

Africa's answer to EBOLA

UGANDAN GENERAL
LEADS THE AFRICAN
UNION MISSION TO
CONFRONT THE
DEADLY VIRUS



MAJ. GEN. JULIUS OKETTA, head of mission for the African Union Support to Ebola Outbreak in West Africa, Uganda

By *per Concordiam* Staff

Maj. Gen. Julius Oketta of Uganda spoke in October 2014 about the African Union Support to Ebola Outbreak in West Africa (ASEOWA), which he heads. He arrived in Monrovia, Liberia, in September to prepare for further deployments. The following interview has been edited for length and format.

***per Concordiam:* Please tell us about your background in the military and the Ugandan Parliament.**

OKETTA: I went through the rank and file and then command from platoon to division commander. I was the chief of logistics and engineering for the Army, and then head of the procurement and disposal unit of the Ministry of Defense. I have become a member of parliament, one of the 10 members representing the Army.

***per Concordiam:* Have you participated in any other United Nations or African Union missions other than the current mission to fight Ebola?**

OKETTA: I am currently a member of the United Nations Central Emergency Response Fund in New York. I'm also a participant of the United States Africa Command (AFRICOM) Pandemic Response Program, which has been participating in training all of us for a long time. I am the national director of the

National Emergency Coordination Center in Uganda, and I have been coordinating several Ebola responses in the country and other disasters like landslides, floods and many others with all the U.N. agencies and AFRICOM.

***per Concordiam:* What is the current status of ASEOWA? How many people have been deployed, and when is deployment expected to be completed?**

OKETTA: The AU [African Union] mission will deploy 200 medical personnel including 54 doctors and nurses. This is broken down into two phases. Phase one is 100, and phase two is also 100, which will come to rotate, because when they work, the doctors work for six weeks. Then the nurses work for nine weeks; then we rotate them, from the 100 that are in reserves. Our initial operation is for six months. If we are not done, the AU will renew the period of staying here.

***per Concordiam:* What are some of**



the specific things ASEOWA will do to coordinate Liberian, Sierra Leonean and Guinean militaries and police forces?

OKETTA: One is medical response. Our personnel will be working in the ETUs [Ebola Treatment Units], for example the ones being constructed by the U.S. government in Liberia. Some of our team will be put in charge of those ETUs, and some will be working with the community care units. So in this mandate of medical support, we will work alongside the Ministry of Health of Liberia and be filling in the gaps. The second area of my work is humanitarian. Our teams are working to help identify orphans in families that have been affected by Ebola. Area number three is logistics. In logistics, we are making sure

that all our health personnel are properly protected. We'll make sure that we coordinate with the CDC [Centers for Disease Control and Prevention], the World Health Organization and other partners to make sure that the logistics required for the personnel security — before, during and after the treatment of the Ebola cases — are available to make them feel more confident and concentrate on their work. Number four is about information management. Ebola can only be contained if the information, the right information, goes to the core community members.

per Concordiam: What kinds of precautions are you taking to ensure people under your command are protected from

A home is quarantined by police in Port Loko, Sierra Leone, in October 2014 in hopes of preventing the spread of Ebola.

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Ebola when they're in these areas?

OKETTA: We assume we know very little, or nothing at all, about the behavior of Ebola. And therefore, all of our team has to undergo transition training. In the initial phase they have to go through the suits, then the second phase they have to go through the dummy exercise, then the third phase is to go into the real Ebola Treatment Unit exercises.

***per Concordiam:* Have you given the people under your command, be they military or civilian, any words of encouragement or inspiration about this mission?**

OKETTA: As it was stated by U.S. President Barack Obama, the one thing is not to exaggerate issues, but to get the facts about Ebola. So we need them to know the facts about Ebola, about the do's and the don'ts, the directions, knowing the time, keeping the cushion by keeping distances, and the rest of it. So all these processes and experiences that have led other people to make mistakes and get infected, and the experience of groups of people who did the right thing and they never got infected, are already related to the workers, and they all understood this and realized that actually facing the truth and doing the drills is the only way out.

