DISASTER RESEARCH CENTER
UNIVERSITY OF DELAWARE

MISCELLANEOUS REPORT

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EMERGENT CITIZEN GROUPS IN DISASTER PREPAREDNESS AND RECOVERY ACTIVITIES
An Interim Report

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January 1983

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Funds for the research as well as this initial report were provided by grant #CEE-8113191 from the National Science Foundation (NSF). However, all statements made represent the views of the Disaster Research Center (DRC) and not necessarily those of NSF.

THE ADVISORY COMMITTEE

The project has the assistance of an Advisory Committee. While committee members have no direct responsibility for the research work, they do provide advice and recommendations to DRC regarding the project. Current members of the committee are:

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This report is devoted exclusively to presenting major but selective findings from the first year of work on the 30-month Disaster Research Center (DRC) study of emergent citizen groups in disaster preparedness and recovery activities.

GOALS AND OBJECTIVES OF THE STUDY

In the last 20 years, considerable research has been done on how people behave and groups react at emergency times of natural and technological threats and disasters such as tornadoes, floods, hurricanes, earthquakes, fires, explosions, toxic chemical events, and nuclear radiation. These studies by social scientists have led to improved responses during the emergency time. In recent years, research has turned to problems in the aftermath of disasters and how individuals and organizations had prepared for these mass emergencies. As in the case of emergency-time studies, the work on aftermath preparations for, and recovery from, disaster threats and impacts, is aimed at eventual improvement in crisis planning and management, both at the personal and group level.

In line with this new research interest, DRC obtained a grant from the National Science Foundation (NSF) in 1981 to study emergent citizen groups (ECG's) in disaster preapredness and recovery activities. The presence of new groups of private citizens concerned with preparatory and post-recovery aspects of actual and potential disasters is an increasingly noticeable feature of American communities. Generally unlike new groups which emerge during the emergency time period, these emergent groups have the potential for long lives; most attempt to influence the behavior of other organizations and agencies, and many have the tendency to evolve from informal emergent groups into established formal associations. DRC has initiated a 30-month intensive and extensive study of such emergent groups. A number of field studies are underway which involve in-depth interviewing of group members, organization officials, and those who interact with them.

DRC researchers have three general goals regarding the study. We want to learn as much as we empirically can about the phenomena of ECG's; we want to integrate and place these findings in a larger context (in a model of some kind); and we want to derive the implications of the model for private citizens and public organizations--what it means for them if the model correctly integrates the empirical findings about the emergent groups we are studying. In other words, we intend to learn about a particular phenomena, to interpret what we learn, and to indicate the significance of our interpretation.

There are three major research objectives. They are: (1) to determine the *characteristics* of ECG's, (2) to identify the major social *conditions* associated with the emergence of such groups, and (3) to ascertain some of the more manifest *consequences* of those citizen groups which do emerge. For purposes of understanding the dynamics of the phenomena, we also will look at the *careers* of ECG's.

Regarding characteristics, we are interested in ascertaining the nature and kinds of emergent groups which develop, including such elements as their structures (e.g., their vertical, horizontal, and network dimensions) as well as the different organized forms they may assume.

Regarding conditions, our concern is with the factors--internal and/or external--associated with the appearance (or non-appearance) and continuation of emergent groups including what circumstances are responsible for when, where, and why emergent groups do and do not appear and survive.

Regarding consequences, we want to look selectively at some of the more manifest external effects of emergent groups, including how they may be influencing public agencies and organizations with which they interact. Our examination of careers involves attempts to ascertain if there are any typical paths in the initiation, formation, and development of ECG's.

This study of ECG's should interest individuals as well as organizations having responsibilities in community-wide emergencies. A most fundamental question is addressed by our research: whay organized role can interested citizens play in making disaster policies? As such, our work deals with an inherently significant public policy issue which, however, has generally been ignored. To the extent actual and potential individual victims have been studied, this study aims to the focus has been on what happens to victims rather than to see what they may affect. We are looking at possible proactive behaviors rather than just reactive behaviors, and from the perspective of actual or potential suffers rather than from the viewpoint of helpers only.

The work will provide information to citizens on how they may best organize themselves to have effects on disaster preparedness and/or recovery. On the other side, governmental and other public and private groups who deal with citizens should, as a result of our study, be better able to understand the situation in which they have to operate. Furthermore, if we take seriously the principle advocated by researchers that plans should be adjusted to people and people should not be forced to adjust to plans, an obvious implication is that there must be knowledge of what concerns potential victims with respect to actual or possible disasters. This study will provide some such knowledge. While the study is focused on American Society it is probable many of the findings are valid for other urbanized and industrialized societies.

FIELD WORK PROCEDURES AND OPERATIONS

During the first year of the research, field work has focused on studying approximately three dozen ECG's, which are listed elsewhere. Data obtained from most of these groups will be used in the systematic analysis planned.

Our research objective necessitated sampling ECG's, deciding on contacts in the communities being studied, determining the kind of information we required, and designing the field instruments. We now discuss these matters, including some of the problems encountered.

Locating ECG's for study was the first field task. As a prerequisite we defined the term, "Emergent Citizen Group." In the early stages of the project, ECG's were conceptualized as consisting of private citizens who were informally or formally organized at the local community level to puruse either general or potential disaters. This indicates that our interest lies only in relatively recent private citizen groups, and not those organizations whose members are now part of formal associations or well-established social movements. We excluded ECG's which operate on other than a local basis; thus, we do not study primarily extra-community oriented groups (whether at a regional, state, or national level). Our focus is on those local groups which appear *before* or *after* a disaster and not those which emerge *during* the emergency time period, such as search and rescue teams. Under "disasters" we include all actual and potential incidents as enumerated in the federal disaster law, but we also include those ECG's who might be attempting to get certain currently marginal threats (e.g., toxic wastes, landslides, etc.) defined as within the scope of the law.

In the first few months of the project, an increasing list of ECG's for possible study was assembled from a variety of sources:

- earlier DRC work on other research projects;
- advisory board suggestions;
- a survey of most of the major collective behavior reserachers in the United States;
- public organizatins;
- private sector; and
- ECG's identified by other ECG's.

The largest number of ECG's for possible study were identified by federal, state, and local community agencies whose responsibilities usually involved contact with citizen groups. Some private sector sources (such as public interest groups and national citizen organizations concerned with environmental problems) also provided some names; but as a whole, the private sector was a surprisingly disappointing source of information. Also, as the field work progressed, ECG members and local community officials were asked about their knowledge of other groups.

On the basis of the master list which was assembled, certain ECG's were tentatively selected for field study.

