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Engaging the Diaspora in Response to the 2014 Fogo Volcano Eruption in Cape Verde

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On November 23, 2014, a volcanic eruption on the island of Fogo in Cape Verde, of the West Coast of Africa, affected approximately 200 households corresponding to a population of 1498. The eruption continued for 3 months and was the largest eruption, by volume and damage, on the archipelago in over 60 years.[1] Most damage was caused by lava flows advancing into populated regions, destroying buildings, homes, and roads. As a result, 3 villages were abandoned and hundreds of residents evacuated to camps and schools in nearby areas. There were no injuries or deaths, but the evacuees lost homes and possessions.[2]

This letter seeks to describe an intriguing area of inquiry, the engagement of a diaspora in needs assessment efforts after a disaster in the country of origin to better direct support to the affected populations. This inquiry warrants further study, as the diaspora of any population is a natural and generally committed network that can be tapped into during times of crisis, and because needs assessments are frequently difficult for international organizations to perform in disaster situations.

Between February and April 2015, with the use of a survey designed by our team, volunteers from the Cape Verdean diaspora travelled to Cape Verde and used their personal networks to collect data from the evacuees. Results from the completed surveys, representing 66% of the evacuated households, revealed a need for housing, safety issues, and health concerns resulting from a lack of sleep, depression, anxiety, and respiratory problems, as well as recommendations for recovery efforts. The results from this needs assessment are consistent with other studies showing how a sense of unity and a desire to rebuild the lost community prevails among evacuees.[3] Furthermore, risk perception remains low, pressuring a return to the hazardous areas to work the land and sustain families, posing a challenge for future volcano preparedness and mitigation efforts. Detailed results on the survey can be found in a previous publication.[4]

This letter provides an example of how the diaspora can be mobilized in a population's needs assessment after an emergency. When disasters strike, diaspora groups are a crucial lifeline by which to access those in need, as they facilitate the spread of information and supporting the affected communities with volunteer work and remittances. The diaspora has been described as an "invisible first responder" owing to its unstructured and under-recognized role in recovery efforts.[5] This role should be better integrated with the responses of international organizations because diasporic populations (1) are directly affected by the suffering of family members and friends living in the disaster area; (2) are motivated by feelings of loyalty and solidarity to their country of origin; (3) have an information advantage, because of possessing an understanding of the local language or dialect, as well as the political, economic, cultural, and environmental context; (4) have easy access to local resources; (5) have an economic interest, with remittances and investments in their country of origin; and (6) are trusted and can travel with relative ease.

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Voluntary Medical Support Is Key After Nuclear Disasters

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The contribution of voluntary support by medical staff is increasingly important during nuclear, biological, and chemical (NBC) disasters. A report highlighted the important role of Médecins Sans Frontières (MSF) during the Ebola outbreak.[1] We acknowledge the important contributions from voluntary medical providers, which we experienced after the Fukushima Daiichi Nuclear Power Plant accident on March 12, 2011.

Here, we would like to share our experience. The Japanese government established a mandatory evacuation zone for a 20-km radius around the plant. This made our hospital, located 23 km from the plant, the closest hospital to the plant to continue operating. However, 6 of 13 doctors and 80 of 164 nurses in our hospital had evacuated after the nuclear accident on March 12, 2011. As a result of the decreased staffing, we were not in a position to provide adequate care to hospitalized patients.[2]

Moreover, support from the government was withdrawn as the nuclear situation worsened. Although the government sent 178 medical workers on March 12, the entire team evacuated in 3 days. Similarly, on March 15 the Japan Red Cross Society made the decision not to send any relief teams to a 30-km radius around the nuclear plant.

In contrast to this lack of official support, we received voluntary support. From March 20, 2011, to November 30, 2012, a total of 275 medical staff came on their own volition to provide clinical support to our hospital (Figure 1). They also contributed to post-disaster research by increasing the number of patients participating. Consequently, we were able to investigate the internal radiation dose of 98% of elementary and junior high school students.[3] In the end, the voluntary assistance of medical professionals was more influential than support from governmental or nongovernmental institutions, from both clinical and research perspectives.

NBC disasters, natural or manmade, can happen anywhere in the world. We should be aware of the limitations to governmental support. Voluntary support may have the biggest impact on recovery and post-disaster research, as seen in the Fukushima disaster and the Ebola outbreak.

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FIGURE 1

A Picture of Voluntary Medical Staff on March 21, 2011.