Organizing for Resilience: Mobilization by Sierra Leonean Diaspora Communities in Response to the 2014-2015 Ebola Crisis

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Organizing for Resilience: Mobilization by Sierra Leonean Diaspora Communities in Response to the 2014-2015 Ebola Crisis

A dissertation presented
by
Ryann Manning
to
The Committee for the Ph.D. in Business Studies
in partial fulfillment of the requirements
for the degree of
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Organizing for Resilience: 
Mobilization by Sierra Leonean Diaspora Communities in Response to the 2014-2015 Ebola Crisis

ABSTRACT

The question of how social groups prepare for and respond to disasters has long been of interest to sociologists and organizational scholars. Although a catastrophe like the 2014-2015 Ebola outbreak is a rare event, we face crises and challenges every day that require us to organize for resilience: to find creative ways to unearth and repurpose latent resources in order to adapt and even prosper in the face of tumult, trauma, or transformation. In this dissertation, I examine mobilization by members of Sierra Leone’s global diaspora communities to respond to the Ebola outbreak in their country of origin. Using abductive analytic techniques, I combine retrospective interviews with real-time data from diaspora organizations, online public conversations, and my own participation in the response to Ebola. I use this extreme case to ask more general organizational and sociological questions about disaster response and resilience, transnational organizing, organizing in and through virtual spaces, and the role of emotions in social mobilization.

I find that despite occupying a liminal position from which they could have minimized their exposure to the Ebola outbreak, many members of the diaspora instead formed emergent response groups and worked with established organizations to help fight Ebola. These diaspora activists and organizations pursued a diverse array of actions intended to help stop the spread of Ebola, mitigate its negative effects, and contribute to long-term recovery and rebuilding. In Chapter Two, I show that resilient organizing by members of the diaspora involved identifying and leveraging resources across boundaries of organization, sector, expertise, geographic distance, national identity, and religion. This flexible approach made possible the creative location, activation, combination, and recombination of
latent resources required for resilience. In Chapter Three, I explore the emotional dynamics of social mobilization, and I find that combinations of emotions, which I call *emotional chords*, played a critical role in convincing individuals to take action. Once involved in the response to Ebola, diaspora activists and organizations engaged in a process of *emotional modulation*, by which they used meaningful cultural objects to collaboratively shape their own and others’ emotions in order to solve practical problems and facilitate further mobilization.
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ACKNOWLEDGEMENTS

I am first and foremost indebted to many members of the Sierra Leonean diaspora, without whom this project literally would not exist. Una kushe. Thank you for your openness and generosity, and for trusting me to tell your stories. I hope I have done them justice, and my sincere apologies for any mistakes or misunderstandings that remain.

I am tremendously fortunate to have had great mentors and classmates at the Harvard University Sociology Department and Harvard Business School. I am particularly grateful for my powerhouse dissertation committee: Michele Lamont, Kathleen McGinn, Julie Battilana, and Jocelyn Viterna. Your guidance, feedback, and support made this dissertation possible.

The Harvard Business School doctoral programs not only supported my research financially, but made it possible for me to take a leave of absence to work on the Ebola response in Sierra Leone. Their wonderful staff provided help and encouragement along the way. Hunter Snyder contributed research assistance on this project, and many friendly readers and workshop participants offered valuable feedback on early versions of these chapters.

In the eleven years since I first began working in Sierra Leone, there have been countless people who helped me learn or understand something crucial about the country. I cannot possibly mention them all, but I have tried to take their lessons to heart. I owe a personal thanks to Michael Woolcock and Yongmei Zhou, who helped bring me to Freetown in 2006, and then helped me find my way to a PhD program years later.

To the Welbodi Partnership team: it has been a long road but one well worth travelling. I could not have chosen better companions. Thank you for your friendship, commitment, and expertise.

To Mariposa Café in Cambridge, where I wrote much of this dissertation and also met my husband: thank you for the sustenance and good company.

To my parents and siblings: you have always supported my decisions, even when they worried you. I am who I am because of you.

Finally, to my partner (and patient copy-editor) Keith Burrows: you came into my life just as the Ebola outbreak emerged in West Africa, and your love helped sustain me through those difficult months. I cannot thank you enough.
CHAPTER ONE
Introduction

“The diaspora is Salone’s biggest single investment... We are the reserve team, we are the reinforcement, the skills, some of the finance, the passion, the drive, the exposure.”

Sierra Leonean living in the UK, YouTube, Sept 2014

“I am pleading to... Sierra Leonean health workers, those that are overseas... pleading to them for them to come on board... Rather than that, this country will be no more.”

Sierra Leonean nurse in Sierra Leone, recruitment video, Oct 2014

Ebola appeared out of nowhere in March 2014 in the Mano River region of West Africa. As the rainy season approached—a season of torrential downpours and widespread hunger—this deadly virus, new to the region, spread from a Guinean village nestled near the borders of Sierra Leone and Liberia to the capital cities of all three countries. Just three months later, at the beginning of June 2014, the case count had already surpassed that of the largest previous Ebola outbreak, the 2000-2001 outbreak in Uganda that infected 425 people (U.S. Centers for Disease Control and Prevention 2016a, 2016c). In the interconnected rural and urban communities of the Mano River countries, Ebola continued to spread rapidly, and a few weeks later, Médecins Sans Frontières (MSF) declared the outbreak “out of control” (Hofman and Au 2017:xv).

For many people in Sierra Leone, Liberia, and Guinea, the incursion of Ebola carried echoes of invading armies and violent conflicts waged across the region in the 1980s, 1990s and early 2000s. As one member of Sierra Leone’s diaspora wrote in August 2014, the Guinean village where the virus first emerged (Guéckédou, shown in the maps in Figure 1.1 and 1.2), was “a staging-post for fighting in both Liberia and Sierra Leone’s civil wars.” He continued:

“With an eye for irony and historical symbolism, Ebola first attacked patients in Sierra Leone’s border area of Kailahun District, the very same area that first bore the brunt of the civil war in 1991. In 2014, as in 1991, an apparently remote, disinterested government was slow to react” (Chikezie 2014).
Figure 1.1 and 1.2: The Mano River Region of West Africa

Source: Google Maps 2017
Tragically, the Sierra Leonean government was not alone in their delayed response to Ebola; nearly all governmental and major nongovernmental organizations initially underestimated and were slow to react to the threat posed by Ebola (Moon et al. 2015). Notable exceptions, including MSF and frontline healthcare workers in affected areas, struggled for months to sound the alarm and mobilize the resources they needed to manage a rapidly worsening situation. It was not until late July and early August that most people outside of the areas directly hit by Ebola really started paying attention, and several months more before the response began to reach a significant scale, as shown in the timeline in Table 1.1. Meanwhile, cases continued to rise, as shown in Figure 1.3.

Eventually, assistance began to trickle and then pour into the region, and the response to Ebola grew into a massive local, regional, and international effort involving hundreds of governmental, humanitarian, civil society, and private sector organizations. This dissertation examines one small piece of that massive mobilization against Ebola: the response by Sierra Leone’s global diaspora. There has been an explosion of research on the Ebola outbreak, but with few exceptions (most notably, DEMAC 2016) this work has largely overlooked the role played by people who identify as Sierra Leonean and yet live outside of Sierra Leone. This gap is surprising, given that policy makers and international organizations have in recent years come to recognize the contribution of diaspora communities to humanitarian response efforts (DEMAC 2016; International Organization for Migration 2015; Wambu 2015), and that members of the Sierra Leonean diaspora did take a range of actions, both individually and collectively, to contribute to the response to Ebola.
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<td>May-14</td>
<td>First confirmed Ebola cases in Sierra Leone, following cases in Guinea and Liberia in March 2014</td>
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<td>Jun-14</td>
<td>Government declares state of emergency in Kailahun district</td>
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<td></td>
<td>First case in Freetown reported on June 23, 2014</td>
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<td>MSF opens treatment facility in SL, says “we came too late”</td>
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<td>Jul-14</td>
<td>Dr. Khan dies on July 29, 2014</td>
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<td>Government declares a nationwide state of emergency and announces the establishment of the Presidential Task Force on Ebola</td>
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<td>Aug-14</td>
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<td>WHO declares a Public Health Emergency of International Concern</td>
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<td>President announces a new Minister of Health and Sanitation</td>
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<td>Sep-14</td>
<td>First nationwide lockdown in Sierra Leone</td>
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<td>UN Security Council declares the outbreak a threat to security</td>
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<td>UK military deployment to Sierra Leone begins</td>
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<td>UN Mission for Ebola Emergency Response (UNMEER) announced</td>
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<td>Oct-14</td>
<td>Sierra Leone response management structure overhauled and National Ebola Response Centre (NERC) began operating on October 17, 2014</td>
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<th>Phase 3: NERC-led response with massive international involvement</th>
<th>Key event(s)</th>
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<td>Nov-14</td>
<td>Outbreak in Sierra Leone peaks at ~550-600 new cases per week in late November / early December 2014</td>
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<td>US grants Temporary Protected Status to visitors from Sierra Leone, Liberia, &amp; Guinea</td>
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<td>Dec-14</td>
<td>Operation Western Area Surge targets new epicenter of the outbreak in Freetown; seen as successful in locating undetected cases</td>
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<td>Jan-15</td>
<td>Sharp decline in the number of new cases coincides with peak funding for the Ebola response</td>
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<td>Government officials announce schools will reopen in March</td>
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<td>Feb-15</td>
<td>Case numbers start to level off</td>
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<td>Mar-15</td>
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<td>Schools, closed for nine months, reopen across Sierra Leone</td>
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<td>May-15</td>
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<td>Jun-15</td>
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<td>Jul-15</td>
<td>UNMEER, the UN’s Ebola mission, closes</td>
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<td>Aug-15</td>
<td>Last remaining Ebola case in Sierra Leone was discharged on August 24, but a new case was diagnosed on August 29, 2015</td>
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<td>Sep-15</td>
<td>Liberia declared free of Ebola again on Sept 3, 2015</td>
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<td>Oct-15</td>
<td>No new cases of Ebola in Sierra Leone</td>
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<td>Nov-15</td>
<td>Sierra Leone declared free of Ebola for the first time on November 7, 2015 (and again on March 17, 2016, after a new cluster of two cases)</td>
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I do not want to suggest that the diaspora’s efforts to combat Ebola were in any sense more important than those of other groups in Sierra Leone or around the world. As outlined below, the activists in Sierra Leone’s global diaspora community were just a small subset of thousands (if not tens of thousands) of individual and organizational actors involved in the Ebola response. However, I believe the diaspora’s unique position and contribution are worth exploring as part of a larger body of scholarship on the 2014-2015 Ebola outbreak. This piece of the puzzle has important substantive and policy implications.

Moreover, examining mobilization by diaspora communities to a crisis like Ebola offers a unique vantage point for understanding several core sociological and organizational topics. First, it builds upon literature on resilience and resilient organizations (Hall and Lamont 2013; Sutcliffe and Vogus 2003; van...
der Vegt et al. 2015) and extends our understanding of resilience beyond the boundaries of a given organization to examine practices that underlie resilient organizing within and across a range of organizational contexts. Second, it provides a valuable perspective on transnational communities and transnational organizing (Brinkerhoff 2009; Levitt 2001; Tarrow 2005), by exploring how diaspora communities contribute to their countries of origin during times of crisis, and by identifying organizing practices that may be valuable to other kinds of transnational communities. Third, it allows an exploration of the complex relationship between emotion and social mobilization, and thereby contributes to literature on emotion and social movements (Bail 2015b; Castells 2012; Gould 2009; Jasper 2011) and on emotion and resilience (Eggerman and Panter-Brick 2010; Fredrickson et al. 2003; Ong et al. 2006; Stephens et al. 2013). Finally, because so much of the diaspora’s mobilization took place online, this case sheds light on the nature of organizing in and through virtual spaces. This has implications for a wide array of literature on contemporary social and organizational life.

My focus on the diaspora is also informed by my particular experience with and perspective on Sierra Leone. I lived in Sierra Leone from 2006-2010, at a time when many members of the diaspora had begun to return to their country, seeing Sierra Leone as a place of stability and opportunity for the first time in decades. When Ebola struck, I was in a position to observe their reactions, while also playing a small role in the response myself.¹ This facilitated my access to data from key diaspora individuals and organizations that were involved in the mobilization against Ebola during 2014 and 2015.

**Mobilizing to Stop Ebola: A Massive Local, Regional, and International Response**

The West African Ebola outbreak was unprecedented in size and scope, and it sparked a similarly unprecedented public health response (Médecins Sans Frontières 2015). An array of nongovernmental organizations (NGOs) got involved in delivering necessary interventions, while

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¹ I will detail this role, and the data collection process, in the empirical chapters that follow.
governments around the world contributed resources and expertise. Individuals ranging from ordinary citizens to infectious disease experts did what they could to help.

Although international responders often received more attention, the vast majority of people fighting Ebola throughout the outbreak were from Sierra Leone, Liberia, and Guinea (Richards 2016). Communities, traditional leaders, private companies, civil society groups, military personnel, and tens of thousands of trained health professionals and untrained volunteers led the effort to stop the spread of Ebola, treat those infected, bury and honor the dead, care for orphans and affected families, counsel the bereaved, and otherwise help their neighbors survive the outbreak and its many consequences. In Sierra Leone, more than 35,000 people formally registered with the government as Ebola Response Workers, and many of them paid a personal cost for their involvement, ranging from stigma to death (National Ebola Response Centre 2015). Approximately 300 health workers were infected with Ebola in Sierra Leone and 221 lost their lives, which represents an infection rate 21 to 32 times higher than the general public (Government of Sierra Leone Ministry of Health and Sanitation 2015; The World Health Organization 2015a).

International assistance to combat Ebola began to scale up in the final quarter of 2014. By the end of 2014, donors had pledged more than $2.89 billion toward the Ebola response, though less than 40 percent had actually been disbursed to the recipient governments or organizations (Grépin 2015).² Pledges by 2015 topped $3.75 billion, more than 1.5 times the total annual government budgets for Sierra Leone, Liberia, and Guinea combined (DuBois et al. 2015). In Sierra Leone, the largest single donor was the UK, which contributed £427 million pounds (more than $600 million US dollars at 2015 exchange rates) through a range of military and civilian mechanisms (Ross, Welch, and Angelides

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² These figures only include funds captured by the financial tracking system run by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), which is not perfect but is the best measure available for donations in response to Ebola.
The UK government took a leading role in the Ebola response in Sierra Leone, providing primary support for the country’s National Ebola Response Centre (NERC) and for the “vast majority of NGO programming across the country,” as one report summarized (Ross et al. 2017:27). Also funded by the UK were:

“provision of 1,600 treatment and isolation beds (more than half the total), the building of six Ebola treatment units, the funding of three laboratories, the provision of more than 1 million safety suits, the supply of vehicles and other aid supplies, support for 140 burial teams, and the training of more than 10,000 front-line healthcare workers” (Ross et al. 2017:27).

One important component of the response to Ebola was the deployment of thousands of international personnel across West Africa to help staff and advise efforts to stop the outbreak. An estimated 2,500 medical professionals from more than 40 organizations were sent to work in Ebola treatment facilities (DuBois et al. 2015). These volunteers and foreign medical teams came to West Africa from numerous countries across five continents (DuBois et al. 2015; Huang 2017). The African Union deployed more than 835 health workers to West Africa (Jones 2015), 350 of them to Sierra Leone (Ross et al. 2017:38), many of whom had experience fighting previous Ebola outbreaks in their home countries. Cuba, which has long dispatched doctors, nurses, and other health professionals to countries around the world to provide training and deliver healthcare, was among the first to send staff in response to the Ebola response, with at least 160 Cubans deployed to Sierra Leone in October 2014 and several hundred more to Liberia and Guinea (Ebrahim et al. 2014). Other countries sent technical experts to help advise or manage the response, including 1,450 staff from the U.S. Centers for Disease Control and Prevention who worked in Sierra Leone, Liberia or Guinea during the course of the outbreak, nearly a third of whom deployed more than once (Dahl et al. 2016). When visiting an Ebola isolation center at a government hospital in Freetown in 2015, I was struck by the multinational medical team, with European, East African, and Sierra Leonean members working side by side (Field notes).

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3 The second-largest contributor, the US, committed approximately $300 million to Sierra Leone (Ross et al. 2017).
In the end, the 2014-2015 West African Ebola outbreak killed at least 11,310 people and infected 28,616 people across the three most affected countries (U.S. Centers for Disease Control and Prevention 2016b; see also Figure 1.4) The final stretch of the outbreak was called a “bumpy road to zero.” Liberia was first declared free of Ebola virus transmission on May 9, 2015, Sierra Leone on November 7, 2015, and Guinea on December 29, 2015, but all three countries subsequently registered small clusters of new cases. These flare-ups were quickly brought under control, and the World Health Organization finally declared the end of Ebola transmission in Sierra Leone in March 2016 and in Liberia and Guinea in June 2016, thereby officially bringing the outbreak to a close.4

Figure 1.4: Distribution of Ebola Cases Across Sierra Leone, Liberia, and Guinea


4 These dates come from the World Health Organization’s repository of information related to the West African Ebola outbreak, available at http://www.who.int/csr/disease/ebola/en/ (last accessed 08.22.17). The “end” of the outbreak was complicated by the discovery that Ebola virus can persist for months in some parts of the body (Deen et al. 2015; Diallo et al. 2016; Sissoko et al. 2016). Experts expect the region to experience occasional resurgence of Ebola linked to transmission from survivors, as with a cluster of 10 cases in Guinea in March 2016 that may have stemmed from a single survivor in whom the Ebola virus persisted for more than 500 days (Diallo et al. 2016).
Primary Influences and Contributions to Scholarship

The empirical case in this dissertation—organizing by Sierra Leonean global diaspora communities in response to an unprecedented outbreak of Ebola in their country of origin—relates to longstanding streams of literature in both sociology and organizational scholarship. Several of these will be explored further in later chapters, so I will not attempt an exhaustive literature review here. Instead, I will provide a brief preview of three streams of literature that inform this dissertation and the primary contributions I make to each: first, the literature on disaster recovery and resilience; second, on transnational communities and transnational organizing; and third, on emotion and social movements. I will revisit these in greater detail as part of the theoretical framing of Chapters Two and Three.

Disaster Recovery, Resilience, and Resilient Organizations

The first stream of literature, on disaster recovery and resilience, has a long tradition in both sociology and organizational scholarship (Quarantelli and Dynes 1977; Turner 1976), in part because there is tremendous practical and policy importance to understanding the causes, consequences, and ways to effectively manage and mitigate the harm they cause. Scholars define disasters as “physical, cultural, and emotional event[s] incurring social loss, often possessing a dramatic quality that damages the fabric of social life” (Vaughan 1999). In addition, disasters can disrupt or reveal fundamental social and organizational structures, including taken-for-granted institutions, hierarchies, and vulnerabilities (Adams 2013; Drabek 2007; Kreps 1984; Tierney 2007). Studies of disaster have shed light on processes of sensemaking (Weick 1988, 1993), collective action (Stallings 1994), and emergent forms of social organization and pro-social action (Drabek and McEntire 2003; Majchrzak, Jarvenpaa, and Hollingshead 2007; Rodriguez 2006; Solnit 2009; Williams and Shepherd 2016). More recent work has highlighted the role of culture in post-disaster recovery (VanLandinham 2017). This dissertation fills important gaps in the sociological and organizational disaster literature by examining a region of the world (West Africa)
and a type of disaster (an infectious disease outbreak) that have received relatively little attention by these scholars.\(^5\)

One core focus of disaster scholarship, particularly in recent years, is resilience, defined as a process by which entities are able to cope with unexpected shocks and maintain “positive adjustment under challenging conditions” (Sutcliffe and Vogus 2003:95). Although resilience is sometimes conceptualized as an individual trait, it is also a collective process by which groups of people actively respond to and overcome challenges (Hall and Lamont 2013). Organizational scholars of resilience have examined, on the one hand, factors that foster resilience within and at the level of established organizations (Sutcliffe and Vogus 2003; van der Vegt et al. 2015; Vogus and Sutcliffe 2007; Weick 1993), and on the other hand, emergent responses to disasters and other major disruptions (Majchrzak et al. 2007; Shepherd and Williams 2014; Williams and Shepherd 2016). These studies have greatly advanced our understanding of the organizational dimensions of resilience, including by pointing to—though not fully exploring—the existence of common practices underlying resilience in both established and emergent contexts.

In Chapter Two, I focus on those underlying practices, which I call \textit{resilient organizing}, and I bridge the organizational literature with sociological literature on resilience (Hall and Lamont 2013; Swidler 2013; Vollmer 2016). My findings extend our understanding of resilience beyond the boundaries of a single organization, to examine practices that underlie resilience in a range of organizational contexts. I find evidence of emergent responses to disaster not only among formal response organizations and groups at the epicenter of the disaster (Williams and Shepherd 2016), but also among global communities with indirect ties to the area affected. My findings also highlight the importance of boundary crossing and boundary work (Lamont and Molnar 2002; O’Mahony and Bechky 2008; Santos

\(^5\) Certainly these kinds of disasters have received attention from other scholars, most notably scholars of global health and international humanitarianism. I draw on those literatures where relevant in the empirical chapters.
and Eisenhardt 2005; Zietsma and Lawrence 2010) as a form of flexibility and improvisation essential to resilient organizing. As such, I provide empirical support for recent theoretical work suggesting that certain forms of boundary work—specifically, approaching boundaries as junctures rather than barriers—may help foster resilience (Quick and Feldman 2014).

**Transnational Communities and Transnational Organizing**

Scholarship on transnational communities and transnational forms of organizing provides the second stream of literature (Levitt 2001; Tarrow 2005), including a growing body of research that examines transnational organizing through online spaces (Bernal 2005; Brinkerhoff 2009; Halverson, Ruston, and Trethewey 2013; Kperogi 2011; Lim 2012). Diaspora communities based on ancestral ties are one of many kinds of transnational communities (Brubaker 2005; Lainer-Vos 2013; Levitt 2001; Nielsen and Riddle 2009); others form around collectives identities, shared values, or common interests or goals (Keck and Sikkink 1999; Smith 2013). The concept of “diaspora” has been subject to debate and critique, and has at times been applied to such a wide range of cases as to lose some of its analytic power (Brubaker 2005). Acknowledging those critiques, I adopt a definition of diaspora communities as made up of individuals who themselves identify with and retain a connection to their country of birth or ancestry, but reside elsewhere (Nielsen and Riddle 2009). In other words, these are individuals who adopt what Brubaker calls a “diasporic stance” (Brubaker 2005:12), and who construct an identity in relation to—and in interaction with—other denizens of their country of residence and compatriots in their country of origin (Lainer-Vos 2013).

Numerous studies have shown that diasporas can contribute to their countries of origin in a variety of ways, though their engagement is not always effective or benign (Østergaard-Nielsen 2006). Members of diaspora communities invest in businesses and property, volunteer their time, send financial remittances, and serve as institutional entrepreneurs in their countries of origin, among other
positive contributions (Gillespie et al. 1999; Licuanan, Mahmoud, and Steinmayr 2015; Nielsen and Riddle 2009; Riddle and Brinkerhoff 2011). A small but growing literature on diaspora humanitarianism has shown that that diasporas can be an important and underappreciated source of resilience (International Organization for Migration 2015; Wambu 2015). During times of crisis in their countries of origin, diasporas send money (Mohapatra, Joseph, and Ratha 2012; Savage and Harvey 2007), engage in collective action (DEMAC 2016; Erikson 2014; Loebach 2015; Naik, Stigter, and Laczko 2007), and offer skills and access that others cannot (Andén-Papadopoulos 2013; Nagarajan, Smart, and Nwadiuko 2015; Svoboda and Pantuliano 2015). Communication technologies have facilitated diaspora engagement, and online forums have become important spaces for dispersed populations to construct diasporic identities, build community, and coordinate collective action (Bernal 2005; Brinkerhoff 2009; Ghorashi and Boersma 2009; Kperogi 2011; Schrooten 2012).

This dissertation contributes to the literature on transnational organizing by showing how, in the marketplace for international support, global diaspora communities may be well-placed to exert influence, attract media attention, and appeal to the interests and agendas of governmental and non-governmental actors located far from the crisis (Bob 2005). Building on prior work on “rooted cosmopolitans” (Tarrow 2005), I find that the most effective diaspora activism involved individuals or groups who had deep ties or “roots” in specific geographic locations, sometimes more than one simultaneously. These groups collaborated across geographic distance but mobilized resources that were particular to each location. Although my findings are in some ways specific to the case of Sierra Leone’s diaspora community during the Ebola outbreak, I believe they may have important implications for the organizing practices of virtual teams, online communities, and other distributed forms of collaboration (Barrett, Oborn, and Orlikowski 2016; Hinds, Neeley, and Cramton 2014; Martins, Gilson, and Maynard 2004; O’Leary and Cummings 2007).
Social Movements, Emotion, and Culture

A third stream of literature that has closely informed this dissertation is the extensive scholarship on social movements. Although the phenomenon of diaspora mobilization may not be what we typically think of as a social movement, it does share key criteria by which social movements are usually conceptualized: collective or joint action, some degree of organization, some degree of temporal continuity, extra- or non-institutional collective action, and an orientation toward promoting or resisting change (Snow, Soule, and Kriesi 2004). Recent streams of research on social movements have emphasized the importance of symbolic and discursive resources, such as narratives (Ganz 2009; Polletta 1998), frames (Benford 1993; Benford and Snow 2000), and identity (Bernstein 1997; Gould 2001; Whooley 2007).

Social movement scholars have also established the powerful impact of emotions on social mobilization (Creed et al. 2014; Summers Effler 2002). Studies have shown that emotions like hope, optimism, and anger may help draw people into a movement and sustain their commitment in the face of potentially high costs or risks associated with their involvement (Castells 2012; Gould 2009; Viterna 2013; Warren 2010), although emotions can also weaken or even destroy a movement (Goodwin 1997). Despite this vibrant stream of research, we still know relatively little about the process by which activists and members of a social movement work to shape their own and others’ emotions in ways that will facilitate action. In particular, despite ethnographic accounts that describe complex constellations of emotions infusing social movements (Gould 2009; Summers Effler 2010), we do not fully understand how multiple emotions work in combination, nor how they are shaped by participants (Jasper 2011).

In Chapter Three, I fill important gaps in our understanding of emotion and social mobilization. I introduce the concept of emotional modulation and explore the ways in which activists and their audiences use meaningful cultural objects to collaboratively shape their own and others’ emotional experiences. Extending prior research on the energizing potential of opposing emotions (Jasper 2011), I
find that combinations of multiple emotions can be powerful in driving action. I call these combinations *emotional chords*. Furthermore, my findings on the mobilizing power of emotionally polyvalent cultural objects builds on theories of emotional and cultural carrying capacity (Bail 2016; Stephens et al. 2013) and contributes to our understanding of cultural power and how people put culture into action to solve practical problems (McDonnell, Bail, and Tavory 2017; McDonnell, Jonason, and Christoffersen 2017; Schudson 1989; Swidler 1986), highlighting the role of emotion in those processes. Finally, this dissertation contributes to a growing literature on the virtual creation of shared emotional experiences (Cheshin, Rafaeli, and Bos 2011; Clark 2016; Ems 2014; Halverson et al. 2013; Lim 2012), and shows that meaningful digital objects not only bring people together into affective publics (Papacharissi 2015), but can also shape emotions in ways that drive action.

**Sierra Leone’s History, Present Challenges, and Global Diaspora Community**

Sierra Leone is a small, multi-ethnic country on the coast of West Africa, with a population in 2015 of just over seven million people (Statistics Sierra Leone 2016). Approximately 79% of the population identify as Muslim and the remainder as Christian (Statistics Sierra Leone and ICF International 2014), but religious identities and practices are fluid and the two groups coexist peacefully, with high rates of intermarriage and shared religious practice (Shaw 2008). There are more than 10 ethnic groups in Sierra Leone, but the largest are Mende and Temne, each of which represent about a third of the population (Statistics Sierra Leone and ICF International 2014).

Sierra Leone’s history can be seen, on the one hand, as a litany of traumas. The trans-Atlantic slave trade (Benton and Dionne 2015; Shaw 2002). Colonialism and indirect rule of the country’s hinterland from the British Crown Colony in Freetown (Alie 1985; Fanthorpe 2001). Two decades of increasingly authoritarian governments starting in the 1960s, marred by military coups, extensive corruption, and the suppression of dissent (Truth & Reconciliation Commission Sierra Leone 2004). A
civil war from 1991-2002 that displaced millions of people (more than half the population), took the lives of an estimated 50,000 to 70,000, and was characterized by atrocities on all sides (Human Rights Watch 1999; Kaldor and Vincent 2006; Truth & Reconciliation Commission Sierra Leone 2004). Exacerbating these social and political traumas is the ongoing trauma of extreme poverty. Sierra Leone is one of the poorest nations on earth, ranked 179 out of 188 countries in 2016 according to the United Nations Development Program’s Human Development Index, with a Gross National Income (GNI) per capita of $1,529 and more than half the population living on less than $1.90 per day (United Nations Development Programme 2016). At the time of the country’s last national household survey, conducted in 2013, an estimated 16 percent of children born in Sierra Leone died before their fifth birthday and only 36 percent of women and 54 percent of men had basic literacy skills (Statistics Sierra Leone and ICF International 2014).

