But for The New York Times of 16 May 2016, I would never have heard of Dr. Anne Deborah Atai-Omorutu. Yet she was one of the greatest genuine heroines that Africa has ever produced.

She was a heroine along the lines of Florence Nightingale. But whereas almost every schoolchild – even in Africa – has heard of what Florence Nightingale did to save British soldiers’ lives in the Crimean War in 1854, no African children, with the possible exception of a few in Liberia, have ever heard, or will ever hear, of Dr. Atai-Omorutu. For in Africa, only politicians and businessmen tend to be regarded as newsworthy.

Yet, the name of Dr. Atai-Omorutu, like that of Dr Stella Ameyo Adadevoh of Ghana and Nigeria, ought to be on the lips of everyone who values human life. For they both, in contrasting ways, put their own lives at great risk to save other people from dying from one of the worst enemies Africa has ever faced – the Ebola epidemic.

This terrible pestilence killed at least 12,000 people in its three epicentres: Guinea, Sierra Leone and Liberia – between its severe outbreak in 2013 and its 'defeat' in 2014.

Dr. Adadevoh caught Ebola in Nigeria from a patient who had arrived there with the disease from Liberia. Sadly, she died. But not before she had put into operation clever and efficacious mechanisms to – as an article in the London Guardian noted - “prevent the spread of Ebola in Nigeria”.

It is not difficult to imagine what Ebola would have done to Nigeria (with her population of over 170 million) if it had been exposed to an attack as widespread and severe as that in Guinea, Sierra Leone and Liberia. But bravely, Dr. Adadevoh, as soon as she suspected that the symptoms shown by a patient from Liberia who had been brought to see her were similar to those of Ebola, quarantined the patient while she sent samples of his body fluids for tests.

Ebola was confirmed in the patient. But unfortunately, Dr. Adadevoh had caught the disease herself and died, as did a few of the hospital workers who had been in physical contact with the patient. How the patient deceived her and literally killed her, by hiding facts from her, is distressing to read about. Dr. Adadevoh paid for her efforts with her life.

But Dr. Atai-Omorutu survived Ebola itself in Liberia, only to be struck down by pancreatic cancer on her return home to Uganda. She succumbed to this disease on 5 May 2016.

Dr Atai-Omoruto went to Liberia at the height of the Ebola epidemic in 2014 where, according to The New York Times, she “helped turn the tide in the battle against the disease. She was 59 when she...
died.

Dr. Atai-Omoruto was sent to Liberia in July 2014 by the World Health Organization (WHO) with a team of 14 Ugandan health workers she had gathered together. Just imagine the difficulty she must have faced in trying persuade Ugandan health workers – and their families – to go to a centre of death like Liberia at that time. To them Liberia was a "foreign" country. Why should they go and risk their lives for a foreign country, even if it was in Africa?

When the team arrived, Ebola had reached the capital city, Monrovia. Non-governmental organizations were pulling their workers out of the country; and many governments were unwilling to send medics there. “Eventually, 4,810 people in Liberia died of the disease and 10,678 were infected, making the country the hardest hit in the region,” The New York Times reports.

Dr. Atai-Omoruto and her team began training more than 1,000 Liberian health workers on how to manage Ebola patients, while protecting themselves from infection. The doctor also managed a large treatment unit known as the “Island Clinic”, a joint initiative of the Liberian government and the W.H.O.

"Everything was in disarray and everybody was running away — she came in and stepped up to the plate,” said Dorbor Jallah, who was the national coordinator for the Ebola task force in the early months of the response. “Nobody knew how to manage an Ebola treatment unit, so she had to step up and play all of these multiple roles.”

Hundreds of patients were transferred to the Island Clinic from “holding centres” throughout Monrovia. To accommodate the influx, Dr. Atai-Omoruto pushed beds closer together and put mattresses in the corridors, creating space to accommodate over 200 patients in a facility that was meant to cater for only 120 sick people.

When clinic workers threatened to protest over a lack of hazardous-duty pay, Dr. Atai-Omoruto persuaded them to stay on the job while pushing the government to respond.

"She said, ‘Work for your people, don’t let your people die,’ ” Jerry T. Williams, the clinic’s chief of security, said.

Dr. Atai-Omoruto was born on Nov. 22, 1956, in Kumi Town, in eastern Uganda, to Edisa Lusi Atai-Omoruto and David Livingstone Aisu, who were both primary school teachers. She attended Dr. S.N. Medical College in Jodhpur, India. She completed her master’s degree in medicine at Makerere University College of Health Sciences in Kampala, and became a teacher and chairwoman of the department of family medicine. She had helped treat patients during cholera and earlier Ebola epidemics, including one in Kibaale, Uganda, in 2012, before she went to Liberia.

Dr. David Kaggwa, a Ugandan pediatrician who worked alongside Dr. Atai-Omoruto at the “Island Clinic”, said she was known for her no-nonsense style. “She was fearless throughout the epidemic,” he said. “Her style of work was aggressive and unrelenting, and in the process she didn’t win favor with some people in the government and the W.H.O.”

But the people she treated appreciated her care and her emotional support. A former patient at the clinic said: “She came in to encourage the patients.” This patient, who lost three of her children and her husband to Ebola, said the doctor told them: ‘This fight is not an easy fight, but don’t lose hope, don’t even have it in the back of your mind that you might die.’ ”

May she rest in peace!

If I were in charge of a foundation that can give funds for establishing institutions to the memory of humanitarian workers, I would make sure that Dr. Adadevoh and Dr. Atai-Omoruto each had an institute named after her that would train at least 1,000 doctors and other health workers per year to serve the people of Africa. The students would each pledge never to refuse to be posted to any locality in Africa, no matter how “dangerous” or poor the place might be.
Pan-Africanism is not just a nice-sounding idea. It is a firm personal commitment to the lives of the peoples of Africa. When the latest Ebola crisis broke out in West Africa in 2014, Dr. Atai-Omoruto gathered some medical personnel in Uganda and headed to the region that everyone was running away from. She helped save many lives – only for her to die of pancreatic cancer two weeks ago.

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