

# Briefing Paper: Diaspora communications and Health seeking behaviour in the time of Ebola: findings from the Sierra Leonean community in London

Ebola Response Anthropology Platform

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## Abstract

The Sierra Leonean diaspora was active in responding to the Ebola outbreak that hit Sierra Leone in March 2014, both by providing financial and material support, and through direct communication with relatives, friends and colleagues back home. This paper looks at the role of diaspora communications on health seeking behaviour in Sierra Leone. It examines the range of communication strategies employed by members of the diaspora; the dynamics of communications as the epidemic spread during 2014/15, and the role of diaspora associations in liaising with local institutions within Sierra Leone. It argues that their communications played an important and often innovative part in the cumulative mobilisation of local communities during the outbreak, although they were also prone to some of the same weaknesses as local public health efforts.

## Introduction

Sociocultural resistance to public health campaigns was a central issue during the 2014/15 Ebola epidemic in West Africa. Non-co-operation, even hostility and violence on the part of local communities to the interventions of state and international actors reflected longstanding histories of state collapse and violence in these countries, mistrust of the existing state apparatus, as well as profound cultural differences in understanding sickness, health and burial (Benton 2015).

In this context, questions arise concerning whether the large overseas diaspora communities might improve communication with local communities and help overcome these barriers, or might contribute to them. As diasporas are in many ways more socially embedded than other overseas actors in the country of origin, so their involvement in crises might provide an opportunity to foster local institutional innovation and mobilisation. Indeed, with trust as the key factor in encouraging compliance in public health emergencies, these existing networks might be seen as

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an important way of mobilising local communities to help bring disease epidemics such as Ebola under control.

In the case of the Ebola response in Sierra Leone, this paper asks: to what extent did the diaspora's involvement help address crises in trust and communication? What was their role and how effective was it in mobilising local communities to respond to Ebola? To do this, it looks at the role of diaspora associations in the UK and in particular of their district associations in community mobilisation.

This paper is based in part of ESRC funded PhD research on the Sierra Leone diaspora in the UK, completed in 2014, and also on the findings of a rapid research project on diaspora communications in London, funded by the Wellcome Trust as part of the Ebola Anthropology research platform. The research involved participant observation at diaspora events, attendance at district association meetings, and 10 hour-long semi-structured interviews with members of the Sierra Leone diaspora on their personal communications with family and friends during the outbreak. These interviews took place at interviewees' places of work, at home and over the phone, and sought to gauge what people knew about Ebola at various stages of the outbreak, and how this information was circulated from range of sources. The research took place in June-August 2015. At this point, the number of cases of Ebola in Sierra Leone had fallen significantly. As such the information provided was historical, and while it concerns peoples experience from the start of the outbreak, it was no doubt coloured by the collective mobilisation around Ebola that occurred towards the end of 2014.

However, before these questions are considered, it is necessary to provide some background on the Sierra Leone diaspora, in order to provide context for individuals and groups communicate with their contacts in Sierra Leone and each other. While African diasporas share many features, they are also shaped by the specific histories and characteristics of the country of origin, which in turn affect the activities of individuals and diaspora groups.

### **Who are the Sierra Leone Diaspora in the UK?**

There has been a longstanding relationship between Sierra Leone and the UK, rooted in the establishment of the colony as a settlement for free and liberated ex-slaves at the beginning of the 18<sup>th</sup> Century, and its later incorporation within British West Africa. This relationship continued after independence in 1961, with Britain providing a place where Sierra Leoneans sought university education or professional training. However, while there was a small population of Sierra Leoneans living in the UK at the end of the 1990s, it was the 1991-2002 Civil War that caused this population to grow dramatically. Between 1991 and 2001, the official Sierra Leone-born

population of the UK grew from 6,280 to 16,972 (Born Abroad, 2008), with large numbers given refugee status and exceptional leave to remain.

At present, the Sierra Leonean population in the UK numbers between approximately 17,000 people (Office of National Statistics 2011, SLDN, pers. Comm. 2009). It is largely concentrated in London and the South East, particularly in the London borough of Southwark, but also in neighbouring Lambeth. However recent years have seen out-migration to suburban North London and Croydon and in cities such as Manchester and Birmingham, as a result both of refugee dispersals but also suburbanisation.

As a consequence of British colonial rule, many of the key institutions within Sierra Leonean society, particularly schools and churches, still bear a distinctively British features, and many of those in the diaspora, particularly those from Freetown, have had their upbringing shaped by such institutions as a result. There are thus many in the diaspora, particular those of the generation who grew up immediately after independence, who have a strong attachment to the UK. That being said, many people have family connections with the wider global Sierra Leone diaspora in the US and in mainland Europe, as well as new hotspots of migration such as the UAE. These connections are maintained via Facebook and other social media, as well as through visits and holidays. Associations organised around a particular district or school have international connections to sister associations overseas.

### **Characteristics**

It is possible to designate some rough 'groupings' into which members of the Sierra Leonean community fall. These are: (a) the pre-war professional diaspora; (b) those who arrived during the war through the asylum process; and (c) those who arrived since the end of the war whether as students, economic migrants, or those joining family members. Amongst this diversity there are those that live comfortably middle-class lifestyle and work professional jobs, for example in the NHS, the civil service or local government, or in private sector jobs in financial services or corporate business. Others work in low-wage jobs as cleaners, security guards, care workers or as small-scale businesspeople. This economic diversity has implications for people's communication networks and degrees of influence they have over family back home. Any influence is also determined by the degree to which people actively maintain contact with kin. The obligation to send money and other material gifts can be an onerous one and some will delay contact with family and friends until they can meet these demands. Many will nonetheless try to meet these obligations despite living on modest incomes in the UK. However, lack of contact may mean that subsequent messages are met with scorn or suspicion, as the diaspora a whole has been the subject of criticism by some back home as being 'out of touch'.

