration items, medicines, and disinfectant. These kits were created for “interim home-based interventions in cases where infected community members cannot go to an Ebola Treatment Unit (largest service provider) or a Community Care Center” (Ebola Supplies Being Distributed, 2014). All three of these initiatives were pushed out in October. Then, in February of 2015 behavior and actions finally began to change, aiding the slowing of the disease.

### **Post-Crisis**

By May of 2015, 1.6 million Liberians had been educated through the mass awareness campaign. In addition to supporting the Community Care Centers, SP provided leadership trainings, which encompassed psychosocial counseling, evangelism, and discipleship (Ebola Free in Liberia, 2015). They also developed special programs with health messaging for children and trained staff in counseling so that they could minister to other Liberians. Samaritan's Purse not only fought against EVD, but worked and is still working to help the Liberian people post EVD. Bev Kauffeldt, who has worked alongside her husband in Liberia for eleven years noted, “Leveraging our experiences and relationships, credibility with the government, a robust church network, and aviation services, Samaritan's Purse has the ability to act quickly and nimbly. This is what sets us apart as an organization” (Ebola Free in Liberia, 2015). Finally, in January of 2016, Liberia was officially declared Ebola free.

Viewed through the lens of Coomb's theory, Samaritan's Purse is categorized as being in the victim crisis cluster. This cluster specifically includes natural disasters and contributes very low responsibility to the organization itself (Carroll, 2013). The organization had no control over this event and was not at fault, so therefore their reputation was safe. Because the organization was in the victim cluster, they did not necessarily choose a strategy of denying, diminishing, or rebuilding. However, as an organization they did an excellent job of instructing and adjusting after the crisis. Coombs (2015) notes, "Instructing information focuses on telling stakeholders what to do to protect themselves physically in the crisis". Whenever a crisis hits, people are always the main concern and in reality, the most important priority. Based on interviews that the researcher conducted, SP immediately used instructing information. Within forty-eight hours of hearing about EVD, the SP team in Liberia did research and implemented information on EVD prevention into each of their current programs, as well as beginning an awareness campaign in surrounding communities. In addition to instructing, they also provided adjusting information post-crisis. Traumatic experiences naturally induce high levels of stress, and when the organization is dealing with the loss of life, this becomes worse. "Traumatic stress incidents overwhelm a person's ability to cope" (Coombs, 2015). The organization trained their staff members in counseling, and equipped local leaders on how to help their fellow citizens post EVD. Both of these actions taken by the organization proved to further bolster the organization's reputation among the Liberian people. Although not responsible for the terrible crisis, SP took the proper steps to keep those affected aware of the situation and informed (even if they did not listen to the message at first).

**In what ways could Coomb's theory have been used to more effectively communicate so that the overall outcome and loss was changed?**

Throughout the EVD epidemic, over 11,000 people's lives were claimed. Out of those 11,000, Liberia was the hardest hit of the countries that were overwhelmed. In Liberia, 4,800 people succumbed to the disease. But could this have been prevented? Could the loss of life have been so below what it was? The researcher believes that Coomb's SCCT theory could have been directly applied to the crisis so as to prevent further loss of human life.

First, the government, although unstable, needed to be prepared. In the precrisis stage, the government did not listen to the warning signs. EVD began in Guinea, so health officials did have a small amount of time to create a plan. The difficulty in this particular crisis was that no one knew what the disease was, and because they did not know, they had no idea what precautions to take. A doctor in Liberia wisely said, "You have to know Ebola to fight Ebola. Mobilize your people" (Origins of the 2014 epidemic, 2015). The first alert about EVD came on January 24, 2014, the MOH issued their first alert on March 13<sup>th</sup> and by March 21<sup>st</sup> a scientist in France with WHO was able to determine what the disease was. By March 23<sup>rd</sup>, twenty-nine people had already died in Guinea (Origins of the 2014 epidemic, 2014). At this time, all precautions should have been taken. The amount of deaths was a paracrisis, a specific warning sign that the possibility for a full-blown crisis was brewing. The borders should have been locked down and had this been done, the disease may have only raged in Guinea. Although difficult to restrict the movement of so many people, this small preventative measure could have saved thousands. In addition, messaging and steps for a possible outbreak needed to be developed immediately following the initial alert of an unknown disease and release of alert by the MOH.