On the other hand, Sierra Leone’s history can be recounted as a story of recurring triumph over adversity. Freetown was founded by former slaves, and became a symbol of freedom and a center of learning and education (Shaw 2008). The first university in West Africa, Fourah Bay College, attracted students from throughout the region to Freetown, which became known as “Athens of West Africa” (Alie 1985). During the civil war of the 1990s, communities came together to demand peace and to

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6 The war began in 1991 when the Revolutionary United Front (RUF) crossed the border from Liberia with the stated goal of overthrowing Sierra Leone’s government, which according to the Truth and Reconciliation Commission formed in the aftermath of the conflict, had “sustained itself through corruption, nepotism, and the plundering of state assets” (Truth & Reconciliation Commission Sierra Leone 2004:6). The RUF quickly became known for its brutality toward civilians, including the signature atrocities of Sierra Leone’s conflict: amputations, abductions, and recruitment of child soldiers (Human Rights Watch 1999; Truth & Reconciliation Commission Sierra Leone 2004). And the RUF was not alone: over the next twelve years, terrible acts of violence and abuse against civilians were committed by a messy and often shifting array of armed groups, such as the Sierra Leone Army, Civil Defense Forces, and the Armed Forces Revolutionary Council, among others (Human Rights Watch 1999; Truth & Reconciliation Commission Sierra Leone 2004). Scholars and analysts have debated the causes and catalysts of the conflict, but most agree that failures of governance at local, regional, and national levels played a critical role, by driving disaffected young men to take up arms against their neighbors, chiefs, political elites, and fellow citizens (Richards 2005; Truth & Reconciliation Commission Sierra Leone 2004).
defend themselves against brutality on all sides of the conflict (Bellows and Miguel 2009). Localized militias repurposed traditional symbols and rituals, as well as social networks, to confront a new foe (Fanthorpe 2001; Hoffman 2007). With a peace accord in 1999 and subsequent demobilization and reconciliation processes, warring parties and political and civil society leaders managed to establish a stable peace, something only a minority of countries that experience a civil war are able to do (Walter 2010). Peace was further consolidated in 2007 with free and fair elections and the smooth transfer of power from one political party to another. Foreign investment and tourism increased significantly after that, and growing numbers of Sierra Leoneans in the diaspora made the decision to return to Sierra Leone (Pailey 2007; The World Tourism Organization 2016; United Nations Conference on Trade and Development (UNCTAD) 2017). The country also took steps to improve governance and care service delivery. In 2009, President Koroma declared that Sierra Leone would provide free basic healthcare to all children under five and pregnant and lactating women (Government of Sierra Leone 2009). Although the implementation of this initiative was far from smooth, it did have life-saving effects (Donnelly 2011; Maxmen 2013). In 2013, economic growth had reached 21 percent, among the highest rates of growth in the world (The World Bank Group 2017).

These two histories are different sides of the same coin, and the result for many Sierra Leoneans is a sense that the next tragedy is right around the corner, but also a belief that they are a resilient people. There are some signs that the personal and collective experience of trauma has strengthened

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7 These militias were referred to collectively as the Civil Defense Forces or CDF. The most widely known of the militias were the kamajors. These groups, which drew on ancient hunting traditions in Mende ethnic communities, were active in the south and east of Sierra Leone (Fanthorpe 2001). Some Sierra Leoneans see the CDF as heroes, while others highlight atrocities committed by the group. The CDF’s top leaders were prosecuted alongside the leaders of the RUF and AFRC by the Special Court for Sierra Leone, which had a mandate to try those “bearing the greatest responsibility” for crimes committed in Sierra Leone’s war. (For more information on the Special Court, see www.rcsl.org, last accessed 08.23.17).

Sierra Leoneans’ capacity for resilience. One study found that individuals who were the victims of violence during the war were more likely years later to “register to vote, attend community meetings, participate in local political and community groups, and contribute to local public goods” (Bellows and Miguel 2009:1145). This resilience would be tested once again in 2014, with the emergence of a new trauma: Ebola.

**Sierra Leone’s Global Diaspora**

Sierra Leone was in some ways created by African diaspora communities (Chikezie 2011). The city of Freetown was founded in the eighteenth century by British abolitionists and an assortment of African and African descendant populations from around the world, including free black Londoners; former slaves who fought on the British side in the American War of Independence in return for their freedom; Jamaicans who revolted against slavery and were deported to Nova Scotia by the British before requesting transfer to Sierra Leone; and “recaptives” or “liberated Africans” from various places in West and Central Africa who were sent to Freetown when the British Royal Navy intercepted slave ships transporting them across the Atlantic (Alie 1985). The Freetown-based community that arose from this multi-ethnic population came to be known as Krios after the English-based creole language they spoke, which has since become the *lingua franca* of Sierra Leone. The Krio community maintained strong links to Europe and England, and served as “ardent practitioners of Western culture and civilization” (Alie 1985:31). Community members, particularly the educated professional elite, played a role as “interpreters of Western culture to Africans and African culture to Europeans,” according to one historian (J.B. Webster, as quoted in Alie 1985:32). As such, they helped establish a tradition of cultural brokerage that continues today (Jang 2014).

The contemporary Sierra Leonean global diaspora is made up of migrants and the descendants of migrants who left Sierra Leone and now reside in countries around the world. The most detailed data
on Sierra Leonean migration come from the Organisation for Economic Co-operation and Development (OECD), which reports that more than 73,000 people born in Sierra Leone were living in OECD countries as of 2010/2011, up from approximately 40,000 in 2000/2001 (Arslan et al. 2014). Of these, the largest groups are located in the U.S. (34,000 people as of 2011) and the U.K. (23,000 as of 2011, the vast majority in London) (Awoonor-Renner 2014:19–21, 30). An unknown number of Sierra Leoneans live in other West African countries (UN DESA Population Division 2011) or elsewhere on the African continent, and anecdotally there are a small but significant number of Sierra Leoneans (many of them traders or business people) living in China and the Middle East. In total, one 2012 report estimated that 267,000 emigrants from Sierra Leone were living abroad in 2010, representing 4.6% of the country’s total population (Agunias and Newland 2012). Data on the number of non-migrant members of the diaspora—people of Sierra Leonean descent who were born outside of Sierra Leone—is even more difficult to find, but the Government of Sierra Leone once estimated that more than one million Sierra Leoneans and their descendants live abroad (Sho-Sawyer 2008).

Sierra Leonean migrants, many of whom left during the period of instability surrounding the country’s civil war from 1991-2002, are highly skilled relative to the population in Sierra Leone, and include a high proportion of health professionals (Awoonor-Renner 2014). In the year 2000, following a decade of civil war, an estimated 52% of all tertiary-educated Sierra Leoneans were living outside of Sierra Leone (The World Bank Group 2011), including 42% of all medical doctors and 49% of nurses born in the country (Clemens and Pettersson 2007; The World Bank Group 2015). These numbers have declined since the war ended in 2002, but the country continues to have one of the world’s highest rates of skilled emigration. As of 2011, an estimated 33% of all highly educated native-born Sierra Leoneans lived abroad (Arslan et al. 2014; OECD 2015:430).

Although not all Sierra Leonean migrants or their descendants identify as Sierra Leonean or remain connected to their country of origin or ancestry, many do. A 2015 survey of more than 600 Sierra
Leoneans living abroad found that three quarters had traveled to Sierra Leone at least once in the past three years, a quarter had traveled at least once per year, and 83% said they “intend to live in Sierra Leone in the future” (The World Bank Group 2015:4). The UK-based Sierra Leonean diaspora is especially closely connected to the country they often refer to as “home,” with high rates of business investment, land ownership, and frequent travel to Sierra Leone. Many diaspora families have members in both the UK and Sierra Leone.

Organized efforts by members of the Sierra Leonean diaspora to support their country of origin stretch back decades. (This is in addition to individual and family-level forms of support, particularly through remittances or paying school fees for family or community members.) The diaspora’s response to Ebola built upon these past experiences and leveraged some pre-existing organizational structures, but also created new entities and patterns of action. Examples of prior diaspora organizing include alumni associations tied to a number of secondary schools in Sierra Leone, some of them historic institutions founded in the 19th and early 20th centuries. These associations, which are active both inside and outside of the country, provide support for their schools and sometimes for other charitable endeavors.9 Similarly, “descendants’ associations” tied to particular districts or chiefdoms are long-standing components of civil society both inside Sierra Leone and in the Sierra Leonean diaspora (Heath 2009).

The country’s civil war inspired a wave of activism, as did the post-war period of reconstruction and investment. Groups like the National Organization of Sierra Leoneans in North America (NOSLINA), the Sierra Leone War Trust for Children (later renamed SLWT), and the Sierra Leone Nurses and Midwives Association (which became The Organization of Sierra Leone Health Professionals Abroad, 9 One example is the Old Bo Boys Association (OBBA), representing alumni from the Bo School, a male boarding school with a long history of educating the country’s political elite, starting with its founding in 1906 by the British colonial government to educate the “sons and nominees” of the country’s Paramount Chiefs (OBBA n.d.). A London branch of OBBA was started in 1953, and there are now branches around the world (OBBA n.d.).
TOSHPA) were founded in the 1990s by members of Sierra Leone’s diaspora, while the African Foundation for Development (AFFORD) was founded by diaspora Sierra Leoneans and Ghanaians (Agunias and Newland 2012; Awoonor-Renner 2014; NOSLINA n.d.). A decade later, amid a growing recognition of the potential contributions of African diasporas to development on the continent (Plaza and Ratha 2011), Sierra Leoneans living in the UK formed groups like the Sierra Leone Diaspora Network and Young Leaders Sierra Leone (Interview 04.30.17). These groups engaged in a range of charitable and networking activities related to Sierra Leone, including a conference for Sierra Leonean health professionals held in London in 2009 to identify ways to strengthen Sierra Leone’s health sector (Awoonor-Renner 2014).

In the late 2000s, the Government of Sierra Leone took steps to leverage the skills and expertise of the diaspora. President Koroma, shortly after taking office in 2007, established an Office of Diaspora Affairs to facilitate diaspora engagement. One priority of this office was to encourage members of the diaspora to return to Sierra Leone to help fill key skills gaps in the public sector. In the health system, a scheme to recruit diaspora physicians and other health professionals to work in health facilities in Sierra Leone met resistance from some doctors in-country who balked at the enormous difference in pay and benefits being offered to medical professionals recruited from the diaspora. This was particularly galling for those who had pursued their training outside of Sierra Leone, but had decided to return earlier without the incentives being offered as part of the diaspora scheme (Personal communication).

More generally, there were sometimes signs of tension between Sierra Leoneans in-country and those living abroad. Diaspora Sierra Leoneans who visited infrequently were referred to as “JCs” for “just come.” This Krio expression connoted a combination of arrogance and ignorance, and an image of someone who arrived from the US or UK in flashy clothes, speaking Krio poorly or with a heavy accent, and expressing strong but poorly-informed opinions about what was wrong in the country and how to

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10 For more information, see the Office of Diaspora Affairs, http://www.diasporaaffairs.gov.sl/.
fix it. Underlying this usually good-natured ribbing was, for some, resentment between those who fled the country and those who stayed and experienced the violence and hardship of the war and post-war period (Mungai 2015).

In short, many members of the Sierra Leonean diaspora had either interest or experience in contributing to Sierra Leone, whether through volunteerism, investment, charitable activities, or return migration, though they also perceived various obstacles to doing so (The World Bank Group 2015). Within Sierra Leone, there was a recognition that the diaspora could be a valuable source of skills, expertise, and resources for development, but also ambivalence about the role of people who in some cases had been gone from the country for many decades. The Ebola outbreak would test the commitment of both groups, as it posed a potentially existential threat to their shared homeland.

**Dissertation Overview**

This dissertation is structured in four chapters. Chapter Two and Three are both stand-alone empirical papers, with distinct theoretical framings and findings.

In Chapter Two, “All Hands are Needed: Resilient Organizing in Response to the Ebola Outbreak,” I examine resilient organizing, which I define as the process by which groups of people work together to locate, activate, combine, and recombine latent resources in order to respond positively and adapt successfully to adverse events and challenging situations, including disasters. I use the case of mobilization by diaspora organizations to ask: How do groups affected directly or indirectly by a crisis engage in resilient organizing? How do groups involved in resilient organizing go about locating and deploying latent resources? How do they work together effectively with other individuals, groups, and organizations? I find that emergent response groups and established organizations in Sierra Leone’s diasporas engaged in a diverse array of actions intended to help stop the spread of Ebola, mitigate its negative effects, and contribute to long-term recovery and rebuilding. To do so, members of the
diaspora frequently identified and leveraged resources across boundaries of organization, sector, expertise, geographic distance, national identity, and religion. This flexible approach helped enable the improvisation and creative use of latent resources required for resilience (Weick 1993).

In Chapter Three, “This Smile Brightens Up Our Hearts: Emotional Modulation and Social Mobilization During the West African Ebola Outbreak,” I explore the emotional dynamics of social mobilization across two levels. I ask, first, what role do emotions play in the mobilization of individual actors to respond to a disaster? Second, how do organizations and activists attempt to shape their community’s shared emotional experience in ways that will facilitate mobilization? I find that combinations of emotions, which I call *emotional chords*, played a critical role in convincing individuals to take action in response to the outbreak. Once they got involved in the response to Ebola, diaspora activists and organizations sought to influence their own and others’ emotions in order to strike emotional chords that they believed would facilitate further action. I call this process *emotional modulation*, which I define as the production and deployment of cultural objects to collaboratively shape the emotional tone and rhythm of interactions among a group of people trying to solve a practical problem.

I close in Chapter Four with a general discussion of the main arguments and contributions of the dissertation. I also highlight future directions and important questions that remain to be answered.
When Ebola virus disease\textsuperscript{11} started to spread in the West African countries of Guinea, Liberia, and Sierra Leone in 2014, it provoked widespread fear, misinformation and isolationist reactions (Chandler et al. 2015; Lee 2015; Oyeyemi, Gabarron, and Wynn 2014) but also creative, resourceful, and sometimes heroic responses from individuals, groups, and organizations across the affected countries and around the world (Abramowitz et al. 2015; Medecins Sans Frontieres 2015; Richards 2016). The collective response that eventually brought Ebola under control was massive, complex, and multifaceted. It was also, in large part, decentralized and emergent.\textsuperscript{12}

Individuals and groups mobilized to respond to the outbreak in communities directly affected by the virus, in nearby districts and countries that sought to protect themselves from further spread, and in online and offline communities around the world. Some of those involved were experts in disease outbreaks, humanitarian response, logistics, or public health communication, while others had deep cultural or political knowledge of the affected region. None had ever experienced an Ebola outbreak on this scale—because the outbreak itself was unprecedented. And yet this amalgamation of individual and collective efforts somehow managed to respond effectively and help end an outbreak that was once projected to infect 550,000 to 1.4 million people by January 2015 (Meltzer et al. 2014).\textsuperscript{13} In short, this was a massive and complex exercise in resilience: groups of people actively responding to challenges in ways that enable them survive and even thrive (Hall and Lamont 2013).

\textsuperscript{11} For the rest of the paper, I will use the shorthand “Ebola” to refer both to the virus and to the disease it causes.

\textsuperscript{12} Although the national responses in the three most affected countries were largely organized around top-down command-and-control models, the overall response was combination of disparate efforts at every level, from the grassroots to the highest echelons of global governance.

\textsuperscript{13} Part of the explanation for the outbreak coming to a close may be epidemiological (i.e., the virus burned itself out), but studies have shown the massive response also played a critical role (Richards 2016; Ross et al. 2017).
Organizational scholars of resilience have examined, on the one hand, factors that foster resilience within and at the level of established organizations (Sutcliffe and Vogus 2003; van der Vegt et al. 2015; Vogus and Sutcliffe 2007; Weick 1993), and on the other hand, emergent responses to disasters and other major disruptions (Majchrzak et al. 2007; Shepherd and Williams 2014; Williams and Shepherd 2016). These studies have greatly advanced our understanding of the organizational dimensions of resilience, including by pointing to—though not fully exploring—the existence of common practices underlying resilience in both established and emergent contexts. In this paper, I focus on those underlying practices, which I call resilient organizing. Building on the work of other scholars (Sutcliffe and Vogus 2003), I define resilient organizing as the process by which groups of people work together to locate, activate, combine, and recombine latent resources in order to respond positively and adapt successfully to adverse events and challenging situations, including disasters. Specifically, I focus on the practices involved in resilient organizing, and ask: How do groups affected directly or indirectly by a crisis engage in resilient organizing? How do groups involved in resilient organizing go about locating and deploying latent resources? How do they work together effectively with other individuals, groups, and organizations?

To answer these questions, I draw on both organizational and sociological studies of resilience, and I seek to understand and build theory around the Sierra Leonean global diaspora’s response to Ebola. This case is ideal for a number of reasons. First, it involves a mixture of emergent groups and new ventures, working alongside and in collaboration with pre-existing organizations, including government bodies and international humanitarian agencies. Second, it provides unusual visibility into the organizing process both within and across different organizations and groups, thanks to real-time data and the largely public channels through which the diaspora organized action. Third, it involves transnational and tri-sector collaboration, which adds complexity but may be critical to resilience in large-scale disasters (van der Vegt et al. 2015).
I find, first, that emergent response groups and established organizations in the diaspora engaged in a diverse array of actions intended to help stop the spread of Ebola, mitigate its negative effects, and contribute to long-term recovery and rebuilding. These included efforts to provide material supplies directly to groups on the ground in Sierra Leone, to influence the response by governmental and non-governmental organizations, and to shape the conversation about Ebola taking place in the media, among others. Second, I find that members of the diaspora frequently identified and leveraged resources across boundaries of organization, sector, expertise, geographic distance, national identity, and religion. This flexible approach helped enable the improvisation and creative location, activation, combination, and recombination of latent resources required for resilience (Weick 1993).

This paper contributes to the literature in three ways. First, it builds on existing literature on resilience and resilient organizations (Hall and Lamont 2013; Sutcliffe and Vogus 2003; van der Vegt et al. 2015), and extends our understanding beyond the boundaries of a given organization to examine practices that underlie resilient organizing within and across a range of organizational contexts. Second, it shows the importance of boundary crossing and boundary work—“efforts to establish, expand, reinforce, or undermine boundaries” (Zietsma and Lawrence 2010:194)—in processes of resilient organizing, and provides empirical support for recent theoretical work suggesting that some approaches to boundary work may help foster resilience (Quick and Feldman 2014). Third, it contributes to the literature on transnational communities and transnational organizing (Brinkerhoff 2009; Levitt 2001; Tarrow 2005) by showing how, in the marketplace for international support, global diaspora communities may be well-placed to exert influence, attract media attention, and appeal to the interests and agendas of governmental and non-governmental actors located far from the crisis (Bob 2005). As such, it contributes to a small but growing literature on diaspora humanitarianism, and shows that diasporas can be an important and underappreciated source of resilience during times of crisis in their
countries of origin (DEMAC 2016; International Organization for Migration 2015; Loebach 2015; Nagarajan et al. 2015; Savage and Harvey 2007; Wambu 2015).

LITERATURE: SOCIAL RESILIENCE AND RESILIENT ORGANIZING IN RESPONSE TO DISASTERS

Organizational scholarship on resilience to disaster and crisis has tended to examine either established organizations or emergent response groups, and has suggested but not fully explored the possibility that common practices may underlie resilience in these diverse contexts. For example, an array of organizational studies of resilience have emphasized the need for flexibility in the use of resources, but have not fully examined how people in established and emergent organizations accomplish this flexibility. By bridging the organizational literature with the sociological literature on resilience, I draw insights that can help us uncover the practices and processes involved in resilient organizing, and to understand how groups of people manage to respond positively and adapt successfully to disruptive events and other forms of adversity.

The study of disaster has a long tradition in both sociology and organizational studies (Quarantelli and Dynes 1977; Turner 1976; Weick 1988, 1993). A disaster is “a physical, cultural, and emotional event incurring social loss, often possessing a dramatic quality that damages the fabric of social life” (Vaughan 1999). Disasters may result from natural causes, like an earthquake or drought; technological causes, like a nuclear meltdown; or human causes, like violent conflict. Regardless of their cause, all disasters are collectively experienced and shaped by social structures and processes which influence their occurrence, interpretation, and impact (Drabek 2007; Kreps 1984; Tierney 2007).

Recently, studies of how social groups prepare for and respond to disasters have focused especially on resilience, defined as a process by which entities are able to cope with unexpected shocks and maintain “positive adjustment under challenging conditions” (Sutcliffe and Vogus 2003:95).
Although resilience is sometimes conceptualized as an individual trait, it is also a collective process by which groups of people actively respond to and overcome challenges (Hall and Lamont 2013).

Numerous studies have shown that individuals, families, communities, and organizations are capable of tremendous resilience. Resilience is not “rare and extraordinary” but rather “emerges from relatively ordinary adaptive processes,” which can enable people and social systems to survive and even thrive in conditions of adversity (Sutcliffe and Vogus 2003:95). During or in the immediate aftermath of a disaster or crisis, it is common for individuals, groups, and organizations to work to save lives, minimize destruction, and alleviate suffering (Rodriguez 2006; Solnit 2009); in the longer run, efforts to rebuild and recover from a shock may include attempts to develop systems that will enable greater resilience to future shocks.

Organizational scholars have examined resilience from two main perspectives. First, they have uncovered factors that foster resilience within and at the level of established organizations, such as companies, non-profits, or government agencies (van der Vegt et al. 2015; Vogus and Sutcliffe 2007). Second, they have examined emergent responses to disasters and other major disruptions (Majchrzak et al. 2007; Shepherd and Williams 2014; Williams and Shepherd 2016). Researchers who study disasters have long known that responses to disruption and destruction are often characterized by improvisation and emergence, including by the individuals and communities most directly affected by a disaster (Drabek and McEntire 2003; Rodriguez 2006; Solnit 2009; Weick 1993). Formal and bureaucratic responses to disaster also play an important role, but may be inflexible or insufficient to meet the needs of victims (Howitt and Leonard 2006; Tierney 2007). Recently, scholars have used organizational theories to better understand how emergent response groups coordinate expertise (Majchrzak et al. 2007) and how people within a disaster zone create new ventures to alleviate suffering and facilitate resilience (Williams and Shepherd 2016).
These studies have greatly advanced our understanding of the organizational dimensions of resilience, and have pointed to the possibility that common practices underlie resilience in both established and emergent contexts. For example, research at multiple levels has emphasized that resilience requires flexibility, adaptability, and improvisation (Weick 1993), and “implies the presence of latent resources that can be activated, combined, and recombined in new situations as challenges arise” (Sutcliffe and Vogus 2003:97). These may be resources that exist within a given organization, or they may be resources in the wider environment that must be identified and put to use in novel and adaptive ways. To fully understand how organizations, communities, and societies are able to withstand adversity and disruption, we need to better understand the complex and dynamic practices engaged in resilient organizing.

Sociological studies of resilience can provide a valuable complement to organizational scholarship, and may help reveal practices and resources that are involved in resilient organizing across different organizational contexts. The concept of resilience has been subject to multiple definitions and critiques (Lorenz and Dittmer 2016) and scholars have identified a range of social and cultural resources that can help foster resilience (Bonanno et al. 2010; Hall and Lamont 2013). For example, deeply embedded cultural meanings can help create resilient institutions, which in turn facilitate collective action and the generation of public goods that would not otherwise be possible (Swidler 2013). Cultural repertoires, including national scripts and collective myths, can be a resource for stigmatized groups as they respond to instances of racism, discrimination, or other forms of stigma in their daily lives (Lamont, Welburn, and Flemming 2013). Social connectedness and resources embedded in social networks can also facilitate adaptation and recovery in times of adversity or crisis (Aldrich 2012; Hall and Lamont 2013). However, resilience requires agency in the use of these resources. As explained in one recent volume, “groups do not simply call passively on existing sets of resources,” but rather engage in a “much more creative processes in which people assemble a variety of tools... to sustain their well-being” (Hall
and Lamont 2013:14). These tools, in turn, may be drawn from their immediate organizational environment or local cultural orders, or from broader social institutions and the wider environment.

Resilience is ultimately relational and context-specific; the particular resources available, the modes of adaptation, and the definition of a “successful” adaptation will vary from one place and time to another. This has led some scholars to call for a discussion of multiple resiliences, rather than a unitary notion of resilience (Herman 2016). And yet there are strong indicators that there may be common practices or patterns of action that operate across levels and contexts to underlie these multiple resiliences (Vollmer 2016). In order to better describe and build theory around these practices, I explore a case study of resilient organizing—members of Sierra Leone’s global diaspora responding to a crisis in their country of ancestry—that involves diverse organizational forms and contexts.

**BACKGROUND AND CONTEXT**

Ebola began to spread rapidly across the impoverished nations of Sierra Leone, Liberia, and Guinea in early 2014. It soon became clear that this unprecedented public health crisis required a similarly unprecedented response, involving not just public health and infectious disease experts, but also an array of individual and organizational actors with technical, cultural, and operational skills. As one member of Sierra Leone’s global diaspora wrote in late July, “Given the number of confirmed deaths in the country and reports that the only Sierra Leonean doctor in Kenema with the requisite expertise... has himself fallen victim to the disease, it is clear all hands are needed” (Kamara 2014). Sierra Leone’s global diaspora represented an important potential resource during this disaster, as a large proportion of the diaspora are highly educated and retain strong ties to their country of origin. Moreover, because of their connection to Sierra Leone but remoteness from the outbreak, these communities were not directly at risk from Ebola but were indirectly affected by the crisis, and were therefore in a position to decide whether and how much to get involved in the response.
Many governments and international institutions were initially slow to respond to Ebola (Moon et al. 2015), and individuals and groups on the front lines scrambled for months to mobilize the resources, political will, and skilled personnel they needed to respond effectively. For most of 2014, the virus spread rapidly, at times exponentially (Meltzer et al. 2014). The final case numbers were much lower than the worst-case estimates, but still represented a significant loss of life; by the time the outbreak was declared over in late 2015, Ebola had infected an estimated 28,616 people and killed 11,310 in the three most affected countries (U.S. Centers for Disease Control and Prevention 2016b).14

The outbreak also spurred substantial economic and social disruption at every level, from households ravaged by the disease, to communities grappling with quarantine and interrupted harvests, to national economies hurt by plummeting tourism and reduced trade. Already weak health systems were further decimated by the deaths of health workers, who faced infection rates more than 20 times those of the general adult population (The World Health Organization 2015b). In Sierra Leone, where trained health professionals were already in short supply prior to the outbreak, an estimated 296 health workers were infected with Ebola and 221 died of the disease (Government of Sierra Leone Ministry of Health and Sanitation 2015). These deaths included 11 medical doctors out of fewer than 200 in the country at the time of the outbreak (Government of Sierra Leone Ministry of Health and Sanitation 2015).

Sierra Leone’s diaspora was a valuable potential resource for confronting the unprecedented threat posed by Ebola. I follow other scholars in defining diaspora communities as made up of individuals who identify with and retain a connection to their country of birth or ancestry, but reside elsewhere (Nielsen and Riddle 2009). There are several implications from defining the diaspora in this

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14 The Ebola outbreak was first declared over in Liberia in May 2015, Sierra Leone in November 2015, and Guinea in December 2015. There were subsequent flare-ups involving a small number of patients in all three countries, but the last of these in Sierra Leone was declared over on March 17, 2016 (U.S. Centers for Disease Control and Prevention 2016b). Liberia and Guinea were last declared free of Ebola transmission in June 2016.
way. First, it extends the population beyond first-generation migrants to include people who are the
descendants of migrants, even if those individuals are citizens of another nation, several generations
removed from those who left Sierra Leone, and/or have never themselves visited their country of
ancestry. Second, it limits the diaspora community to those who “identify with and retain a connection
to” Sierra Leone, and excludes those who may be Sierra Leonean by birth or ancestry, but do not
identify as such nor retain any connection to that country. Defined in this way, the boundaries of a
diaspora community may shift over time, as individuals’ subjective identification with and connection to
Sierra Leone ebb and flow.¹⁵

Given this definition, it can be difficult to pin down the size and composition of the Sierra
Leonean diaspora, but available figures suggest that it is relatively large. The Government of Sierra
Leone estimates that more than one million Sierra Leoneans and their descendants live abroad (Sho-
Sawyer 2008), compared with just over seven million living inside the country as of 2015 (Statistics
Sierra Leone 2016). Although not all of these people identify as Sierra Leonean or remain connected to
their country of origin or ancestry, many do. A 2015 survey of more than 600 Sierra Leoneans living
abroad found that three quarters had traveled to Sierra Leone at least once in the past three years, a
quarter had traveled at least once per year, and 83% said they “intend to live in Sierra Leone in the
future” (The World Bank Group 2015:4). The UK-based Sierra Leonean diaspora is especially closely
connected to the country they often refer to as “home,” with high rates of business investment, land
ownership, and frequent travel to Sierra Leone. Many diaspora families have members in both the UK
and Sierra Leone.

¹⁵ A crisis like Ebola may influence this in unpredictable ways, leading some people to identify more strongly with
the country and others to distance themselves, but those dynamics are beyond the scope of this paper. In my
analysis, I include anyone who belongs to diaspora organizations or participates in diaspora-focused online forums
as members of the diaspora, though I recognize that some may identify more strongly than others, or may
consider themselves members of the diaspora at one point in time but not at another. I also asked all my interview
participants whether they identified as diaspora and what the term meant to them.
Moreover, the population of Sierra Leoneans living abroad is much more highly skilled than the population in Sierra Leone, and includes a high concentration of health professionals, particularly in the US and UK (Awoonor-Renner 2014). In the year 2000, following a decade of civil war, an estimated 52% of all tertiary-educated Sierra Leoneans were living outside of the country (The World Bank Group 2011), including 42% of all medical doctors and 49% of nurses born in Sierra Leone (Clemens and Pettersson 2007; The World Bank Group 2015). These numbers have declined since the end of the war in 2002, but the country continues to have one of the world’s highest rates of skilled emigration. As of 2011, an estimated 33% of all highly educated native-born Sierra Leoneans lived abroad (Arslan et al. 2014; OECD 2015:430). Available evidence suggests that the community of Sierra Leoneans who identify as part of the diaspora contains a similarly high proportion of skilled professionals.