### **'Humanitarian economy'**

Many people do not fit into the categories described above, whether they be musicians, aspirant politicians and members of the diplomatic service, workers for international NGOs, and others. The war also embedded Sierra Leone in a 'humanitarian economy' of international NGOs, academic institutions, agencies such as the UN and DFID, journalists and missionaries, as well as private businesses, mining companies, security contractors - all of whom had a vested interest in Sierra Leone and engaged in regular travel to and from the country. Some of these people were actively involved in the Ebola response, working in-country for NGOs such as Oxfam or for the Sierra Leone government, blurring the boundary between 'the diaspora' and formal institutions.

### **Diaspora Associations and the public sphere**

Despite long residence in the UK for many people, the Sierra Leone diaspora still maintains a coherent sense of itself as a community. Associational life, particularly linked to church, hometown and district associations, alumni associations and political parties, fills much of the social calendar particularly during the summertime, between Independence Day (27<sup>th</sup> April), Easter, Christmas and New Year. Most Sierra Leoneans in the UK are members of at least one such association, or will have attended the events of one. Mercer et al (2008), compiling evidence from elsewhere in West Africa, to argue that, while they are oriented towards a particular locality, such as a district or hometown in the country of origin, such associations are primarily about mutual support and fellowship for those living abroad. However, as I will describe further below, many of these associations have sought to transform themselves into more formalised, development oriented organisations, through registering as charities and engaging more actively in development work both in Sierra Leone and in the UK. These associations tend to meet on a monthly basis, either in a rented hall or in someone's home, and serve as an opportunity to socialise as well organise activities.

There is also a small but influential number of highly educated activists and journalists who have been active particularly over the last 10 years, attempting to mobilise the Diaspora to contribute to home-country development (Rubyan-Ling 2014). This group has taken the lead on many issues affecting the diaspora and Sierra Leone, and were involved in co-ordinating the diaspora response to Ebola through the Sierra Leone UK Diaspora Ebola Response Taskforce (SLUKDERT). There are also professional organisations such as The Organisation of Sierra-Leonean Healthcare Professionals Abroad (TOSHPA), who were one of the first organisations to actively respond to Ebola.

Beyond this, the diaspora is connected through religious and ritual observances that take place often in rented public halls around South East London, or in private homes. Life-course rituals such as naming ceremonies, funerals and memorial services, as well as religious festivals such as Easter, Christmas, and Eid ul-Fitr are all events that draw people together, with people often travelling from other parts of the UK to attend such events. These, along with Independence Day (27<sup>th</sup> April) are also key events that draw people back to Sierra Leone, either in person or through the sending of remittances.

### **Relationships with the Sierra Leone government**

Relations between the Sierra Leonean Diaspora and the government of Sierra Leone are complex. The first leader to actively court the diaspora was President Ahmad Tejan Kabbah, who visited the UK to encourage people to return following the end of the civil war in 2002. President Ernest Bai Koroma continued in this vein, establishing the Presidential Office for the Diaspora following his election in 2007. However, many in the diaspora express frustration at real and perceived corruption of politicians, and also the enduring poverty of the country. The Sierra Leone High Commission in the UK was nonetheless involved in supporting diaspora efforts in mitigating the effects of Ebola, and is to a certain extent embedded within the London community through personal and professional relationships. Political parties have their overseas branches in the UK and often provide new entrants into the Sierra Leonean political scene. President Koroma himself lived overseas before becoming the APC presidential candidate in 2007. Political divisions that exist in Sierra Leone, specifically between the Sierra Leone Peoples party (SLPP) and the governing All Peoples congress (APC), are reproduced also in the UK, although these are tempered to some extent by the small size of the community - given the few places for Sierra Leoneans to hang out, supporters of opposing parties frequently end up socialising together. Political anxieties played a large part in the circulation of rumours during the Ebola outbreak, with supporters of the two parties variously claiming that the concentration of cases in the South-east of the country represented an attempt by the government to undermine their constituency, or conversely was an exaggeration to discredit the government.

### **Relationship with Sierra Leone itself**

Prior to the Ebola outbreak, Sierra Leoneans in the UK did travel back to Sierra Leone on a regular basis, often for the school holidays, or for Christmas or Easter, which were the peak times for travelling, while others run businesses, such as grocery shops and clothes businesses, that required regular shipment of goods to and from the country. Travel to and from Sierra Leone was already considered to be expensive and difficult prior to the Ebola outbreak; many businesses having to source goods

from third countries, and petitions were made to reduce the cost of air fares to Freetown. The suspension of direct flights from London to Freetown in October 2014, however, will have made such contacts even more difficult and complicated.

Moreover, since the end of the Civil war there had been a steady movement of people from the diaspora to resettle in Sierra Leone itself, and undertake projects such as building houses or setting up businesses in order to establish themselves on arrival. This took a lot of planning and preparation, and the disruption of Ebola seriously undermined many plans that were often years in the undertaking.

Direct contact with Sierra Leone in the form of visits home are therefore often dependent on the financial position of the person in the UK itself. Obligations to share ones success with family members through sending money or other gifts, and the need to live up to the expectations of success placed upon those living abroad, place strain on those living in the diaspora, who often work long hours in low-waged jobs. As a result many people may delay contact or return until such obligations can be met. Conversely, those who are successful and have the means may choose to involve themselves more in Sierra Leonean political or economic life, with some from professional backgrounds choosing to move back.