This crisis also clearly displays the importance of crisis history and prior reputation. The government was already on unstable ground with its citizens because of the civil war that had ravaged the country. As an organization so to speak, they already had a history of crisis and a

reputation for mistrust. Because of the fragile mistrust that existed, it was incredibly difficult for the citizens of Liberia to trust any information that was being released about EVD. The researcher believes that the MOH and government needed to employ the rebuilding strategy provided by Coomb's theory. It was quite evident that the past of the civil war was in the forefront of the Liberian people's minds. Although eleven years had passed between the civil war and EVD, the atrocities committed and deep seated fear and mistrust still existed. The government and the MOH needed to attempt to reassure citizens that the information they were communicating about was indeed, very real and important. In addition to this, there was not a clear line of communication from the MOH to doctors to nurses working in the hospitals. So many health care workers lost their lives because there was not clear communication about the precautions that needed to be taken. According to SCCT theory, people should always be the first priority in a crisis and this was clearly not the case.

The researcher discovered in the process that SCCT was not the best theory for this crisis situation. In hindsight, this research question is difficult to answer because the responsibility for the outbreak does not rest on any one person or organization. The MOH and Samaritan's Purse had a responsibility within their response, but did not necessarily take on any denying, diminishing, or rebuilding strategies.

### **Limitations of Study**

This mixed methods study presented several different limitations. First, the researcher desired to go to the country of Liberia and get first hand accounts from citizens regarding the communication process during the outbreak. However, this hinged on an internship opportunity that was proved to be unsafe based on the fact that the Ebola crisis was still raging during the

summer of 2015. The researcher believes that having this first hand account and the perspective of Liberian citizens would have greatly enriched the body of research.

Secondly, 15-20 interviews were to be conducted with health professionals and aid workers, which proved to be far too many for the researcher to obtain and conduct. The other limitation that was run into in regards to interviews was that quite a few of the possible interviewees did not have time to respond to the invitation based on their busy work schedules. It was found to be much harder to contact these individuals than anticipated.

A third limitation found was the lack of information in the articles written by Samaritan's Purse. The researcher had hoped to find a much more detailed description of the communication process within the articles, however the interviews did help to provide much deeper insight and information.

A fourth limitation was that the crisis was an uncontrolled incident, which made it difficult to assign responsibility. The organization and MOH had responsibility within the response, but did not have responsibility for the outbreak itself.

### **Suggestions for Further Research**

There are various opportunities for further research with this topic. Behavioral change communication could be directly applied to the response of this outbreak. It was clearly seen that in this case, the person delivering the message was far more important than the message itself. Information did not equate to action, which had a devastating affect on the response to EVD. An in-depth look at this crisis combining public health theory and communication could greatly enhance the research that details the response to the outbreak.

Another area of research that could be looked into is the role that culture played in the outbreak. The most effective prevention behaviors to combat the disease were hindered by the

deep-seated cultural practices, customs, and traditions of the Liberian people. Understanding how to properly communicate interculturally was key and could add to the body of research.

### **Conclusion**

Based on this study, we can take away a few key findings. The first is that the healthcare systems in Liberia were not adequately prepared or equipped to handle the Ebola crisis. Effective communication messaging was not put into place soon enough and proper protocols were not put in place to contain EVD to one area. The communication provided to the hospitals and the health care workers was not sufficient and there was a lack of proper supplies and protective equipment. The lack of mistrust between the government and the Liberian citizens only served to further irritate the situation, causing rumors that aid workers were infecting people with Ebola and harvesting their organs at the ETU's. This mistrust resulted in people not believing that EVD was real, causing further spread of the disease. In addition to this, the values and traditions of the culture went against every prevention and control method given, which made it increasingly difficult to keep EVD contained. It was also found that the healthcare systems and MOH could have better utilized the stages of Coomb's theory. There were warning signs before the crisis occurred, even if it only gave them a small amount of lead time to develop effective messaging.

Secondly, we can see that as an organization, Samaritan's Purse appropriately responded to the crisis. According to Coomb's SCCT theory, the non-profit was a victim and not responsible for what occurred. However, they immediately provided instructing and adjusting information per SCCT that helped to save lives. Within forty-eight hours of hearing about EVD, messaging was developed and put into all current programs. As the disease spiraled, SP did everything they possibly could to deter the infection. Over the course of the next year and a half, SP began running an ETU, developed a mass awareness campaign that reached 1.6 million

Liberians, built four Community Care Centers, airlifted 200 tons of relief supplies, provided 50,000 prevention and control kits to families, and gave out 3,000 caregiver kits so that Liberians could safely care for their sick loved ones. Samaritan's Purse was one of only two INGO's that stayed to combat EVD. They created a clear messaging plan and course of action, responding effectively and quickly to do what they could to prevent further loss of life.

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