Because Sierra Leone’s diaspora communities were scattered around the world, they were (for the most part) not directly at risk of contracting Ebola themselves, nor were they affected by the most acute implications of the outbreak: neighborhood quarantines, school closures, a breakdown of healthcare provision, and economic disarray. However, they did share certain experiences of the outbreak with other Sierra Leoneans at home and abroad. For instance, many had family members, friends, or colleagues in Sierra Leone who were directly affected by the outbreak, while others faced stigma and discrimination in their countries of residence due to public fear and panic about Ebola. In the UK and the US, Sierra Leoneans were turned away from school and denied accommodation, as were some people from (and/or who had travelled to) African countries unaffected by Ebola (Booth 2014; Hofman and Au 2017; Turner 2014; U.S. Centers for Disease Control and Prevention 2015). Individuals who travelled to West Africa during the outbreak, and especially those who worked in Ebola treatment

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16 Some members of the diaspora experienced economic disruption due to Ebola, because they owned businesses or were employed in other sectors in Sierra Leone (e.g., as consultants to international organizations). Some may also have been at a slightly higher risk of contracting Ebola compared with the general population of their country of residence (e.g., the UK or US) due to having relatives or friends who travelled to West Africa. These impacts were dramatically less severe than those experienced by people in Sierra Leone.
facilities, were denied visas or quarantined on arrival to many countries (Johnson 2015). Members of the diaspora were very aware that any involvement in—or even association with—the Ebola response could incur negative repercussions for them or their families.

As such, diaspora Sierra Leoneans occupied a liminal space during the Ebola outbreak, and this posed unique dilemmas and challenges as they decided whether and how to get involved in the response. Their position would be familiar to other diaspora communities: located somewhere between the “locals” who are most directly affected by a disaster and are inevitably the first to respond, and the “outsiders” who arrive later or contribute remotely, often through formal humanitarian response efforts. As such, members of the diaspora could choose to shield themselves and their families from harm as much as possible, by remaining in the relative safety of their country of residence and distancing themselves from the destruction in Sierra Leone. Alternatively, they could take the risk of getting involved in the response to Ebola, possibly opening themselves up to greater Ebola-related stigma or discrimination, or (especially if they chose to travel to Sierra Leone) to contracting the virus.

And yet despite these risks, many members of the Sierra Leonean diaspora did get involved. This is consistent with prior literature that finds that diaspora communities often engage transnationally and contribute in various ways to their countries of origin (Brinkerhoff 2009; Gillespie et al. 1999; Lainer-Vos 2013; Levitt 2001; Nielsen and Riddle 2009), including during crises in their country of origin (Andén-Papadopoulos 2013; Loebach 2015; Naik et al. 2007; Savage and Harvey 2007). As I will show, members of the Sierra Leonian diaspora organized to support the country’s resilience in a variety of ways.

DATA AND METHODS

To understand the process of resilient organizing against the Ebola outbreak, I use four main types of data, described in Table 2.1. Three of these capture how the response by the Sierra Leonian diaspora community unfolded in real-time, through materials and conversations that were created or
took place at the time: emails and other materials shared by three Sierra Leonean diaspora organizations which played a leading role in the response; online public conversations among members of the diaspora; and autoethnographic data from my own experience observing and working on the response to Ebola. The fourth captures retrospective accounts: in-depth semi-structured interviews conducted by phone, Skype, or in-person in April-May 2016 with members of the Sierra Leonean diaspora who were active in the response to Ebola. In addition, I incorporate observations of a workshop on the role of diaspora communities in humanitarian response, held over 3 days in London in April 2016. Together, these data enable me to examine in rich detail the lived experiences of members of the diaspora as they began to recognize the urgency of the Ebola outbreak, decide whether and how to get involved, and mobilize to take action. In addition, I can examine the ways in which they make sense of their actions retrospectively.
### Table 2.1: Types of Data

<table>
<thead>
<tr>
<th>Types of Data</th>
<th>Description</th>
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<tr>
<td><strong>Real-Time Data</strong></td>
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</table>
| Documents from Diaspora Organizations | - Internal and external documents shared by three diaspora organizations, all of them voluntary civil society organizations that played a leading role in the diaspora’s response to Ebola. See Table 2.2 for more details  
- Data include emails, minutes, presentations, publicity materials, reports, and video and audio recordings; all date from of August 2014-July 2015 |
| Public Online Conversations | - Online conversations from dozens of websites on which the geographically dispersed diaspora convened during the Ebola outbreak to share information, discuss what to do, and mobilize and coordinate action  
- Data include posts and comments from blogs, websites, social media sites (Facebook, Twitter, and Instagram), online radio programs, and YouTube videos; most date from the period of June 2014- July 2015, with a few items from after July 2015 |
| Autoethnographic Data | - Autoethnographic data from my experience observing and then working on the Ebola response  
- Data include journals, memos, photographs, and various documents and information that I came across while working on the response to Ebola; most date from the period of March 2014 to August 2015, with some items from after August 2015 |
| **Retrospective Data** | |
| Interviews | - Twelve in-depth, semi-structured interviews, (five in person, seven by Skype) with eleven members of the Sierra Leonean diaspora who were actively involved in the response. (One person was interviewed twice). Seven of the interviewees were leaders of the diaspora organizations that shared data, four were unaffiliated members of the diaspora. Four of the interviewees spent extended time in Sierra Leone during the outbreak  
- Data include interview recordings, notes, and written transcripts |
| Other | - I also include data from a workshop on diaspora humanitarianism held in London by the DEMAC: Diaspora Emergency Action & Coordination project. The three-day workshop involved several prominent Sierra Leonean diaspora activists and organizations, plus representatives of humanitarian organizations and members of the Somali and Syrian diasporas  
- Data include my detailed observational field notes on presentations, group discussions, and informal conversations and ad hoc interviews conducted over meals and during breaks in the program, held in April 2016 |

Before discussing these data in detail, I will describe my past experience in Sierra Leone and my role during the Ebola outbreak. I am not Sierra Leonean but I lived and worked in Sierra Leone from 2006-2010, and have continued to conduct research there. I also serve on the board of a nonprofit that supports healthcare in Sierra Leone. As such, I was acutely aware of the Ebola outbreak as it first
emerged in West Africa, and I closely followed the worsening situation and the growing response to the crisis throughout 2014. In January 2015, I agreed to step into the role of Acting CEO during the Ebola outbreak for the Welbodi Partnership, a UK charity that supports maternal and child health in Sierra Leone. I continued to work full-time for the Welbodi Partnership until July 2015, when I resumed my previous role as a member of the organization’s board of (non-executive) directors. I travelled to Sierra Leone twice in 2015 for short visits of one to two weeks. Otherwise, I provided remote support and strategic leadership to the Welbodi Partnership team on the ground as they supported community partners and government health facilities in responding to Ebola and preparing for the transition to a post-Ebola period of rebuilding and recovery. My experiences during the Ebola outbreak not only provide a source of autoethnographic data, as described later, but also influenced the research questions I asked and my ability to gain access and build trust with members of the diaspora. They also sensitized me to “plausible themes and theories that may help [me] structure and interpret the data” (DeRond and Lok 2016). In analyzing data and drawing credible theoretical inferences, I strive to maintain a balance of personal involvement and professional distance (Anteby 2013), and to allow my personal experiences to illuminate rather than obscure the experiences of others (Ellis, Adams, and Bochner 2011; Ellis and Bochner 2000).

Types of Data

I obtained detailed internal and external data from representatives of three diaspora organizations: SLWT (formerly known as the Sierra Leone War Trust for Children), SLUKDERT (the Sierra Leone UK Diaspora Ebola Response Taskforce), and EngAyde (named after a Krio word meaning “hang heads,” or “let’s put our heads together”). I analyzed these data alongside more limited data on other diaspora organizations collected from observations and public online sources. Details about the three focal organizations, and the types of data shared by each, are included in Table 2.2. All three are
voluntary organizations primarily based in the UK, although the members of EngAyde were located across four continents at the time of the organization’s founding during the Ebola outbreak, and all three groups had members based in Sierra Leone at one time or another during the outbreak. These three groups also collaborated with diaspora groups and individuals in other countries, including the US. My emphasis on organizations with ties to the UK is a function of two considerations, one substantive and one practical. First, the UK-based diaspora organizations and activists were among the most prominent and active diaspora groups involved in the response to Ebola, and therefore provide a rich case for examining the mobilization process. I also considered a handful of groups in the US, but their involvement appeared more limited. Second, my prior contacts and subsequent introductions by members of the diaspora participating with this research (in line with snowball sampling techniques) facilitated easier access to UK-based groups than to US-based groups.

To request archival data from the three focal organizations, I wrote to the groups’ leaders and asked if they would be interested in sharing some of the reports, records, and other archives that document the organization’s involvement in the response to Ebola, as well as the discussions and deliberations that informed that involvement, including email correspondence. All three organizations agreed. In total, I received more than 1.8 GB of archival data from the three focal organizations. (This does not include data from their social media accounts, which I collected separately). These include extensive data on internal conversations, external communications, planning and execution of activities, and reflections on the organizations’ accomplishments and challenges faced. Although these data are necessarily partial and selective, as I relied on organizational representatives to decide which materials to share, they reflect a wide range of perspectives and certainly do not portray the organizations in a consistently positive light. Moreover, because the data are from real-time conversations and deliberations, they include moments of confusion and misunderstanding on the part of organizational members, as well as discussions of activities that the members considered but did not ultimately pursue.
These paths not taken—what “fails to happen as well as what does happen” (Blee 2012:10)—are valuable for capturing the complexity of mobilization, including the limits of what activists are able to achieve or to imagine.

Table 2.2: Diaspora Organizations Contributing Archival Data

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
<th>Types of data</th>
<th># of files</th>
</tr>
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</table>
| SLWT         | • Founded in the 1990s by a small group of Sierra Leoneans living in the UK, the organization provided funding to various charitable activities in Sierra Leone.  
• During the outbreak, played a leading role in lobbying and supporting the UK and SL governments; recruiting and training skilled personnel to work in Ebola treatment facilities; and providing material supplies to fill urgent gaps in the response. | Emails, minutes, presentations, publicity materials, reports, video and audio recordings | 915 files  |
| SLUKDERT     | • Formed in September 2014 in the UK, in response to Ebola.  
• Played a prominent role in identifying and coordinating initiatives by other diaspora groups, and in lobbying and supporting efforts by governments and international organizations. | Agendas, minutes, reports, presentations, planning documents                  | 93 files   |
| EngAyde      | • Formed in August 2014 in response to Ebola; founding members were located across four continents when they first came together.  
• Focused on public information and education to facilitate behavior change and social mobilization. | Emails, agendas, minutes, reports, social media posts                         | 429 files  |

*File numbers are provided to give a sense of the quantity of data provided by each organization, but files vary in size and type. Some are reports with dozens of pages, or long email chains that stretch over several months. Others are just a single page, or a single image, video, or audio file.*

Online data come from a snowball sampling of public online forums in which members of the Sierra Leonean diaspora discussed and shared information about the Ebola outbreak. I began collecting data from these sites in 2014 and early 2015, while I was closely observing and actively involved in the Ebola response. I followed a number of diaspora groups and individual activists on social media (Twitter, Facebook, and Instagram). I later asked key informants among the diaspora for lists of social media accounts, websites, and hashtags they used to get or share information on the Ebola outbreak or to
collaborate with others, and sites they knew to have been active forums for public conversations among the diaspora during the outbreak. I also took note of all websites mentioned in the documents shared by the three focal organizations described above, and I used Google searches for terms like “diaspora,” “Ebola,” and “Sierra Leone” to find sites that I had not yet encountered. I then used each post or online item to source additional websites, following links or references to other blogs, articles, and online forums.

Once I had identified an article, website, post, audio or video file, or public discussion forum that had been created by or for an audience of Sierra Leoneans in the diaspora, I captured as much of that material and in a format that would enable me to protect the participants, given the complexity of conducting ethical research online. The mechanics of data collection involved either printing articles or screen shots to PDF or importing them directly to NVivo qualitative analysis software through the NCapture function, which can either preserve a webpage in a format similar to PDF, or compile data from different components of a website (such as posts and comments on a social media site) into a spreadsheet. Audio and video files, such as internet radio programs and advocacy videos posted to YouTube by members of the diaspora, were transcribed (and where necessary, translated by me to English from Sierra Leonean Krio, which I speak proficiently) prior to analysis, though I also analyzed the materials as visual and audio objects alongside the textual transcripts.

Autoethnographic data are based on my personal experiences during the Ebola outbreak. Like other scholars who incorporate autoethnography and personal narrative in their research, I seek to “describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno)” (Ellis et al. 2011). However, I am not the focus of this work, not least because I am

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17 Internet-mediated research presents unique ethical and methodological challenges. Based on available guidelines and best practices (e.g., Hewson et al. 2013; Markham and Buchanan 2012; Zimmer 2010), I designed my research protocol to protect and respect the wishes of those who created these online data. For instance, I considered not only whether a given internet forum was publicly visible, but also the participants’ expectations of privacy and what they saw as appropriate use of their information.
not a member of the Sierra Leonean diaspora. Instead, I use autoethnographic data to complement other forms of data, and to help me interpret and understand the experiences of the Sierra Leonean diaspora, while never assuming that my experiences are the same as theirs. For example, some of the deliberations that took place among members of the diaspora regarding whether and how to get involved in the Ebola response, or whether to leave the response to organizations and individuals with expertise in managing infectious disease outbreaks, resonated with conversations that I had at the time with friends and colleagues who, though not members of Sierra Leone’s diaspora community, nonetheless had some connection to Sierra Leone or its neighboring countries.

I started attending closely to the Ebola outbreak in April 2014, and I worked full-time on the response to Ebola from January-July 2015. During the twelve months in which the outbreak was at its worst (from mid-2014 to mid-2015), I kept a journal and wrote memos about my experiences and what I observed transpiring in the wider response. These journals and memos, along with documents and other materials related to the outbreak and photos taken during two visits to Sierra Leone in 2015, help provide additional real-time perspectives on how the outbreak unfolded, on the role played by individuals and groups in the diaspora, and on some of the factors involved in deciding whether and how to get involved in the response. As just a few examples, these data capture issues of expert versus non-expert involvement; short-term response to urgent needs versus long-term investment in recovery; the challenge of providing support from afar while ensuring any contributions are well-used; the personal costs and risks entailed in volunteering to work in Sierra Leone during the outbreak; the weight of asking others to assume those costs; and the tension between reaching out to protect people you know versus contributing to the response as a whole.

The fourth category of data captures retrospective accounts by members of the diaspora. I conducted twelve interviews with ten leading diaspora activists and one member of the diaspora who, though not actively involved in the response, was closely following the conversations online. (One of the
activists was interviewed twice). Six were preliminary interviews, to help develop the research design and identify diaspora organizations, while the other six followed semi-structured interview protocols. Seven of the interviewees, chosen both for their prominence and their availability to be interviewed, were leaders of SLWT, EngAyde, or SLUKDERT, and four were unaffiliated members of the diaspora. All activists were contacted because I had read online or in news accounts about their involvement in the Ebola response, or because they were mentioned to me by other engaged members of the diaspora. No one declined to participate in the research, but two were unavailable to be interviewed due to extensive travel or work commitments. Seven of the interviews were conducted by phone or Skype with individuals located in the UK (5), US (1), and Sierra Leone (1). Five were conducted in person in London. The interviews ranged in duration from 20 minutes to nearly two hours, but the semi-structured interviews averaged 77 minutes in length. All but one of the in-person interviews were digitally recorded and transcribed, while the rest were transcribed based on detailed notes.

In addition to these four main sources of data, I also incorporate additional retrospective data based on detailed observational field notes that I took while participating in a three day workshop on diaspora humanitarianism in April 2016. Hosted by the DEMAC: Diaspora Emergency Action & Coordination project, the workshop involved humanitarian professionals and representatives of the mobilized Syrian, Somali, and Sierra Leonean diasporas in Europe and the UK, and included presentations and conversations designed to share lessons and improve coordination between diaspora groups and conventional humanitarian actors. During the workshop, I took notes on the presentations and group discussions, and also conducted ad hoc interviews and informal conversations with several members of the Sierra Leonean diaspora over meals and during breaks in the program.
Data Analysis

To analyze these data, I use abductive analytic techniques and qualitative coding. Abductive analysis adapts some of the methodological steps from grounded theory—particularly moving iteratively between rounds of coding and theoretical memo-writing—while emphasizing abduction, “a creative inferential process aimed at producing new hypotheses and theories based on surprising research evidence” (Tavory and Timmermans 2014:5). However, unlike grounded theory, which asks scholars to deliberately ignore prior literature so as not to contaminate the emergence of inductive categories, abductive analysis requires a “theoretically sensitized observer” (Tavory and Timmermans 2014:41) who has immersed herself in a variety of theoretical and empirical work prior to entering the field. This in-depth familiarity with a wide array of theories allows the researcher to identify observations that are unanticipated, surprising, or puzzling in relation to existing literature, and which may therefore be theoretically generative.

My qualitative coding proceeded in three rounds and used a combination of analog tools (such as notecards, paper flags, and colored pencils), qualitative analysis software (NVivo), and Excel spreadsheets. In the first round, I reviewed all organizational and online data that I had collected to that point, and coded these by hand using a mixture of in vivo codes and analytic codes taken from existing theory (Kreiner 2016). I used these first-round preliminary codes, along with six preliminary key informant interviews that I conducted in parallel with the first round of coding, to refine my research questions and protocols and to develop an interview guide and plans for the next stage of analysis. I also returned to the literature at this point, reading broadly on topics related to the emerging research questions and themes.

After collecting additional data, I conducted a second round of coding with the help of a research assistant. I loosely modeled this round of coding on the first stage of analysis in Zietsma and Lawrence (2010), in which the authors aimed to produce a detailed chronology of a complex process. In
my case, I worked with a research assistant to use NVivo to code all materials by date(s) and case(s). At the same time, we coded chunks of text or other kinds of data (e.g., audio or visual data) into the three categories used by Zietsma and Lawrence (2010)—activities, events, and interpretations of both—and also added a fourth category for information flows (i.e., how members of the diaspora gathered or distributed information about the Ebola outbreak and response). For activities and information flows, we further coded data to more detailed subcategories (e.g., specific types of activities). Based on this, we built a detailed chronology that included the diaspora’s efforts to mobilize in response to Ebola (activities) as well as key incidents in the unfolding outbreak (events).

In the third round, I focused on the chronology and other material coded as activities. In order to analyze the practices and processes that comprised resilient organizing, I first organized these activities into categories, such as “Outreach,” which included public education and media outreach efforts, and “Influence,” which included lobbying and other efforts to change what government bodies, humanitarian response organizations, and private companies were doing to respond to Ebola. (I will discuss these categories in more detail in the findings below, and in Table 2.3.) Some activities were coded in more than one category.

Although these categories were helpful in getting an overview of the types of actions taken by members of the diaspora, I realized that I needed a greater level of granularity to understand the practices and processes of resilient organizing. I therefore sought to break down the larger activities of diaspora organizations and activists into their component actions, which I called “acts of resilient organizing.” One challenge in doing so was determining the appropriate level of analysis. Analyzing every meeting, phone call, email, or social media post as a distinct “act” would quickly become unwieldy, but aggregating these to a high level of abstraction would provide insufficient granularity.
Eventually, through multiple iterations, I developed a system for delineating acts of resilient organizing—some of them acts by individuals, others by groups or organizations—according to five criteria:

a) the goals of the action  
b) the timing of the action  
c) the organizations, groups, or individuals involved in the action  
d) the overall type or category of action  
e) the specific tactics involved

To give an example of how these criteria were applied, imagine two events that were held in the UK at different moments in time, or at the same time but with different goals or involving different organizations, or with the same goal but using different tactics (e.g., one event was publicized through social media, whereas the other was linked to a social club, church, or mosque). In all these cases, these two events would be counted as separate acts of resilient organizing. However, a social media campaign that involved multiple postings over a single period of time (e.g., a week or a month) but for the same overall goal and involving the same group of individuals or organizations would be counted as a single act of resilient organizing.18

Next, I analyzed these acts of resilient organizing according to a theme that had emerged inductively from prior rounds of analysis: that in many cases, diaspora activists were mobilizing resources and organizing action across a variety of boundaries (Lamont and Molnar 2002), including boundaries of organization, sector, geographic distance, and national identity. This appeared to be an interesting instantiation of the kind of resourceful, creative, and flexible ways in which people actively assemble tools and resources to respond and adapt to adverse events (Hall and Lamont 2013; Sutcliffe and Vogus 2003), and was consistent with other studies on the role of boundary work in resilience

18 There was some ambiguity in where these lines were drawn. For example, individual posts as part of a social media campaign took place at different moments in time if measured at the level of minutes or hours, but within a single defined time period if measured across days or weeks. I used my discretion and my deep familiarity with the data to make these calls as consistently as possible. Because this analysis is qualitative in nature, slight differences in the number of units should not dramatically change the results.
Analyzing these boundary-crossing practices had the potential to offer valuable insights into the processes and practices of resilient organizing.

I therefore coded every act of resilient organizing according to whether it involved crossing any of six types of boundaries which I had identified inductively. The first of these types was crossing organizational boundaries, defined as people in one organization collaborating with people in another organization or across multiple organizational contexts. The second was crossing sectoral boundaries, defined as working across private, public (including local, national, and multinational), and nonprofit or charitable sectors (including humanitarian organizations). The third type of boundary crossing involved boundaries of expertise, which refers in most cases to differences in profession or training (e.g., medical versus advertising expertise), but may in some cases be broader than that (e.g., someone with a knack for social media and someone with expertise in logistics).

The fourth and fifth types are geography (in most cases working across different countries or even continents) and national identity, which refers to members of the diaspora working with non-diaspora whose national identities are something other than Sierra Leonean.19 Finally, the sixth type of boundary was religion. Religious faith featured prominently in the organizing by members of the diaspora, many of whom invoked religion as a factor motivating their involvement, came together in shared religious practice focused on the Ebola crisis, and used prayer to influence the outbreak and response. Sierra Leone is a religiously plural country, with approximately 79% of the population identifying as Muslim and 20% as Christian (Statistics Sierra Leone and ICF International 2014), though Freetown and the Sierra Leonean diaspora most likely have a larger Christian population than the country as a whole. As a result, nearly all acts of resilient organizing were likely to include a mixture of Christian and Muslim individuals and/or organizations, but I only code this as religious boundary-

19 Identity is tremendously complex, and many individuals (especially in diaspora communities) have multiple or ambivalent national identities. Nothing in this coding scheme should be taken to ignore or negate that complexity.
crossing when that is explicit in the data (e.g., when the diaspora organize joint Muslim-Christian prayer
vigils, or collaboration between Christian and Muslim organizations).

I recorded these codes in an excel spreadsheet, with each row a different act of resilient
organizing and columns reflecting the six types of boundary crossing that I had identified inductively. I
assigned a binary “Y” or “N” code in each column for every act of resilient organizing, with the exception
of cases in which I did not have enough information to code any of the boundary-crossing categories. In
those cases, I coded the entire row as “LI” for Limited Information. In general, my coding strategy was
conservative with respect to identifying boundary-crossing behavior, because I only coded an act as “Y”
if I had explicit evidence of that type of boundary-crossing; in uncertain or ambiguous cases, I defaulted
to “N”.

FINDINGS

Emergent response groups and established organizations in the diaspora engaged in rapid,
action-oriented organizing to help stop the spread of Ebola, mitigate its negative effects, and contribute
to long-term recovery and rebuilding. Responding to the urgency of the Ebola crisis, members of the
diaspora scanned their environment and their personal and professional networks to “locate knowledge
and other resources” (Majchrzak et al. 2007:154). In many cases, they found and deployed resources
from the wider environment, beyond the boundaries of their particular organizational affiliation, sector,
area of expertise, geographic location, national identity, or religion.

Indeed, boundary crossing was a critical component of how the diaspora contributed to the
resilience of Sierra Leone during this unprecedented crisis. The vast majority of acts of resilient
organizing by members of the Sierra Leonean diaspora involved crossing one or more of six types of
boundaries: organization, sector, expertise, geographic distance, national identity, or religion. As
described earlier, these categories emerged inductively from my data analysis. The most common type
of boundary-crossing was organizational, implicated in 63% of all analyzed acts of resilient organizing. An estimated 53% of analyzed acts of resilient organizing involved crossing national identity boundaries, 47% involved crossing boundaries of expertise, and 31% and 24% involved crossing geographic and sectoral boundaries, respectively. Because of the conservative coding protocol, I found that only 6% of acts of resilient organizing involved explicit religious boundary-crossing, but a much higher percentage likely included participants with different religious affiliations.

In short, the Sierra Leonean diaspora Ebola activists seemed to approach boundaries not as “barriers that promote separation,” but as “junctures that enable connecting,” to borrow a conceptual distinction from a recent paper on public managers (Quick and Feldman 2014). Moreover, this approach to boundaries facilitated resilience, as Quick and Feldman had theorized, by enabling the diaspora to access and combine resources in new and flexible ways (2014). Below, I will consider this boundary crossing in greater detail, and show how it contributed to two components of resilient organizing: first, to the organizing process by which groups of people in the diaspora worked together to respond to Ebola; and second, to the process of locating, activating, combining and recombining latent resources to help Sierra Leone respond positively and adapt successfully to the outbreak.

Organizing Practices for Resilient Organizing

In this section, I will explore the first component of resilient organizing—the process by which groups of people work together—and show how boundary crossing practices were central to this process. I will focus on the three diaspora organizations that shared internal data on how they initiated and coordinated action internally and with other organizations and groups: SLWT, EngAyde, and SLUKDERT. Details about these three organizations, which were among the most visible diaspora organizations involved in the response, are included in Table 2.2. SLUKDERT was particularly central to the organizational field in the UK, and its leading members included representatives from SLWT and
other diaspora organizations. In later sections, I will expand my focus from these organizations to other diaspora groups that took action to respond to Ebola.

The involvement of all three organizations in the response to Ebola began with the formation of emergent response groups, which scholars have defined as groups with “no preexisting structures such as group membership, tasks, roles, or expertise that can be specified ex ante” (Majchrzak et al. 2007:147). On August 9, 2014, just under twenty members of the Sierra Leonean diaspora, spread across at least four continents, came together on two unrelated phone and Skype calls to discuss the worsening Ebola crisis and how they might be able to help. These calls, which crossed boundaries of organizations, sectors, expertise, and geography, marked the start of two emergent response groups. Each group focused in different ways on mobilizing members of the diaspora to help support the Ebola response.

One call was organized by a prominent businesswoman and long-term trustee of SLWT. She reached out personally to people she thought would have knowledge about what was going on with Ebola and might be in a position to identify and implement solutions. Participants on the call, which according to one interview lasted for about five hours, were skilled professionals, several of whom had medical or policy expertise or had held positions in the UK, US, or Sierra Leonean governments.

The second call was originally scheduled to discuss a proposal for holding an essay contest for young Sierra Leoneans in the diaspora, but shifted to discuss Ebola outbreak instead. According to one participant, the idea for the call originated with a public debate on Facebook in July over an article seen as critical of diaspora Sierra Leoneans. Some participants in that debate proposed organizing an essay competition to get young people to write in a “constructive” way about Sierra Leone (Interview 04.30.16). However, in the days between scheduling and holding a call to discuss the essay contest, the participant explained, “things escalated” with the Ebola outbreak, and so they “decided to change the

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20 The article was written by one of the participants on the call, and another responded, sparking a larger debate.
focus of this meeting” (interview 04.30.16). Individuals involved in the call—which eventually led to the founding of EngAyde—including journalists, civil society activists, and people with a strong social media presence.

According to minutes and emails written shortly after the calls, both groups sought to diagnose shortcomings in the response to Ebola, identify opportunities to contribute, and brainstorm other people they might enlist to help. The two groups arrived at very different paths forward, in part reflecting differences in their experience and expertise. The call organized by the SLWT trustee settled on a two-pronged approach: first, the “provision of practical assistance to vulnerable groups” who were not being adequately served by existing actors on the ground; and second, “seeking to influence and assist government in strengthening the coordination of the response to the outbreak” (from email 08.10.14). In contrast, the second call, which led to the founding of EngAyde, identified shortcomings in the public education and “social mobilization” efforts around the outbreak, and decided to augment these by “acting as a conduit for facilitating factual, timely and accurate information that will fill in knowledge gaps for people on the ground and rebut misinformation about the issue in social media” (“Working Group Brief,” 08.2014).

A third emergent response group, which would become the SLUKDERT, emerged from a diaspora town hall meeting held on August 21, 2014 by Sierra Leone’s High Commission to the United Kingdom. The action points from that meeting called for a “formation of a taskforce consisting of volunteers to help in the co-ordination of the activities of numerous groups and individuals in the Diaspora who are involved in responding to the current Ebola crisis.” A similar idea had been discussed at a previous town hall on July 10, but no action was taken. At a follow-up meeting on September 11, SLUKDERT defined its role as coordinating information around finance and funding, “including fundraising efforts and donations”; lobbying and advocacy; human resources, specifically “skills directly on the frontline as healthcare workers or in support roles in logistics, co-ordination and management”; and
equipment and medicines to support healthcare staff and those who contracted Ebola (Minutes 09.11.14).