SELECTION CRITERIA

- a balance of natural vs. technological or human-created agents (with a limit of 8 groups associated with a particular kind of agent)
- a variety of potential agents
- a representation of different geographical locations and a broad continuum of rural to urban settings
- priority to areas vulnerable to disasters

An effort to sample on the basis of pre- and post-impact origins of ECG's did not prove empirically viable; thus, initial studies were conducted in certain localities in California, Texas, and Kentucky, to insure that if such localities were hit by disasters during our study, we would have base line data available on the ECG's in those particular areas. To avoid unique aspects of a particular locality, a decision was made not to include more than five ECG's in any given state, and no more than two ECG's in any particular community (defined as a different legal jurisdiction). Specially sought, but with limited success, were earthquake oriented ECG's and ECG's consisting primarily of minority group members.

Before sending a team into the field, tentatively selected ECG's were evaluated to see if they were appropriate for the Center's research. Long distance calls were made to known group members, as well as to other local sources, such as mass media personnel, officials in disaster and emergency agencies, county extension agencies, and other knowledgable informants. Inquiries led to the elimination of some groups because, for example, the imputed ECG turned out to be otherwise, or the ECG, in some respect, did not meet our prior criteria.

It was initially decided that at least four categories of persons would normally be contacted at the local level:

1) all key or core members of the ECG;
2) a selected range of peripheral members;
3) key public and/or private officials dealing with the ECG; and
4) relevant mass media personnel in the community.

Most such persons were interviewed in depth when a DRC field team went to the specific locality, and usually some personal contact was made with representatives in each of the four categories. As much documentary data as possible was collected; this ranged from group newsletters and minutes of meetings to articles of incorporation and copies of group letters. Mass media accounts of group behavior (some of them going back to group origin) were often available. In a few cases, it was possible for DRC field workers to do participant observations in group meetings or other ECG activities.

Two interview guides were developed for open-ended, in-depth interviewing: 1) a guide for ECG members, and 2) a modified guide for other persons in the community (i.e., for community officials, mass media personnel, etc.). The guides draw from the basic dimensions of the

framework we are using, namely, the career, characteristics, consequences, and conditions involved in the ECG being studied. Generally, we wanted to know:

1) the history of the group from its inception to the present, including any incorporation activity;
2) the structural and functional composition of the group, including its major interactions with other groups;
3) what effects--if any--the group has had in its community;
4) to which local organizations the group was salient and legitimate; and
5) how certain conditions, such as the availability of resources and mass media attention, has influenced the group origin, development, and survival.

The perpsective sought is that of the interviewee (be this a core or peripheral group member, a community official, or someone from the mass media). The interview guide is intended to assure adequate topic coverage, while at the same time allowing the interviewee to talk spontaneously and in an unstructured fashion.

In addition, all persons interviewed are asked to fill out a disaster probability scale for their area, i.e., to make an assessment on a 0 to 5 scale of the probability of their area being hit by one of 21 different kinds of possible natural and technological disaster agents. Another scale attempts to gauge the perceived relative influence of 29 different kinds of community agencies and organizations (including the ECG itself) on the problem focus of the ECG being studied. In some selected cases, a mail "vested interest" survey questionnaire has been administered.

The field team also has a documents checklist enumerating the kinds of (usually) written materials which should be sought from the ECG being studied, mass media, governmental agencies, and private organizations otherwise contacted in the community. The checklist includes budgets, legal briefs, radio station tapes, task force reports, and disaster plans, to name a few.

As of the date of this report, field operations have gone well. Almost all ECG's selected have cooperated fully. Agreement to allow tape recordings has been all but universal except for an occasional member of an anti-nuclear plant ECG (but even they have provided untaped interviews). The great majority of non-ECG officials and individuals contacted have been very cooperative in providing information and documentation. For any given ECG, typically about 20 field contacts are made, of which at least a dozen are usually tape-recorded open-ended interviews.

The material gathered in the field is also systematically processed when it is brought back to DRC. This insures that any gap in information is noted so that missing data can immediately be obtained via phone calls or by mail, and also to make certain that data which is to be mailed to DRC is actually received. For security, the data is stored in DRC files separate from other Center files, and is not available other than to Center personnel working on the project.

For each ECG studied, a quick and brief field team report is prepared. This is an internal DRC document not available to anyone other than the DRC personnel working on the ECG study. The field trip report describes the nature of the community and past disaster threats and/or experiences of the locality. But it primarily concentrates on the career or history of the ECG studied, as well as its characteristics, conditions, and consequences. The field report also contains a general evaluation of the data the field team has obtained, as well as any other relevant observations. The field reports are all based on field impressions and observations and are primarily intended to provide an initial start towards the systematic case study discussed elsewhere in this report.

LIST OF COMMUNITIES IN WHICH EMERGENT CITIZEN GROUPS HAVE BEEN STUDIED

Not all of the ECG's in the communities indicated below will be included in the final sample from which the data will be drawn for the systematic data analysis planned. Those excluded will be those ECG's in communities used for pilot study purposes, or which otherwise proved not totally appropriate for the DRC research objectives. The disaster agent focus for the group is also indicated.

Barbourville, Kentucky---Floods
Baytown (Houston area), Texas---Hurricanes
Bloomsburg, Pennsylvania---Floods
Blountville, Tennessee---Hazardous Wastes
Bumpass Cove, Tennessee---Hazardous Wastes

Cardington, Ohio---Tornado
Centralia, Pennsylvania---Coal Bed Fires
Cincinnati, Ohio---Landslides
Cincinnati, Ohio---Nuclear Plant
Cleveland, Ohio---Nuclear Plant

Deer Park (Houston area), Texas---Hazardous Wastes
Fairfield, Ohio---Floods
Galveston, Texas---Hurricanes
Grand Island, Nebraska---Tornado
Gulf Shores, Alabama---Hurricanes

Hall County, Nebraska---Tornado
Harlan, Kentucky---Flash Floods
Knoxville, Tennessee---Hazardous Wastes
Laguna Beach, California---Landslides
Los Angeles, Californa---General Disasters

Menlo Park (San Francisco area), California---Earthquakes
Mentor, Kentucky---Nuclear Plant
Mobile, Alabama---Floods
Montgomery County, Maryland---Nuclear Research Reactor
Oak Ridge, Tennessee---Synfuels Pollution

Oakland, California---Earthquakes
Pacifica (San Francisco area), California---Landslides
Pasadena (Houston area), Texas---Hurricanes
Pittsburgh, Pennsylvania--- Air Pollution
Pittsburgh, Pennsylvania---Landslides

Toledo, Ohio---Nuclear Plant
Vincetown, New Jersey---Water Pollution
Wayne, New Jersey---Radioactive Wastes
Wilmington, Ohio---Hazardous Wastes
Woburn, Massachusetts---Air Pollution

Woburn, Massachusetts---Hazardous Wastes
Yellow Creek, Kentucky---Hazardous Wastes

SELECTED INITIAL OBSERVATIONS AND FINDINGS

We are not yet ready to report conclusive findings from a systematic analysis of our work. As this report is being prepared, about a third of the data-gathering field studies have yet to be undertaken. Only a very few simple or partial data analyses have been carried out. Nevertheless, we have developed some tentative impressions about the nature and functioning of ECG's. These are presented in outline form below. These preliminary observations and findings are subject to later modifications reflecting the ongoing qualitative and quantitative examination of all the data which will eventually be gathered.