The social power of those in the diaspora to influence families and other relations back home is therefore very much dependent on the quality of the relationships that already exist, as well as the extent of such relationships, the resources available in terms of time, money and prestige. Some of those who have lived and worked in the UK for longer and were involved in diaspora business complained to me that they were vulnerable to being cheated as they were regarded as 'JCs' ('Just-Comes'), while others were increasingly comfortable with life in London to the extent that they did not want to go back.

### **Diaspora Communications**

Most people in the Diaspora maintain some form of contact with family, friends and colleagues in Sierra Leone, through cheap telephone calls provided by companies such as Lycamobile, and increasingly via internet-based communications such as Skype, Facebook and WhatsApp. These latter forms of communication are facilitated by the proliferation of 'smart' phones within the Sierra Leonean diaspora population and in Sierra Leone itself. These phones enable calls but also ready access to the internet so as to allow rapid sharing of information from multiple sources. However, there is still limited penetration of internet services in Sierra Leone, concentrated mostly in Freetown and the main provincial towns, and telephone coverage in many rural parts of the country is poor to non-existent. Therefore diaspora communication is not free and open but subject to social and geographical constraints. By contrast,

Sierra Leoneans in London are highly 'connected' and the internet offers a space in which they can share information rapidly with contacts around the world.

As mentioned, most Sierra Leoneans in London are members of at least one association and these groups generally have an online and social media presence. Given the lack of permanent public spaces in which Sierra Leoneans in the diaspora can gather to discuss issues such as Ebola, social media sites provide an invaluable function in gluing together the diaspora's information-sharing practices.

In terms of the news media, there exists a spectrum of opinion of how the media represents Sierra Leone, with some in the diaspora critical of what they consider to be self-serving and stereotyping use of images, while others grateful for the visibility given to the country and the consequent international action.

### **WhatsApp**

WhatsApp is increasingly popular within the Sierra Leonean community. It is an application that can be downloaded onto 'smart' phones, that allows for free text conversations between multiple participants. It also enables the sharing of videos, photos and sound recordings, which can in turn be uploaded onto social media platforms such as Facebook. The popularity of WhatsApp in Sierra Leone was acknowledged when the government chose to use it as one of the main pathways of public health information during the Ebola outbreak. However, there is little or no quality-control over the information that is circulated, and government health messages are often circulated alongside those from a range of other sources.

### **Facebook**

As in the real social world, there are multiple Sierra Leone-focused groups on Facebook oriented around a range of concerns. Some of these have specific medical focus, such as the group 'Sierra Leone Medical Missions' which republished regular updates on Ebola cases released by the Ministry of Health. Others are generic Sierra Leonean groups such 'How many Sierra Leoneans are there on Facebook?' which has members from around the world. Those with a specific district connection also have groups, and these are often linked via their members to district associations that meet off-line and in person, such as 'Kono Progressive Union', which acts as a site for those in the Kono diaspora. These groups share news reports from Sierra Leone and around the world, and often share on the latest developments in Sierra Leone politics. Facebook discussion groups formed an important role in organising the diaspora response – the Diaspora Ebola Taskforce had its origins in a number of Facebook groups, while Lunchboxgift.com's savvy use of social media and online marketing has underpinned its ongoing success.

It is not clear, however, how influential or powerful social media discussions are in shaping health seeking behaviour in Sierra Leone itself, given the uneven penetration of internet access. It is reasonable to assume that those back home will triangulate what they read online with their own experiences and face-to-face communications, and that phone calls and even visits may be more powerful means of influencing behaviour.

### **How did the diaspora communicate with family and friends back home?**

Communications between the Sierra Leone diaspora and Sierra Leone continued and often increased in frequency during Ebola. Given the diversity of experiences within the Sierra Leonean population in the UK, and its highly networked, social character, it is not surprising that the networks of communication were diverse as well. These communications involved passing on direct health information, but were also often circular exchanges in which people back home updated those in the diaspora on events on the ground. These communications were often accompanied by material support, such as transfers of money or medical equipment, operated as part of wider collaborative exchanges at the institutional level, and exchanges of professional knowledge as well.

The nature of these communications changed over time. When the first Ebola cases began occurring in Sierra Leone in March 2014, most Sierra Leoneans in the diaspora did not mobilise immediately. This was due in large part to the limited knowledge about Ebola, and the same kind of denial that existed in Sierra Leone. One individual who returned back to the UK from Sierra Leone in April 2014 reported that he was dismayed to encounter among the diaspora ‘the same ridicule and denial I had encountered in Sierra Leone’. This was a widespread situation that changed only as the epidemic spread and the potential impact became public knowledge.

Those who did respond were those who had experience in public health and disease control and who took the time to find out about the disease. The Organisation of Sierra Leonean Health Professionals Abroad (TOSHPA) was one organisation who were able to respond quickly after being approached by Public Health England to draw up an information pack for travellers to the country, explicitly aimed at minimising the chance of importation of Ebola to the UK.

Some members of the diaspora were actually in Sierra Leone when the outbreak began. For example, LT had just arrived in Sierra Leone as part of an International NGO who were tasked with improving public health and hygiene in time for the rainy season, after a serious outbreak of cholera in Freetown the preceding year. He had trained extensively in public health and disease control and understood the need for reducing the likelihood of infection:



*“I was already very knowledgeable about disease control. Even before it started I did some research on Ebola, and I knew quite a lot about haemorrhagic fever. I basically wrote a few passages and came up with a small piece which I put on Facebook, which I circulated with family and friends.*

*I already had discussions with family members, where I talked to them about the implications, how Ebola is transmitted. Later I was involved in the training of staff, during the outbreak we were having regular discussions...” (Interview with LT, June 2015)*

Because of his prior experience he was able to access the latest medical information on Ebola and share it on social media. However, he still encountered resistance from family members:

*“There really was a lot of denial – I can still remember a discussion with my nephew – he had just graduated from university and I remember he completely denied it - ‘oh, uncle it’s not right, it did not exist, they were just manipulating it’ - really many people thought it was just a clever means for the government to raise funds. I mean he categorically denied it when I told him about it.” (Interview with LT, June 2015)*

One particular issue was explaining the nature of Ebola infection in local languages, which proved difficult as biomedical concepts often had no direct equivalent, as he explained:

*“It takes real experience to be able to translate it into local languages, if I want to explain it in the grass roots... for example we say that Ebola is caused by a virus... it is very difficult to explain what virus means in the local terminology, so you end up saying ‘some kind of animal that you can’t see with naked eye...’ then you get a lot of questions back... like we know why you should use disinfectant, keep a clean environment, wear gloves... but this causes a lot of conflicts at the local level.”*

While those like LT were able to navigate these issues of translation, for those without medical training the early stages of the outbreak were not taken seriously. In the diaspora, the distance from events in Sierra Leone, along with the Freetown-centric orientation of many, meant that news was met initially with rumours and speculation. As UI told me:

*“To be honest, when it first broke out people in this part of the world [i.e. the UK diaspora] were not taking it seriously, only*

*when it came to the city, because many of us grew up in the city... that is the reason why there was a lot of conspiracy theory, opinion, before the international world came and sensitised us saying that this is real, and also when we started seeing news reports with these horrible pictures. This is when we started to take it serious.”*  
(Interview with UI, August 2015)

Early in the epidemic the diaspora were thus no different from many in Sierra Leone, contributing to rumours. In the UK, many of these rumours took on a political angle, with suggestions that the outbreak was manufactured by the government to undermine the southeast, the heartland of the main opposition political party. In this case, the public spaces of diaspora communication, both offline and online, were sites where these claims were circulated and argued over. According to one prominent member of TOSHPA, these rumours were brought up at district association meetings as well as on Facebook, which she notes as not being entirely reliable to say the least:

*D: Where were these rumours being circulated?*

*B: Social Media. Oh my God! It is dangerous. But also organisation meetings, township meetings I attended... it was the political boys I don't know if they were being malicious or just being ignorant. I talked to them, and some people would listen to you because they know my academic background, but some are just political fanatics.*  
(Interview with BA, June 2015)

As mentioned, social media was an important outlet for information sharing during the Ebola outbreak. However the kinds of information that were being shared varied. Appendix 1 shows a selection of messages circulated on WhatsApp during the outbreak. They consist of updates on the numbers of cases reported by the Ministry of Health and Sanitation, and contributions by medical professionals on the best way to deal with Ebola, and news reports on particular aspects of the update.

### **Mobilising networks**

By July and August 2014, cases of Ebola had started to increase dramatically. In particular, an outbreak of cases in Freetown itself had started to bring home the reality of the disease to those who previously had written it off as a hoax. As more people woke up to the reality of the disease, communications from those in the diaspora started to focus on encouraging family members to avoid contagion. These communications were conducted through family, hometown, professional and business networks, and were backed up with different forms of authority. As we have seen, the diversity of experiences within the Sierra Leone diaspora meant that

a diverse range of networks were mobilised. The following examples show this range.

1) MK was a mental health nurse who lived in North London with his family. Resident in the UK since the late 1990s, he also owned land in Sierra Leone and was related to one of the paramount chiefs in his home district. While he was active in a district association, he also acted independently to quarantine his compounds in Freetown and his home district. As he explains:

*“During the epidemic, I had two compounds, in Freetown and [my home district], where my relatives are. We tried to fight the ‘myths’ that Ebola was not true, so we would ring and say Ebola is real. For example I called Mohamed, our caretaker, who is looking after the place and told him to restrict movement in and out of the compound. “Do not let anybody in.” We ourselves are not going back until 2018, until there are zero cases and we are sure it is finished, in case there is any political zeroness going on...”*

As well as communicating with his employees, to enforce quarantine, he also effectively cut himself off from travel to Sierra Leone, that until then had been annual. His reference to ‘political zeroness’ reflects the distrust with which the Sierra Leonean government is held by many in the diaspora.

MK also mobilised his contacts with the paramount chiefs in his home district, as part of a collective effort with members of a district association he was a part of. As well as this grassroots involvement, MK also attended a diaspora forum on the Ebola response as part of a wider networking effort to coordinate activities in London.

2) JB, a medical doctor from South East London, had many professional contacts with doctors in Freetown and also his home district, many of whom he had studied with at college. The vulnerability of health care professionals to contracting Ebola was a particular concern to him, especially following the highly publicised death of Dr Victor Willoughby in Freetown in December 2014. In response to this heightened vulnerability, he used these professional networks in order to convince fellow doctors to put their safety first:

*“I started calling everyone I was in touch with, advising them what to do, what not to do. Calling colleagues, phoning to advise them because many people sick people would go to them rather than go to the hospital, so I was calling nurses, health care professionals, telling them to stop treating people, “close your clinics, your private clinics”*

*“... in Freetown I spoke to Dr S--- a dispenser, also Dr B--- mostly to ask the trend of the disease, and Dr L---- I find a lot of senior doctors were leaving Sierra Leone, the Nurses were staying away.”*

(Interview with JB, London 2015)

JB continued talking to his medical peers in Sierra Leone throughout the duration of the epidemic, until July 2015 when those he knew in his home district were redeployed elsewhere and replaced with people he did not know. As well as utilising his professional networks he also spoke to family and to authorities in his home district.