Once formed, all three groups continued to organize across a range of boundaries. They recruited and collaborated with individuals and groups from different organizations and sectors, representing a variety of forms of expertise and religious affiliations, and located in different geographic areas. Specific initiatives and activities often involved multiple organizations and actors, with little or no effort to specify ownership, such that it was sometimes impossible to tell from the archival data who was in charge, or which individual or group had initiated a given idea. Both SLUKDERT and EngAyde also explicitly attempted to coordinate information about the activities of other members of the diaspora or to broker connections between people who wanted to get involved and organizations in need of volunteers or other resources.

**Geographic and Organizational Boundary Crossing in the Organizing Process**

The process by which the members of these three diaspora groups worked together to respond to Ebola involved extensive boundary-crossing. Starting with the initial phone calls in which they brainstormed people and resources they could enlist in the fight against Ebola, and continuing through the ongoing organizing process, these groups freely reached across a range of boundaries.\(^{21}\) In this section I will focus on two of the most important to the organizing process: geographic and organizational boundaries. Although it is not surprising that a diasporic movement would cross geographic boundaries, it is notable that they engaged in extensive and fluid boundary-crossing from

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\(^{21}\) One boundary they did not tend to cross during the initial formation of emergent response groups was national identity: as far as I can tell, everyone involved at that stage, and nearly all of the people they suggested getting involved, were of Sierra Leonean descent. As the weeks and months went on, the membership of these groups continued to be predominantly if not exclusively Sierra Leonean, but they did collaborate extensively with people of other nationalities outside of their groups. I will return to this later in the chapter.
the very outset of diaspora organizing, rather than adopting this later as a tactic for collaboration among localized groups.

Communication technologies facilitated geographic boundary-crossing in the organizing process, as members of the Sierra Leonean diaspora were able to create global conversations that crossed oceans, countries, and continents. Members of the diaspora used a range of web applications, such as Skype, WhatsApp, Wiggio, and various social media platforms, to enable Sierra Leoneans in every corner of the world to communicate and collaborate. For example, the founding members of EngAyde were scattered across four continents when the organization was founded. As one of the leaders told me, “I didn’t meet the first person [in EngAyde] in person until about 7 months into the [process]” (Interview 04.30.16).

Members of the diaspora also engaged in not just boundary crossing, but various forms of boundary work around organizational boundaries. As emergent response groups, with “fleeting membership... resembling swarms rather than traditional groups” (Majchrzak et al. 2007:148), they often had no formal or legal boundaries. Although some later established themselves as registered charitable organizations or partnered with existing organizations, others continued to work through more fluid organizational forms. As such, their means of establishing boundaries was to develop a sense of “who we are” and to assemble a “bundle of resources” that aligned with opportunities they saw for contributing to the fight against Ebola (Santos and Eisenhardt 2005:497). These kinds of boundaries correspond with what Santos and Eisenhardt have called identity and competence boundaries (2005).

At times, this approach resulted in intentionally inclusive and porously bounded organizational entities. The clearest example of this is the SLUKDERT, which was formed specifically to coordinate

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22 Skype and WhatsApp are messaging applications that can be used for text messaging, voice calls, video conferencing, and to share images, videos, and other types of media files. WhatsApp is particularly popular in Sierra Leone, and was widely used to communicate and share information (and misinformation) during the Ebola outbreak. Wiggio is a less well-known application used to facilitate group collaboration.
activities among the diaspora and had extensive overlap between its own membership and the leaders and members of other diaspora organizations. For example, of the nine participants at the group’s initial meeting on September 11, 2014, five were leaders or founding members of other diaspora groups.\textsuperscript{23} SLUKDERT saw itself not as an umbrella group, but as a “strategic partner of diaspora organisations and individuals” and “an interface between the main stakeholders, including appropriate UK government ministries... and the UK-based Sierra Leonean Diaspora” (About SLUKDERT, Updated January 2015). The group aimed to include a wide array of diaspora groups, including alumni associations from secondary schools in Sierra Leone, “descendants’ associations” tied to particular districts or chiefdoms, charitable organizations, NGOs, and representatives from mosques and churches (Report, DWG). The core active membership of SLUKDERT grew to more than 30 people by the end of 2014. On November 29, 2014, the group organized a meeting in London with 80 attendees from dozens of diaspora groups as well as key non-diaspora organizations, including the UK government, several UK universities, and other organizations working on the Ebola response or with a connection to Sierra Leone (Report, DWG). The event, which involved organizational, sectoral, expertise, national identity, and religious boundary-crossing, was intended to “foster constructive dialogue and stronger coordination in the Diaspora response to the Ebola crisis” and “to enhance our existing information sharing system relating to Ebola” (Report, DWG).

There were benefits to this kind of inclusive organizational form, including the ability to incorporate a wide range of skills and resources, but there were also drawbacks. Most notably, an inclusive and fluid membership could make it difficult to get things done. One of the trustees of SLWT described this trade-off (without referring specifically to SLUKDERT) in an interview, when explaining why SLWT—which had been active for approximately 15 years when Ebola struck—had maintained a

\textsuperscript{23} One was a leader of SLWT, three were among the founding members of EngAyde, and one was a leader of The Organisation of Sierra Leonean Health Professionals Abroad (TOSHPA).
relatively small, bounded organizational structure. “We decided we didn’t want members,” the trustee said, “which over the years has caused a bit of furor amongst other Sierra Leoneans because they see us quite elitist... But we don’t want to have meetings where we’ve spent five hours and then nothing happens. You come back the next week, spend another five hours talking... It’s nice to talk but the point is you need to be doing stuff.”

**Resourcing Practices for Resilient Organizing**

Dozens of groups and organizations in the diaspora engaged, together and separately, in actions to bolster, complement, and address shortcomings in the Ebola response, and boundary crossing practices played a critical role in these efforts. In this section, I will focus on the second component of the definition of resilient organizing: locating, activating, combining, and recombining latent resources in order to respond positively and adapt successfully to adverse events. I will consider both the process of accessing resources and the ways in which those resources were deployed to stop the spread of Ebola, mitigate its impacts, or enable recovery and rebuilding. To do so, I will expand my focus beyond the three organizations emphasized in the prior section—SLUKDERT, EngAyde, and SLWT—to include a wider sampling of the individuals and entities involved in the response.

I find that the actions taken by members of the diaspora can be grouped into four categories, as shown in Table 2.3, and that boundary-crossing was crucial to all four, as shown in Table 2.4. The first category, material support, involved providing material supplies and other tangible resources directly to actors on the ground in Sierra Leone. The second, recruitment, involved recruiting and training skilled personnel to work in Ebola treatment facilities or on other aspects of the frontline response in Sierra Leone. The third, influence, involved seeking to change the ways that government bodies, humanitarian response organizations, and private companies were responding to Ebola. The fourth, outreach,
involved contributing to public education and media outreach about the outbreak both in Sierra Leone and around the world.

### Table 2.3: Categories of Activities Undertaken by Diaspora Organizing Against Ebola

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material Support</td>
<td>Providing material supplies and tangible resources</td>
<td>• Sending shipments of medical supplies and equipment to Sierra Leone&lt;br&gt;• Raising money for organizations working on the ground in Sierra Leone&lt;br&gt;• Providing meals to communities during the government-imposed ‘lockdown’</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Helping to recruit and train skilled personnel to work on the frontline response in Sierra Leone</td>
<td>• Publicity campaigns to encourage people, especially medical personnel, to volunteer to work in Ebola treatment facilities or other aspects of the frontline response in Sierra Leone&lt;br&gt;• Informational events to address questions and connect volunteers to hiring organizations&lt;br&gt;• Cultural training modules delivered as part of pre-departure training for clinical volunteers</td>
</tr>
<tr>
<td>Influence</td>
<td>Trying to influence the actions of government bodies, humanitarian response organizations, and private companies</td>
<td>• Petitions, opinion articles, public events, and back channel communications to convince governments to modify or increase their involvement in the Ebola response&lt;br&gt;• Efforts to convince airlines to reinstate and maintain flights to West Africa&lt;br&gt;• Individual members of the diaspora who travelled to Sierra Leone to take up leadership positions with the Government of Sierra Leone, NGOs, or international organizations</td>
</tr>
<tr>
<td>Outreach</td>
<td>Sharing information and shaping the conversation through public education and media outreach</td>
<td>• Sharing information about the Ebola outbreak and response with family and friends or with the broader public, both in Sierra Leone and around the world&lt;br&gt;• Includes efforts to change the conversation around Ebola in mainstream and social media</td>
</tr>
</tbody>
</table>

All four categories of action were made possible by extensive boundary-crossing by members of the diaspora. Table 2.4 uses a few examples of actions in each category to illustrate the number and variety of boundaries crossed. I will explore these and other examples in more detail below, as I consider boundary-crossing in each of the four categories of action.
<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
<th>Types of Boundary-Crossing</th>
</tr>
</thead>
</table>
| **Material Support** | Emergent response group repurposed existing organizations, including SLWT (for fundraising and management), private medical providers (to distribute protective equipment), an engineering company (to procure and distribute handwashing stations to communities), and motorbike taxi drivers (to select and distribute raingear) | • Organization (various)  
• Sector (private and charitable)  
• Expertise (management, fundraising, medical, and context-specific expertise)  
• Geography (in the UK and Sierra Leone)  
                                                                                                                                  |  
|                  | A new diaspora-led venture formed to deliver meals to individuals and communities affected by Ebola in Sierra Leone. To do so, they leveraged the financial and organizational infrastructure of two East African charities; funding from corporate sponsors; publicity from chefs and food bloggers; and implementation by an NGO in Sierra Leone | • Organization (various)  
• Sector (private and charitable)  
• Expertise (business, marketing, logistics)  
• Geography (UK and Sierra Leone)  
• National Identity (UK and Sierra Leone)  
                                                                                                                                  |  
| **Recruitment**  | Several diaspora organizations held “roadshows” in three UK cities to help recruit volunteers to work in Sierra Leone; the roadshows were partially funded by the UK government and organized in partnership with NGOs in Sierra Leone and the UK | • Organization (various)  
• Sector (public and charitable)  
• Expertise (medical, public health, HR)  
• Geography (UK and Sierra Leone)  
• National Identity (UK and Sierra Leone)  
                                                                                                                                  |  
|                  | Members of the diaspora helped develop and deliver cultural modules as part of pre-departure training, delivered by a UK NGO, for volunteers going to Sierra Leone | • Organization (SLWT, SLUKDERT, RedR UK)  
• Sector (public and charitable)  
• Expertise (cultural, political, training)  
• National Identity (various)  
                                                                                                                                  |  
| **Influence**    | Members of the diaspora used backchannel conversations and meetings with senior Sierra Leonean government officials to relay information and ideas for how the government may be able to respond more effectively to the Ebola crisis | • Sector (public, private, and charitable)  
• Expertise (various)  
                                                                                                                                  |  
|                  | Diaspora groups used a range of tactics to combat flight cancellations: lobbying the UN and WHO to put pressure on airlines; lobbying governments whose airlines had cancelled service (UK, France, and Kenya); and engaging directly with airlines | • Organization (various)  
• Sector (public, private, charitable)  
• Geography (Sierra Leone and home countries of various airlines)  
• National Identity (various)  
                                                                                                                                  |  
| **Outreach**     | One US-based member of the diaspora launched a weekly teleconference and interfaith prayer vigil that became an important venue for sharing information, updates, and ideas | • Organization (weekly agenda included reps from various organizations)  
• Geography (various)  
• Religion (Christian and Muslim)  
                                                                                                                                  |  
|                  | An association of Sierra Leonean diaspora health professionals worked with Public Health England, a UK government agency, to design Ebola fact sheets for people travelling to Sierra Leone and distribute them on social media and at churches, mosques, markets, and neighborhoods with large Sierra Leonean populations | • Organization  
• Sector (public and charitable)  
• National Identity (UK and Sierra Leone)  
• Religion (delivered to churches and mosques)  
                                                                                                                                  |
**Provision of Material Support**

At various points in the outbreak, especially during the months before the international response started to ramp up, there were significant gaps in the provision of material supplies and resources, including dangerous shortages of personal protective equipment for frontline health workers. Seeking to fill these gaps, members of the diaspora did what many people do in the aftermath of a disaster (Auf der Heide 2003): collect and send money or donated supplies directly to Sierra Leone.\(^{24}\) To do so, they engaged in an array of boundary-crossing efforts to locate underused resources and redeploy them for the fight against Ebola.

The direct provision of material supplies or tangible resources was almost certainly one of the most common ways in which individuals and groups in the diaspora engaged in resilient organizing. For individuals disconnected from organized response efforts, this was sometimes the only action they could think of to take. As one interviewee explained, “I shipped bits and pieces... hand sanitizers, gloves, information leaflets. It sounds really crazy, probably a bit futile but... What am I going to do? You know? I can’t physically come there. I can’t do anything else at this stage” (Interview 06.28.16). Some members of the diaspora raised money to enable Ebola response organizations to purchase needed supplies, but many others opted to collect and send supplies directly to friends, family, or coworkers in Sierra Leone, or to communities or organizations to which they had a connection. News reports and social media accounts during the outbreak mentioned shipments of a pallet with 50 cases of gloves sent to Sierra Leone from members of the US diaspora; a shipment of cleaning supplies, hand sanitizer, and protective equipment sent to one district in the Eastern Province of Sierra Leone by members of that district’s “Development Association” in the UK; and many others.

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\(^{24}\) My research was not designed to measure monetary remittances sent directly to Sierra Leone to support family, friends, or organizations or communities as they grappled with the effects of Ebola, but other studies have shown this is a common way for diasporas to support their countries of origin during times of crisis (Licuanan et al. 2015; Mohapatra et al. 2012; Savage and Harvey 2007). This was also likely an important component of the Sierra Leonean diaspora’s response to Ebola, particularly at the level of individuals and families (DEMAC 2016).
Larger response groups and diaspora organizations sent more substantial and potentially better-targeted shipments of supplies. The emergent response group started by an SLWT trustee decided to provide protective equipment for three groups that they believed were not (at the time) being served by existing response efforts: private and nongovernmental medical providers; drivers of motorcycle taxis, known as “okadas,” who were at risk of contracting or transmitting the Ebola virus to passengers; and poor communities with limited access to running water and sanitation. Later in 2014, SLUKDERT sent a 40-foot container with more than $100,000 in medical equipment and supplies to Sierra Leone, and then partnered with a group in the US to airlift an additional $85,000 worth of supplies (Report on diaspora activities, November 2014).

Geographic and Organizational Boundary Crossing in the Provision of Material Support

Geographic boundary-crossing, almost by definition, was critical to the provision of material support by members of the diaspora. Individuals who sent shipments of supplies to family and friends were required to find ways to cross the distance between Sierra Leone and their country of residence, often in North America or Europe. However, their experiences also demonstrated the importance of being embedded in particular geographic places while organizing across geographic distances. Sierra Leone’s more effective diaspora activists operated as “rooted cosmopolitans” who “mobilize domestic and international resources and opportunities” to pursue “goals they have in common with transnational allies” (Tarrow 2005:29). Specifically, the Sierra Leonean activists sought to “draw on the resources, networks, and opportunities of the societies they live in” (Tarrow 2005:2) while also relying heavily on people and organizations located in Sierra Leone.

In their efforts to provide material support, many diaspora groups came to realize how much physical location continued to matter to the process of resilient organizing. Although they could create technologically-mediated conversations that crossed geographic boundaries with little friction, they
needed people who were physically on the ground in Sierra Leone to effectively deliver material support and practical assistance. For example, members of the response group linked to SLWT focused on finding organizations in Sierra Leone that could help determine what kinds of supplies were needed and distribute the goods to those in need. Members partnered with a private engineering company in Freetown to manage the logistics of delivering handwashing stations. They relied on doctors in private practice and representatives of an association of nongovernmental (largely faith-based) hospitals and clinics in Sierra Leone to tell them what kinds of personal protective equipment they needed and whether they could be purchased in-country or would have to be shipped in from abroad. They reached out to an okada drivers’ association to assess whether there was demand for rain gear to help protect them against contracting and transmitting Ebola and to get their input on specifications for that rain gear, and they collaborated with the drivers in distributing the rain gear once purchased. These initiatives therefore crossed not only geographic but also organizational, sectoral, and expertise boundaries.

Although having people on the ground in Sierra Leone was extremely valuable, diaspora groups were able to access some resources precisely because they were located outside of Sierra Leone. One venture benefited greatly from marketing and other technical advice from skilled colleagues in London, and was able to develop links with corporate partners who could quickly fund their work (Presentation to DEMAC workshop, April 2016). Others managed to access financial resources and in-kind donations of medical and other supplies that would have been difficult to get in Sierra Leone. As such, the diaspora activists’ resourcing efforts crossed geographic boundaries not in a rootless transnational way, but in a way that was simultaneously rooted in multiple geographic locations, often the UK and Sierra Leone.

In addition to geographic boundaries, members of the diaspora frequently crossed organizational boundaries to deliver material support to Sierra Leone. One common strategy was to locate and activate the resources of pre-existing organizations and to repurpose them for the Ebola
response. This kind of organizational boundary-crossing was particularly helpful for new ventures (Shepherd and Williams 2014). For example, one Sierra Leonean business professional living in London was struck by the question of how people would access food during a three-day “stay-at-home” period (often referred to in media accounts as a “lockdown”) called by the Government of Sierra Leone in September 2014. She decided to find a way to make and deliver hot meals to communities during the stay-at-home period. With little time to establish the organizational infrastructure she needed, she partnered with existing organizations—Ugandan and Kenyan registered charities—in order to repurpose their websites, bank accounts, and ability to collect and distribute funds (Presentation to DEMAC workshop, April 2016). These groups had no obvious connection to Sierra Leone or to the Ebola outbreak, and yet they were activated as a valuable resource for resilient organizing. Only later did the founder establish and register an independent organization, which eventually went on to deliver 50,000 meals to patients and health workers at Ebola treatment facilities throughout the outbreak (Organization’s website).

It is difficult to say how effective these efforts to render material support were, or how much they contributed to the response to Ebola. Certainly some essential equipment and supplies were difficult or impossible to obtain within Sierra Leone, and yet efforts to fill gaps from afar were sometimes derailed by logistical obstacles, as with shipments stuck in the port awaiting customs clearance. These problems paralleled lessons learned from other humanitarian crises: that collecting and sending material supplies can be ineffective or even counterproductive, because these shipments are often costly and/or poorly targeted to the actual needs on the ground, or may pose logistical headaches.

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25 It seems to have been common for emergent response groups to use existing organizations to facilitate fundraising and other urgent action during the early months of the Ebola outbreak. When the emergent response group organized by an SLWT trustee set out to provide “practical assistance” to groups on the ground, for instance, they leveraged the organizational structure and charitable status of the longstanding charity. As they wrote in an August 10, 2014 email: “We have agreed to use [SLWT] as a vehicle for raising the funds to deliver the above.”
for those on the receiving end (Auf der Heide 2003). One leader of SLWT called their effort to provide protective equipment for medical providers a “failure,” because the equipment they bought turned out to be inappropriate. “We wanted to help and could have done it better with better experience,” she said of this initiative, which came very early in their efforts to support the response to Ebola (Interview 04.26.16). Another member of the diaspora argued that efforts to “send little boxes of things” may have done more to alleviate guilt among the diaspora than to contribute meaningfully to the response. “Okay, yes, every little [bit] helps,” she said, “but I didn’t feel that that was a good use of our time” (Interview 04 30 16). Instead, she felt the diaspora should focus on trying to channel more substantive support to humanitarian organizations. That brings us to the next category of action: helping to recruit and train skilled volunteers to work in Ebola treatment facilities and other components of the frontline response.

**Recruitment of Skilled Personnel to Work in Sierra Leone**

At the height of the outbreak, thousands of foreign volunteers—especially nurses, doctors, and other medical professionals, but also non-clinical support staff—were needed to staff Ebola treatment centers, manage contact tracing and other public health efforts, and help design and execute education and prevention campaigns in affected communities (BBC 2014; Solomon et al. 2014). A mixture of fear, personal and professional obligations, and a lack of information about what volunteering might entail deterred many would-be volunteers (Lewis 2014; Turtle et al. 2015). As one study found, even many experienced humanitarian workers said they “felt more at ease heading to Iraq, Somalia or Afghanistan than into West Africa” during the Ebola outbreak (DuBois et al. 2015:20). The shortage of volunteers, in turn, threatened to undermine the response and allow the virus to spread unchecked.

Starting in early September, several UK-based diaspora organizations, led by SLWT and SLUKDERT, stepped in to help address this shortage. Crossing organizational, sectoral, and national identity boundaries to work in partnership with UK government agencies and several non-diaspora civil
society organizations, the diaspora groups pursued a number of strategies to generate interest and remove obstacles to volunteering. Most visibly, several groups developed and circulated recruitment fliers, videos, and social media campaigns to encourage volunteering. Although recruitment messages crossed geographic and national identity lines, reaching both Sierra Leonean and non-Sierra Leonean communities, diaspora health workers were one primary target audience for these campaigns. As a nurse in one recruitment video produced by SLWT said, “I am pleading to... Sierra Leonean health workers, those that are overseas... pleading to them for them to come on board... Rather than that, this country will be no more” (Video October 2014).

In addition, SLWT and SLUKDERT tried to figure out how to “anticipate the questions lurking at the backs of their minds that sometimes result in people not even bothering to engage or apply,” as one person said in an email at the time. They eventually settled on holding recruitment “roadshows,” in-person events that would bring potential volunteers together with organizations working on the ground and allow them to “put their questions and concerns directly to those who would be responsible for them before going out,” according to the organizers (Report on Sierra Leone Diaspora Volunteer Recruitment Campaign). In October 2014, SLWT and the HR Pillar of the SLUKDERT held three roadshows in London, Manchester and Birmingham, England. Though initially conceived and driven by the diaspora groups, they were partially funded by the UK government and involved a number of NGOs working in Sierra Leone. The roadshows were attended by more than 200 people and received extensive media coverage in the UK and around the world, which likely helped attract volunteers who did not attend the events.

Diaspora groups also tried to tackle some of the practical obstacles to volunteering. To facilitate volunteering by members of the National Health Service (NHS), they worked with the UK government to develop policies to enable NHS staff to work on secondment as volunteers in Sierra Leone, with their salaries paid by the UK’s Department for International Development (DfID). To ease the logistics on the
Sierra Leone side, diaspora groups worked with the Sierra Leone High Commission to develop a template letter and a streamlined process for organizations to obtain visas for Ebola response volunteers. They also collaborated with a non-diaspora organization responsible for pre-departure training for international Ebola volunteers, RedR UK. Members of the diaspora groups developed cultural sensitivity modules to be delivered alongside modules on treatment protocols for Ebola patients and how to use personal protective equipment.

There is some evidence that members of the diaspora also got involved in two important and complicated logistical challenges related to deploying Ebola volunteers: providing lodging in the UK for returned volunteers during the 21-day incubation period for the virus, and ensuring access to medical evacuation for international personnel working in Sierra Leone, including members of the diaspora. According to one interviewee, some members of the diaspora allowed organizations like Save the Children to use vacant properties the diaspora individuals owned in the UK. The organizations used these properties to house returning volunteers who were under quarantine or who did not want to return to their families during the 21-day incubation period for Ebola. This was done in secret in order not to “alarm the neighbors,” the interviewee said, which may have led to discrimination or negative repercussions.

The issue of medical evacuations was one that attracted widespread attention from NGOs and governments. The Ebola outbreak posed unprecedented obstacles for ensuring prompt medical evacuations for international personnel working in Ebola-affected countries—whether for people who were thought to have contracted Ebola, or for those who needed care for a condition other than Ebola—and this posed enormous problems for organizations trying to recruit and protect staff and volunteers working on the response (DuBois et al. 2015; McLean 2017). Diaspora communities were additionally concerned that Sierra Leonean dual nationals or long-term European or North American residents might not be able to access the same level of medical care or evacuation coverage as other
foreign medical volunteers, but would be required to receive care in less advanced facilities alongside other Sierra Leonean nationals.\(^2\) They advocated for policy changes to ensure that diaspora Sierra Leoneans who volunteered to work in Ebola treatment facilities would be treated the same as other foreign volunteers.

This multipronged approach was quite successful in generating interest in and facilitating the volunteering process, but deployment was lower than expected. By November 2014, 948 NHS staff had signed up through the UK-Med online portal (UK-Med 2014), and that number had risen to 1,600 by the end of the outbreak. Only 150 of these were deployed (Hasan et al. 2015). Other health workers volunteered directly through a range of organizations operating in Sierra Leone, but the total number of volunteers was still much lower than the anticipated need.

The lower-than-expected deployment of volunteers was in part due to the fact that the outbreak had slowed by early 2015, reducing the need for foreign volunteers. However, there were also reports of lost applications, delays in processing, and qualified applicants who were nonetheless passed over for registration (Interview 04.26.16; Autoethnographic data; see also Turtle et al. 2015). Some observers concluded that UK-Med, a relatively new and small organization chosen to set up an online registry for NHS staff interested in providing medical care during the Ebola outbreak (UK-Med 2014), was overwhelmed by the number of applications and struggled to keep pace with the urgent demand for volunteers from organizations on the ground. As a result, for several months during the worst part of

\(^{2}\) Medical evacuation during the Ebola outbreak posed tremendous ethical and logistical challenges. In short, patients (whether they were infected with Ebola or suffering from another medical condition) could expect a much higher standard of care and better prognosis if treated outside of Sierra Leone, Liberia, or Guinea, but it was not feasible to evacuate everyone who needed care. As a result, Sierra Leonean nationals (including those who were working at Ebola treatment facilities run by international organizations) were generally treated in-country, while nationals of other countries were evacuated whenever possible to receive care in their home countries or in another country that agreed to receive them. Sierra Leonean dual nationals and long-term residents of countries other than Sierra Leone posed a potentially thorny challenge—and brought into stark relief the overall inequity of the dual system. Later, a specialized Ebola treatment facility constructed in country and run by the UK military was meant to provide quality care for health workers without requiring evacuation, but questions remained about who would be allowed to access this facility.
the outbreak, front-line responders struggled to fill positions even as qualified volunteers in the UK waited in frustration for a call to deploy (Autoethnographic data).

*Crossing National Identity Boundaries in the Recruitment of Skilled Personnel*

The available evidence suggests that only a handful of the volunteers who joined the frontline response in Sierra Leone were members of Sierra Leone’s diaspora. Recruitment efforts targeted diaspora health workers for a variety of reasons. In part, these campaigns were intended to raise awareness and dispel misinformation about the outbreak and about the support provided for volunteers on the ground and after their return. Presumably organizers also hoped that members of Sierra Leone’s diaspora communities would be more willing to volunteer to go to Sierra Leone than would non-Sierra Leoneans. Instead, the recruitment campaign seemed to be most successful when it crossed boundaries of national identity and reached non-diaspora health workers in the UK and elsewhere.

Diaspora health workers had long expressed interest in supporting healthcare in Sierra Leone, and many had been involved in various initiatives prior to the Ebola outbreak (Awoonor-Renner 2014). Reports from the Ebola recruitment road shows suggest that many members of the diaspora did attend and express interest in volunteering. The HR pillar of the SLUKDERT reported a “direct and indirect impact on volunteer numbers,” confirmed by feedback from volunteers and recruiting organizations, and said a “constant flow of telephone and email volunteer enquiries continues” (Report).

Despite this initial interest, however, it seems that very few diaspora health workers ended up working on the frontline in Sierra Leone. One Sierra Leonean nurse who was closely involved with the recruitment efforts explained, “The biggest challenge [we faced] was... to realize that even Sierra Leoneans were afraid to go” (Interview 04.27.16). Another diaspora nurse manager who had helped manage Ebola treatment facilities for an international NGO in the region said that out of sixteen
international staff she recruited, not one was Sierra Leonean (Interview 04.26.16). Others involved in
the response in Sierra Leone recounted similar experiences (Autoethnographic data).

There are several possible explanations for the low take-up by members of the Sierra Leonean
diaspora. Diaspora health workers may be concentrated in lower-status and lower-paid positions in the
NHS, where they carry a greater relative financial burden from volunteering, or may feel less certain
their jobs would be waiting for them upon their return from Sierra Leone (Interview 04.27.16).27 Families
also played a role in convincing people not to go. A Sierra Leonean nurse in the UK recalled how “A guy
in my hospital... he recruited five of his own friends. Then when they... [had] applied to UK-Med... the
guy came to me and said, ‘You know our family members are calling us to say we shouldn’t go.’”
(Interview 04.27.16). Similarly, the diaspora nurse and healthcare manager mentioned above recalled
one young woman from the diaspora who passed the initial phase of recruitment but never followed
through to the next round. “She must have been persuaded otherwise,” the manager said. “For quite a
lot of people who were interested, members of their family, or friends... said, ‘No, you mustn’t do it,’ or,
‘We don’t think it’s safe,’ or, ‘What if anything happened to you?’” (Interview 04.26.16).

Regardless of the reason, it seems clear that the recruitment campaign failed to recruit
significant numbers of diaspora health workers, but it did have success with another group: British
nationals with no connection of birth or ancestry to Sierra Leone who volunteered to work in Ebola
treatment facilities. Although causality is impossible to prove, it seems plausible that the diaspora-led
recruitment campaign, and the extensive media coverage it garnered, helped inspire non-Sierra
Leoneans to volunteer. In other words, the diaspora’s efforts at recruitment succeeded to the extent
that they crossed boundaries of national identity.