As indicated earlier, our major research objective is to describe the characteristics, careers, and consequences of ECG's, and to explain the conditions affecting the emergence, development, and survival of ECG's. First, we *selectively* describe the characteristics and careers of ECG's; consequences of ECG's are not discussed in this issue, since most of the longitudinal data necessary for tracing out the effects of ECG's has not yet been gathered. We briefly summarize our impressions about the conditions associated with ECG's since our analyses have just begun; however, we do present our preliminary analytical model.

To avoid endless qualifications, statements are presented in an "ideal type" format, meaning that generalizations are advanced about the different phenomena as thought the phenomena existed in pure form. Thus, while it is improbable that all of our observations would be completely correct for all the three dozen empirical cases we actually studied, the depiction is as valid as we can make about an ideal type ECG, or ECG's in general. Similarly, we examined ECG's at different

time periods in their development. Not all findings were equally applicable for all time periods; generally, we usually portray (unless otherwise specified) an ECG which has formed and has reached a point of formalization in structure, but which has not yet institutionalized; that is, which has not developed routine and established behavior. Our focus is on the emergent nature of ECG's.

Our *major* observations about the characteristics and careers of ECG's (major in the sense of being more salient, important, significant, or unexpected) are highlighted by their placement in a separate list ahead of our other findings. An effort is made to group statements under relevant headings. It cannot be overemphasized that in the limited space we have available in this report, we have been rather selective in our presentation and have made no effort to cover all the data. Other publications providing later analyses are indicated elsewhere.

MAJOR OBSERVATIONS

Characteristics

1. There are two primary types of ECG's: the first is internally- and task-oriented, has limited goals, has exclusive and relatively small membership, and is developed from the bottom up; the second is externally- and community-oriented, has open-ended goals, has inclusive and relatively large membership, and is developed from the top down.
2. Not all ECG's are involved in conflict, but most that are tend to be the externally- and community-oriented type of ECG.
3. ECG's tend to have three informal tiers of membership: a very small active inner core, a larger but still small number of outer core, and the rest of the group members (which, in many cases, involves people who at best consider themselves but nominal members).
4. Many ECG's have non-member participants such as public officials, technical experts, or mass media reporters who provide information, advice, and other resources for group activities, because of their sympathy for the group.
5. The formal or official hierarchy of ECG's does not necessarily reflect core membership or different degrees of influence in the core, with formal officers may not be the informal leaders and at times have little public visibility.
6. Regardless of ECG membership size, in almost all cases, only a handful of individuals, a core, will be actively involved.

7. While practically all ECG's are democratic in form, in actual operations, decisions are made and policies are set by a few core members.
8. Women very frequently make up a substantial majority of the membership and also are usually the leaders, although this sometimes negatively affects the perceived legitimacy of the issue upon which the ECG concentrates.
9. Most ECG's draw membership from the middle socio-economic levels, very little from the lowest socio-economic levels, and only occasionally from the upper socio-economic levels.
10. Money is far less important as a group resource than are non-material factors such as information, specialized knowledge, access to key persons, etc.
11. Initially, ECG's typically use a "shotgun" approach in contacting organizations and agencies which they think might be prone to "help" them in some way. Consequently, a variety of public and private groups are approached, including officials at different levels (usually those most visible).
12. ECG's which become established almost always achieve a degree of success in getting the issue defined as a social problem, but few ECG's attain their initially-formulated goals.

OTHER FINDINGS

A. Composition

1. The typical ECG has less than a hundred members, but the range is from a dozen to several thousand people.

2. Since membership rosters are rarely kept, the number of members is almost always an estimate, and probably on the high side in terms of persons who consider themselves members.

3. Participation in ECG activities does not correspond to what might be indicated by formal (e.g., dues-paying) or psychological (i.e., identification with group) membership. In general, there are more participatns (over time) than members.

4. There are often three general kinds of participants in ECG's:

   - a small very active core;
   - a somewhat larger supporting circle who can be mobilized for specific tasks; and
   - a great number of primarily nominal supporters (who may pay dues, receive newsletters, attend an occasional meeting, etc.).

   In some cases, nominal supporters do not even consider themselves group members (but may nonetheless participate, e.g., by signing a petition).

5. While some non-member participants are publicly visible (e.g., technical professionals, some public officials), others (e.g., many mass media reporters, some public officials) operate covertly with their roles known only to a few core members. In conflict situations, especially in small communities, some components

of the local mass media will covertly often provide information, advice, and support to active core members.

6. In all ECG's there is a very active core of members--seldom more than a half dozen in number. In some cases, the core comprises the total active membership. Outside of the core, participation in group activities tends to be episodic and sporadic in most groups.
7. Participation in ECG's is almost always a part time activity, but core members often devote large blocks of time to the group, and the work may be more than full time for an occasional core member.
8. Core members are usually early joiners of ECG's, who tend to remain in the group for very long periods of time. There is little turnover of core members except for some occasional "burn out" cases. Moving out of the area and leaving the group is more likely on the part of non-core members.
9. Core members often have only very general perceptions of most other members; whereas, core members are salient to other members who frequently have only general impressions of others in the group.
10. Outsiders tend to visualize ECG's either in terms of the activities of their core members or (often) of the action of one person in the public eye.
11. In most cases, ECG's have a disproportionate number of women members. The core and its leadership is also disproportionately female.
12. While married couples are often members of ECG's, the male partner is usually less active.

13. While all adult age ranges are represented in ECG's, frequently many members are in the 30-40 age range.

14. While retirees are not prominent as a whole in ECG's, an occasional retiree may have a key role in an ECG, usually because of specialized knowledge and availability of discretionary time.

