

PANDEMIC NARRATIVES IN NIGERIAN CINEMA: A PUBLIC HEALTH ANALYSIS OF STEVE GUKAS'S *93 DAYS*

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Abstract

The 2014 Ebola Virus Disease (EVD) outbreak in Nigeria served as a critical test of the nation's public health infrastructure, a crisis immortalized in Steve Gukas's film 93 Days. While the successful containment of the virus has been documented, a systematic analysis of the health and allied issues reflected in this cinematic narrative remains underexplored. This qualitative study fills this gap by examining 93 Days as a cultural text to uncover its echoes of the systemic challenges and societal responses during a public health emergency. Employing content and thematic analysis, the film is analyzed to investigate its portrayal of the 2014 Ebola outbreak. The research identifies and explores critical themes, including infection prevention and control, healthcare worker safety, ethical dilemmas, leadership and governance, and community engagement. Situated within the framework of Social Cognitive Theory, the study also considers the film's role in modeling behaviors and raising public awareness. The findings reveal that 93 Days offers profound insights into the strengths and vulnerabilities of Nigeria's healthcare system, highlighting both the heroism of health workers and the systemic inadequacies that exacerbate crises. The study concludes that cinematic representations like 93 Days are valuable tools for understanding the complex socio-cultural and systemic dimensions of health crises. It underscores the film's significance not only as a historical record but also as a catalyst for dialogue on improving preparedness, policy, and community resilience for future public health emergencies.

Keywords: 93 Days, Ebola Outbreak, Public Health Communication, Healthcare Infrastructure, Cinematic Representation

Introduction

The 2014-2016 Ebola Virus Disease (EVD) outbreak in West Africa was one of the deadliest in history, resulting in over 11,000 reported deaths and starkly exposing the vulnerabilities of health systems globally (World Health Organization [WHO], 2016). Nigeria was not spared, with its outbreak triggered by a Liberian-American diplomat who arrived in Lagos on July 20, 2014 (Folorunsho, Ogunleye, & Shuaib, 2015). Despite this, the country's containment of the virus—resulting in 20 cases and 8 deaths—was widely praised as a public health success story, highlighting the critical importance of effective healthcare systems, rapid response, and community engagement (Centers for Disease Control and Prevention [CDC], 2014).

This historic crisis was immortalized in Steve Gukas's (2016) film, *93 Days*. The film dramatizes the heroic efforts of medical staff at First Consultant Medical Centre in Lagos, led by Dr. Stella Ameyo Adadevoh, who risked their lives to contain the outbreak. Beyond a mere chronicle of events, the film serves as a cultural narrative that raises profound health and allied issues, including infection prevention and control (Pittet, Allegranzi, & Sax, 2017), the challenges of contact tracing (CDC, 2014), leadership in public health emergencies (Koplan et al., 2014), healthcare worker safety (Institute of Medicine [IOM], 2015), and community engagement (United Nations Children's Fund [UNICEF], 2014).

However, while *93 Days* is a significant portrayal of this outbreak, a systematic analysis of the health and allied issues it reflects remains lacking. The film offers more than a story of heroism; it provides a unique lens through which to examine the systemic challenges within Nigeria's healthcare infrastructure, the ethical dilemmas faced by medical professionals, and the complex societal attitudes towards infectious diseases. This gap in the literature necessitates a critical examination of the film, not just as a historical record, but as a cultural artifact rich with insights for public health policy and practice.

This study is situated within the framework of Social Cognitive Theory (SCT), which posits that people learn new behaviors and attitudes by observing others (Bandura, 1986). *93 Days* provides a powerful platform for such observational learning, modeling both the challenges and the exemplary responses to a public health emergency. Therefore, the primary aim of this study is to explore and analyze the reflections of health and allied issues depicted in Steve Gukas's film *93 Days*.

The objectives of this research are:

1. To identify and analyze the health and allied issues reflected in the film.
 2. To examine the portrayal of the 2014 Ebola outbreak in Nigeria.
 3. To explore the insights offered by the film into Nigeria's healthcare infrastructure and responses to public health crises.
 4. To examine the societal, cultural, and systemic factors influencing health crisis management as portrayed in the movie.
 5. To investigate the role of cinema in creating awareness and educating the public on health issues.
- To achieve these objectives, this study will adopt a qualitative methodology, employing content and thematic analysis of the film *93 Days* alongside relevant documentary sources to provide a nuanced understanding of its narrative and implications.

Theoretical Foundations: Health Communication and Cinematic Persuasion

The intersection of cinema and public health has emerged as a critical area of scholarly inquiry, recognizing film's power not only as an artistic medium but also as a tool for education, advocacy, and historical documentation (Rahman, 2022). This review synthesizes existing literature on how film shapes public discourse around health crises, with a specific focus on Steve Gukas' *93 Days* (2016) as a case study within the Nigerian context. It explores the theoretical underpinnings of health communication through film, examines the Nigerian healthcare landscape, and identifies significant gaps in the current research. The analysis of health-related cinema is underpinned by several key communication and psychological theories that explain how films influence audience perceptions and behaviors.