27 A 2014 mapping study surveyed Sierra Leonean health workers living abroad, and found that the majority of
respondents in the UK, US, and Canada were nurses or midwives, while a small minority were medical doctors or
specialists (Awoonor-Renner 2014). The survey used a snowball sampling method and is not necessarily
representative of the population of health workers living in these three countries. The report also covered
Germany, but the survey and interview process there specifically targeted medical doctors.
This boundary crossing took several forms. Members of the diaspora who worked in the NHS helped recruit their non-Sierra Leonean colleagues (Interview 04.27.16). News programs, in turn, gave significant coverage to the recruitment campaign, and often profiled individuals who were working in Sierra Leone or were considering doing so. For example, in one television segment about the recruitment roadshows, a reporter visited the middle-class home of a council worker in Birmingham, England whose childhood friend was volunteering as a nurse in an Ebola treatment facility in Sierra Leone. The segment showed the two women, both members of the Sierra Leonean diaspora, communicating via Skype. At one point the reporter sits down to interview the first woman, who is seated at a dining room table with a laptop open beside her, and her friend visible on the screen.

*Reporter:* “How worried are you about [your friend]? I mean, there she is, right in the middle of everything there.”

*Woman (looking toward the computer screen):* “Obviously worried, but you know, we’re God-fearing people so we pray and... you know, just hope that she and everyone else are protected and brought back to us.”

*Friend (nodding and smiling along, audible over the laptop’s speakers):* "Yes."

The familiar scene helped convey to non-diaspora audiences the sense that “people like you” — ordinary people living in communities across the UK — were volunteering to work in Sierra Leone.

**Efforts to Influence Governmental and Nongovernmental Organizations**

Many diaspora activists realized that standalone initiatives were insufficient on their own to stop the spread of the virus and address its associated impacts, and they mobilized in various way to “influence and assist,” in the words of one SLWT leader, the governments and international organizations that they saw as crucial to an effective response. “Personally, I feel as if I... need to get a grip on what the government in [Freetown] is doing and how best to influence it and how we can plug into networks to be ahead of not behind the curve,” one member of the diaspora wrote in an email sent
August 30, 2014. Some diaspora groups saw this as an explicit goal from the outset, while for others it grew in importance as the number of Ebola cases grew, the humanitarian crisis became more complex, and it became increasingly clear that only large-scale, well-coordinated efforts (including treatment beds for thousands of patients and nationwide contact tracing) would get things under control.

Diaspora mobilization in this area took a variety of forms, all of which involved boundary-crossing of various sorts, including organizational, sectoral, geographic, and national identity. First, as shown in email correspondence and other internal documents from the time, members of the diaspora used backchannel communications and personal connections to influence governmental and nongovernmental organizations and private companies, especially in the UK and Sierra Leone. Second, diaspora groups engaged in more formal lobbying efforts. For example, SLWT created an online petition in September 2014 to appeal to the UK government to do more to fight Ebola in West Africa, and a consortium of diaspora and non-diaspora groups sent a letter to the UK’s Secretary of State for International Development in November 2014 which called for a reinstatement of direct flights between the UK and Sierra Leone and other changes to the UK’s response. Third, diaspora groups used public events and media outreach to influence public officials and other decision-makers. Members of the diaspora participated in donor conferences and panel discussions on Ebola, and published articles and opinion pieces designed to influence governments and other organizational actors to intensify or modify their response to Ebola.

Fourth and possibly most effectively, several members of the diaspora took up leadership positions in the response. The Government of Sierra Leone’s National Ebola Response Center (NERC) in Freetown, for example, was led by Rtd. (Maj.) Alfred Paolo Conteh, who lived in the UK for 21 years before returning to Sierra Leone in 2007 to become Minister of Defense (Ross et al. 2017). At least four other senior managers at the NERC were also members of the diaspora (Ross et al. 2017), including one of SLWT’s trustees, as was the first head of the UN’s special mission for Ebola in West Africa, UNMEER.
Not only did this enable the individuals holding these positions to directly influence the operations of these organizations, but also provided a channel for communication and coordination with other members of the diaspora around the world.

*Exerting Influence by Crossing Boundaries of National Identity and Geography*

Diaspora activists’ efforts to influence the actions of governmental and nongovernmental organizations involved a range of boundary-crossing activities, but the most interesting from an analytic perspective was their engagement with geographic and national identity boundaries. Diaspora activists found that their identity as dual nationals or residents with experience in both Sierra Leone and their countries of residence helped open doors to decision-making spaces, and may have positioned them to better compete in the market for attention and support (Bob 2005). In addition, as with the provision of material support, diaspora activists found that they were most effective in influencing organizations when they were physically present—“in the room” or “at the table”—and able to mobilize local networks and other resources. As a result, their engagement with geographic boundaries often involved collaboration across geographic distance by individuals and groups who were each rooted in their respective locations (Tarrow 2005).

Part of what enabled members of the diaspora to exert influence both inside and outside of Sierra Leone was their identity and experience as cultural brokers (Jang 2014). Many of the most prominent diaspora activists had deep cultural and political knowledge of both Sierra Leone and of their countries of residence. When paired with their professional credentials and status, this cross-boundary knowledge and the perception that they could operate effectively across boundaries of national identity enabled individuals in the diaspora to gain access and legitimacy. One concrete example is Rtd. (Maj.) Conteh, who was reportedly named CEO of NERC by the President of Sierra Leone in part “because he
was expected to work well with the British, having studied in England and lived there for 21 years” (Ross et al. 2017:16).

When it came to geographic boundaries, physical presence seemed to matter a great deal for diaspora activists’ success in trying to influence organizations. By claiming a seat at the table, members of the diaspora were able to influence, collaborate with, and complement the actions of government agencies and international humanitarian organizations involved in the response to Ebola. Perhaps recognizing this, some members of the diaspora leveraged their own status, expertise, and personal and professional networks to gain access to spaces where decisions were being made. For example, one of the leaders of SLWT managed to translate her experience as a private sector investor in Sierra Leone and trustee of a small charity into a seat on a key Ebola working group in the UK alongside various prominent international NGOs involved in the response (Interview 04.26.16). At one point, according to a friend and colleague of the trustee, she was able to gain access to a high-profile donor conference as the guest of a senior Médecins Sans Frontières (MSF) official whom she met through that working group (Interview 04.26.16). She later joined a UK government team travelling to Sierra Leone to advise and support the response, and from there decided to take up a senior position in the NERC. She held that position until the end of the outbreak, and received awards and accolades for her work. Arguably, her achievements in this role were among the diaspora’s most significant contributions to the Ebola response in Sierra Leone. When I tell people familiar with the Ebola response that I am studying the mobilization of the Sierra Leonean diaspora, she is almost always the first person they mention.

Other members of the diaspora also leveraged their networks and expertise in order to enable resilient organizing across geographic and national identity boundaries. For example, various members of the diaspora who were in Freetown at the time of the outbreak used their connections and prominence in business, charity, or political circles to get informal meetings with senior Sierra Leonean government officials. These provided a channel to relay information and ideas for how the government
may be able to respond more effectively to the Ebola crisis. As in the case of the SLWT trustee, their position and identity as rooted cosmopolitans helped facilitate their ability to influence the response to Ebola, making it more likely that they would be heard and that they could frame their appeals in a way that would be persuasive to organizational decision-makers. In the next section, I will consider similar dynamics in another arena of resilient organizing: efforts to shape media coverage and the informational landscape surrounding Ebola.

Public Education, Information, and Media Outreach

The fourth and final category of actions taken by the diaspora was the provision of public education, information, and media outreach. A lack of accurate information about the Ebola outbreak was a problem both inside and outside of Sierra Leone. The Ebola virus was new to West Africa, and mass education campaigns launched at the outset of the outbreak did not always convey accurate or effective messages (Chandler et al. 2015; DuBois et al. 2015; Richards 2016). Among the diaspora, "misconceptions and misinformation around Ebola" led at times to "mass panic and fear" and "confusion on Social Media about the situation," according to the minutes from a Skype call by one emergent response group ("First Ebola Free SL Group Planning Meeting," August 9, 2014) and various other accounts at the time (Autoethnographic data; see also Oyeyemi et al. 2014). In addition, many members of the diaspora objected to how the outbreak, the response, and their country and its people were being portrayed by mainstream media; as one Sierra Leonean-American said of US television coverage of the Ebola outbreak, "the horror and trauma was being shown," but not the fact that "people were still living their lives" (Yeniva Sisay-Sogbeh, as quoted in Dumbaya 2015).

Recognizing these challenges, some diaspora organizations and emergent response groups sought to collect and publicize "timely and accurate information," as one group framed it ("First Ebola Free SL Group Planning Meeting," August 9, 2014), as well as to shape the conversations taking place on
social media platforms and in the mainstream media both in Sierra Leone and around the world. In so doing, they engaged in extensive geographic, expertise, organizational and sectoral boundary-crossing, as well as less frequent crossing of religious and national identity boundaries.

Direct information sharing among the diaspora and with people back home in Sierra Leone took place on a variety of platforms, ranging from WhatsApp groups and online radio programs (some of which also broadcast on radio stations in Sierra Leone) to phone calls among family and friends. One US-based member of the diaspora launched a weekly teleconference and interfaith prayer vigil that became an important venue for sharing information, updates, and ideas about how to combat Ebola. The first of these calls, on August 2, 2014, attracted 375 participants from at least six countries; by September 2014, a digital flier on social media listed call-in numbers for more than 50 countries around the world.

Diaspora groups also worked to develop effective public education materials for Sierra Leonean communities outside of Sierra Leone. For example, members of The Organisation of Sierra Leone Healthcare Professionals Abroad (TOSHPA) began very early in the outbreak to share information about the Ebola virus online and at social events in the UK. “When I [got] information from Sierra Leone, the health promotion fliers, I... put it on my social media and on my WhatsApp for people to really learn the signs and symptoms,” explained one member of TOSHPA, an experienced nurse working in the NHS (Interview 04.27.16). By July 2014, Public Health England, a UK government agency, reached out to TOSHPA to help design a fact sheet about Ebola for people travelling to Sierra Leone, many of whom were likely Sierra Leonean.28 Once the fliers were finished, TOSHPA helped distribute them on social media and in person at churches, mosques, market areas, and neighborhoods with large Sierra Leonean populations.

28 Before the Ebola outbreak, people of all nationalities travelled to Sierra Leone for business, tourism, or to work or volunteer. During the outbreak, as governments warned their citizens against nonessential travel to the affected countries, visitors were more likely to be professionals working on the response or members of the diaspora.
In addition, several diaspora groups sought to influence the media coverage of Ebola, including by trying to change the narrative and the portrayal of Sierra Leone, which many saw as overwhelmingly negative. In September 2014, some members of the diaspora reached out to a Sierra Leonean reporter on CNN International to help inform her pitch to the network. “What would we like [the reporter] to tell the world for us?” they asked in an email at the time. In October 2014, a group of journalists and activists launched Ebola Deeply, a website with a “curated news feed that mixes journalism, experts and citizen reports” (Eng 2014). Writing about her role in that initiative, a Sierra Leonean journalist described the goal of the site as “to humanize this public health emergency and to drive the dialogue in search of new ideas and solutions to the crisis” (Sesay 2015). EngAyde, which was launched in one of the August 9, 2014 calls described at the beginning of these findings, aimed first to share up-to-date information about the outbreak on mainstream and social media, in order to “get the international community on board” and also to “get a sense of urgency out to the diaspora” (Presentation to DEMAC workshop, 04.28.16). Later, once there was widespread awareness about the outbreak, they sought to highlight positive stories of resilience by Sierra Leonean individuals and groups, flooding social media with profiles and photos of Ebola survivors and stories of Sierra Leoneans at home and in the diaspora who were taking action to combat Ebola.

*Boundary Crossing in Public and Media Outreach*

In part thanks to their ability to span geographic and national identity boundaries, the diaspora were quite successful in having their voices heard in mainstream media coverage, especially in the UK. Prominent BBC segments included interviews with diaspora activists, profiles of members of the diaspora who had travelled to Sierra Leone to work on the response, and stories of diaspora-led initiatives to support the response.
The diaspora were better positioned relative to non-diaspora activists in Sierra Leone to attract and shape media coverage. Media outlets in their countries of residence were looking for a “local” angle on a far-away crisis, and were attracted to stories of people with a connection to their vicinity who were somehow also connected to the outbreak in West Africa. This led to stories about diaspora-led initiatives, as well as about European or North American (non-diaspora) volunteers going to West Africa or raising money for the response, and a surfeit of coverage of the few foreigners who contracted the virus. As discussed above, the Sierra Leonean diaspora also had relationships with media outlets and journalists, some of whom were themselves members of the diaspora, and these connections facilitated their outreach efforts. In addition, diaspora organizations often (though not always) had a good understanding of what western journalists and aid organizations would want to hear, and they had the skills and resources to develop polished websites and social media strategies. This helped them compete effectively in what one scholar has called the “global morality market,” lifting their calls for support “above the voiceless mass of the world’s poor and oppressed” to “match the interests and agendas of distant audiences” (Bob 2005:4).

There is some evidence that diaspora activists’ efforts to influence the conversation taking place within diaspora communities also had a measure of success. As above, this was in part because the activists could effectively tailor their messages to resonate with those communities, and to span geographic boundaries by sharing information and accounts from people on the ground in Sierra Leone. A few weeks after the first meeting of what would become EngAyde, one participant said she believed that the “prolific sharing of articles and general information about Ebola” by the group’s members “has certainly impacted the social media landscape of the Salone community... I can see from my small network alone, that the focus of conversations online have significantly shifted from the banal selfies... to some sort of altruistic interest in our common Ebola predicament” (3rd Meeting update email, August 2014). Of course, as she noted, there were also major changes during that period in the outbreak itself
and in the level of international attention and media coverage, so there is no way to know how much of this change was driven by EngAyde’s actions. But examining their social media activity, as I will do in more detail in Chapter Three, highlights the ways in which diaspora organizations frequently found ways to span boundaries and activate resources (including informational and cultural resources) that helped mobilize action in response to Ebola.

**DISCUSSION AND CONCLUSION**

In summary, boundary crossing was an essential part of the process of resilient organizing by Sierra Leonean diaspora communities during the Ebola crisis. Members of the diaspora engaged in a diverse array of actions intended to help stop the spread of Ebola, mitigate its negative effects, and contribute to long-term recovery and rebuilding. In so doing, they frequently identified and leveraged resources across boundaries of organization, sector, expertise, geographic distance, national identity, and religion. This flexible approach, involving both established organizations and emergent groups, made possible the creative location, activation, combination, and recombination of latent resources required for resilient organizing.

This paper contributes to existing literature in three ways. First, it builds on existing literature on resilience and resilient organizations (Hall and Lamont 2013; Sutcliffe and Vogus 2003; van der Vegt et al. 2015). By focusing on what I call resilient organizing, rather than resilient organizations, this paper helps extend our understanding beyond the boundaries of a given organization to examine practices that underlie resilience across a range of organizational contexts. Second, it shows the importance of boundary crossing and boundary work—“efforts to establish, expand, reinforce, or undermine boundaries” (Zietsma and Lawrence 2010:194)—in processes of resilient organizing, and provides empirical support for recent theoretical work suggesting that some approaches to boundary work may help foster resilience (Quick and Feldman 2014). As such, it builds on literature on boundaries and
boundary spanning in organizations (Bechky 2003; Jang 2014; O’Mahony and Bechky 2008; Santos and Eisenhardt 2005).

Third, it contributes to the literature on transnational communities and transnational organizing (Brinkerhoff 2009; Levitt 2001; Tarrow 2005) and to a small but growing literature on diaspora humanitarianism (DEMAC 2016; International Organization for Migration 2015; Loebach 2015; Nagarajan et al. 2015; Savage and Harvey 2007; Wambu 2015). Specifically, this paper shows that, in the marketplace for international support, global diaspora communities may be well-placed to exert influence, attract media attention, and appeal to the interests and agendas of governmental and non-governmental actors located far from the crisis (Bob 2005). Whereas local activists must find “international allies” who can “bring pressure on their states from outside,” in what one prominent theory calls a “boomerang pattern of influence” (Keck and Sikkink 1999:93), diaspora activists have their own connections both in their countries of origin and their countries of residence.

This is not to suggest that diasporas are infallible agents of resilient organizing, and there are many ways in which their contributions may be constrained, or their involvement counterproductive. Moreover, there are ways in which the Sierra Leonean diasporas’ response to Ebola may not be representative of other diasporas. Sierra Leone’s diaspora communities were highly skilled, well-connected, and had “already established networks, info channels, and feedback mechanisms” which they could leverage to face the new challenge posed by Ebola (DEMAC 2016:13). The Ebola outbreak, in turn, was a high-profile international event which garnered extensive media coverage around the world. Further research should consider the generalizability of these findings to other global communities and other crises, and investigate what criteria make resilient organizing by global diaspora communities more or less successful.

There are also remaining questions about the extent to which the links between boundary crossing and resilient organizing identified in this paper may be unique to (or at least more common
among diaspora communities, or whether they represent more general patterns that we would expect to see in other kinds of organizing contexts. Although this is a complex question worthy of a separate paper, I will raise a few points here. One the one hand, members of a diaspora community may be particularly well-situated to take advantage of the connections made possible by boundaries, because they occupy an in-between position, spanning their countries of origin and their countries of residence. Members of the Sierra Leonean diaspora, for example, describe themselves as “of two worlds” (Online biography, Sierra Leone Diaspora Investment and Trade Forum; also Interview 06.28.16) and “having a foot in two camps” (Report 11.29.14), though this also sometimes leads them to feel they do not fully fit in either place (Interview 06.28.16, and numerous others). Their experience with crossing geographic and identity boundaries may make it easier for them to engage in other types of boundary-crossing in the context of responding to the Ebola outbreak.

On the other hand, we have seen these kinds of boundary-crossing practices as a critical component of resilient organizing in other contexts. Quick and Feldman, for example, examine how public managers promote resilience, and they highlight the importance of combining resources across various boundaries in order to enable resilience (2014). Other studies of the Ebola outbreak have identified boundary crossing by non-diaspora actors, as with the unprecedented collaborations between religious (Samaritan’s Purse) and secular (MSF) organizations involved in delivering treatment, and between humanitarian and military groups that usually held one another at arm’s length (Hofman and Au 2017; Ross et al. 2017). I see boundary-crossing as a potentially crucial component of resilient organizing in a variety of situations, including other efforts to respond to disasters or crises, organizing by other community-based organizations, and organizing by disbursed or virtual communities, among others.

Future research should also examine whether Sierra Leone and the Sierra Leonean diaspora’s experience responding to Ebola has better prepared the country and its global community to respond to
future challenges. Scholars of resilience have suggested that “resilience develops over time from continually handling risks, stresses and strains,” and that positive adjustment at one point in time should enhance the future strength and capacity for resilience in the future (Sutcliffe and Vogus 2003:97). This also accords with the beliefs and lived experience of Sierra Leoneans, who saw their survival during and after the civil war as a source of resilience to be tapped anew during the Ebola outbreak. Future research could take a longitudinal perspective and examine whether and in what ways the country may be better able to cope with future shocks as a result of the resilience they developed through the Ebola outbreak.

Thanks in part to the concerted efforts of individuals and groups in the diaspora, along with those of millions of health workers, community leaders, and ordinary people living in Sierra Leone, the West African Ebola outbreak is over, and Sierra Leone and its neighbors are starting to rebuild. By analyzing one aspect of the massive effort to stop Ebola, I hope not only to contribute to our understanding of emotion, resilient organizing, and the role of transnational diaspora communities during times of crisis, but to also yield practical insights that might inform responses to future humanitarian emergencies.
CHAPTER THREE
This Smile Brightens Up Our Hearts:
Emotional Modulation and Social Mobilization During the West African Ebola Outbreak

On Christmas day in 2014, EngAyde posted a message from one of its members, a diaspora
Sierra Leonean who had taken up a senior position in the National Ebola Response Centre in Freetown.

“It’s an Ebola Christmas for us,” he wrote. “But we are confident our plan to defeat [E]bola is on track.”

He continued, describing the “deadly enemy” they faced:

“It acts with a mind of its own and paralyses us by killing those who should care for its victims first. It spreads panic and fear and relies on our love for our people to spread. But we are men and women, with souls, not just biological organisms... The enemy can adapt, but so can we. We are smarter. And [b]ecause we are smarter we will defeat [E]bola and ensure mankind’s continued dominance of this planet. MERRY CHRISTMAS EBOLA, WE ARE COMING AFTER YOU!”

This message, posted at the height of the outbreak when Sierra Leone was recording nearly 600 new Ebola cases per week, is steeped with emotion. Not just fear, which other observers have called “the catchword of this epidemic” (Hofman and Au 2017:xvi), but also love, and hope, and a kind of angry defiance. “MERRY CHRISTMAS EBOLA,” he shouts in all caps, “WE ARE COMING AFTER YOU!”

Emotions like love and fear may have helped the Ebola virus spread and at times hampered an effective response, but they also helped connect people around the world—including members of Sierra Leone’s global diaspora communities, made up of individuals who identify with and maintain a connection to Sierra Leone as their country of birth or ancestry, but reside elsewhere (Nielsen and Riddle 2009)—to the tragedy unfolding in West Africa. I use the case of the Ebola crisis to consider those dynamics across two levels. First, I ask what role do emotions play in the mobilization of individual actors to respond to a disaster? Second, how do organizations and activists attempt to shape a community’s shared emotional experience to facilitate mobilization?
Diaspora communities are an ideal case for examining the dynamic interplay of emotion and social mobilization. Because members of a diaspora must decide to get involved in the response to a crisis in their country of origin—rather than being thrust into that position by geographic proximity—it is possible to observe and theorize the process by which individual members and groups within diaspora communities begin to pay attention to an emerging crisis, decide to help, and start to take action. Shared emotions are one mechanism by which these remote communities can be drawn into a disaster happening in their country of origin. In turn, emotions can become a valuable resource for diaspora activists and organizations as they seek to sustain their own involvement and to rally others to the cause.

Empirically, I examine the complex relationship between emotion and social mobilization by combining real-time and retrospective data on the process by which members of Sierra Leonean diaspora communities mobilized to take action against Ebola, and the ways in which diaspora organizations and activists worked to enlist and maintain participation in the fight against Ebola. These data include emails and other materials created at the time by diaspora organizations, online public conversations among members of the diaspora during the outbreak, autoethnographic data from my own experiences working on the response to Ebola, and retrospective interviews with and observations of diaspora activists. By triangulating data and using qualitative coding and abductive analytic techniques, I am able to map the process of mobilization and the emotional dynamics in rich detail.

I find that emotions infused and helped drive the mobilization by Sierra Leonean diaspora communities to respond to the Ebola outbreak. Early in the outbreak, a series of galvanizing events served as moral shocks (Jasper 2011) that triggered strong emotions and thereby prompted individual members of the diaspora to take action. However, whereas prior research has tended to focus on one or two emotions driving action, I find that combinations of emotions together helped spur and sustain mobilization. I conceptualize these combinations as *emotional chords*, akin to musical chords. Diaspora
activists and organizations that were involved in the response to Ebola sought, through a process that I call *emotional modulation*, to orchestrate action-oriented emotional chords that they believed would sustain their own activism and attract others to the cause. I define emotional modulation as the production and deployment of cultural objects to collaboratively shape the emotional tone and rhythm of interactions among a group of people trying to solve a practical problem. To further understand and theorize emotional modulation, I use four examples of cultural objects that were produced and deployed on social media by one diaspora organization, EngAyde, and were also reflective of the larger conversation that took place among the Sierra Leonean diaspora at the time. Although the specific objects and interactions are particular to this empirical context, they illustrate two characteristics that are core to the concept of emotional modulation and likely to generalize to other settings: the creative use of familiar cultural material to make sense of a novel challenge (in this case, the Ebola outbreak) and the creation of emotionally polyvalent objects that express and elicit a combination of emotions. As such, they suggest the foundation of a theory of emotional modulation.

This paper contributes to existing literature in three ways. First, it introduces the concept of *emotional modulation*, and illustrates the ways in which activists and other members of their community collaboratively shape their own and others’ emotional experiences in order to facilitate action. These findings provide a more dynamic and detailed understanding of the inherently social ways in which emotions influence the dynamics of mobilization, and thereby contributes to literature on emotion and social movements (Bail 2015b; Castells 2012; Gould 2009; Jasper 2011) and on emotion and resilience (Eggerman and Panter-Brick 2010; Fredrickson et al. 2003; Ong et al. 2006; Stephens et al. 2013). Second, it contributes to our understanding of cultural power and of culture as a tool for solving practical problems, and highlights the role of emotion in those processes (McDonnell, Bail, et al. 2017; McDonnell, Jonason, et al. 2017; Schudson 1989; Swidler 1986). Third, it contributes to a growing literature on the virtual and transnational creation of shared emotional experiences (Clark
by showing how geographically dispersed diaspora communities used cultural objects not only to bring people together into affective publics (Papacharissi 2015) but to shape emotions in ways that would drive action.

THEORY: MOBILIZATION, EMOTION, AND EMOTIONAL MODULATION

We know emotions matter for mobilizing people to take action in response to a disaster and to pursue social or institutional change, but we know much less about the process by which activists and members of a social movement work to shape their own and others’ emotions in ways that will facilitate action. In particular, despite ethnographic accounts that describe complex constellations of emotions infusing social movements and disaster response efforts, we know little about how multiple emotions work in combination, nor how they are shaped through the interactions of participants with one another and with meaningful cultural objects.

Contemporary humanitarianism has been “built on the mobilization of emotions” (Nunes 2017:20), specifically “moral sentiments... emotions that direct our attention to the suffering of others and make us want to remedy them” (Fassin 2012:1). Emotion has the power to mobilize “armies of free labor” and private charity to assist victims of a disaster, as part of an “affect economy” that can also, paradoxically, absolve governments of their responsibility and generate profit for “disaster capitalism” (Adams 2013:8–10).

Social movement scholars, in turn, have found that emotions can help kindle and propel, but also hamper, collective efforts to pursue change (Bail 2015a; Goodwin, Jasper, and Polletta 2000; Jasper 2011). For instance, research has shown that fear can inhibit collective action (Norgaard 2011), particularly in high-risk environments (Goodwin, Jasper, and Polletta 2004), while anger and hope may help draw people into a social movement and sustain their involvement over time (Castells 2012; Gould 2009; Viterna 2013; Warren 2010). Feelings like grief and shame have been linked both to inaction (e.g.,
compliance with the status quo) and action (Charmaz and Milligan 2006; Creed et al. 2014; Gould 2001). In some cases, mobilization is possible only when activists are able to transform emotions like shame, fear, and grief—what one scholar calls the “emotions of trauma”—into “emotions of resistance,” like pride and righteous anger (Whittier 2001:238). In doing so, they employ material objects as “sensitizing devices,” used to “provoke the sort of affective reaction that produces action” (Traini 2014:525).

Although face-to-face interactions and first-hand experience were traditionally considered essential for the development of shared emotional energy and solidarity (Collins 2001; Summers Effler 2002), more recent scholarship on online activism (Dartnell 2006; Hanna 2013; Lewis, Gray, and Meierhenrich 2014) has shown that virtual interactions can have a similar effect. Platforms like Twitter and Facebook “invite affective attunement, support affective investment, and propagate affectively charged expression” (Papacharissi 2015:2). A hashtag that spreads on Twitter (Clark 2016) or the images and stories shared on Facebook of individuals martyred by political violence (Halverson et al. 2013) not only generate powerful emotions, but “allow crowds to be rendered into [affective] publics,” which “come together and/or disband around bonds of sentiment” (Papacharissi 2015:2). In many cases, online activism complements and may help strengthen offline mobilization (Gaby and Caren 2012). Activists strive to foster shared emotion virtually, and then “transform online activism into offline protests” by calling on followers to take to the streets (Lim 2012). Online forums can also facilitate transnational activism by enabling people who are geographically distant to provide emotional support and other resources to those involved in direct action (Ems 2014).

Social movement scholarship therefore provides an important theoretical foundation for examining the role of emotion in efforts to mobilize in response to a disaster, but there is much we still need to understand. Existing literature has focused primarily on specifying emotions that do or do not play a role in a given protest, movement, or event, rather than fully exploring the nuanced ways in which emotions influence mobilization through social interaction and shared experiences. Many studies
have also focused narrowly on a single emotion—like righteous anger or hope (Castells 2012; Clark 2016)—rather than the complex range of emotions and affective ties experienced by activists, and the ways in which these shape the dynamics of collective action (Williamson 2011). Important exceptions to this trend include work by Erika Summers Effler, who examines the “emotional rhythms” of two social movement organizations involved in anti-death penalty advocacy and poverty alleviation; and Deborah Gould’s work on the constellation of emotions experienced by HIV/AIDS activists in the United States in the 1980s and 1990s, and how these shaped the movement’s claims, tactics, and forms of activism (Gould 2009; Summers Effler 2010). In a major review of twenty years of research on emotion and social movements, James Jasper argued that “combinations and interaction of emotions are crucial to action, yet still relatively unexplored” (Jasper 2011:291). He highlighted the importance of “moral batteries,” a “combination of positive and negative emotions that, through their contrast, help energize action” (Jasper 2011:291).