*“I also spoke to my relatives, in Freetown, and in [my hometown], advising them, their children stop them from moving around, make sure they stay in their own houses....My sister who is a Christian in Pentecostal church, I told her to not go pray for people, because they do this thing which is laying on of hands. I told them and they knew if you don't listen, you will die.”*

The emphasis on self-quarantine was common for many of those who spoke to family and friends back in Sierra Leone. It was similar to the popular public health messages such as ‘A-B-C’ (avoid body contact) that was commonly used throughout Sierra Leone during the outbreak, and also with the government-enforced lockdowns and district-level quarantines that aimed to restrict movement so infected persons could be identified and bodies retrieved.

3) UY works in a hospital laundry in South London. He initially was sceptical about Ebola until cases started appearing in Freetown, and images of the outbreak started appearing in the international media. When one of his mother's neighbours died of Ebola she informed him over the phone. He continued to keep in touch with her, providing updates of the international news in their local language. He also tried to encourage self-quarantine:

*“I called them, just to advise them, and also to ask for [how] to make them happy, like get them a television, movie, video recording, TV, buy it for them brand new, so they would stay at home... also a brand new freezer, to stop them from going next door.”*

*It helped a lot. Giving them guidelines, I would tell them what I would see in the news, in our local language so they would understand. Things like don't go to neighbours, don't shake hands, don't talk to people you don't know, also anyone who comes from*

*any rural areas, don't let them come to you, you don't go to them until this thing is over."* (Interview with UY, London 2015)

As well as engaging in these communications, UY was involved in a London-based diaspora association which organised a barbecue in a local park in order to raise money for the Ebola response. This attracted several thousands of people, and also involved the presence of the Liberian and Guinean ambassadors as well as the High Commissioner of Sierra Leone. Other groups in London organised similar events, the money raised often being sent to sister organisations in Sierra Leone itself, or in his case, directly to the Sierra Leone government.

As these examples show, diaspora communications worked along existing networks relating to family, professional, business and political ties. There was an initial period of denial and suspicion relating to Ebola, often formed by political anxieties that shifted as the disease progressed and people became more mobilised, but also due to the efforts of those individuals who had a good knowledge of public health and took the outbreak seriously. In general communications related to the importance of self-quarantine, of avoiding contagion by not moving around and preventing outsiders from coming into contact with them. One important point is that the communications tended to link to metropolitan spaces, either Freetown or provincial towns, reflecting the problems with access, communication and phone reception in more remote rural areas. One other important point is that many of those who communicated with family members were also involved in associations that sought to make more community level impacts, either raising money for the Ebola response or communicating directly with local authorities in Sierra Leone to encourage health seeking behaviour. This is something I focus on in my next section.

#### How did Sierra Leonean organisations respond to Ebola?

Collective responses to Ebola were initially varied and often ad hoc, reflecting the differences in size, capacity and connectedness of different diaspora associations. These ad hoc responses started to become more co-ordinated in the second half of 2014 with the formation of the Sierra Leone UK Diaspora Ebola Response Taskforce (SLUKDERT), a body which sought to bring together the different organisations involved in the diaspora response under one umbrella. To that end, one of its partner organisations launched a website, called EngAyde, Krio for 'lets put our heads together', and also organised a series of forums and roadshows to encourage communication between diaspora organisations in the UK and also recruit volunteers for the Ebola response. It also held regular meetings with the UK Foreign and Commonwealth Office to update them about events on the ground and also what the diaspora was doing.

One of the groups which contributed to the formation of SLUKDERT was the Kono District Development Association UK, a district association made up of those from or connected to Kono district in Eastern Sierra Leone. In this section I will focus on the mobilisation of this association, to show how diaspora communications connected institutions in the UK with those on the ground, and how such institutions mobilised and fed into the wider diaspora response.

#### Who are KDDA?

Kono District Development Association (KDDA) is a membership association, oriented around its member's connection to Kono district in Eastern Sierra Leone. It claims to be for 'Kono descendants, friends of Kono, wives and people who have a longstanding interest in Kono'. While the majority of its members are ethnically Kono, or members of 'the Kono tribe', it is not an 'ethnic' organisation as such, rather it is oriented towards the particular locality. Its mission statement as of 2015 was 'making Kono district a better place to live'.

It is part of the worldwide Kono diaspora with a sister organisation, Kono Union USA, in the USA, an internet based grouping called the Kono Global Organisation, and has links as well to Sierra Leone-based Kono organisations such as the Kono Students Union, which is based in Freetown.

Historically it has undergone a series of transformations existing as the Kono Students Union, claimed to be one of the first Sierra Leonean organisations in the UK with a presence dating back to the 1950s. During the 1990s it experienced a boom in membership following the influx of Sierra Leonean refugees fleeing the Civil War.

At that time, its focus was more as a community organisation that provided fellowship and mutual support. "We would meet to share joys and sorrows" recounts one member. In recent years, particularly since 2010, it has sought to move to becoming more 'development' oriented. When I connected with KDDA in 2015 it had just succeeded in registering as a UK charity, and was working on developing a business plan in order to expand its activities.

The organisation in its current incarnation dates from 1991. During the late 90s and early 2000s there were a number of splits within the organisation that culminated in a successful legal challenge to a former member who had refused to relinquish leadership of the organisation. Its membership at present is small – approximately 60 members, of whom 20 are actively involved. It meets twice a month, once for the general membership and once for its trustees. Before the Ebola outbreak it was involved in a range of fundraising and community activities, including establishing a Kono language class once a month, and providing equipment for the main hospital in

Koidu, on top of the social events that are typical of many such fellowship organisations in the diaspora, such as dinner-dances and an annual outing to the seaside.

According to one KDDA member, the organisation's membership consists of those 'economically struggling/just finding their feet, often due to delayed entry into professional positions due to need for qualifications... a growing proportion [are] graduates, and a high proportion are exposed to different systems of governance/best practices w/cooperation through their working live, [which] has led to significant improvement in the potential for the organisation'.