Agenda-Setting and Social Learning

The Agenda-Setting Theory posits that media does not tell people *what to think*, but rather *what to think about* (McCombs & Shaw, 1972). By selecting and emphasizing certain issues, such as an epidemic, cinema can elevate public awareness and shape the perceived importance of a health crisis. This media framing significantly influences public opinion and policy discourse (Entman, 1993). Furthermore, Social Learning Theory (Bandura, 1977) suggests that individuals learn behaviors by observing models. In the context of health films, audiences can learn preventive health measures, witness the consequences of certain actions, and observe professional protocols through the behaviors of on-screen characters, which can facilitate behavior change through attention, retention, and motivation (Bandura, 1986).

Narrative Persuasion

A particularly relevant framework is Narrative Persuasion Theory (Green & Brock, 2000), which argues that storytelling is a powerful mechanism for shaping beliefs and attitudes. Unlike direct, fact-based messaging, narratives persuade by "transporting" audiences into the story world, reducing counter-arguing and building empathy through character identification (Cohen, 2006). Films like *93 Days* operate through this mechanism, using dramatic storytelling to humanize complex public health issues and make them more accessible and emotionally resonant than traditional health communication might allow.

Global Precedents: Cinema in Health Crisis Communication

Globally, cinema has an established history of addressing public health issues, serving as both a reflection of societal anxieties and a catalyst for discourse. Seminal films have demonstrated this impact:

And the Band Played On (1993) illuminated the institutional and political barriers during the early AIDS crisis, raising public awareness and influencing policy discussions.

Outbreak (1995) popularized understanding of viral transmission and containment protocols, bringing concepts of epidemic response into the public imagination.

Contagion (2011) was notable for its scientific accuracy, providing a realistic portrayal of pandemic spread and response mechanisms that became a reference point during the COVID-19 pandemic.

These films function as cultural artifacts that document crises, simplify technical information, and can mobilize public opinion, thereby operating as instruments of social advocacy (Williams & Thompson, 2023).

The Nigerian Context: Healthcare System and Crisis Management

Understanding the significance of *93 Days* requires an examination of the Nigerian healthcare landscape. Nigeria's healthcare system is a three-tiered structure involving federal, state, and local governments, yet it is plagued by challenges including inadequate infrastructure, a shortage of healthcare professionals, and low health insurance coverage (Federal Ministry of Health, 2014). These systemic weaknesses were starkly exposed during the 2014 Ebola outbreak.

However, Nigeria's successful containment of the Ebola virus within 93 days also showcased remarkable resilience and effective crisis management. The response, led by the Nigeria Centre for Disease Control (NCDC), involved strategic planning, rapid resource mobilization, and robust contact tracing (World Health Organization, 2015). This event provided a powerful real-life narrative of effective leadership and collaboration in the face of a fragmented health system.

93 Days as a Case Study in Health Advocacy

Steve Gukas' *93 Days* serves as a critical text for analyzing the role of cinema in public health within a specific national context. The literature positions the film as a multi-faceted intervention:

A Tribute to Healthcare Heroism: The film is widely recognized as a testament to the courage and sacrifice of healthcare workers, particularly Dr. Stella Ameyo Adadevoh, who played a pivotal role in containing the outbreak (Gukas, 2016). It highlights the ethical dilemmas and personal risks faced by medical professionals during a health crisis.

A Dramatization of Effective Crisis Management: Scholars note that the film accurately portrays the importance of collaboration between healthcare workers, government agencies, and international partners like the WHO (Ogbanufe, 2014). It serves as a dramatized but grounded study of successful containment protocols, leadership, and inter-agency cooperation.

A Vehicle for Public Health Education: By translating a complex epidemiological event into a compelling human story, *93 Days* functions as a public health communication tool. It demonstrates the role of media in disseminating accurate information, combating stigma, and promoting preventive behaviors (Gukas, 2016).

Gaps in the Literature and Research Imperatives

Despite the film's prominence, significant gaps remain in the scholarly literature. A primary limitation is the scarcity of **empirical studies** measuring the film's actual impact on audience knowledge, attitudes, or behavioral intentions related to health crises (Hether, Huang, Beck, & Kim, 2015). Much of the existing analysis is theoretical or descriptive, lacking robust methodological frameworks to evaluate its effectiveness as a health communication intervention.

Furthermore, there is a notable lack of **interdisciplinary research** that fully integrates perspectives from film studies, public health, communication theory, and African cultural studies. This has resulted in a fragmented understanding of the film, with analyses often leaning towards either its cinematic qualities or its public health narrative without sufficiently merging the two (Airhihenbuwa, Iwelunmor, & Munodawafa, 2016). Finally, the **ethical dimensions** of using a real-life tragedy for a dramatic film, and the potential for misinformation or exploitation, remain underexplored (Gasher, 2016).