Building on these theoretical and empirical foundations, and through abductive analysis of my empirical data, I use the metaphor of a musical chord to theorize the dynamic interplay of emotions involved in social mobilization.29 In contrast to the duality implied by a moral battery, an emotional chord requires multiple emotional notes, harmonized with one another and adjusted over time to achieve a particular musical effect. Activists seek to strike an emotional chord that will mobilize people to participate in a social movement or help respond to a disaster. Because different emotions can have countervailing effects on the propensity for individual and collective action, creating an effective emotional chord requires that activists not only tune each note (emotion) to the correct pitch, but also combine the notes in a way that will stimulate and sustain rather than stifle action.

29 I am not the first to use a musical metaphor to conceptualize social mobilization. Among others, Charles Tilly likens contentious politics to improvisational jazz performances (2008:14) and Zizi Papacharissi talks about the “tonality, rhythm, and texture” of storytelling used in online mobilizing, arguing that “affect is habitually rhythmic” (2015:10, 5).
To capture that process of shaping emotions in ways that will facilitate action, I develop the concept of *emotional modulation*, defined as the production and deployment of cultural objects to collaboratively shape the emotional tone and rhythm of interactions among a group of people trying to solve a practical problem. This definition foregrounds the use of cultural objects—such as meaningful images, symbols, or stories—to “puzzle out” challenges, particularly novel situations that require creative solutions, and the role of emotion in those processes (McDonnell, Bail, et al. 2017). These objects carry emotion in the way that they carry cultural content, and they vary in the nature and diversity of that emotional content (Bail 2016). Group members engage in emotional modulation as a collaborative and connective, but not necessarily collective, endeavor (Papacharissi 2015); in other words, members may act individually but in ways that are connected (e.g., through conversation, interaction, or the affordances of social media platforms) to collaboratively shape their own and others’ emotions. The groups involved in emotional modulation may be formal, bounded teams within organizations, or they may be loosely bounded imagined or virtual communities.

Before moving on to the empirical context, I want to briefly explain the sociological understanding of emotions that informs my analysis and theorizing. Emotions represent situated, intersubjective lived experiences that carry meaning for social interactions (Denzin 2007; Hochschild 1983; Voronov 2014). I follow Jack Katz in conceptualizing emotions as tripartite, involving the construction of meaning, an interaction process that is dramaturgical and dynamic, and embodied physical sensation (Katz 1999). Therefore, when I observe expressions of emotion by members of the Sierra Leonean diaspora—whether in an interview or an email or online conversation—I consider these three interconnected dimensions. As an example, imagine a social media post that expresses emotions through words and an emotionally evocative image. First, the person who produced the post and the 30

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30 Here I am inspired by the concept of “cultural carrying capacity” (Bail 2016) and also by the idea (in a different context and at a different level of analysis) of “emotional carrying capacity” (Stephens et al. 2013). I will return to these connections in this discussion.
various people who observe or engage with it are using the post to help make sense of and construct meaning about the world, both in that situation and across situations. Second, the expression of emotion embedded in the post is part of a social interaction, and the various parties involved are aware of and responding to how the others read and respond to their emotions. Third, the emotions expressed in the post correspond to “sensual metamorphoses” (Katz 1999:6). These embodied, corporeal experiences are not always visible to me, but sometimes they are, as with the tears of a child in a photograph, or the pained grimace of a young man on a YouTube video as he considers the devastating epidemic sweeping his home country.

BACKGROUND AND CONTEXT

Ebola first emerged in the impoverished nations of Sierra Leone, Liberia, and Guinea in early 2014, and the outbreak quickly became an unprecedented public health crisis. Because a large proportion of people in Sierra Leone’s sizeable diaspora are highly educated and retain strong ties to their country of origin, they represented an important potential resource during this disaster. Moreover, because of their connection to Sierra Leone but remoteness from the outbreak, these communities were not directly at risk from Ebola but were indirectly affected by the crisis—in part through shared emotions—and were therefore in a position to decide whether and how much to get involved in the response. As such, they provide an ideal case for examining the dynamic interplay of emotion and social mobilization.

Many governments and international institutions were initially slow to respond to Ebola (Moon et al. 2015), and individuals and groups on the front lines scrambled for months to mobilize the resources, political will, and skilled personnel they needed to respond effectively. For most of 2014, the virus spread rapidly, at times exponentially. Modelling by the United States Centers for Disease Control and Prevention in September 2014 estimated that if there were not significant changes to behavior or
additional public health interventions, Sierra Leone and Liberia would have between 550,000 and 1.4 million Ebola cases by January 2015 (Meltzer et al. 2014). The final case numbers were much lower, but still represented a significant loss of life; by the time the outbreak was declared over in late 2015, Ebola had infected an estimated 28,616 people and killed 11,310 in the three most affected countries (U.S. Centers for Disease Control and Prevention 2016b).

The outbreak also spurred substantial economic and social disruption at every level, from households ravaged by the disease, to communities grappling with quarantine and interrupted harvests, to national economies hurt by plummeting tourism and reduced trade. Already weak health systems were further decimated by the deaths of health workers, who faced infection rates more than 20 times those of the general adult population (The World Health Organization 2015b). In Sierra Leone, where trained health professionals were already in short supply prior to the outbreak, an estimated 296 health workers were infected with Ebola and 221 died of the disease (Government of Sierra Leone Ministry of Health and Sanitation 2015). These deaths included 11 medical doctors out of fewer than 200 in the country at the time of the outbreak (Government of Sierra Leone Ministry of Health and Sanitation 2015).

Sierra Leone’s diaspora communities represented a valuable potential resource for confronting the unprecedented threat posed by Ebola. I follow other scholars in defining diaspora communities as made up of individuals who identify with and retain a connection to their country of birth or ancestry, but reside elsewhere (Nielsen and Riddle 2009). There are several implications from defining the diaspora in this way. First, it extends the population beyond first-generation migrants to include people who are the descendants of migrants, even if those individuals are citizens of another nation, several

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31 The Ebola outbreak was first declared over in Liberia in May 2015, Sierra Leone in November 2015, and Guinea in December 2015. There were subsequent flare-ups involving a small number of patients in all three countries, but the last of these in Sierra Leone was declared over on March 17, 2016 (U.S. Centers for Disease Control and Prevention 2016b). Liberia and Guinea were last declared free of Ebola transmission in June 2016.
generations removed from those who left Sierra Leone, and/or have never themselves visited their country of ancestry. Second, it limits the diaspora community to those who “identify with and retain a connection to” Sierra Leone, and excludes those who may be Sierra Leonean by birth or ancestry, but do not identify as such nor retain any connection to that country. Defined in this way, the boundaries of a diaspora community may shift over time, as individuals’ subjective identification with and connection to Sierra Leone ebb and flow.32

Given this definition, it can be difficult to pin down the size and composition of the Sierra Leonean diaspora, but available figures suggest that it is relatively large. The Government of Sierra Leone estimates that more than one million Sierra Leoneans and their descendants live abroad (Sho-Sawyer 2008), compared with just over seven million living inside the country as of 2015 (Statistics Sierra Leone 2016). Although not all of these people identify as Sierra Leonean or remain connected to their country of origin or ancestry, many do. A 2015 survey of more than 600 Sierra Leoneans living abroad found that three quarters had traveled to Sierra Leone at least once in the past three years, a quarter had traveled at least once per year, and 83% said they “intend to live in Sierra Leone in the future” (The World Bank Group 2015:4). The UK-based Sierra Leonean diaspora is especially closely connected to the country they often refer to as “home,” with high rates of business investment, land ownership, and frequent travel to Sierra Leone. Many diaspora families have members in both the UK and Sierra Leone.

Moreover, the population of Sierra Leoneans living abroad is much more highly skilled than the population in Sierra Leone, and includes a high concentration of health professionals, particularly in the

32 A crisis like Ebola may influence this in unpredictable ways, leading some people to identify more strongly with the country and others to distance themselves, but those dynamics are beyond the scope of this paper. In my analysis, I include anyone who belongs to diaspora organizations or participates in diaspora-focused online forums as members of the diaspora, though I recognize that some may identify more strongly than others, or may consider themselves members of the diaspora at one point in time but not at another. I also asked all my interview participants whether they identified as diaspora and what the term meant to them.
US and UK (Awoonor-Renner 2014). In the year 2000, following a decade of civil war, an estimated 52% of all tertiary-educated Sierra Leoneans were living outside of the country (The World Bank Group 2011), including 42% of all medical doctors and 49% of nurses born in Sierra Leone (Clemens and Pettersson 2007; The World Bank Group 2015). These numbers have declined since the end of the war in 2002, but the country continues to have one of the world’s highest rates of skilled emigration. As of 2011, an estimated 33% of all highly educated native-born Sierra Leoneans lived abroad (Arslan et al. 2014; OECD 2015:430). Available evidence suggests that the community of Sierra Leoneans who identify as part of the diaspora contains a similarly high proportion of skilled professionals.

Because Sierra Leone’s diaspora communities were scattered around the world, they were (for the most part) not directly at risk of contracting Ebola themselves, nor were they affected by the most acute implications of the outbreak: neighborhood quarantines, school closures, a breakdown of healthcare provision, and economic disarray.33 However, they did share certain experiences of the outbreak with other Sierra Leoneans at home and abroad. For instance, many had family members, friends, or colleagues in Sierra Leone who were directly affected by the outbreak, while others faced stigma and discrimination in their countries of residence due to public fear and panic about Ebola. In the UK and the US, Sierra Leoneans were turned away from school and denied accommodation, as were some people from (and/or who had travelled to) African countries unaffected by Ebola (Booth 2014; Hofman and Au 2017; Turner 2014; U.S. Centers for Disease Control and Prevention 2015). Individuals who travelled to West Africa during the outbreak, and especially those who worked in Ebola treatment facilities, were denied visas or quarantined on arrival to many countries (Johnson 2015). Members of the

33 Some members of the diaspora experienced economic disruption due to Ebola, because they owned businesses or were employed in other sectors in Sierra Leone (e.g., as consultants to international organizations). Some may also have been at a slightly higher risk of contracting Ebola compared with the general population of their country of residence (e.g., the UK or US) due to having relatives or friends who travelled to West Africa. These impacts were dramatically less severe than those experienced by people in Sierra Leone.
diaspora were very aware that any involvement in—or even association with—the Ebola response could incur negative repercussions for them or their families.

As such, diaspora Sierra Leoneans occupied a liminal space during the Ebola outbreak, and this posed unique dilemmas and challenges as they decided whether and how to get involved in the response. Their position would be familiar to other diaspora communities: located somewhere between the “locals” who are most directly affected by a disaster and are inevitably the first to respond, and the “outsiders” who arrive later or contribute remotely, often through formal humanitarian response efforts. As such, members of the diaspora could choose to shield themselves and their families from harm as much as possible, by remaining in the relative safety of their country of residence and distancing themselves from the destruction in Sierra Leone. Alternatively, they could take the risk of getting involved in the response to Ebola, possibly opening themselves up to greater Ebola-related stigma or discrimination, or (especially if they chose to travel to Sierra Leone) to contracting the virus.

And yet despite these risks, many members of the Sierra Leonean diaspora did get involved. This is consistent with prior literature that finds that diaspora communities often engage transnationally and contribute in various ways to their countries of origin (Brinkerhoff 2009; Gillespie et al. 1999; Lainer-Vos 2013; Levitt 2001; Nielsen and Riddle 2009), including during crises in their country of origin (Andén-Papadopoulos 2013; Loebach 2015; Naik et al. 2007; Savage and Harvey 2007). As I will show, one mechanism by which the Sierra Leonean diaspora communities experienced the Ebola outbreak and began to mobilize in response was through the emotions they shared with other members of the diaspora and with Sierra Leoneans at home.

**DATA AND METHODS**

To understand the role of emotion in mobilization against Ebola, I use four main types of data, described on page 36 in Chapter Two, Table 2.1. Three of these capture how the response by the Sierra
Leonean diaspora community unfolded in real-time, through materials and conversations that were created or took place at the time: emails and other materials shared by three Sierra Leonean diaspora organizations which played a leading role in the response; online public conversations among members of the diaspora; and autoethnographic data from my own experience observing and working on the response to Ebola. The fourth captures retrospective accounts: in-depth semi-structured interviews conducted by phone, Skype, or in-person in April-May 2016 with members of the Sierra Leonean diaspora who were active in the response to Ebola. In addition, I incorporate observations of a workshop on the role of diaspora communities in humanitarian response, held over 3 days in London in April 2016. Together, these data enable me to examine in rich detail the lived experiences of members of the diaspora as they began to recognize the urgency of the Ebola outbreak, decide whether and how to get involved, and mobilize to take action. In addition, I can examine the ways in which they make sense of their actions retrospectively.

Before discussing these data in detail, I will describe my past experience in Sierra Leone and my role during the Ebola outbreak. I am not Sierra Leonean but I lived and worked in Sierra Leone from 2006-2010, and have continued to conduct research there. I also serve on the board of a nonprofit that supports healthcare in Sierra Leone. As such, I was acutely aware of the Ebola outbreak as it first emerged in West Africa, and I closely followed the worsening situation and the growing response to the crisis throughout 2014. In January 2015, I agreed to step into the role of Acting CEO during the Ebola outbreak for the Welbodi Partnership, a UK charity that supports maternal and child health in Sierra Leone. I continued to work full-time for the Welbodi Partnership until July 2015, when I resumed my previous role as a member of the organization’s board of (non-executive) directors. I travelled to Sierra Leone twice in 2015 for short visits of one to two weeks. Otherwise, I provided remote support and strategic leadership to the Welbodi Partnership team on the ground as they supported community partners and government health facilities in responding to Ebola and preparing for the transition to a
post-Ebola period of rebuilding and recovery. My experiences during the Ebola outbreak not only provide a source of autoethnographic data, as described later, but also influenced the research questions I asked and my ability to gain access and build trust with members of the diaspora. They also sensitized me to “plausible themes and theories that may help [me] structure and interpret the data” (DeRond and Lok 2016). In analyzing data and drawing credible theoretical inferences, I strive to maintain a balance of personal involvement and professional distance (Anteby 2013), and to allow my personal experiences to illuminate rather than obscure the experiences of others (Ellis et al. 2011; Ellis and Bochner 2000).

Types of Data

As outlined in Chapter Two, I obtained detailed internal and external data from representatives of three diaspora organizations, SLWT, SLUKDERT, and EngAyde. I analyzed these data alongside more limited data on other diaspora organizations collected from observations and public online sources. Table 2.2 on page 39 provides details about the three focal organizations and the types of data shared by each. All three are voluntary organizations primarily based in the UK, although the members of EngAyde were located across four continents at the time of the organization’s founding in August 2014, and all three groups had members based in Sierra Leone at one time or another during the outbreak. These three groups also collaborated with diaspora groups and individuals in other countries, including the US. My emphasis on organizations with ties to the UK is a function of two considerations, one substantive and one practical. First, the UK-based diaspora organizations and activists were among the most prominent and active diaspora groups involved in the response to Ebola, and therefore provide a rich case for examining the mobilization process. I also considered a handful of groups in the US, but their involvement appeared more limited. Second, my prior contacts and subsequent introductions by
members of the diaspora participating with this research (in line with snowball sampling techniques) facilitated easier access to UK-based groups than to US-based groups.

To request archival data from the three focal organizations, I wrote to the groups’ leaders and asked if they would be interested in sharing some of the reports, records, and other archives that document the organization’s involvement in the response to Ebola, as well as the discussions and deliberations that informed that involvement, including email correspondence. All three organizations agreed. In total, I received more than 1.8 GB of archival data from the three focal organizations. (This does not include data from their social media accounts, which I collected separately). These include extensive data on internal conversations, external communications, planning and execution of activities, and reflections on the organizations’ accomplishments and challenges faced. Although these data are necessarily partial and selective, as I relied on organizational representatives to decide which materials to share, they reflect a wide range of perspectives and certainly do not portray the organizations in a consistently positive light. Moreover, because the data are from real-time conversations and deliberations during an emotionally fraught period of time, they include raw expressions of emotion and efforts to make sense of these affective experiences.

Online data come from a snowball sampling of public online forums in which members of the Sierra Leonean diaspora discussed and shared information about the Ebola outbreak. I began collecting data from these sites in 2014 and early 2015, while I was closely observing and actively involved in the Ebola response. I followed a number of diaspora groups and individual activists on social media (Twitter, Facebook, and Instagram). I later asked key informants among the diaspora for lists of social media accounts, websites, and hashtags they used to get or share information on the Ebola outbreak or to collaborate with others, and sites they knew to have been active forums for public conversations among the diaspora during the outbreak. I also took note of all websites mentioned in the documents shared by the three focal organizations described above, and I used Google searches for terms like “diaspora,”
“Ebola,” and “Sierra Leone” to find sites that I had not yet encountered. I then used each post or online item to source additional websites, following links or references to other blogs, articles, and online forums.

Once I had identified an article, website, post, audio or video file, or public discussion forum that had been created by or for an audience of Sierra Leoneans in the diaspora, I captured as much of that material and in a format that would enable me to protect the participants, given the complexity of conducting ethical research online. The mechanics of data collection involved either printing articles or screen shots to PDF or importing them directly to NVivo qualitative analysis software through the NCapture function, which can either preserve a webpage in a format similar to PDF, or compile data from different components of a website (such as posts and comments on a social media site) into a spreadsheet. Audio and video files, such as internet radio programs and advocacy videos posted to YouTube by members of the diaspora, were transcribed (and where necessary, translated by me to English from Sierra Leonean Krio, which I speak proficiently) prior to analysis, though I also analyzed the materials as visual and audio objects alongside the textual transcripts.

Autoethnographic data are based on my personal experiences during the Ebola outbreak. Like other scholars who incorporate autoethnography and personal narrative in their research, I seek to “describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno)” (Ellis et al. 2011). However, I am not the focus of this work, not least because I am not a member of the Sierra Leonean diaspora. Instead, I use autoethnographic data to complement

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34 Internet-mediated research presents unique ethical and methodological challenges. Based on available guidelines and best practices (e.g., Hewson et al. 2013; Markham and Buchanan 2012; Zimmer 2010), I designed my research protocol to protect and respect the wishes of those who created these online data. For instance, I considered not only whether a given internet forum was publicly visible, but also the participants’ expectations of privacy and what they saw as appropriate use of their information.

35 I will return to these spreadsheets later, as they were an important tool for analyzing emotional modulation through social media.
other forms of data, and to help me interpret and understand the experiences of the Sierra Leonean diaspora, while never assuming that my experiences are the same as theirs.

I started attending closely to the Ebola outbreak in April 2014, and I worked full-time on the response to Ebola from January-July 2015. During the twelve months in which the outbreak was at its worst (from mid-2014 to mid-2015), I kept a journal and wrote memos about my experiences and what I observed transpiring in the wider response. These journals and memos, along with documents and other materials related to the outbreak and photos taken during two visits to Sierra Leone in 2015, help provide additional real-time perspectives on how the outbreak unfolded, on the role played by individuals and groups in the diaspora, and on some of the practical and emotional factors involved in deciding whether and how to get involved in the response. For example, because I had lived and worked in Sierra Leone for so many years and had retained many personal and professional ties, I felt connected to what was transpiring and felt a sense of both urgency and obligation to help. I struggled to reconcile those feelings with competing personal and professional commitments, and with my own fears and apprehensions (and those of my family and friends) about what my involvement could entail. My notes from this time show that I experienced emotions like grief, despair, fear, and hope which in many ways parallel those expressed by members of the Sierra Leonean diaspora.

The fourth category of data captures retrospective accounts by members of the diaspora. I conducted twelve interviews with ten leading diaspora activists and one member of the diaspora who, though not actively involved in the response, was closely following the conversations online. (One of the activists was interviewed twice). Six were preliminary interviews, to help develop the research design and identify diaspora organizations, while the other six followed semi-structured interview protocols. Seven of the interviewees, chosen both for their prominence and their availability to be interviewed, were leaders of SLWT, EngAyde, or SLUKDER, and four were unaffiliated members of the diaspora. All activists were contacted because I had read online or in news accounts about their involvement in the
Ebola response, or because they were mentioned to me by other engaged members of the diaspora. No one declined to participate in the research, but two were unavailable to be interviewed due to extensive travel or work commitments. Seven of the interviews were conducted by phone or Skype with individuals located in the UK (5), US (1), and Sierra Leone (1). Five were conducted in person in London. The interviews ranged in duration from 20 minutes to nearly two hours, but the semi-structured interviews averaged 77 minutes in length. All but one of the in-person interviews were digitally recorded and transcribed, while the rest were transcribed based on detailed notes.

In addition to these four main sources of data, I also incorporate additional retrospective data based on detailed observational field notes that I took while participating in a three day workshop on diaspora humanitarianism in April 2016. Hosted by the DEMAC: Diaspora Emergency Action & Coordination project, the workshop involved humanitarian professionals and representatives of the mobilized Syrian, Somali, and Sierra Leonean diasporas in Europe and the UK, and included presentations and conversations designed to share lessons and improve coordination between diaspora groups and conventional humanitarian actors. During the workshop, I took notes on the presentations and group discussions, and also conducted ad hoc interviews and informal conversations with several members of the Sierra Leonean diaspora over meals and during breaks in the program.

Data Analysis

To analyze these data, I use abductive analytic techniques and qualitative coding. Abductive analysis adapts some of the methodological steps from grounded theory—particularly moving iteratively between rounds of coding and theoretical memo-writing—while emphasizing abduction, “a creative inferential process aimed at producing new hypotheses and theories based on surprising research

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36 Some categories of data (emails and certain online sources) required redaction by a research assistant to remove personally identifiable or otherwise sensitive information. These redactions were completed prior to analysis.
evidence” (Tavory and Timmermans 2014:5). However, unlike grounded theory, which asks scholars to deliberately ignore prior literature so as not to contaminate the emergence of inductive categories, abductive analysis requires a “theoretically sensitized observer” (Tavory and Timmermans 2014:41) who has immersed herself in a variety of theoretical and empirical work prior to entering the field. This in-depth familiarity with a wide array of theories allows the researcher to identify observations that are unanticipated, surprising, or puzzling in relation to existing literature, and which may therefore be theoretically generative.

My qualitative coding proceeded in four rounds and used a combination of analog tools (such as notecards, paper flags, and colored pencils), qualitative analysis software (NVivo), and Excel spreadsheets. In the first round, I reviewed all organizational and online data that I had collected at that point, and coded these by hand using a mixture of in vivo codes and analytic codes taken from existing theory (Kreiner 2016). I used these first-round preliminary codes, along with six preliminary key informant interviews, to refine my research questions and protocols and to develop an interview guide and plans for the next stage of analysis. I also returned to the literature, reading broadly on topics related to the emerging research questions and themes.

After collecting additional data, I conducted a second round of coding with the help of a research assistant. I loosely modeled this round of coding on the first stage of analysis in Zietsma and Lawrence (2010), in which the authors aimed to produce a detailed chronology of a complex process. In my case, I worked with a research assistant to use NVivo to code all materials by date(s) and case(s). At the same time, we coded chunks of text or other kinds of data (e.g., audio or visual data) into the three categories used by Zietsma and Lawrence (2010)—activities, events, and interpretations of both—and also added a fourth category for information flows (i.e., how members of the diaspora gathered or

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37 Most cases were diaspora organizations or other organizational actors, including government bodies. A few were groupings of individual actors, such as “medical doctors in Sierra Leone.”

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distributed information about the Ebola outbreak and response). For activities and information flows, we further coded data to more detailed subcategories (e.g., specific types of activities). Based on this, we built a detailed chronology that included the diaspora’s efforts to mobilize in response to Ebola (activities) as well as key incidents in the unfolding outbreak (events).

In the third round of analysis, I focused on assigning codes to the material coded at “interpretations,” which included expressions of emotion as well as the meanings that members of the diaspora derived from or assigned to activities, events, and flows of information. Specific codes applied in this round hewed close to the participants’ own words, in line with what other qualitative scholars have called first-order, “informant-centric” codes (Gioia, Corley, and Hamilton 2012). For example, interpretations of the activities undertaken by diaspora groups and individuals ranged from assessments of the activities’ value or lack thereof (such as, “On the right track,” “Not important enough,” “Simple, practical solutions”), to interpretations of the motivations for action (“Had to help,” “Privilege to be of service,” “Practicing what I believed in”), to diagnoses of the causes of and solutions to the outbreak (“Community is our blessing and our downfall,” “Interlocking vicious cycles,” “Tear up the rule books”).

Emotion-related codes, which figure centrally to this paper, stretched initially to more than 40 items. Empirically, I coded for emotions in both text and images (static and dynamic), assigning emotion-related codes to text that named, expressed, or elicited emotion, and images that showed or elicited emotion. I later collapsed some of these into a smaller number of categories (for instance, the codes “Fear of God” and “freaked out” were collapsed into a larger category of “Fear”) and organized them into emerging themes and concepts that described and explained the ways in which members of the diaspora interpreted and made sense of the mobilizing process (Gioia et al. 2012). By revisiting these themes and concepts in iteration with the literature, I was able to identify dynamic relationships between emotion and action, and to begin to develop the concept of emotional modulation as an key component of mobilization.
In the fourth round of coding, I sought to refine my emerging theory of emotional modulation and the dynamic interplay between emotion and social mobilization by analyzing the ways in which activists used cultural objects as sensitizing devices (Traini 2014) to shape their own and others’ emotions. To do so, I conducted a more fine-grained analysis of a subset of online conversations: the posts and comments on EngAyde’s Facebook Page, which provides an ideal case to theorize emotional modulation. Among the diaspora organizations that I studied, EngAyde engaged most actively in public forms of emotional modulation that I could observe and analyze, particularly on social media. Emotional modulation by the other organizations was either less frequent, less public, or both. EngAyde was active on several online platforms, including its own website and blog, a weekly internet radio program, Twitter, and Instagram, as well as Facebook. Of these, their Facebook feed is the best place to observe emotional modulation, for two reasons. First, as I was told by a leader of EngAyde and separately by another member of the diaspora, Facebook was the platform on which members of Sierra Leone’s diaspora community were the most active, with the possible exception of WhatsApp (Interviews 11.18.15, 04.30.16). This was true in general (not just for EngAyde), but a leader of EngAyde confirmed that Facebook was where they went to reach the most Sierra Leoneans and to try to mobilize action among that community (Interview 04.30.16). In one post, they described their Facebook Page as “action oriented” compared with other parts of their social media portfolio (Facebook post 10.10.14). Second, EngAyde cross-posted to Facebook much of their activity on other platforms, so I am still able to analyze data on their blog posts, Instagram posts, and other cultural objects created for platforms other than Facebook but also posted and publicized on Facebook.

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38 Emotional modulation can also take place in private communications or face-to-face interactions, and I see some evidence of this in the internal data shared with me by SLWT, EngAyde, and SLUKDERT, but the processes are most visible in EngAyde’s efforts at online mobilization.

39 WhatsApp, a messaging and file sharing application, was widely used to communicate and share information (and misinformation) during the Ebola outbreak. WhatsApp messages are not visible to anyone except the pairs or groups of users who send and receive them, and as such are not included in my data.
I used the NCapture function of NVivo to collect data from the EngAyde Facebook Pages into a spreadsheet. The program automatically collected the date and time of each post or comment, the name of the person or organization who posted it, the textual content of the post or comment, the name and description of any embedded link, and the number of likes on each post or comment, among other data. I redacted any personally identifying data from this spreadsheet and from a PDF version of the same Facebook Pages (except in the case of EngAyde administrators and others who had consented to participating in the research), and then manually coded each post using the PDF to supplement the data available in the spreadsheet, and occasionally returning to the dynamic online page to clarify items that were ambiguous or missing from the PDF and NCapture versions. Specifically, I recorded the number of times each post was shared, which was not captured by NVivo’s program, and added a description of any photos or videos that were included in the post. I then coded each post and comment in the spreadsheet for cultural and emotional content, using many of the same codes and categories developed during the third round of analysis, while adding a few new codes when needed to capture the meaning of a post or comment. Because I conceptualize emotions as an interaction process (Katz 1999), I analyzed the emotions expressed in comments the original post and other comments.

In total, my data set contains 404 posts to EngAyde’s Facebook Page from September 2014, when the page was created, to July 2015. The sample includes all posts during that timeframe by EngAyde’s administrators (except for any that may have been deleted before the date of data collection, on November 26, 2016), and a subset of those posted to their page by others. For unknown reasons, the NCapture system omits a small number of posts by other Facebook users, but I previewed these omitted posts online, and they reflect a tiny proportion of the page’s engagement and would not change the substantive findings of this paper.

I also have data on posts dated after July 2015, but I focused my analysis on the one-year period in which the diaspora mobilization against Ebola was the most active, from August 2014-July 2015.
FINDINGS

I find that emotions infused and helped drive the mobilization by Sierra Leonean diaspora communities to respond to the Ebola outbreak. Early in the outbreak, a series of galvanizing events served as moral shocks (Jasper 2011) that triggered strong emotions and thereby prompted individual members of the diaspora to take action. Rather than one or two emotions driving action, I find that combinations of emotions—emotional chords—together helped spur and sustain mobilization. Once a number of individual activists and diaspora groups started to mobilize, they engaged in emotional modulation to shape their own and others’ emotions in ways that would facilitate further action. Specifically, they attempted to strike action-oriented emotional chords by producing and deploying emotionally polyvalent cultural objects—meaningful objects that elicit and express multiple emotions—which they and other members of the community then used to make sense of the unprecedented situation created by the Ebola outbreak, and to “puzzle through” (McDonnell, Bail, et al. 2017) how best to solve the challenges it posed.