The gradual evolution of KDDA, from community support organisation to its current status as a registered charity with a focus on development, is something found in other organisations in the Sierra Leonean diaspora, and can therefore be seen as a reflection of this process of becoming more established in the UK, and ambitious as a result.

While KDDA shares many features with other Sierra Leonean diaspora organisations, to understand its activities during the Ebola outbreak, it also needs to be seen in the political and economic context.

Kono district, on the eastern border with Guinea is the main diamond-producing district in Sierra Leone. After the discovery of diamonds in the 1930s, it has been the site of ongoing mineral extraction from international corporations and national companies. While the diamond trade continues to be a major source of tax revenue for exchange to the Sierra Leonean government, it has also been a major source of concern to local people who have felt that local people have not benefited.

This has a long history: following the Colonial government's creation of the Sierra Leone Selection Trust (SLST) as a monopoly to mine diamonds in 1952, the Kono Progressive Union had to lobby to allow Sierra Leoneans to mine diamonds independently. Under Siaka Stevens' one-party regime (1970-86) the diamond economy was manipulated to fund the regime's patronage network. During the Civil War (1991 and 2002) Kono was the centre of much of the fighting, with the RUF seizing the diamond fields to fund their operations.

The continued effects of decades of indiscriminate prospecting and mining on the local environment, and the perceived lack of benefits, epitomised by Kono's continued physical isolation due to a lack of a motorable road, and conflicts between diamond companies and community organisations have fed a perception that Kono is still being marginalized.

Further to this, the large scale in-migration of people from other parts of Sierra Leone, and the increased use of Krio has contributed to an anxiety around the preservation of Kono traditions, particularly its language. Prior to the Ebola outbreak, KDDA was getting involved in area, setting up a language school in London in 2014, and has had plans to organise an international Kono conference.

Thus, when the Sierra Leone government began soliciting donations to help respond to the Ebola outbreak, many in KDDA were wary that Kono was being marginalized again. This led the group to mobilise to provide direct assistance to Kono district themselves. KDDA's activities in response to Ebola can therefore be seen in the context of a minority community within Sierra Leone whose historical experience has been of a national government that has failed to act in their interests.

This perception was epitomised in May 2015 when the standing vice-president, Sam Sumana, who is a Kono, was removed from office while in voluntary Ebola quarantine following the death of one of his bodyguards. This triggered a constitutional crisis in which KDDA, along with the Kono Union USA and Kono Students Union issued a joint statement condemning this move.

#### KDDA's response to Ebola

When the first cases of Ebola first started appearing in Kailahun district in March 2014, there was widespread denial, and a lack of awareness about the nature and severity of the disease throughout Sierra Leone, and even within the government. This was also the case amongst members of the diaspora themselves. One member admitted that there was as much denial and lack of correct information in the UK as in Sierra Leone, with the circulation of rumours and conspiracy theories taking precedence over formulating a response.

Mobilisation of the organisation was therefore initially slow, despite the fact that Kono district sat on the border with Guinea and with Kailahun and Kenema where the first cases were identified. It was thus particularly vulnerable to an outbreak. It was not until July, however, when the severity of the disease had become apparent, that members started to mobilise to take action, out of fear that Kono was unprepared.

KDDA's previous activities had included providing medical equipment for Koidu government hospital, and members had a first-hand knowledge of the parlous state of the health infrastructure in the district:

*"We went there before the outbreak. Kono district hospital has no fridge or freezer, and it is the only hospital in the district. There are no gloves, there is a real lack of basic equipment, so it was already*



*in a deplorable situation, and after that, Ebola.”*

(Interview with AB, London 2015)

KDDA's shipment had taken place following the establishment of a new executive in 2011. Health was a key concern following the civil war and the organisation was able to mobilise effectively to ship equipment over. Members of KDDA were able to mobilise their networks within the NHS to access equipment:

*“After the war the hospital had no basic equipment, so we organised a shipment, blood pressure machines, glucometer, beds, we went to the hospital to follow up, when we came back we looked for donors... there was a hospital in Harrow which was closing down, and very generously they donated beds, operation tables, furniture... also another member who worked in a hotel, asked them for help and they provided 300 linens. We did fundraising, and we were already buying bedsheets, disabled chairs... we sent a 20 foot container full of these things.”*

(Interview with AB, London 2015)

The effect of this previous activity was to establish a relationship between KDDA as an organisation and the local institutions and people in Kono district. This created trust that members of KDDA say allowed them to work more effectively.

*“Because we sent these things now we have a voice over them”*

(Quote from KL, London 2015)

In July 2014 KDDA sent a shipment of protective equipment to Kono district. It included 40 kg of Chlorine, as well as gloves and aprons. There was an intention to send masks as well, but this was decided against because there had begun to be a backlash in Sierra Leone against the sending of 'out of date' equipment by outsiders. The chlorine was divided in to 14 separate boxes, one for each chieftaincy in Kono district, with the remainder allocated to the municipal hospital in Koidu. This was followed up by a radio broadcast for local radio station in Kono, in which a KDDA member read a prepared statement explaining the use of the shipment and offering its solidarity to the people of Sierra Leone and Kono district. Communication was therefore facilitated by and went hand-in-hand with material transfers.