15. ECG's are drawn primarily from the middle class (white collar) or sometimes from mobile members of the working class (blue collar). The lowest socio-economic levels are seldom involved in emergent groups and never comprise the core or noticeable membership.

16. There are occasional ECG's made up of upper middle and lower upper class background. These tend to be more structurally complex than groups with other social class composition.

17. Home owners are more prevalent in ECG's than are renters.

18. Racial and ethnic groups are very poorly represented in ECG's.

19. Many, although not all, ECG's are neighborhood-based, i.e., draw their members from a particular neighborhood. This usually occurs where the issue or problem is neighborhood-specific. ECG's involved in more community-wide issues draw from a broader geographic base, but there is still a tendency for membership to be drawn from clusters of specific neighborhoods.

20. Membership in ECG's tends to reflect lifestyle (i.e., social class position, social linkages, social experiences, etc.) rather than personality or demographic characteristics.

B. Structure

Types

1. Among major types of ECG's are:

   - specific task-oriented groups which are likely to be (but not exclusively) post-disater groups, and are focused primarily on personal and self interests of their members;
   - broader community-oriented groups which are more likely to be pre-disaster groups, and are concerned mostly with raising community awareness of a possible threat or disaster.

2. The specific task-oriented ECG's tend to be centralized in a neighborhood or area; the more community-oriented groups tend to draw their members from the community generally although not from all areas of a community (because of the social class composition of most ECG's).

3. Task-oriented groups, on the average, are smaller than community-oriented groups.

4. Another major distinction between ECG's distinguishes between those engaged in conflict with other groups, and those operating in non-conflict situations; there are far more of the former than the latter.

5. A cross-classification of the conflict/non-conflict dimension, and the task-oriented dimension results in a fourfold typology of ECG's:

   (1) non-conflict task-oriented ECG's,

   (2) conflict task-oriented ECG's,

(3) non-conflict community-oriented ECG's, and

(4) conflict community-oriented ECG's.

Division of Labor

1. The core of emergent groups almost always involves a division of labor, often in terms of the particular personal skills core members have. The division of labor is therefore often sharp because roles are not easily interchangeable.
2. The division of labor tends to be more elaborate in community-oriented ECG's.
3. The division of labor in ECG's has more to do with externally-oriented behavior than with internally-oriented behavior; this reflects the strong instrumental activities of ECG's and their weak maintenance activities.
4. Outsiders usually perceive the division of labor in ECG's almost solely in terms of the few core members who interact with them.
5. The division of labor elaborates only up to a certain point in most ECG's; in some cases, the ECG's replace a more complex division of labor meaning with a simpler one.

Hierarchy

1. There seldom is any actual hierarchy in the core, even though there may be a formal hierarchial order as a result of having formal officers or positions. The exception is the charismatic leader who is often the group's original founder. In that case, such leaders have more influence than others in the core. Degree of influence also appears to be related to the ability of core members to mobilize resources.

2. Manifest leadership often implicitly falls upon rather than being explicitly taken over by initial core participants.
3. Informal and core leadership is fairly stable in most ECG's.
4. There is both internal group pressure and self-imposed pressure to "downplay" leadership. The word "leader" if often avoided and emphasis is placed on the democratic nature of the ECG.
5. Conflict groups tend to be less democratic in procedures and are more hierarchial in structure than non-conflict groups.
6. Conflict groups are usually more vertically and horizontally structured than non-conflict ECG's.
7. Community officials and the mass media tend to visualize the group hierarchy primarily in terms of the activities of core members or even just one or two members.
8. Especially in conflict-oriented ECG's, one core member often comes to be identified by outsiders as the group or with the group.
9. The higher the socio-economic background of a group, the more likely officers' names are public (such as on letterhead stationery), perhaps adding to the perceived legitimacy of the ECG.

C. Activities

Among the major activities of ECG's are attempts to mobilize resources, establish new social linkages, and bring about decisions and policies favorable to the group.

I. Attempts to Mobilize Resources:

Resource mobilization includes recruiting new members, holding meetings, distributing newsletters, and obtaining non-material resources.

1. There is considerable variation in how much attention ECG's pay to active recruitment, but almost all of it is haphazard and unsystematic.
2. Recruitment differs in two types of ECG's. Task-oriented groups usually have a limited number of particular people they could recruit, but in most cases they do no have to convince people there is a problem. Community-oriented groups typically have a much wider base of people they could potentially recruit; however, they frequently have to convince potential recruits there is a problem.
3. Recruitment into some ECG's is handicapped because some potential members see public emphasis on a problem as leading to reduced real estate values, which might make it more difficult for them to relocate later if the problem is not solved.

Meetings

1. In most ECG's, meetings are regularly held, at least by the core; larger membership meetings are held less often.
2. There are far more informal than formal meetings, and it is at the informal meetings that decisions are usually made and policies are typically set.
3. Core group decision-making is almost always informal and highly democratic, except in some instances where there is a charismatic leader. In some cases, democratic procedures extend to all group activities; more often the core uses the larger ECG meetings primarily to ratify core decisions.

4. Formal ECG meetings are usually informally run with little attention to parliamentary procedures.
5. Formal meetings tend to be held more often during the early stages of group development.
6. Concern over obtaining larger group approval is genuine among most cores.

Newsletters

1. Most ECG's attempt to provide a newsletter or some publication for their membership. The production of such material is usually the creation of one or two persons.
2. The longer an ECG exists, and the higher the socio-economic backgrounds of members, the more likely a newsletter will be published.
3. Newsletters are used as a device for the dissemination of information desired by key core members. Differences of opinion which may exist in the ECG will not be voiced.

Non-material resources

1. The great majority of ECG's have very little money, but they also need very little to operate. Funding is not a major problem for the typical ECG.
2. Most ECG's generate funds primarily from dues and voluntary contributions of members; this is sometimes supplemented by money obtained from informal activities such as bake or garage sales or car washes.
3. Meeting space for most groups is sometimes provided by established religious groups who otherwise are seldom important in the development of ECG's.

4. Non-monetary material resources such as space for meeting, paper for newsletters, typing assistance, etc. are primarily obtained through the voluntary donations or offers from or through members of the ECG's.
5. Sympathetic local college or unversity faculty members sometimes are sources of specialized knowledge, especially about the nature of the threat with which the ECG is concerned.
6. One or two core members will often, as a result of individual reading, library or newspaper research, and/or finding of knowledgeable individuals, become a considerable repository of information to the ECG's.
7. Extremely few ECG's are able to obtain grants. Occasionally they directly or indirectly get access to community development funds, but almost always their operations are outside of the criteria necessary for grants.