***per Concordiam:* How has your experience in national emergency management prepared you to wage the fight against Ebola?**

OKETTA: The late Dr. Matthew Lukwiya in northern Uganda was a friend of mine, and when Ebola started he was the first person to show us how to deal with the threat. Unfortunately, he didn't know he was infected, so he died. And since then I took a special interest and have been very close with the local, national and international medical people in knowing how to deal with Ebola. So in all the cases of Ebola in Uganda, I participated, because I saw that one day, one morning, I could wake up and Ebola is in my door. So how do I help by not spreading it to others? You cannot do it unless you know more about it. So that is how I took interest in these contagious diseases impacting the community.

***per Concordiam:* What was your involvement in responding to some of the Ebola outbreaks**

in Uganda that started back in 2000? What lessons did you learn from them?

OKETTA: In northern Uganda, I participated physically with the soldiers in supporting the civil authorities because they were totally scared, and then in all other areas in the country I coordinated the operations in supporting the minister of health and making sure that these teams are supported, i.e., coordinating with the military that they should provide force helicopters, their personnel and overseeing that they are doing the right thing. And it ended up really well; we never lost any personnel of the army, and the civilians were content. I think as leaders, or as the military for that matter, you are always the first and the last in the battlefield against anything in the community.

***per Concordiam:* What is the most important advice you could give national military and police forces that are faced with a threat such as Ebola or a similar pandemic?**

OKETTA: First of all, leadership starts with the overall preparedness of the country — preparedness, preparedness, preparedness. And with preparedness, they should build medical capabilities. I mean the medical capabilities in the military should be consistent with the country's national plan, for instance a plan of contagious diseases. And in preparation they should build an early warning system. If you have a good early warning system, it will give you a timely response.

***per Concordiam:* Given your experience, what is your impression of how Liberian, Guinean and Sierra Leonean forces have done in the face of the Ebola threat thus far? What is your assessment of the military and security response up until your arrival?**

OKETTA: I would say at the initial stage, the Ebola threat did not come out very clearly in the three countries. The initial act of response was not very effective. Secondly, when it was detected, there was not a timely response; there was delay in reaction. Then, thirdly, when this question came up outright, the military of this country immediately jumped in to supplement the gaps while the presidents of the various countries gave their mobilization messages of incoming support from other friends.

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***per Concordiam:* In mid-September, eight Ebola relief workers were killed and dumped in a latrine in Guinea. This shows that there’s still quite a bit of fear and mistrust in the midst of the Ebola threat. Do you see that mistrust and fear subsiding or is it growing?**

OKETTA: It is subsiding now because we came and we are accepted at every level. Before now, on-site our response has been slow. Slow in giving information about Ebola, slow in trying to find out where the Ebola cases are, slow in dealing with the cases, or the suspected cases. And in every community, once that thing happens, there are people who unconsciously say bad messages without knowing they are saying bad things. So we came to support the government in the sectors, and we are very grateful for the international community to insist on the right messages. And I’m telling you right now there’s a bit of change because the civil society, the youth, the women — many of them have now come on the government side to accept the messages about what Ebola is. So the issue of negative response to medical health workers and other people is now reducing. All the people who are staying in denial have now started coming out. But there’s still a lot to do in the remote areas, where people still believe in their tradition of cleaning dead bodies, and dealing with the monkeys, the bats—those elements that are suspected to be the cause of this thing. So we are now advancing in with the different

task forces, which have been established to go in those communities, meet those traditional leaders like the clan leaders, the witch doctors, to convince them that this is not the truth, so that we win their hearts and minds to accept the messages. And when we win their hearts and minds to accept the messages, they will turn to their people and say, “Ladies and gentlemen, the truth is this, stop this.” And at that point, we shall have succeeded in ending this threat of Ebola.

***per Concordiam:* At this point, how confident are you that ASEOWA and other forces such those of the United States and West Africa can contain, and eventually eliminate, the Ebola threat?**

OKETTA: I am very confident that the multicultural forces of the world that are gathered in this region are going to contain Ebola shortly with the deployment of two strategies: One is for the people to accept the message that Ebola is there, and the way it affects people is true and they should comply with the health practices. Once the communities in this area accept our word that it is true — that death is being caused by this, and they stop certain traditional practices — that will be the first battle won. Battle number two is to stop denial — they start coming out, on any simplest signs, to report themselves to the doctors to be checked. We think within a short time these two strategies can make the battle won, sustained and managed forever. □