#### Trust and Transnational Communications

KDDAUK's activities built on the existing relationship established through its previous donations to the district hospital. This institutional relationship was facilitated by the personal networks of KDDA members themselves, many of whom were directly related to prominent people in Kono, including Paramount chiefs. One member had

an uncle who was paramount chief of one of Kono's sub-districts, as well as being the son of a prominent Kono politician. Another was cousin to a different Paramount chief. Communications were thus able to take place via telephone and email between members of the KDDA executive and senior local officials as well as the mayor of Koidu. This enabled a high degree of co-ordination between KDDA and the local authorities:

*"We spoke to the paramount chiefs – you see we have 14 chiefdoms in Kono and each of them have paramount chiefs, who are in charge of local administration, and oversee the welfare of the people. There is a council of paramount chiefs and so we saw this as a way of ensuring communication is passed on to others, because some of them we don't have the contact numbers.*

*"So we were able to contact the chairman of the council, and asked them to put 1 or 2 things in place, to monitor burials and to pass the information on.*

*They were able to put in checkpoints, although it may not be effective because we don't have people to man them 24 hours a day. I'm sure most of them were manned but they don't have a lot of resources to pay people to stay there all the time."*

(Interview with AB, London 2015)

Further to this, several members of the organisation had professional contacts with the medical profession in Sierra Leone and to NGOs and Community Organisations both inside and outside the country. One member had been in Sierra Leone in March when the first cases had started and was able to use their personal contacts with a range of NGOs to get accurate information from those in the field. Other members had contacts with Kono organisations such as the Kono Students Union and Kono Union USA, and these led to more co-ordinated activities, particularly opposing the removal of the Vice President in May 2015. Through its existing relationships and the individual networks of its members, KDDA was able to exchange information and exert influence on local actors within Sierra Leone. However, its organisational capabilities and flexibility remained small and by August 2014 it tried to reach out to the wider Sierra Leonean diaspora.

#### Wider collaboration with the Diaspora

KDDA's mobilisation coincided with wider cognisance of the threat of Ebola and the need for the Diaspora to organise a co-ordinated response. As described earlier, this eventually manifested in the creation of an umbrella organisation to co-ordinate what the diaspora was doing and share best practice. However, according to one

member of KDDA who was part of the process of setting up this organisation, this only came about as a result of cumulative pressure from other organisations.

*“Around August I was approached by EL (church pastor and now assistant programme coordination officer KDDAUK) saying other organisations and individuals wanted some organisation to bring people together for a meeting to see what diaspora could do towards Ebola fight. We didn’t feel capable of convening the meeting but I began approaching other organisations including TOSHPA, Engayde and SLUKDERT.*

*This sparked revived interest in the holding of a conference they had talked about in the past. I was invited onto SLUKDERT and assisted on the planning committee for the conference.”*

(MF, London 2015)

Until this point, and despite a range of independent activities on the part of different diaspora organisations, there had been a reluctance to move towards a more co-ordinated effort, apparently because of cynicism about the capacity of the Sierra Leonean diaspora to work together. My own experience of diaspora mobilisation around the 50<sup>th</sup> anniversary of Sierra Leonean independence in 2011 was that it was a fraught process, with competing interests and divisions between the old guard of politicians and government functionaries, younger, more ambitious diaspora activists, and community associations, with suspicion directed towards the former (Rubyan-Ling 2014). As it happened, external enthusiasm from KDDA and other organisations galvanised other organisations to mobilise a more co-ordinated response.

#### Jan–July 2015

By the end of 2014, international actors had finally launched a large scale response to deal with Ebola in the affected region. Diaspora organisations such as SLUKDERT continued to organise meetings, and associations such as KDDA continued to meet on a monthly basis. However, there was a sense that the focus was beginning to shift. One KDDA member involved in the wider diaspora response reported that there was an idea to turn SLUKDERT into a permanent organisation with a focus on building health capacity within Sierra Leone, but that as the sense of crisis started to wane people became less motivated and more interested in moving on to other things. For KDDA, following their successful mobilisation there was a shift to continued institution building, as members worked to secure charitable status in order to apply for external funding. This was interrupted by political events in Sierra Leone when the sitting Vice-President Sam Sumana, who was also from Kono district,

was summarily removed from office by a committee of the governing party while he was in voluntary quarantine following the death of one of his bodyguards from Ebola. This was seen as an unconstitutional act on the part of the President. KDDA, Kono Students Union, Kono Union USA and the Kono Global Organisation delivered a joint statement condemning the move. The situation was still unresolved in July 2015 when I met with KDDA for my fieldwork, and at the meeting I attended there was a sense of reawakened grievance that once again Kono was being taken for granted. By this point also the organisation had successfully registered as a charity and was considering how to respond to 'post Ebola' development concerns.

KDDA was able to act in an effective way in response to Ebola, thanks to a number of factors:

- 1) Institutional evolution. Since 2010 KDDA had been moving towards a more development-oriented organisation, and was able to resolve an internal crisis and unify around its new executive. This was critical in its ability to respond to Ebola because until this crisis was resolved it had been shut out of UK-Sierra Leone networks. Furthermore, its members had been able to establish themselves economically and professionally, allowing them to devote more time a broader range of skills to the activities of the organisation
- 2) Roots in Kono civil society. KDDA had been active prior to 2014 in areas related to health and social development. Furthermore its members had personal connections to Kono political elites and organisations such as the Kono students union, meaning they were already embedded in Kono prior to Ebola. This would have been important in creating a relationship of trust with local authorities in Kono. KDDA was also adept in cementing this relationship by following up their shipment of medical supplies with a public statement on local radio, and being visible in advocacy in a subsequent political crisis.
- 3) Sense of independence from centralised public health efforts. A history of perceived marginalisation fed KDDA members impetus to 'do something for Kono district' themselves rather than expect the Sierra Leonean state to act on their behalf.

However, there were also some significant impediments to action. These included:

- 1) A lack of understanding of the seriousness of Ebola in the early stages of the outbreak. It must be stated however, that this lack of awareness was widespread, both inside and outside of Sierra Leone, and began to shift once the number of cases began to increase.