II. Establishing New Social Linkages

1. Establishing social linkages includes attempts to identify the officials and organizations who might be able to do something about the perceived problem, actually contacting the relevant parties, and joining common efforts with other groups.
2. There are major quantitative and qualitative differences in ECG's establishing social linkages in conflict situations as compared with non-conflict situations. The former tend to attempt a greater number of, and usually more powerful, organizational contacts than the latter.

3. Almost without exception, ECG's initially have little knowledge about whom they should approach with their problems.
4. The "help" sought in the initial "shotgun approach" is often undefined and unclear to the ECG's themselves.
5. An occasional knowledgeable core member can short-circuit the "shotgun approach," but even sophisticated individuals may find it difficult to identify who should be approached first.
6. Most ECG's (especially those in a conflict situation) make repeated contacts with organizations; initial lack of response or an inadequate response does not serve as much of a deterrent. There is a strong tendency for many ECG's to keep previously-approached groups and individuals on a mailing list (and approach them in a later letter-writing campaign or petition submission) even when earlier approaches have not been fruitful.
7. Initiative in making contacts with other groups and organizations is usually taken by the ECG's; at times, after the group is formed, it may be contacted by some relevant national level organizations or public interest group. Government agencies and officials almost always wait to be contacted by ECG's.
8. Elected rather than appointed governmental officials are more likely to go through the motions of listening to questions and complaints from ECG's; at least they are more likely to provide some kind of feedback, such as an acknowledging letter.
9. The unwillingness to answer questions or to indicate sympathetic interest for the ECG's problem by those organizations and officials approached is often perceived by ECG's as an attempt to deny

legitimate citizen concerns, or as a cover up of possibly inept, negligent, or illegal actions by the organizations approached.

10. Local ECG's almost always avoid identification with the traditional and established political parties in the community; this partly reflects the differing political affiliations or leanings of the membership of typical ECG's.

11. ECG's generally maintain a single-issue posture, leading to their reluctance to align with other local and extra-local groups with different goals, since that might lead to diffusion of group attention or surfacing of differences of opinion on controversial issues.

12. While a single-issue and ECG reflects the typical situation, there are instances of multiple ECG's oriented toward similar problems within a given community.

13. In multiple ECG's situations, coalitions may be formed among the ECG's involved. However, ECG's in the same locality are more likely to cooperate than to develop coalitions, even if involved with the same problem. ECG's usually demonstrate strong internal concern over losing their autonomy of action; sometimes, in a multiple ECG's situation, core members of the different ECG's will join together in an umbrella type community-wide organization. This frequently results in loss of public visibility of the local or neighborhood ECG's, as outsiders tend to respond to the larger umbrella organization.

14. While some umbrella organizations form for the purpose of disseminating information, others attempt to bring about common, often political, action. In the latter case, the umbrella organization may become part of, or be associated with, established community action groups.

15. More typical is for local ECG's to develop extensive horizontal networking with contacts, at times establishing coalitions <u>across</u>, rather than within, communities.

16. Whether in a coalition or cooperative effort, the contact between the organizations is usually undertaken by a few core members of the participating ECG's. Mergers of ECG's do not normally occur. Even at public hearings, members of different ECG's sit apart with members of their own group.

17. Specific core members are often appointed/designated as boundary personnel with other organizations.

18. Non-core members in ECG's appear to have little understanding about the complex nature of the relationships between their groups and others, and only a little more understanding of the operations of their own groups.

19. Private organizations which become the object of attention of ECG's do not appear to differ substantively in their reactions from public or governmental organizations, but they sometimes mount a seemingly more systematic public relations campaign.

20. In some localities and in certain sections of the country, the private organizations involved in conflicts with ECG's, often have the little disguised support of some governmental entities at the local and/or state levels.

III. Bringing About Favorable Decisions and Policies

1. Bringing about favoralbe decisions and policies involves having ECG's clarify their goals, develop appropriate strategies and tactics, and undertake "legitimate" group actions.

Goals

1. Most ECG's initially have only very broad and vague goals (e.g., "being able to live in a safe place").
2. Such goals, since they involve matters of security and health (which usually directly affect the family home and life of ECG members) are implicitly deemed unassailable or unchallengeable by anyone, and certainly not by public officials or agencies with responsibility for public welfare. Thus, ECG's view a typical initial goal as locating the responsible authorities who can take the actions necessary to solve the problem.
3. Almost all issues raised by ECG's in initial approaches to outsiders are perceived as being ignored or rebuffed, or as not addressing their issues.
4. In conflict situations, ECG's are initially frequently seen by those approached as being uninformed or narrowly biased about the issues.
5. Redefinitions of goals frequently occur after early group formation. This often involves a consideration of the means the ECG should use, as well as the ends sought. In some cases, the focus on means may overshadow the old or new goals, as matters of strategies and tactics come to the core.

6. Goals of ECG's are far more likely to expand or change than to contract or reamin static.

Strategies and tactics

1. Questions rather than demands constitute the bulk of the initial communications from ECG's to governmental agencies; demands appear later.
2. ECG's often have little idea where decisions relevant to their problems are made, and thus many early actions are often misdirected. In time, some core members usually get fairly knowledgeable about the decision-making processes in their communities, but correct identification of sources of power does not necessarily translate into the evoking of desired decisions or policies.
3. While intended results do not always follow, many ECG's appear to believe that being a "squeaky wheel" is an appropriate strategy, as long as the actions undertaken will not be interpreted as radical by the larger community. While usually avoiding confrontation, most ECG's appear to prefer operating in public rather than working behind the scenes.
4. Many ECG's undertake a great deal of correspondence, especially initially; phone calls and personal visits to officials tend to occur later.
5. Conflict ECG's (especially core members) sometimes learn how to use mass media reports to pressure opponents.
6. Even sympathetic government officials often perceive group tactics and beliefs about the issue as nonproductive or unrealistic.

7. Where women are the core leaders, there is often an internal core perception that the ECG is disadvantaged in dealing with bureaucracies and governmental units. In some cases, this is a correct perception, because some officials do tend to discount women leaders, and subsequently discount the issue.

Group actions

1. The adoption of a name is an early group action with acronyms consciously sought.
2. ECG's exhibit far more internal disagreements and conflicts about what courses of action to follow, than are usually publicly visible. Internal differences are played down. Dissenters tend to leave the ECG rather than to create a schism and a new group.
3. The major activities of ECG's are carried out primarily by the active core, but in the majority of ECG's, the core can regularly mobilize a significant proportion of the non-active meembers for a public show of numbers (e.g., showing up at a special meeting, participating in some public activity of the group, writing letters, etc.).
4. ECG's seem to seldom engage in primarily symbolic or expressive actions; they are heavily instrumentally-oriented (with the possible exception of anti-nuclear plant groups which atypically have far more of an ideology than other kinds of ECG's).
5. Any kind of response from elected or appointed officials tends to reinforce ECG's in to taking further action.
6. In coalition or cooperative situations, credit is sometimes claimed by individual ECG's for what has been done collectively.