I present these findings in two subsections. In the first, I focus on role of emotions in driving the decision of individual activists to get involved in the response to Ebola. This is based on their own accounts and on real-time data from conversations that took place at the time, especially in the aftermath of key galvanizing events. In the second section, I turn to emotional modulation by diaspora activists and organizations. I use the example of social media posts—specifically, posts, comments, and engagement on the EngAyde Facebook page—to explore how activists and their audiences collaboratively shaped the emotional tone and rhythm of their community’s interactions while trying to solve the practical problems posed by the Ebola outbreak. To illustrate these processes, I use four examples of cultural objects that were widely used by EngAyde and also reflective of the larger online conversation that took place among members of the Sierra Leonean diaspora: virtual memorials for the victims of Ebola, images and stories of Ebola orphans and other affected children, images and stories of
Sierra Leoneans taking action to stop Ebola, and posts or comments that invoked Sierra Leoneans’ shared memory of the civil war in the 1990s. While these objects are distinct and specific to the social and historical context of the Sierra Leonean diaspora, they all share two characteristics that are core to the concept of emotional modulation and likely to generalize to other settings: the creative use of familiar cultural material to make sense of a novel challenge (in this case, the Ebola outbreak) and the combination of multiple emotions to create action-oriented emotional chords. In presenting these objects, I supplement data from EngAyde’s Facebook page with selective data from other online conversations, interviews, data from other diaspora organizations, and autoethnographic observations.

“We Began to Sit Up”: Galvanizing Events, Emotion, and the Path to Action

Shared emotions helped connect members of the diaspora to the emerging crisis in Sierra Leone, and played a critical role in motivating those individuals who came to take a leading role in the diaspora’s response. In particular, two key events in late July and early August 2014 served as moral shocks and seminal experiences (Jasper 2011; Warren 2010) for many leading activists, provoking an array of strong emotions among these individuals and in their wider communities. Leaders of the diaspora’s mobilization against Ebola attribute their decision to take action to these galvanizing events, and to the complex combinations of emotions they provoked. Specifically, because different emotions had countervailing effects on their propensity to take action, no one emotion was sufficient to drive action; rather, members of the diaspora needed to experience a combination of emotions working together: an emotional chord.

In the first months of the Ebola outbreak in Sierra Leone, there was very little mobilization by members of the diaspora. Like most observers at the time, including many governments and international agencies, members of diaspora either underestimated the threat posed by Ebola or assumed that the organizations already battling Ebola in the region would soon bring the outbreak
under control. As a leader of SLWT said to me later, “we thought it was going to pass!” (Interview 04.26.16).

This changed in late July 2014 with the infection and death from Ebola of Dr. Sheik Umar Khan, one of the leaders of Sierra Leone’s response to Ebola, which sent shock waves throughout Sierra Leone and among Sierra Leoneans around the world. A prominent virologist, Dr. Khan was Sierra Leone’s top expert on viral hemorrhagic fevers like Ebola. At the time of his death on July 29, he was in charge of the Government of Sierra Leone’s only Ebola treatment center, located in the eastern city of Kenema, which was “severely overcrowded” in late July, with “upward of 60 patients, 25% of whom were healthcare workers” (O’Dempsey 2017:175). Dr. Khan’s death served as a moral shock, an event or information that “show[s]… that the world is not what one had expected” (Jasper 2011:289). As one member of the diaspora said when I asked him why he thought Dr. Khan’s death had such a profound impact on him and other members of the diaspora, “We’re always looking for a hero… Never for once thinking… ‘Why don’t we volunteer to be the heroes? It was looking at him [Dr. Khan] like the hero and then the hero dies. You’re like, ‘That’s not in the movie. The heroes aren’t supposed to die.” (Interview 06.28.16).

As we would expect from a moral shock, Dr. Khan’s death provoked a combination of strong emotions among Sierra Leoneans at home and in the diaspora. The most prominent (though not the only) emotions were fear and “communal bereavement,” defined as the “widespread experience of distress among persons who never met the deceased” (Catalano and Hartig 2001:333). Social media and diaspora-focused online forums were filled with displays of grief for a man hailed as a national hero and public expressions of fear. It seemed that if Dr. Khan had contracted Ebola despite his extensive experience and expertise, perhaps no one was safe. As EngAyde reflected in a Facebook post a year

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41 I am not alone in noting the importance of Dr. Khan’s death to the Ebola response in Sierra Leone. For one example, see O’Dempsey (2017).
42 A second treatment facility, run by MSF, was located four hours away along muddy roads in Kailahun District (O’Dempsey 2017).
later, “For many Sierra Leoneans in the diaspora and at home, 29 July 2014 marked the beginning of a dark period of collective mourning, somberness, and panic.” The emotions captured in this post (“mourning... and panic”) were combined with other emotions, including pride in Dr. Khan as a national hero, and a patriotic love for Sierra Leone. One virtual memorial that was circulated widely at the time of Dr. Khan’s death superimposed a picture of the doctor over the flag of Sierra Leone. “He gave his life for the sake of his nation,” the memorial read. “Gone but will not be forgotten. May your Soul Rest In Perfect Peace.”

The emotional chord that many members of the diaspora felt in the aftermath of Dr. Khan’s death was both amplified and altered a few days later, when British Airways announced it was suspending flights to Sierra Leone due to the Ebola outbreak.43 This announcement also provoked fear, but this was combined with anger and disappointment at the airline’s decision and at subsequent events. As a leader of SLWT wrote in an email on August 10, 2014, “it feels like the ground is shaking beneath our feet.” Many international organizations decided to evacuate their staff in anticipation of further flight cancellations, and the resulting exodus from Sierra Leone stoked panic but also frustration and dismay on the part of some members of the diaspora, who began to speak about needing to “combat and reverse the rising hysteria where we can” (from an August 28, 2014 email shared by SLWT).

For many prominent activists, these events—and the complex combinations of emotions they triggered—were critical to their decision to take action. When I asked diaspora activists to recall when they first began paying attention to the Ebola crisis and when they first decided to get involved, nearly all of them pointed, unprompted, to Dr. Khan’s death. As a leader of EngAyde recalled, when we heard about Dr. Khan’s death, “we began to sit up” (Presentation to DEMAC workshop, April 2016). Many saw

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43 See Chapter Two for more information about how the diaspora responded to this decision, including their efforts to pressure airlines to reinstate flights.
Dr. Khan’s death as a sign that the outbreak was spiraling out of control, and accounts at the time conveyed a sense that “we are racing against the clock,” as a leader of SLWT wrote in an email on August 15, 2014. The news that British Airways would cancel flights to Sierra Leone had a similar effect; as one leading member of SLWT told me in an interview, when they found out that British Airways was not flying, they “knew it was serious” (Interview 04.26.16). Members of the diaspora also recognized that flight limitations into Sierra Leone were hampering humanitarian response efforts and potentially aggravating the situation. One leader of SLWT wrote in an email on August 27, 2014 that “the increasing isolation of Sierra Leone ... is causing severe economic hardship and could result in social unrest.” It had become clear to members of the diaspora that the situation was urgent and help was needed, and now.

Other leading activists began or ramped up their involvement in the Ebola response when a more personal seminal experience (Warren 2010), such as the death of a family member or a meaningful interaction with someone close to the outbreak, struck an emotional chord. For example, a leader of SLWT told me that before she experienced a personal loss to Ebola, she had argued against SLWT getting involved in the fight against Ebola. “I’m tired of doing!” she recalled telling her friend and colleague in August 2014, arguing that they should let the government handle this latest crisis (Interview 04.26.16). After losing a niece to Ebola in September, however, she worked night and day to help combat the outbreak, driven by a combination of grief and frustration that the government had not done more to bring the outbreak under control. Another activist, a leading member of EngAyde, recalled a moment early in her involvement in the Ebola response. She described in an interview how a doctor working for the World Health Organization who had “a stronger sense of how serious the situation was... really put the fear of God in all of us about it, so we all started having sleepless nights and staying up till late reading articles. It’s what we needed. We needed to be immersed in it in order to [take action]” (Interview 04.30.16).
Fear and grief were powerful emotions but not sufficient on their own to lead to action, and at times these emotions could have the opposite effect. Fear of infection, or of being quarantined or experiencing discrimination on their return, deterred many would-be volunteers from going to Sierra Leone to work on the front lines of the response. “I’m scared, mate. I’m not gonna lie,” said one man interviewed by the BBC in October 2014, at a time when diaspora groups were trying to convince people like him to volunteer.\(^{44}\) As discussed in Chapter Two, it was common for fearful family members to discourage their loved ones from getting involved. Too much grief could also lead to inaction. One member of the UK diaspora recalled for me the hopelessness and frustration she felt during the most difficult months of 2014, much of which she spent “mostly just crying at home” and “going a bit crazy,” wanting to help but unsure how (Field notes from DEMAC Workshop, April 2016).

As a result, the pathway to action for members of the diaspora required a more complex combination of emotions: not just fear and grief, but also guilt, shame, hope, and even frustration.\(^{45}\) As one journalist in the Sierra Leonean diaspora wrote, to explain why she co-founded a website with a curated newsfeed about the Ebola outbreak:

“I do feel somewhat guilty that my physical life is able to go on without major disruption while my relatives wonder what the next day will bring. We always think of guilt as a bad thing, but sometimes it can motivate you to do the right thing” (Sesay 2015).

Another diaspora activist, a Sierra Leonean who had emigrated to the UK as a child, described in an interview how she often felt “an element of shame” when talking with friends outside of Sierra Leone about where she was from, and they would say, “Oh, you mean the country with blood diamonds?... The country with the war? Or now it’s the country with Ebola?” Spurred in part by her feelings of shame, she helped launch EngAyde, which sought to change how Sierra Leone was portrayed during the Ebola outbreak.

\(^{44}\) The story implies but does not explicitly identify the man as Sierra Leonean. He is one of several unnamed “man on the street” interviews in a story about members of the diaspora going to volunteer in Sierra Leone.

\(^{45}\) These other emotions were also insufficient in isolation. For example, as other scholars have noted, too much hope or inspiration could lead to a sense of complacency. “The emotions that maintain energy and confidence will be undermined by too great a sense of accomplishment” (Jasper 2011:291).
outbreak. Other members of the diaspora emphasized the value of hope and inspiration. “I think what Sierra Leone needs now more than anything... is hope that we’re all not going to die,” said Khadi Mansaray in August 2014 on an online radio program titled “Ebola: Why Are We Worried.” Even frustration played a role in driving action. One leading member of SLWT expressed amazement about the Sierra Leonean government’s “impotence,” and inability to “organize themselves out of a paper bag” during the early months of the outbreak (Interview 04.26.16). Frustrated by this situation, the diaspora had little choice but to step in. Similarly, one young man’s frustration over the high cost of plane tickets from the UK to Sierra Leone during the outbreak—which prevented people like him from going there to help out—led him to record a YouTube video that became a rallying point for members of the diaspora trying to figure out how to help support the response (Interview 06.28.2016; YouTube 09.20.2014).

Together, this combination of emotions—an emotional chord—contributed not only to a sense of urgency, but also a sense of personal and collective efficacy. As one member of the diaspora said, as quoted by EngAyde in a post on their Facebook page. “This is something we can handle without waiting for the big organisations. This is something ordinary citizens can come together and handle” (Facebook post, 10.15.14). Efficacy is “the perception that one’s actions make a difference in accomplishing goals” (Oliver 1993:278), and it has been tied to resilience at both the individual and collective level (Abramson et al. 2014; Sutcliffe and Vogus 2003). Studies have shown that collective efficacy—variously defined as “shared beliefs in the power to produce effects by collective action” (Bandura 2000:75–76) or “social cohesion among neighbors combined with their willingness to intervene on behalf of the common good” (Sampson, Raudensbush, and Earls 1997:918)—is related to participation in social movements and collective action, and to community-level outcomes such as lower crime rates (Bandura 2000; Oliver 1993; Sampson et al. 1997; Sutcliffe and Vogus 2003; Vasi and Macy 2003).

Emotions were not the only source of urgency and efficacy among members of the diaspora; they also drew on their skills, networks, and past experiences, as well as cognitive appraisals of the facts
on the ground. Many of the individuals who stepped into a leading role during this time had been active in past mobilization efforts, such as initiatives to support victims and orphans from Sierra Leone’s civil war in the 1990s, efforts to build an engaged African diaspora community in London in the early 2000s, and charitable and private sector investments in Sierra Leone in the years preceding the Ebola outbreak. All were skilled professionals, and many were prominent civil society activists, journalists, or business people, with ties to government officials in Sierra Leone and the United Kingdom. Several had experience with the United Nations system or with humanitarian or development organizations. Some had watched their parents play a role in post-independence Sierra Leone. “My biggest inspiration for my work with [EngAyde] and other work that I have done with the Sierra Leonean diaspora, has been my father,” said one activist in an interview published online in March 2016. “I watched my Dad give up a comfortable life with his family in the UK to realise his dream for a new Sierra Leone.” These past experiences (which carried their own complex emotional chords) helped many of the lead activists believe that that they individually, and the diaspora collectively, could do something to help respond to Ebola. Emotions played a key role in those beliefs.

As they started to get involved in the response to Ebola, however, the leading diaspora activists realized that not everyone shared their sense of urgency and efficacy. One member of EngAyde, in a presentation she gave in April 2016, recalled visiting Facebook during the onset of the Ebola crisis and finding “on the one hand people screaming and shouting [about Ebola], on the other hand people taking selfies [and ignoring the crisis]” (Presentation to DEMAC Workshop, April 2016). To mobilize a larger response to Ebola and maximize their impact on the Ebola outbreak, the activists needed to convince other people to get involved, while also sustaining their own and others’ participation. The member of EngAyde recalled what they were thinking at the time: “We need to get a sense of urgency out to the diaspora, we need to let people know that this is serious” (Presentation to DEMAC Workshop, April 2016). In other words, they needed to spread the sense of urgency from those who were already feeling
it—those who were “screaming and shouting” about Ebola—to those who were not. One way they sought to do so was by trying to shape the emotional experience of the broader diaspora community.

“Let’s Put Our Heads Together”: Emotional Modulation through Online Conversations

Individual activists and diaspora groups produced and deployed emotionally polyvalent cultural objects—including, as is the focus of this analysis, social media posts—in order to generate emotional chords that would inspire and sustain action. In crafting these objects, activists used and adapted familiar cultural material to help members of the diaspora make sense of the novel challenges posed by Ebola. By interacting with these objects, activists and other members of the diaspora communities experienced complex shared emotions, and worked collaboratively to interpret the situation they faced and to puzzle through (McDonnell, Bail, et al. 2017) how best to solve the problem of Ebola.

As described earlier, I first developed the concept of emotional modulation by analyzing a range of online and offline data from a variety of diaspora organizations and activists, but I refined my theory with a more fine-grained analysis of EngAyde’s Facebook Page. Over the year in which diaspora organizations were most active in responding to Ebola, there were more than 400 posts to EngAyde’s Facebook Page, and people engaged with these posts (by liking, commenting, or sharing the post) at least 2,626 times. The vast majority of posts were created by the administrators of the page, volunteer members of EngAyde. (A smaller number were posted to EngAyde’s page by other individuals or groups). This compares with 30 posts on the SLWT Facebook Page and 58 posts on SLUKDERT’s Facebook Page over the same period, which reflects those organizations’ much greater reliance on email newsletters and offline mobilizing techniques rather than social media platforms. The most active months on Facebook for EngAyde were October, November, and December 2014, with 91, 78, and 79 posts, respectively; these also correspond with the worst months of the outbreak in Sierra Leone in terms of the number of new cases. As shown in Figure 3.1, the total engagement with EngAyde’s
Facebook page—including comments, likes, and shares of the organization’s posts—peaked in October 2014. Average engagement peaked in April 2015 with the news that schools in Sierra Leone had reopened; during that month, there were on average 20.4 likes, comments, or shares per post on EngAyde’s page.

Figure 3.1: Posts and Engagement on EngAyde’s Facebook Page

![EngAyde Facebook Activity By Month](image)

As cultural objects and sensitizing devices (Traini 2014), the posts and associated comments on EngAyde’s Facebook Page vary widely in content, texture, and emotional tone. Posts frequently link to media accounts or report information or updates about the outbreak and response. A majority of posts include photographs or videos, usually of Sierra Leone or Sierra Leoneans, but less frequently of non-Sierra Leoneans involved in the response to Ebola. These choices were, in many cases, deliberate.46 As one of the leaders of EngAyde told me, “We really thought hard about... the images that we showed”

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46 I will return to the topic of intentional versus organic emotional modulation later in the findings.
Although there was little use of Sierra Leonean proverbs, EngAyde did draw upon some proverbs from other cultures, such as “it takes a village to raise a child,” and “if you think you’re too small to make a difference, you haven’t spent the night in a room with a mosquito,” which they identify generically as “African proverbs.” They also borrow well-known quotations attributed to western figures, including Edmund Burke (“All that is necessary for the triumph of evil is that good men do nothing”), and Martin Luther King, Jr. (“It always seems impossible until it’s done”).

The emotions expressed or conveyed by these posts and comments ranged widely, from pride and love to despair and frustration. Of the posts and comments that expressed any emotion at all, at least 40% of them expressed more than one. This emotional polyvalence is something I will discuss in greater detail later. The most common emotions were happiness (expressed in 113 posts or comments), grief or sadness (expressed in 97), gratitude (expressed in 80) and hope (expressed in 76). Only 65 posts or comments expressed fear or worry, and a tiny minority expressed emotions like discouragement, despair, or anger (each appeared fewer than 12 times). This contrasts with the dominant emotions in the larger global conversation about Ebola outside of the Sierra Leonean diaspora (Lee 2015), and probably reflects EngAyde’s attempt to counteract what they saw as an unduly negative portrayal of Sierra Leone.

To illustrate the processes by which members of EngAyde engaged in emotional modulation through their Facebook Page, I will focus on four types of cultural objects. These four types were widely used by EngAyde and also reflective of the broader conversations that took place among members of the Sierra Leonean diaspora both online and (to the extent that I could observe them) off. While these particular cultural objects are specific to the social and historical context of the Sierra Leonean diaspora, they share and help to illustrate two characteristics that are core to the concept of emotional modulation

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47 EngAyde is not alone in this generic attribution. Both proverbs are commonly attributed to “Africa”, but not to any specific community or ethnic group. The mosquito proverb is also sometimes attributed to the Dalai Lama. There is no agreement about whether “it takes a village” is associated with any group in Africa (Goldberg 2016).
modulation and likely to generalize to other settings: the creative use of familiar cultural material to make sense of a novel challenge (in this case, the Ebola outbreak) and the combination of multiple emotions to create action-oriented emotional chords. As such, they provide insight into the general dynamics of emotional modulation, while allowing me to convey the complexity and richness of what emotional modulation looks like in this particular context.

The first category of objects are virtual memorials for the victims of Ebola, especially Dr. Khan and other medical doctors who died of the virus. These memorials, which adapted familiar mourning rituals for a new medium, circulated widely among members of the Sierra Leonean diaspora and helped create powerful shared emotional experiences that combined grief, sadness, pride, and love for Sierra Leone. The second category contains images and stories of children affected by Ebola, particularly those who lost parents to the disease. These images and stories of children served as powerful and polyvalent sensitizing devices (Traini 2014), which carried a combination of sadness, fear, happiness, and hope, and which helped members of the diaspora focus attention on finding ways to provide care and support for Ebola-affected children. The third category are images and stories of Sierra Leoneans at home and in the diaspora who were taking action to stop Ebola, sometimes referred to with the hashtag #slebolaheroes (Sierra Leone Ebola heroes). EngAyde made a concerted effort to tell these kinds of stories, which prominently conveyed hope and inspiration but also leveraged emotions like gratitude and guilt to urge members to take action. The fourth and final category are posts or comments that invoke Sierra Leoneans’ shared memory of the civil war in the 1990s. Although they were used less frequently by EngAyde than other kinds of objects, social media posts that invoked the civil war were powerful in deploying familiar cultural material to invoke emotions like fear, sadness, and hope, and to direct those emotions toward efforts to resolve the newest crisis facing Sierra Leone.
Rest in Perfect Peace: Virtual Memorials for Doctors and other Ebola Victims

Faced with the loss of so many lives to Ebola and the devastation of their home country and communities, Sierra Leoneans experienced what other scholars have called collective grief and communal bereavement (Catalano and Hartig 2001; Knudsen et al. 2005; Tsai and Venkataramani 2015). Grief is a complex emotion that results from “irretrievable loss” (Charmaz and Milligan 2006:518), and it was a vivid part of the emotional experience of many Sierra Leoneans at home and in the diaspora during the Ebola outbreak. As a member of SLWT wrote in November, “The average family is on its knees as businesses continue to collapse, jobs are lost, children are kept out of school and hearts are heavy with the loss of family and friends” (Email 11.26.2015).

One way in which members of the diaspora expressed and made sense of these emotions was through the creation and circulation of virtual memorials to the victims of Ebola. These virtual memorials, which repurposed longstanding mourning rituals for a new medium, were especially widespread in the case of doctors who died from Ebola. (I did not see individual nurses honored in the same way, though they were often mentioned as a group.) In all, eleven Sierra Leonean medical doctors died of Ebola by the end of the outbreak, starting with Dr. Khan on July 29 and ending with Dr. Victor Willoughby on December 18, 2014. Two weeks before Dr. Willoughby’s death, on December 6, EngAyde posted the photos of eight doctors who had succumbed to the disease at that point, along with a quote from Nelson Mandela, “When a man has done what he considers to be his duty to his people and his country, he can rest in peace.” The next year, on Sierra Leone’s Independence Day in April 2015, they posted a memorial created by another organization. “We are so sorry,” the memorial read, alongside the names and photos of six of the eleven Sierra Leonean medical doctors who died of Ebola. “You were worth so much more. Thank you for your service. REST IN PEACE.”

As objects, the virtual memorials and the social media posts and comments that accompanied them expressed grief or sadness, but also a combination of other emotions. These included pride in their
home-grown heroes, and gratitude for their service and sacrifice. “Thank you for fighting the good
fight,” said one post announcing the death of Dr. TT Rogers, the ninth doctor to die. Fear was also
evident in some of these posts, particularly between November 29 and December 6, 2014 when four
doctors died in one week, two of them on the same day. This parade of victims contributed to the sense
that no one was safe from this disease, and that the “big people” who were supposed to be solving this
crisis were instead falling victim.⁴⁸ In their responses to posts announcing or memorializing the deaths of
doctors, some members of the diaspora expressed anger or frustration at the apparent injustice
demonstrated when foreign health workers were evacuated and their lives saved (sometimes with
experimental treatments) while all but one of the Sierra Leonean doctors who contracted Ebola died,
most without being evacuated from Sierra Leone. The only Sierra Leonean doctor to be evacuated for
treatment, a permanent resident of the United States named Martin Salia, died in a Nebraska hospital.

In their interactions with these memorials, members of the diaspora community expressed their
own emotional reactions as a kind of public mourning ritual, but they also used the memorials as an
opportunity to interpret the unfolding situation and figure out how best to respond. One common
response, unsurprising given Sierra Leone’s high religiosity, was to offer prayers and blessings for those
who had died and for their families and loved ones, to call for their souls to rest in peace, and say that
they were now in the hands of God.⁴⁹ Another response was to take the memorials as a call to action.
One Facebook commenter called Dr. Willoughby a role model who would help inspire the younger
generation. Others responded outside of social media. In an email reacting to the news that an
employee of a school supported by SLWT had lost a close relative to Ebola, for instance, one member of

⁴⁸ “Big people” is a reference to status and power, and is tied to patrimonial and clientelist relationships that have
long been common in Sierra Leone. For more on the history and meaning of this term, see Shaw (2002) and Ferme
⁴⁹ For privacy reasons, I agreed with the Institutional Review Board that I would not publish verbatim quotations
from the comments on Facebook Pages, though I could publish verbatim quotations of the posts. I analyzed the
comments after personally identifiable information had been redacted, and here I report the findings in
paraphrased or generalized terms.
the diaspora wrote in an email, “Oh no! What a tragedy!!” She continued, “Thanks for taking this initiative” to get involved in the fight against Ebola. “I am certainly on board also.”

I now turn from virtual memorials to a different kind of cultural object: stories of children affected by the outbreak, including orphans and young survivors of the disease. Compared with the memorials, these objects tended to create different kinds of emotional chords, which commonly included emotions like joy and hope, though also fear and sadness.

**Our Village Our Children: Ebola Orphans, Child Survivors, and Other Affected Children**

Stories and images of children affected by the Ebola outbreak were the most prominent theme in the EngAyde Facebook feed. At least 154 out of 647 posts or comments explicitly mentioned or featured children, and five of the top ten posts in my sample in terms of the level of engagement on Facebook (likes, comments, and shares) were about children affected by Ebola. The majority of these discussed Ebola orphans. An estimated 8,345 children were orphaned by the disease in Sierra Leone (Government of Sierra Leone 2015), and the need for long-term, culturally and socially appropriate solutions for the care and support for orphaned children was a focal concern for a number of diaspora organizations. Also prominent were posts of young survivors of the disease, with images of smiling children being discharged from treatment facility, and in one case a tiny baby carried by an Ebola worker in full personal protective equipment with the caption “Photo of the day: Youngest ebola (sic) survivor.”

Images of children are powerful in part because they evoke strong emotions (Slovic et al. 2017). This is one reason they are used widely in advocacy and fundraising communication around humanitarian crises and other causes. Such images may carry greater symbolic for Sierra Leoneans, given the prominence of child soldiers and child victims during the country’s civil war. During the Ebola outbreak, a number of diaspora groups in addition to EngAyde used images of children affected by the Ebola crisis, as did many non-governmental organizations involved in the response to Ebola.
For EngAyde and other members of the Sierra Leone’s diaspora community, these images and stories were crafted in a way that conveyed a mixture of emotions. Sometimes this combination of emotions was deliberate. The most obvious example of this is a six-part series that EngAyde released in February 2015 as part of their “Our Village Our Children” (#ourvillageourchildren) campaign. Posted on their blog and promoted on their Facebook pages, the multimedia series created two “visions” for each of three fictional Ebola orphans. As they explained in a Facebook post on February 3, these “Tale(s) of Two Visions” presented “a dream and nightmare scenario conditioned on the response from the Sierra Leonean citizenry, at home and beyond.” In Part One of “Susan’s” story, for example, Susan was introduced as a “reflective, kind and creatively gifted [seven] year old girl” who “loves to dance and draw.” The story continued:

“She survived Ebola but her mother, her only caregiver, didn’t... Fortunately she found a home where she was loved, wanted and given the psychosocial support she needed after her ordeal... 20 years on, Susan is a much respected creative arts secondary school teacher. An outstanding poet and community activist, she runs a therapeutic arts workshop for vulnerable children in her local community” (EngAyde blog, 02.03.15).

Part Two, posted a week later, holds a very different “nightmare” ending to Susan’s story. Unable to find a permanent home, Susan remained in an Interim Care Center, where funding for psychological support services dried up after the international Ebola response ended.

“She hardly ate, hardly spoke and never played... Susan got used to people talking about her as if she wasn’t there. As the months went on, Susan’s traumatic silence soon turned to violent shrieks... The other kids at the Centre continued to ridicule her calling her names like ‘witch’, ‘weirdo’, ‘the possessed one’, etc. It wasn’t long before Susan suddenly disappeared without a trace” (EngAyde blog, 02.11.15).

By providing two alternate futures, one filled with promise, the other with devastation, EngAyde used emotional modulation to mobilize and inspire Sierra Leonean communities to come together to care for children affected by Ebola. As they said at the end of each nightmare scenario, “It doesn’t have to end this way. Susan and children like her deserve a better future... YOU CAN help CHANGE this scenario.”
At other times, the emotional polyvalence was more organic. Happiness at young survivors being discharged from Ebola treatment facilities was often paired with sadness at the loss of their parents, and at the ordeal they had endured. For example, one eleven-year-old girl was featured in two separate posts. In the first, posted as EngAyde’s “photo of the day” on October 5, 2014, she seems to be crying and is held by a young man whom the post identifies as her brother. “I feel happy,” said her brother in a quote posted along with the photo. “I appreciate God for having my sister back, because I understand this is a deadly sickness.” A commenter on the post, in contrast, expressed sadness. A second photo, posted by EngAyde ten days later, shows the same young survivor (in the same shirt) beaming. “This smile brightens up our hearts during these dark times in Sierra Leone,” the post said. This “Ebola survivor... is a beacon of hope.” In combination, these posts create a complex emotional chord, resonant with sadness, hope, happiness, and gratitude.

EngAyde crafted many of their posts about orphans to explicitly invite ideas for how the diaspora might help solve the problems posed by the Ebola orphan crisis. The stories and images that accompanied these posts, and the emotional chords that permeated them, served as tools to help the diaspora work through these possible solutions. For example, emotions like love and sadness at the difficulties faced by Ebola orphans inspired conversations about the process for adopting children in Sierra Leone. Disappointment and frustration erupted over the cost and complexity of that process, especially the requirement that potential adoptive parents live in Sierra Leone and foster the child for six months prior to adoption, which many saw as an obstacle to helping children in this way. That disappointment and frustration, in turn, led to a search for alternative solutions, such as sponsoring children without adopting them.

In general, the stories and images of children produced and shared by EngAyde evoked strong feelings of joy and sadness, and a complex array of other emotions. These social media posts and the interactions they provoked helped the diaspora figure out ways to help. One strategy for doing so was to
highlight the work of organizations that were already trying to tackle the orphan crisis. I will turn to that type of object—stories and images of Sierra Leoneans taking action to stop Ebola—in the next section.