2) Despite its impressive efforts once the response was underway, KDDA remained a small organisation whose membership were involved largely part-time and were subject to external pressures of work and family life in the UK. Mobilisation was relatively slow in part because of this, and the organisation meets monthly and only for a short period of time when it does.

Nonetheless, the process by which KDDA became aware of the seriousness of Ebola and chose to act, then sought to broaden its efforts, is instructive because it shows how an institution was able to mobilise internally and use its external networks to take substantive action.

### **Conclusions: What was the role of diaspora communications in the response to Ebola in Sierra Leone?**

Communications between individuals and groups within the Sierra Leone diaspora, and Sierra Leone itself, were important in the sense of contributing to the cumulative mobilisation of Sierra Leonean civil society to Ebola. The diaspora in the UK is relatively small, geographically concentrated (albeit experiencing steady de-concentration), and richly networked, with links to communities across Sierra Leone, and to UK government institutions and agencies, and the broader Sierra Leonean overseas diaspora. Its complexity means that there are multiple experiences of migration and settlement, reflecting both the different generations of migration, and the diversity of economic situations, from the comfortably well off to the precarious working poor. People are highly social, and involved in a range of institutions providing structure and support, including churches, associations, and development-oriented organisations. It has historic ties to the UK but is increasingly connected to a global African diaspora with multiple points of concentration in North America, Europe, West Africa and the Middle East. There is an ambivalent relationship with the Sierra Leonean government, shaped by the political divisions that have persisted in the diaspora, but also there is a high degree of national identification as Sierra Leoneans as well.

As a result of this complexity, the diaspora response to Ebola was multiplex, and shaped by the political and economic diversity of its constituents. Different people mobilised different networks to communicate with different parts of Sierra Leone. One of the commonalities in this communication was the emphasis on self-quarantine, which echoed the popular response to the epidemic. However, this mobilisation of the diaspora – aside from a few individuals whose expertise alerted them to the risks - did not happen immediately, but arose after several months as the severity of the outbreak and the reality of the disease became clear. This mobilisation eventually included many of the associations that Sierra Leoneans

participated in to find solidarity and support in the diaspora. In the example of KDDA, this organisation had strong links with local authorities in Kono district, through shared interest as well as kin and other personal connections, and as a result were able to co-ordinate relatively well their activities with the needs on the ground. This social embeddedness was reinforced through intelligent use of local mass media to follow up its transfer of medical supplies. In many ways Kono was fortunate in that Ebola reached the district relatively late, allowing the local authorities, in collaboration with the diaspora, to prepare themselves for the outbreak – although the parlous state of the health system in that district, like much of rural Sierra Leone, limited what could be achieved in a short space of time. KDDAs links with the leading diaspora organisations associated with placed it in a strong position as well, and its established nature perhaps gave it a head start on other district associations. Its activities in part lead to the wider mobilisation of the diaspora under the SLUKDERT umbrella.

Finally, the pressure placed by Sierra Leoneans in the diaspora on UK government via their local MPs, (including Simon Hughes, former Liberal Democrat MP for Bermondsey and Southwark and member of the Coalition government until May 2015), and through their own workplace networks particularly in the National Health Service may well have forced the UK government to act more quickly than it may otherwise have done so<sup>2</sup>.

Diaspora communications included more than simply exchanges of health information from the UK to Sierra Leone. Often they involved active collaboration with local authorities, and mobilisation of key networks in which local knowledge proved key in mobilising people to act in ways that would reduce the likelihood of contagion. However these activities were often ad hoc, and emerged only after the seriousness of the disease had become clear. While the diaspora response was more rapid than the international community, it was still prone to the same suspicions and denial of communities in Sierra Leone itself. These were often based on political anxieties that reflect the social tensions within the country.

Nonetheless, the mobilisation of overseas diasporas to health emergencies can provide an important complement to international humanitarian responses, in linking with civil society organisations and local authorities, and more directly accessing networks that are closed, or even hostile to, the national government.

In the case of Sierra Leone, there is widespread willingness on the part of diaspora associations to engage in this kind of work, and a desire to be included within the

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<sup>2</sup> I thank Sahr Fasaluku for the above point.

formal emergency response, as well as a recognition of the limitations in terms of capacity.

Deliberate involvement of diaspora associations in future emergencies needs to take account of these limitations of capacity, as well as the political threads that shape their relationship to the country of origin and to the wider diaspora.

## **Appendix 1 – Whatsapp message circulated during Ebola (Source: AT, pers comm, 2015)**

“An information from Dr ----- . Professor ----- University.

He states that due to the fact that all of the subsidiaries of the Ebola Virus comprise of a flu like symptoms, it would make sense to address the symptoms with medicines that attack the flu in order to attack the disease state of Ebola itself.

As such the following can be administered

Electrolytes

Motrin

Multivitamins D, C E K folic acid and calcium.

Tylenol

Claritin D

FLU MEDICINES can help get rid of the Ebola symptoms

Antibiotics

Keep washing hands frequently.

Disinfect everything

Drink plenty of fluids inclusive of Cranberry juice and ORS

Cough Medicines

Benedryl

Everyone should observe good hygiene (sic) the use of hand sanitizers and bathing at least twice a day.

Washing hands with soap.

Drinking hot pepper soups to kill germs.

Drinking hot tea with lemon ginger and honey to help peoples immune system to be strong and also kill germs.

Drinking lots of bottled water (sic)

**AVOID SHAKING HANDS.**

Avoid hugging strangers because you never know where their hands and bodies have been.

Wear gloves when handling sick relatives.

Clean your home with cleaning agents eg Clorox especially if you have a lot of



visitors.

Drink orange juice cranberry juice or grapefruit juice as all these are high in Vitamin C.

Stay safe and pass this on to your friends.”