7. Some ECG's are peopled by newer residents in an area. This sometimes leads to a clash or confrontation with longer time residents seen as controlling and/or not effectively using the local governmental structure to solve the perceived problem. Especially in smaller communities this may lead to a wider community conflict between the newcomers organized in an ECG, and longer established residents.

MAJOR OBSERVATIONS

Careers

1. Most ECG's do not consider their initial activities as political, but almost all ECG's eventually perceive themselves as involved in political action.
2. A significant turning point for ECG's is the recognition that a problem exists which is not recognized or acknowledged by others, especially by governmental authorities.
3. The relationship between ECG's and community officials may initially exhibit a "we-they" orientation, but some personal sympathy and support for group problems and goals frequently develop in all sectors and all levels of the governmental structure.
4. Although perhaps not originally, the awareness-creating function comes to be perceived as very important by almost all ECG's, and will be maintained even if other goals are changed.
5. There are varying degrees of formalization. Some ECG's only develop an informal structure; a greater proportion sets up a formal organization, and most formally incorporate.
6. Few ECG's develop in a linear fashion, either in terms of a greater division of labor or more formalization.

OTHER FINDINGS

A. Origins

1. In the great majority of cases, ECG's do not have an identifiable date of origin; most groups develop out of informal conversations over extended periods of time.
2. Those most heavily involved in earlier conversations are very likely to become the core of the group when it emerges.
3. Initial conversations usually occur in the immediate neighborhood of the perceived problem.
4. Mass media stories often provide the initial impetus for early conversations about a problem.
5. Initial participants usually do not see themselves as leaders in the activity. However, initiatives on their part influence others to expect them to continue to take the lead.
6. The development of a collective consciousness (among core members and some others) that there is an unrecognized problem, is a crucial step in the emergence of ECG's.
7. The first time media personnel pay attention to the activities of the emerging group is also important. It tends to confirm among the participants that what they are discussing is significant.
8. Some early participants in the first stages of development of ECG's have prior organizing experience; such persons, however, are not necessarily among the core members.
9. Prior social networks are crucial in the early stages of ECG's, since most interaction is with known others, often along primary group ties.

10. In the first stages of ECG's, there is much groping for structure and goals. There is often confusion over means to use as well as ends.

11. Many emergent groups work with the initial belief that if they indicate there is a problem, government officials will provide solutions. At first, groups do not look for acknowledgment of the problem; that is taken for granted, but one consequence is that in the long run, public acknowledgment of the existence of a problem is frequently taken as a group victory.

12. ECG's often have substantial difficulty in initially establishing who has jurisdiction for their perceived problem or issue.

13. Very little disagreement is evident in the preliminary stages of ECG formation, becuase there is an absence of clarity of goals and means. Uncertainty of goals and means rather than disagreements or conflicts characterizes the early stages of internal group interaction.

14. There is a significant amount of goal redefinition in the early stages of ECG's.

15. In the early stages, even sophisticated and knowledgeable members of ECG's do not know what organizations to contact and which individuals or officials to approach.

16. There is often a random or shotgun approach to seeking help from local, state, and federal sources. Officials ranging from township level to the President of the United States are approached, usually with negligible response.

17. ECG's, as they develop, first consider who the group should contact and then develop group goals.
18. Mass media activities are normally very important to the early formation of ECG's.
19. Goals of ECG's are far more likely to expand than to contract.
20. If specific goal achievement is blocked, most ECG's will develop new goals. Thus, if a plant cannot be stopped from being built, the next goal might be participation in the safety monitoring process.

B. Changes and stability through time

1. ECG's tend to grow to a certain size, subsequently leveling off at an early stage. The major growth occurs relatively soon after their initial formation.
2. Organizational problems generated by membership growth are seldom considered in the early stages of group emergence.
3. The relative composition of members of ECG's is fairly stable through the history of the group.
4. ECG's that start out as conflict groups usually maintain this posture.
5. The division of labor developed by ECG's usually results from early informal discussions among core members. The basic division of labor initially created remains the basis for later elaborations or modifications.
6. Leadership is fairly stable in most ECG's, especially among informal leaders or members of the core.
7. Informal leaders precede the emergence of formal leaders.

8. In almost all cases, recruitment of new ECG members is handled in an informal manner, and does not become more systematic over time.
9. Adoption of a name is an early group action which seems related to a perceived need for the outside world to have something upon which to focus.
10. Acronyms are consciously sought in most groups; outsiders often do not know the full name of the ECG.
11. The more active the ECG, the more likely it is perceived as radical. Most ECG's make conscious efforts to avoid being labeled as radical.
12. Growth in size usually means later recruits are less committed to group activities. The early joiners are more committed.
13. Growth in size reinforces the perceptions of ECG leaders that they are involved in a viable effort.
14. Stability of leadership in most ECG's allows a cumulation of experiences that tends to make the group more sophisticated in its operation.
15. ECG stability is derived more from structure than from function.
16. ECG stability seems independent of group composition.
17. Core members are far more aware of group changes than other members who tend to see greater ECG stability.
18. Outsiders have little awareness of ECG stability or changes.
19. In the early stages of ECG's there is a closer relationship between the informal and formal structure than there is later. Because of "burnout," democratic procedures, and other internal factors, the group members occupying formal positions tend to change, leading to a greater discrepancy between the informal and the formal ECG structure.

C. The formalization process

1. Formalization of an ECG is seldom a thought-out process. The implications of such a step are rarely considered.
2. Formalization often apparently reflects outside influences rather than internal group dynamics. However, ECG's with higher socio-economic members start out more organized and formalized than groups with lower socio-economic members.
3. ECG formalization tends to occur relatively early in the group history, often soon after the adoption of a group name.
4. Formalization and incorporation seem to be encouraged by the involvement of ECG's in coalitions, or of core members in umbrella groups.
5. Formal incorporation is not always explicitly assessed. However, there are times when ECG's are incorporated because of perceived legal benefits (e.g., collection of money by a non-profit organization, less probability of personal libel suits, etc.).
6. Core members almost exclusively are involved in the decision to incorporate; other ECG members are seldom consulted except in a nominal sense. What incorporation involves is little understood outside of the core; in fact, non-core members may not even know any details about the incorporation.
7. Lawyers are almost always brought into ECG's incorporation activities.
8. The majority of ECG's are formally incorporated. As such, they have a charter, formal officer positions, and a membership roster. Incorporation also generates a certain amount of bookkeeping, leads to the opening of a bank account, and allows the use of letterhead paper.