**Ebola Heroes: Mobilizing Action with Inspiring Stories**

One of EngAyde’s primary strategies for mobilizing action during the Ebola outbreak was to cultivate a sense of individual and collective efficacy by highlighting positive stories of resilience and agency on the part of Sierra Leoneans. They flooded social media with stories of survivors, activists, and “#slebolaheroes” (Sierra Leonean Ebola heroes) who represented “resilience and courage” (from one of the group’s blog posts). In doing so, they paid close attention to providing accurate and up-to-date information, but also to the tone and emotional content of the materials they posted. As one leader of EngAyde told me, the images they posted “had to be positive. It had to promote affection and emotion. It had to show the humanity of Sierra Leoneans... We were purposeful in showing the Africans doing things for themselves, not... waiting for people to come and rescue us” (Interview 04.30.16).

Although some individuals profiled were taking extraordinary action—such as putting themselves at risk to treat Ebola patients—many more were engaged in accessible interventions like fundraising or distributing buckets and chlorine for community-based handwashing stations, meals to quarantined communities, and care packages for health workers. By highlighting these kinds of “simple,” “sensible,” “practical solutions” (phrases commonly used by members of the diaspora), EngAyde sought to convey the message to members of the diaspora that people like them were taking action, and they too could play a role. They also tried to show that taking action (even modest action) could itself modulate the emotions of the diaspora community in ways that would facilitate further action. As a diaspora internet radio host and EngAyde member named Khadi Mansaray said in August 2014, “I think us taking ownership [of the response to Ebola]... can make us feel relevant and also restore a sense of
hope... We can feel a little bit more proactive and useful and that we are doing something to fight the disease” (Online radio program, 08.09.14).

Although EngAyde’s goal with these posts was in part to promote “positive... affection and emotion” (as in the quote above), they often created posts that were emotionally polyvalent in practice. One example, shown in Figure 3.2, comes from EngAyde’s Instagram account. The post highlights the efforts of one group of professional women in Sierra Leone called PowerWomen 232—many of whose members were returned members of the diaspora—to deliver care packages they put together for frontline healthcare workers and the families of health workers who died from Ebola. The photo foregrounds emotions like happiness and inspiration, and promotes collective efficacy by showing that ordinary people who are similar in many ways to the audience for the post can find ways to contribute to the response. The text that accompanies the photo, however, carries a more complex mixture of emotions. Referring to the danger and personal costs faced by frontline health workers, the post uses fear to generate a sense of urgency, and touches on the guilt of members of the diaspora who have not “put their lives in danger every day to care for Ebola patients.” It closes with a call to action based on gratitude for the courage of these health workers: “Donate today, let’s say ‘tenki’ (thank you) [to] these courageous men & women!”
These kinds of posts, profiling Sierra Leoneans taking action against Ebola, generated strong responses from members of EngAyde’s Facebook community. The top two Facebook posts in my sample in terms of Facebook engagement (likes, comments, and shares), and three of the top ten, were posts about diaspora Sierra Leoneans who were involved in the response to Ebola. The very top engagement on EngAyde’s Facebook Page was in response to a post headlined “Inspiration: Voices of Volunteers,” which featured photos and quotations from three health workers who had volunteered to work in Sierra Leone on the Ebola response, along with a flier for the volunteer recruitment drive being led by SLWT and SLUKDERT. Two of the volunteers were white Europeans; the third was a British-Sierra Leonean nurse manager. “I am again at a crossroads and about to return to Sierra Leone over the next few days,” the nurse manager wrote in a post that originally appeared on her own Facebook Profile.

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50 This is in part due to Facebook’s architecture and algorithms, which would have shown these posts to the “friends” of the individuals profiled, assuming they were tagged in the post or photos.
“Having discussed with those near and dear to me; I have decided that I am going back to work within an Ebola unit in Northern Sierra Leone... This area as I understand it is producing a fair amount of people testing positive for the virus. The work I will be involved in will include clinical work (looking after the sick) managing the operations and teaching. The team I will be working with is well put together, switched on, supportive and cohesive. I am grateful! Do please continue to keep us in your thoughts and prayers. I will update as we go along! In the meantime may God bless you all.....Hope you have a pleasant weekend.”

Members of EngAyde’s Facebook community engaged with this post through comments, likes, and shares, and by doing so they collaboratively shaped the emotions and meaning it carried.

Comments in response to the post reflect a complex emotional chord, and also showed members of the diaspora using the post to help them grapple with whether they themselves should volunteer to go to Sierra Leone. The most prominent emotions expressed in these comments were hope, happiness, and gratitude, but commenters also posted more ambiguous expressions of emotion, such as being unable to stop crying. The most frequent response was a religious blessing or prayer. Of the 27 comments or replies to this post, 17 of them asked for God’s blessings for the volunteers and their journey to Sierra Leone, asserted that God would protect them, or offered prayers. Given high levels of religiosity in Sierra Leone, these kinds of public prayers and expressions of religious faith were a familiar use of cultural material, and a consistent theme in the diaspora’s public conversations about Ebola. They also played an important role in shaping the community’s emotional experience and their interpretation of and response to the outbreak. Two commenters asked about the recruitment roadshows, signaling interest in potentially volunteering themselves, though others expressed reservations. One said s/he wished s/he had the courage to do what the volunteers were doing.

In short, by creating social media posts that profiled and praised ordinary members of the diaspora who were taking action against Ebola, EngAyde sought to shape the emotional tone of the diaspora community’s conversation around Ebola in ways that would support a sense of individual and collective efficacy. The posts themselves and responses to them were emotionally polyvalent, as EngAyde and other members of the community collaboratively orchestrated an emotional chord that
combined hope, inspiration, and pride in the actions taken by others, with the fear and sadness they felt at the unfolding crisis. In the process of emotional modulation, they drew on both new and familiar cultural objects—notably hashtags and religious prayers—to puzzle through a novel situation. They also drew, both implicitly and explicitly, on shared narratives and memories, including memories of the country’s civil war. I will turn to those historic memories next.

“We Overcame Before”: Invoking Shared Memories of the Civil War

In conversations about Ebola, members of the Sierra Leonean diaspora frequently invoked images and memories of the civil war that ravaged their country in the 1990s. The war looms large in the collective memory of the diaspora, in part because it was responsible for the migration of many diaspora families, and it figured prominently in conversations about the Ebola outbreak. Some spoke of Ebola as “worse than the war” (O’Carroll 2014), but more frequently people used this collective memory as a source of strength, by pointing to past experiences as evidence of their country’s resilience. As one person wrote on the Voices from the Diaspora Radio Network blog early in the outbreak, “A few years ago, we overcame the war. We can do it again and defeat Ebola” (Kamara 2014). A member of EngAyde wrote in another blog post in early August 2014, “We were the generation that has always stood forward to fight the good fight. We stood up against the rebel invasion of Freetown, we stood up to fight tyranny and lost our lives in the process” (Mansaray 2014). A few days later, on a radio program cosponsored by EngAyde, the same person said, “Sierra Leoneans have been through a lot. We’ve been through the war and we survived it, we’re still standing” (Online radio program, 08.09.14).

Members of the diaspora were certainly not alone in drawing parallels between the Ebola outbreak and a violent conflict. Many people outside of the diaspora used war-related imagery in talking about Ebola, and the response was actually militarized to an unusual and controversial extent (Benton 2014). My focus in this section, however, is on a narrower use by Sierra Leoneans of specific shared
memories and images from the 1990s civil war to help interpret and respond to the outbreak. Though I did not systematically analyze data from Liberia, there is some evidence that people there also came to understand the Ebola outbreak in part through the lens of their own civil war (Breen 2014).

EngAyde incorporated imagery and references to the civil war into their social media posts in emotionally complex ways. One post spoke of “unsettling” accounts from Sierra Leone of security checkpoints and security guards who “point [laser thermometers] at the forehead and check your temperature.” The post was accompanied by a photo of a soldier pointing a temperature gun at what looked like a white man seated inside a white truck. Although some observers might take comfort from these kinds of protective measures, for Sierra Leoneans who had lived through the civil war, they conjured frightening memories of checkpoints manned by armed militants. As EngAyde said in the post, this account of security checkpoints “describe[d] Sierra Leone as a country looking as though it were under siege.”

Other posts conjured more hopeful emotions by linking Sierra Leoneans’ ability to respond effectively to Ebola to their experiences responding to the civil war and its aftermath. For example, EngAyde profiled one member of the diaspora who had been displaced to the UK by the civil war in the 1990s, and who later started volunteering with a school and home for former child soldiers in Sierra Leone started by his father. “My father’s main focus was rebuilding Sierra Leone back in 1996,” he was quoted as saying in one Facebook post. “He adopted [seven] child soldiers into his home, caring for them.” Inspired by his late father’s example, the man took on an active role in the response to Ebola, “housing Ebola orphans and dedicating his time to the National Ebola Response Committee, lead[ing] community education and mobilisation programmes, [and] providing food and psycho-social support to quarantined families,” according to EngAyde.

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51 When traveling in Freetown during the outbreak, I felt noticeably safer inside spaces where people were screened at the entrance, even though I knew the temperature checks were often unreliable or improperly done.
The war and its aftermath offered not only inspirational lessons but also cautionary tales. When members of the diaspora discussed solutions that connected in some way to the civil war, those discussions were often characterized by ambivalent emotions. In considering ways to care for Ebola orphans, for instance, many drew from their personal or the country’s collective experience reintegrating child soldiers and caring for war-affected children. As a result of those collective memories, some members of the diaspora expressed concerns about supporting orphanages in Sierra Leone that were not properly vetted. The frustration and disappointment in these messages tempered the enthusiasm that others expressed about organizations operating homes for orphans. Another post quoted a representative from a longstanding educational organization in Sierra Leone, who lamented:

“The tragic thing with that is that we have not learned anything from the post war reunification projects. In theory, a child being taken in by aunts and uncles sounds ideal; in practice, any family will take in a child that comes with some Unicef funding (for however long that lasts!) and then, so so often, the child sees none of the support but becomes the family servant / slave. It happened thousands of times over last time and even since.”

By creating a post with these expressions of frustration and regret, EngAyde influenced the conversation taking place among members of the diaspora at the time—both online and off—about how best to solve the problem of Ebola orphans. The emotional modulation engendered by this and other Facebook posts, and in the comments posted in response, served to constrain and bound the practical solutions that the diaspora chose to support.

References to Sierra Leone’s civil war often involved a jarring juxtaposition of emotions. This is perhaps most clearly demonstrated by a post by EngAyde on January 6, 2015, the sixteenth anniversary of the day when Revolutionary United Front (RUF) rebels invaded Freetown, causing widespread death and disruption. The post combines painful shared memories, accompanied by emotions of fear and sadness, with a call to action for Ebola orphans. “Today [EngAyde] remembers the thousands of civilians that were mutilated, murdered and raped on this fateful day,” the organizers wrote. “It is also necessary that we reflect on the abandoned children produced by that era: child soldiers and war orphans.”
Connecting this to the current situation with Ebola orphans, they then suggested a “sustainable way to support emotionally distressed and abandoned children” through an organization that had been working with child soldiers and war orphans, and was now caring for Ebola orphans. They closed with a recognition of the pain shared by Sierra Leoneans on that day, paired with a call to action. “Today our country Sierra Leone mourns,” the post read. Using a Krio expression that referred to community leaders gathering together to discuss and find solutions to a collective problem, they said “Let’s engayde [put our heads together].”

DISCUSSION

Complex emotional chords provoked by moral shocks and seminal experiences helped lead members of Sierra Leone’s diaspora community along the pathway to taking action during the Ebola outbreak. Recognizing this, diaspora activists sought to orchestrate emotional chords, in concert with other members of their community, to sustain their own activism and to attract others to the cause. I call this process emotional modulation. Although the specific objects and interactions involved in this case are particular to the context and situation, the general patterns by which emotional modulation unfolds suggest the foundation of a theory of emotional modulation.

Emotional modulation rests fundamentally on the production and deployment of cultural objects. Members of a community (both the “producers” and their audience members, though these lines are often blurred) interact with these objects, constructing meaning and collaboratively shaping the emotional tone and rhythm of their interactions in ways that help them solve practical problems. To be effective in modulating emotions, objects must combine familiar cultural materials in creative ways, in order to help members of the community make sense of and find solutions to novel problems. To drive action, objects must be emotionally polyvalent, expressing and eliciting a combination of multiple emotions, especially contrasting emotions which in isolation would have countervailing effects on the
propensity for action. The emotional chords that result when people interact with such objects are more complex versions of “moral batteries,” with an array of emotions energizing action rather than just two opposing emotional poles (Jasper 2011).

Although emotional modulation often involves deliberate strategic action, it can also unfold in organic, unintentional ways. Audiences interpret the meaning and the emotional content of an object in interaction with one another and with the object itself, and objects may not resonate with intended audiences, or may be interpreted in unexpected ways or in ways that change over time (McDonnell, Bail, et al. 2017; McDonnell, Jonason, et al. 2017). Emotions spread through these interactions, but they also evolve as the various people involved recognize and respond to one another’s emotional expressions, and to how others are responding to them. Activists and organizations seeking to use emotional modulation to drive action must therefore contend with the dynamic ways in which emotions influence social mobilization.

Theoretical Contributions

This paper contributes to existing literature in three ways. First, it introduces the concept of emotional modulation, and illustrates the ways in which activists and other members of their community collaboratively shape their own and others’ emotional experiences in order to facilitate action. This provides a more dynamic and detailed understanding of the inherently social ways in which emotions influence the mobilization of people to pursue shared goals or respond to shared challenges, and thereby contributes to literature on emotion and social movements (Bail 2015a; Castells 2012; Goodwin et al. 2000; Gould 2009; Jasper 2011; Warren 2010) and on emotion and resilience (Eggerman and Panter-Brick 2010; Fredrickson et al. 2003; Ong et al. 2006; Stephens et al. 2013; Tugade and Fredrickson 2007). In particular, the power of emotional chords that combine multiple, often contrasting emotions is an important contribution to social movement literature, which has tended to focus on
individual emotions or pairs of emotions and has paid less attention to “combinations and interaction of emotions” (Jasper 2011:291).

Second, by examining the role of cultural objects in emotional modulation, this paper follows a long tradition of scholarship that examines how people put culture into action (Swidler 1986). It is particularly inspired by theories of cultural power (Schudson 1989) and of how cultural objects are used to solve practical problems (McDonnell, Jonason, et al. 2017). Although recent work has suggested that heightened emotions can facilitate cultural resonance and influence problem-solving processes (McDonnell, Bail, et al. 2017), I go further to show how groups of people collaboratively shape the emotional content of their interactions. My findings on the mobilizing power of emotionally polyvalent cultural objects—social media posts that carried multiple emotions—extends the idea of “cultural carrying capacity” (Bail 2016) to encompass emotional as well as cultural content. Whereas Bail found that differentiation of topics can (within bounds) lead to greater engagement on social media, I find that differentiation of emotional content may have a similar effect, thereby contributing to mobilization efforts. This is consistent with literature on the positive effects of the “emotional carrying capacity” of workplace relationships: the “capacity to express more emotion overall, both positive and negative emotions, and to do so in a constructive manner” (Stephens et al. 2013:15).

Third, by showing how geographically dispersed diaspora communities used cultural objects not only to bring people together into affective publics (Papacharissi 2015) but to shape the emotions experienced by their communities, I contribute to a growing literature on the role of emotion in online organizing (Clark 2016; Ems 2014; Halverson et al. 2013; Lim 2012). Although social media and other online spaces do not substitute for offline action, studies have shown that they can be a powerful component of modern organizing, and that emotion is essential to that power. By contributing to our understanding of how people create shared emotional experiences online, this paper has potential implications for virtual teams, distributed collaboration, and online communities (Cheshin et al. 2011;

Limitations and Future Directions

This study builds a theory of emotional modulation based largely, though not exclusively, on data from online interactions through Facebook. Emotional modulation can also take place in private communications or face-to-face interactions, and I see some evidence for these processes in other (offline) data, including the internal archives shared with me by SLWT and SLUKERT. However, future research should explore similarities and differences in emotional modulation in face-to-face versus virtual interactions. Future research could also compare emotional modulation across different technologies and social media platforms, and examine how characteristics of the applications and embedded algorithms impact the ways in which people interact with emotional content and with one another, and how these technical and material considerations influence the interplay of emotion and mobilization.

This study also examines an extreme situation: an unprecedented public health emergency. Future research should examine what role emotions play in everyday mobilization, without the urgency of an emerging crisis. How do organizations and activists engage in emotional modulation in situations that are less emotionally fraught than the Ebola outbreak? The diaspora also occupied a liminal space, neither directly at risk nor completely detached from the Ebola outbreak. How well would the theory developed in this case explain emotional modulation in non-crisis situations, or conversely in situations of acute crisis, as among those Sierra Leoneans on the frontline of the Ebola response?

Finally, I find that emotional modulation involves a combination of deliberate and organic processes, but there is a need for additional work to further understand the balance between these two. Activists and organizations may strategically produce and deploy cultural objects with the intention of
shaping emotions in particular ways, but they cannot fully control the ways in which audiences interpret and interact with those objects (McDonnell 2016). One EngAyde Facebook post declared that, “Our voices are powerful when orchestrated.” That may be true, but orchestration is a collaborative and ever-changing creation by many musicians, rather than the product of a single all-powerful conductor.
CHAPTER FOUR
General Discussion and Conclusion

Disasters test the strength of our families, organizations and communities, and sociologists and organizational scholars have long been interested in understanding how social groups prepare for and respond to disasters (Quarantelli and Dynes 1977; Turner 1976; Vaughan 1999). Although a catastrophe like the 2014-2015 Ebola outbreak is a rare event, we face crises and challenges every day that require us to work together to mobilize action. Whether as companies facing disastrous events, communities facing disruptive social change, or societies facing destabilizing global forces, we often have cause to organize for resilience: to find creative ways to unearth and repurpose latent resources to enable us to adapt and even prosper in the face of trauma, tumult, and transformation.

This dissertation examines the case of the Sierra Leonean diaspora’s response to the Ebola outbreak to ask more general organizational and sociological questions about resilient organizing and social mobilization. How do groups affected directly or indirectly by a crisis engage in resilient organizing? How do groups involved in resilient organizing go about locating and deploying latent resources? How do they work together effectively with other individuals, groups, and organizations? What role do emotions play in the mobilization of individual actors to respond to a disaster? And how do organizations and activists attempt to shape their community’s shared emotional experience in ways that will facilitate mobilization?

I find that despite occupying a liminal position that could have enabled them to minimize their exposure to the Ebola outbreak, members of the diaspora instead formed emergent response groups and worked with established organizations to help fight Ebola. These diaspora activists and organizations pursued a diverse array of actions intended to help stop the spread of Ebola, mitigate its negative effects, and contribute to long-term recovery and rebuilding. In Chapter Two, I show that resilient organizing by members of the diaspora involved identifying and leveraging resources across boundaries of organization, sector, expertise, geographic distance, national identity, and religion. This

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flexible approach made possible the improvisation and creative location, activation, combination, and recombination of latent resources required for resilience (Weick 1993). In Chapter Three, I explore the emotional dynamics of social mobilization, and I find that combinations of emotions, which I call *emotional chords*, played a critical role in convincing individuals to take action in response to the outbreak. Once they became involved in the response to Ebola, diaspora activists and organizations sought to influence their own and others’ emotions in order to strike emotional chords that they believed would facilitate further action. I call this process *emotional modulation*, which I define as the production and deployment of cultural objects to collaboratively shape the emotional tone and rhythm of interactions among a group of people trying to solve a practical problem.

This dissertation contributes to several streams of literature. I will focus here on three major theoretical contributions: to literature on resilience and resilient organizations (Hall and Lamont 2013; Sutcliffe and Vogus 2003; van der Vegt et al. 2015); on transnational communities and transnational organizing (Brinkerhoff 2009; Levitt 2001; Tarrow 2005); and on emotion and social mobilization (Bail 2015a; Gould 2009; Jasper 2011). A theme that crosses these three literatures is the nature of organizing on and through virtual spaces.

**THEORETICAL IMPLICATIONS**

**Resilience and Resilient Organizations**

This dissertation, especially Chapter Two, extends our understanding of resilience beyond the boundaries of a given organization to examine practices that underlie resilient organizing within and across a range of organizational contexts. It highlights the importance of boundary crossing and boundary work—“efforts to establish, expand, reinforce, or undermine boundaries” (Zietsma and Lawrence 2010:194)—in processes of resilient organizing, and provides empirical support for recent theoretical work suggesting that some approaches to boundary work may help foster resilience (Quick
and Feldman 2014). As such, it builds on the literature on boundaries and boundary spanning in organizations (Bechky 2003; Jang 2014; O’Mahony and Bechky 2008; Santos and Eisenhardt 2005). It also shows that global diaspora communities can be an important yet underappreciated source of resilience during times of crisis (DEMAC 2016). The findings in Chapter Three suggest that emotions are not only important for resilience at the individual level (Abramson et al. 2014; Fredrickson et al. 2003; Ong et al. 2006), but may also play a critical role in collective resilience. These findings complement scholarship that links the expression of both positive and negative emotions to resilience in individuals and teams (Stephens et al. 2013).

The centrality of technology to contemporary processes of resilient organizing is another contribution of this work. Online spaces were important forums in which members of the diaspora came together to coordinate action and to locate, activate, combine, and recombine resources in order to respond and adapt to the challenges posed by Ebola. Social media platforms, free videoconferencing software, and messaging applications provide affordances for organizing across geographic and social distance (Leonardi and Vaast 2017; Tufekci 2014), but do not eliminate the importance of geographic rootedness (Tarrow 2005) and having a physical seat at the decision-making table. These findings have possible implications for organizing in virtual teams, distributed forms of collaboration, and online communities (Barrett et al. 2016; Martins et al. 2004; O’Leary and Cummings 2007; Yates et al. 2003).

Transnational Communities and Transnational Organizing

This dissertation also makes important contributions to the literature on transnational communities and transnational organizing (Levitt 2001; Tarrow 2005). Diaspora communities based on ancestral ties are one of many kinds of transnational communities (Brubaker 2005; Lainer-Vos 2013; Levitt 2001; Nielsen and Riddle 2009); others form around collectives identities, shared values, or common interests or goals (Keck and Sikkink 1999; Smith 2013). The kinds of resilient organizing and
emotional modulation practices used by members of Sierra Leone’s diaspora community may also be valuable for other social movements or communities engaged in transnational organizing. Moreover, in the marketplace for international support, global diaspora communities may be well-placed to exert influence, attract media attention, and appeal to the interests and agendas of governmental and non-governmental actors located far from the crisis (Bob 2005).

This study also contributes to a growing literature on digital diasporas and the importance of online spaces for transnational organizing (Brinkerhoff 2009). As others have found with the Somali, Eritrean, and Nigerian diasporas, among others (Bernal 2005, 2006; Brinkerhoff 2006; Kperogi 2011), Sierra Leoneans around the world created a new virtual public sphere online. They also used technology to communicate in more private, interpersonal ways, as with the extensive use of WhatsApp. This parallels and complements studies of the use of social media to mobilize attention and resources transnationally for domestic movements, and to organize outside of the gaze and suppression of authority (Halverson et al. 2013; Lim 2012; Tufekci 2013).

**Emotion and Social Movements**

By introducing the concept of emotional modulation, this dissertation provides a more dynamic and detailed understanding of the inherently social ways in which emotions influence social mobilization. It thereby contributes to literature on emotion and social movements (Bail 2015a; Creed et al. 2014; Goodwin et al. 2000; Gould 2009; Jasper 2011; Voronov and Weber 2016). It also builds on existing theories of cultural power and how people put culture into action to solve practical problems (Schudson 1989; Swidler 1986), and highlights the role of emotion in those processes by showing how activists and other members of their community use meaningful cultural objects to collaboratively shape their own and others’ emotional experiences (McDonnell, Bail, et al. 2017; McDonnell, Jonason, et al. 2017). My findings on the mobilizing power of emotionally polyvalent cultural objects—social media
posts that carried multiple emotions—extends the idea of “cultural carrying capacity” (Bail 2016) to encompass emotional as well as cultural content. Whereas Bail found that differentiation of topics can (within bounds) lead to greater engagement on social media, I find that differentiation of emotional content may have a similar power. This is consistent with research on workplace relationships which has found that the “emotional carrying capacity” of a relationship—the “capacity to express more emotion overall, both positive and negative emotions, and to do so in a constructive manner” (Stephens et al. 2013:15)—is tied to resilience.

In addition, this dissertation contributes to a growing literature on the virtual and transnational creation of shared emotional experiences (Clark 2016; Ems 2014; Halverson et al. 2013; Lim 2012). It shows how geographically dispersed diaspora communities used digital cultural objects not only to bring people together into affective publics (Papacharissi 2015), but to shape the emotions experienced by their communities, thereby driving action. This has potential implications for how emotion affects virtual teams (Cheshin et al. 2011; Hinds et al. 2014) as well as online communities and social movements.

**FUTURE DIRECTIONS**

This dissertation raises important questions for future research in several areas. First, it points to the need for a longer timeframe to understand how past experiences responding to crises might build (or, conversely, undermine) capacity for future resilience. Scholars of resilience have suggested that “resilience develops over time from continually handling risks, stresses and strains,” and that positive adjustment at one point in time should enhance resilience in the future (Sutcliffe and Vogus 2003:97). This also accords with the beliefs and lived experience of Sierra Leoneans, who saw their survival during and after the civil war as a source of resilience to be tapped anew during the Ebola outbreak. Empirical research using historical data could test those beliefs, while data on new challenges facing Sierra Leone in the aftermath of Ebola could examine whether Sierra Leoneans’ experience responding to Ebola has
better prepared them to respond to future shocks. For example, one member of the diaspora pointed to the way his community responded to devastating floods that hit Freetown in 2015 as evidence that the structures and capabilities developed to respond to Ebola were put to use for this new disaster (Interview 06.28.16). Conversely, the mushrooming of organizations during and after a crisis like Ebola can become an obstacle to adaptation, as new ventures formalize and develop inertia, requiring funding and other resources to sustain what may be duplicative organizational structures.

A second avenue for future research is to examine how a crisis like Ebola might serve to shape or “formulate” diasporic loyalties (Brubaker 2005), or how members of the diaspora (and especially activists and diaspora organizations) may try to activate a shared identity in order to mobilize action. The definition of diaspora that I use in this dissertation—as being made up of individuals who identify with and maintain a connection to their country of birth or ancestry, but reside elsewhere (Nielsen and Riddle 2009)—rests on self-identification. Defined in this way, the boundaries of a diaspora community are necessarily fluid and can shift over time. Future research could explore that fluidity, and engage some of the critiques about how the term “diaspora” has been used. One possibility is to follow Brubaker’s call to conceptualize diaspora not “as a bounded entity, but rather as an idiom, a stance, a claim” (Brubaker 2005:12). If diaspora is “a category of practice… used to make claims, to articulate projects, to formulate expectations, to mobilize energies, to appeal to loyalties” (Brubaker 2005:12), then further analysis of the data from this project can speak to how various groups and individuals seek to formulate or appeal to the identities and loyalties of people with ties to Sierra Leone.

Finally, a limitation of the qualitative coding used in this dissertation is that it constrains the volume of data that can be systematically analyzed. This approach is appropriate for theory-building from rich visual and discursive data, but future research could extend and test the theories developed in this dissertation using alternate methods. For example, studies that iterate between qualitative coding and newer methods of computational textual analysis (Bail 2012; Mohr et al. 2013; Nelson 2014) can
allow scholars to “zoom” in and out, in order to better understand their data at different levels and scopes (Mützel 2015). Future research on the mobilization of Sierra Leonean diaspora communities could use automated forms of analysis to consider not just the online conversations that took place among members of the diaspora, but also the broader discursive fields in which these took place (Bail 2012). By doing so, it would be possible to examine how Sierra Leonean activists responded to and sought to counteract dominant narratives and representations of Sierra Leone in the mainstream media, and to measure their effectiveness in influencing that larger conversation.

CONCLUSION

There have been no known cases of Ebola in Sierra Leone since the outbreak was last declared over in March 2016, and yet the effects of the outbreak continue to reverberate. Sierra Leone’s economy suffered lasting impacts, as did many social institutions (Government of Sierra Leone 2015). An estimated 8,345 children were orphaned by the disease in Sierra Leone (Government of Sierra Leone 2015) and many survivors suffer ongoing health problems. Meanwhile, the region’s health system struggles with the consequences of having lost so many health workers to Ebola, as well as persistent fear and mistrust among staff and community members (Evans, Goldstein, and Popova 2015). This was tragically evident in Liberia in February 2017, when a Liberian nurse and Ebola survivor died in childbirth. Reports suggested that health workers may have been reluctant to provide care for the nurse, who in 2014 was named one of Time’s “Persons of the Year,” because they feared they might contract Ebola (Anon 2017). Similar dynamics are likely at play in Sierra Leonean healthcare settings.

And yet if Sierra Leone and her people know how to do anything, it is to pick themselves up and carry on in the aftermath of tragedy. With the President’s Recovery Priorities, the Government of Sierra Leone has set targets across seven key sectors, and some of the same members of the diaspora who helped lead the response to Ebola are now involved in delivering on those promises. “Ebola don go, leh
we make Salone grow!” (Ebola is gone, let’s make Sierra Leone grow!) declares the slogan for the recovery. The years to come will show whether Sierra Leoneans are able to translate their experience mobilizing to fight Ebola into greater resilience in the face of future challenges.

52 For more details, see http://www.presidentsrecoverypriorities.gov.sl.
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