Obituary

Dr Solomon Ukobe Jonas born 1964, died 9 12 2012
An appreciation

With the passing of Dr Solomon we learned something of the 5000 people he supported.

He lived with his mother until she died 2 years ago. His life style was simple. Unlike other medical staff he travelled to the All Africa Rehabilitation and Training Hospital [ALERT] by public transport. He worked a full 5 day week often continuing to see patients after others had left to do private practice. Saturdays were spent at the Marie Curie Hospice as a general physician seeing patients too poor to go to hospital or clinic working from 7 am to 6.30 pm. Soon junior doctors caught the vision and up to 20 worked with him every Saturday.

Sundays were for Church and family. If there were weekday public holidays, he would enjoy football, hill walking 30 km along the Entoto range, or mountain climbing, Wuchacha, Fure, Yera, or Zuquala.

When the political climate became difficult he stayed at his post while others left to go to more stable African countries or beyond.

When his death was announced colleagues, research and ALERT staff and thousands of patients joined together outside the ALERT outpatient building with a priest from the Gebre Christos Church in attendance.

The grief was tangible. I have never experienced anything like it. Those waiting asked to see his coffin which was brought by pick-up truck as we stood, sat and waited, with leprosy patients in wheel chairs or with crutches.

When it was known that the family planned burial near his mother’s grave, there was great distress. A priest from Gebre Christos Church went to the family requesting that they allowed Dr Solomon to be buried in the grounds of Gebre Christos Church. This was agreed. His coffin rested in Gebre Christos Church overnight. His funeral the next day started at 2 pm and lasted for 3 h as several thousand came. The service was in Geez and Amharic and was followed by tributes and poems. Prematurely grey. I had thought of him as 70 years old, but in fact he was only 54 when he died.

Former patients came from a considerable distance to be at his funeral. A Somali lady travelled 18 h to be there. This lady had come originally with a compound fracture of her right humorous all others would have amputated her arm, not so Dr Solomon. He cleaned the wound, treated the infection and later took a bone graft from the Fibula to replace the upper section of the humorous. She then had a fully functioning right arm.

A student from the southern region was seen first by Dr Solomon in 2004 with a painful swollen foot. Biopsy showed he had a benign neurofibroma. Initial excision was through the dorsum of the foot. Two further operations were required to completely excise the tumour.
from the plantar aspect. The student travelled 4 h by bus to be able to catch the first morning bus to Addis Ababa to be there in time for the funeral.

What was not generally known was that the Ex-leprosy Patients Association had given him the money to travel to India to learn more of the techniques of tendon transfer for correction of claw hand. When Dr Solomon was shown round the hospital the boot was on the other foot. He pointed out inadequacies in their techniques and where hospital operation hygiene could be improved. The hospital staff was very keen that Dr Solomon should stay permanently. His reply was that his place was in Ethiopia. Later after his return a Private Hospital offered him a very generous salary if he would work with them. Characteristically Dr Solomon replied that his place was working with the poorest of the poor. If they had all that money to spare he could well use it at ALERT!

On one occasion Dr Solomon was Best Man for a friend. When the ceremony was about to start Dr Solomon had a call from ALERT saying that there had been an accident and he was needed urgently at the hospital. He said he would go immediately. He pulled off the clothes he was wearing as Best Man, handed them to a friend and went to operate.

On one occasion he was called to a car accident. He saw a doctor bandaging the injured limb, asked to see the X-ray, then said ‘Can I help you?’ and gave the injured person an appointment to see him at ALERT. Surgeons needing help during a surgical procedure always asked Dr Solomon to help.

On one occasion a member of staff had been playing football and injured his shoulder. Another doctor was trying to bandage the shoulder when Dr Solomon appeared, saw that the shoulder was dislocated and immediately manipulated the shoulder.

While these anecdotes show his professional expertise, we need to recall that Dr Solomon had a keen sense of humour which endeared him to his friends.

Dr Elizabeth Duncan