9. The charters of most ECG's are relatively simple.
10. Very few ECG members know what the group charter actually states.
11. A major advantage of incorporation is the subsequent public visibility to the ECG although that is seldom an intended objective.
12. Incorporation tends to create a great formal division of labor in ECG's.
13. No disadvantages are perceived from the incorporation of ECG's.
14. The incorporation process does appear to help an ECG crystallize.
15. Failure to incorporate appears related to factors such as small group size, lack of clarity of group goals, and uncertainty about group methods.
16. ECG's seeking non-controversial goals are less likely to incorporate.

SOME ANALYTICAL IMPRESSIONS

While our examination of the conditions associated with the emergence, development, and survival of ECG's is just beginning, the outlines of an analytical model are starting to take shape. Five factors appear significant:

a legitimizing social setting;

a perceived threat;

a supportive social climate;

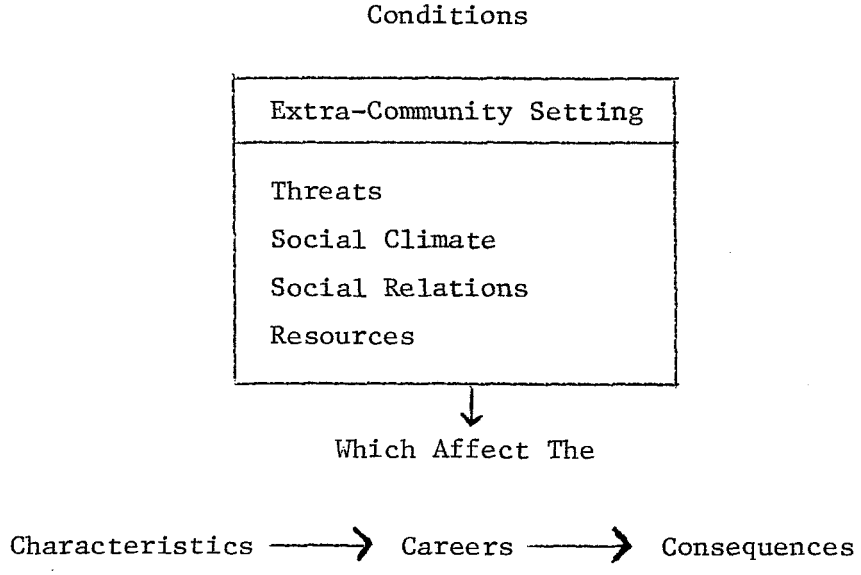
a facilitating set of social relations; and

the availability of certain non-material resources.

Our explantory model assumes that any given non-material resources always represent part of a larger extra-community setting. This setting affects all that goes on within a given locality. Particularly important are the supra-community groups and networks concerned with similar issues and problems. At the local community level, members of ECG's perceive certain threats, which can be thought of as the demands in the situation.

Demands always occur in a particular kind of social environment or social climate; the social climate being the relevant set of norms, values, and beliefs existing in the local community. Within that environment there exists certain patterns of social organization or social relations; this organization being the links and institutions which consitute the relevant pattern of social interaction in the community. Certain capabilities or resources are available within that community. Resources are human and material assets such as the personnel, knowledge, and access available.

In graphic terms we can visualize these elements:



Some of the specific conditions which seem important are selectively illustrated in the following impressions:

A. Extra-Community Setting

Supra-community citizen groups and networks appear to have little direct input and influence on local ECG's. Indirectly, however, they affect the emergence, development, and survival of ECG's by indicating that the locally expressed concern must be legitimate because it is given attention elsewhere. General knowledge of state and/or national level organizations by ECG's may suggest the need for local political action which is not usually in the forefront of the formation of local ECG's. Also, ECG's are wary of letting national organizations or public interest groups get closely involved or identified with the local situation. However, the existence of the non-local groups does frequently indicate to the ECG's that their local issue is part of a national problem.

B. Threat

There is a perceived threat that may or may not correspond to so-called objective reality (the perception socially given highest legitimacy). There must be a defining event to launch the ECG, either an actual dangerous event (i.e., a disaster) or an acceptable definition of a possible threat. The danger must be seen as threatening the home and the family of actual or potential victims. The perceived failure of the community, especially governmental officials, to acknowledge or recognize the threat is a significant factor in the early stages of the emergence of ECG's. The perceived inadequacy of responses to group inquiries about the perceived problem elicits a collective consciousness which helps to solidify ECG's.

C. Social Climate

Citizens believe that particular governmental agencies (and sometimes private corporations) have certain responsibilities for safety and health. Such organizations are expected to respond appropriately, especially if approached by citizens claiming their right to protection. It is implicitly assumed that women (with traditional concerns for health and safety problems which may directly affect their homes and children) are acting properly by taking the lead for official action. Inability to locate relevant decision makers quickly results not only in the "shotgun approach," but also a growing sense of outrage that officials are unwilling to act. Implicitly, there is often a conflict situation when the representative democracy ideas of elected and appointed officials clash with the participatory democracy ideas of members of ECG's. Concern about presenting a "radical" image (which varies with

locality) constrains some ECG's, and not only are there attempts to use traditional means, but political activities are increasingly used to affect decisions and policies.

D. Social Relations

The emergence of ECG's is crucially dependent on prior social networks, as pre-formation and early group interaction takes place with known others, often along primary group lines. Involvement of mass media personnel, many of whom establish social ties with core members, often determines whether ECG's will crystallize and develop. While mass media attention is often important in the generation of ECG's, it is crucial in the development process because it defines the issue, gives visibility to leaders, and indicates group legitimacy. There is a strong tendency for ECG's to try and maintain autonomy and independence from any other groups, although horizontal networking with other local emergent groups often provides ideas of how to proceed and who to contact. Internally, the heavy involvement of core members sometimes strains their family relationships, especially if there is a different degree of participation on the part of the husband and wife.

E. Resources

Money is not necessary for the emergence, development, and survival of ECG's; however, some access to non-material (e.g., information, specialized knowledge), and non-monetary resources (e.g., sufficient space for an ECG meeting, etc.) is important. ECG's with members from the higher socio-economic levels who tend to have such resources or who can get them, tend to have an advantage in forming. Group size *per se* does not seem to be an important variable in the actual or perceived

legitimacy or power of ECG's (as seen by outsiders) but some core members think numbers are important.

PLANNED REPORTS AND PUBLICATIONS

Since 1963 the Disaster Research Center has made a practice of conducting research that is relevant not only to social and behavioral scientists, but also to a larger audience. The latter includes officials and organizations responsible for planning for and responding to mass emergencies, and includes the general public. Thus, DRC publications and reports have been selectively written for, and disseminated to, a wide variety of individuals and groups.

The same diversity of audiences is visualized for the findings and observations of our ECG study. Some publications will be primarily for professional social scientists. Others will be aimed at organizational personnel and policy makers who must regularly deal with the public at large. Last but not least, there will be reports for citizens in general, especially members of recently emergent citizen groups. In fact, all ECG's studied in the field work have been promised copies of this report and other information about the results of the study.

The following reports and publications are planned to appear in the later stages and immediately after the 30 months of the study.

1. A specially written booklet for emergent citizen groups, presenting the general results of our study
2. A non-technical primer for formal organizations, especially government agencies, indicating our general research results and the implications for organizational activities in disaster preparedness and recovery
3. Several specially written brief papers indicating the general thrust of the study for widely circulated general non-technical disater-oriented publications (e.g., *The Hazard Monthly*), or publications which might reach policy makers and emergency personnel
4. Similar brief papers for publications which might reach public interest or consumer-oriented groups
5. An article, midway in our research and presenting preliminary results for a professional disaster journal such as *Disasters* or an applied social science journal such as the *Journal of Voluntary Action Research*
6. An overall monograph summarizing the work accomplished and written primarily for the disaster research community and to be published at the conclusion of the study as one of the DRC Book and Monograph series
7. Articles for professional social science journals, which because of publication lags are unlikely to appear until well after the formal conclusion of the study

In addition to these specific written documents, presentations will be given by DRC staff members at meetings and to organized groups. These will include public interest and academic research groups.

RECENT DRC WRITINGS

Major recent writings by Center personnel include an *Inventory of Disaster Field Studies in the Social and Behavior Sciences 1919-1979;* two monographs, *Evacuation Behavior and Problems: Findings and Implications from the Research Literature;* and *Sociobehavioral Responses to Chemical Hazards: Preparation for and Responses to Acute Chemical Emergencies at the Local Community Level,* all obtainable from DRC, and *Delivery of Emergency Medical Services in Disasters: Assumptions and Realities,* obtainable only from Irvington Press.

OTHER DRC PUBLICATIONS

DRC publishes its own book and monograph series, a report series, and a historical and comparative disasters series. Information on all publications including articles, preliminary papers, final reports, and dissertations written by DRC staff members is provided in a publications' list of several hundred items which can be obtained at no cost from

DRC Publications
128 Derby Hall
The Ohio State University
Columbus, Ohio 43210

FUTURE WORK

Additional field work is planned after the first year, some of which will obtain data from other ECG's not studied in the first year. The plan is to eventually systematically study 50 different ECG's, but the final total is subject to the contingencies of travel budget and other considerations. Also, the research design calls for returning to some of the ECG's about a year after they were originally studied to note their development, dissolution, or stability since the previous visit. We might longitudinally study ten or twelve ECG's. In addition, we plan to restudy those ECG's in localities actually impacted in 1983 by a disaster agent for which the ECG was organized. The object would be to see what effects the disaster has on the emergent citizen group and what effects the group has on the disaster.

The bulk of the work planned for the second year of the project, however, involves data analysis rather than more data gathering. The initial field reports on each ECG will be expanded into a systematic case study. Each case study will be approximately 25 pages long. The initial part of the case study will provide general community background information (e.g., the socio-economic, the socio-political, and the social-geographic features of the community in which the ECG is located, as well as the disaster history of that community). The bulk of the case study, however, is organized around the ECG's career (a descriptive account); its characteristics; the consequences of its activities; and the conditions which seem responsible for the emergence, growth, and survival of the group. Case studies will be internal DRC documents; if some are eventually published they will be rewritten to insure the promised confidentiality and anonymity. The case studies will primarily be used to develop a theoretical model of emergent citizen groups. The development of this theoretical model and the practical implications will primarily be undertaken in the last half year of the study, early in 1984.

PROJECT MEMBERS

The ECG project is under the supervision of E. L. Quarantelli, Professor of Sociology and Director of DRC, who first began disaster research in 1950. The field work coordinator is Kenneth Green, a Ph.D. candidate in rural sociology. Other project members who perform much of the field work and assist in project design and data analysis are Nina Cochran, Eric Ireland, and David Neal, all graduate students in sociology, and Susan McCabe, a graduate student in anthropology. Brenda Phillips, a graduate student in sociology, and Mark Wenden, a graduate student in anthropology assisted with some of the past field work. Jennifer Welch, DRC's Administrative Director, manages the administrative, publication, and documentation aspects of the project. Connie Hand and Eva Bridget assist with support services.

THE DISASTER RESEARCH CENTER

The Disaster Research Center, the first of its kind in the world and the only one in the United States, was established at The Ohio State University in 1963. The Center engages in a variety of sociological research studies on group and organizational preparations for, responses to, and recoveries from community wide emergencies, particularly natural and technological disasters. There have been 451 different field studies since the Center's inception. Teams have gone to earthquakes in Japan, Chile, Yugoslavia, Italy, Iran, El Salvador, Greece, California, and Alaska; hurricanes in the Southern and Eastern United States as well as Japan; floods in Italy, Canada, and more than a dozen states; and scores of tornadoes and hazardous chemical incidents around the country. For purposes of comparison, Center personnel have examined organizational responses to civil disturbances in about a dozen American cities.

The major research focus of the Center is on emergency organizations and their planning and response to large-scale community crises. Recent emphasis has been on sheltering and housing problems in large scale disasters, sociobehavioral responses to acute chemical hazards, the process of evacuation and the development of collaborative work with Japanese disaster researchers. Current work includes, besides the research on emergent citizen groups, studies of mass media operations in disasters, and problems of organizational and community coordination at times of emergencies.

Besides storing its own data collected through in-depth interviewing, participant observations, and document gathering, the Center serves as a repository for material collected during research by other agencies and researchers. The Center's specialized library, which contains the world's most complete collection of books, periodicals, and reports on socio-behavioral aspects of disasters is open to all interested scholars and public and private agencies involved in disasters.

Center activities and research have been supported by diverse sources including the U.S. Health Resources Administration, the Office of Civil Defense, the Water Resources Research Program of the Department of Interior, the National Science Foundation, the Federal Emergency Management Agency, and the State of Ohio Department of Mental Health.