The existing literature establishes a firm foundation for understanding the potential of cinema in public health advocacy. It confirms that films like *93 Days* can serve as powerful tools for historical documentation, social tribute, and health education by leveraging mechanisms of narrative persuasion, agenda-setting, and social learning. However, the field is constrained by a lack of empirical evidence and deeply interdisciplinary analysis. This review therefore identifies a clear need for research that quantifies the impact of such films and explores the complex interplay between their artistic, cultural, and public health dimensions, using *93 Days* as a central case to address these gaps.

Analysis and Discussion: 93 Days as Cinematic Public Health Narrative

This study provides a comprehensive analysis of Steve Gukas's (2016) film *93 Days*, examining its role as a cinematic representation of the 2014 Ebola outbreak in Nigeria. Moving beyond a surface-level synopsis, the analysis interrogates how the film reflects complex public health challenges, ethical dilemmas, and systemic responses within the Nigerian context. The central argument is that *93 Days*

functions not merely as artistic expression but as a potent medium for health communication and social advocacy, shaping public understanding and discourse around health crises.

The analysis is structured around key thematic areas derived from the film's narrative:

Crisis Management in Healthcare: Analyzing the portrayal of institutional preparedness and coordination.

Ethical Dilemmas and Sacrifice: Highlighting the conflicts faced by healthcare workers.

Media and Health Communication: Evaluating the role of information dissemination and public panic.

Collaboration and Global Solidarity: Examining the depiction of multi-level partnerships.

The analysis is framed by three interconnected theoretical lenses. Social Learning Theory (Bandura, 1977) explains how viewers may internalize behaviors by observing the actions and consequences faced by characters like Dr. Ameyo Adadevoh. Agenda-Setting Theory (McCombs & Shaw, 1972) provides a framework for understanding how the film elevates public health preparedness and healthcare worker sacrifice as issues of national priority. Finally, Narrative Persuasion Theory (Green & Brock, 2000) illuminates the mechanisms—such as emotional engagement and character identification—through which the story may foster changes in perception and empathy among its audience. By integrating these perspectives, this work positions *93 Days* as a dynamic social document that contributes significantly to cultural memory and policy discourse surrounding health crises.

Cinematic Synopsis and Narrative Framework

93 Days (Gukas, 2016) is a Nigerian thriller that dramatizes the country's successful containment of the 2014 Ebola outbreak over a critical 93-day period. The narrative centers on the medical team at First Consultants Medical Centre in Lagos, led by Dr. Ameyo Adadevoh. The plot is catalyzed by the arrival of Patrick Sawyer, a Liberian-American diplomat who collapses in Lagos while infected with the Ebola virus. Dr. Adadevoh's insistence on quarantining Sawyer, despite significant diplomatic pressure, forms the ethical core of the film and is depicted as the pivotal decision that prevented a national catastrophe.

The film traces the escalation of the crisis, documenting the infection of several healthcare workers, including Dr. Adadevoh herself, who ultimately succumbs to the virus. It portrays the initial sluggishness of the government response, followed by the eventual mobilization of emergency teams, public awareness campaigns, and crucial international collaboration with bodies like the World Health Organization. By intertwining the professional and personal struggles of its characters, the film transcends the medical thriller genre to become a powerful exploration of leadership, ethics, and public health resilience, memorializing sacrifice while critiquing systemic fragility.



Fig 1. Dr Adadevoh in the isolation ward

The film acts as a mirror, reflecting profound, systemic health challenges through its narrative and character-driven conflicts. The analysis identifies three central themes.

Sacrifice and Heroism

The film foregrounds the extreme personal sacrifice of healthcare workers. Dr. Adadevoh embodies this theme, her character representing moral courage and professional duty in the face of unprecedented risk and inadequate institutional support (Gukas, 2016). The portrayal of other medical personnel working under life-threatening conditions, often without sufficient protective gear, underscores a system that relies on individual bravery to compensate for structural failures. This narrative implicitly critiques a healthcare environment where heroism becomes a necessary response to systemic inadequacy rather than being supported by strategic preparedness. Dr Adadevoh's diagnosis is the foundational act of heroism in the film. When Patrick Sawyer, a Liberian-American diplomat with a blatantly dishonest travel history, becomes critically ill, Dr. Adadevoh (played by Bimbo Akintola) must trust her expertise over the patient's denials. In the examination room at First Consultants Hospital, Sawyer is deteriorating rapidly. He insists he only has malaria and refuses to be tested for Ebola, even threatening legal action as the following dialogue indicates:

- Dr. Adadevoh:** Mr. Sawyer, your symptoms... the bleeding... I strongly suspect this is Ebola.
- Patrick Sawyer:** (Agitated) I don't have Ebola! It's malaria. I just need my drip and I'll be on my way.
- Dr. Adadevoh:** (Firmly, with unwavering resolve) I cannot let you leave. I am sorry. I cannot let you leave this hospital. For your own safety and for the safety of the public, I am placing you in quarantine (Gukas, 2016).

From the above, heroism was depicted and this was borne out of moral and professional courage. Against immense pressure, a potential international incident, and without official backing, she makes a call that saves Nigeria from an unimaginable catastrophe. She prioritizes public health over individual demands, embodying the Hippocratic Oath in its truest form.

Another scene shows acts of the weight of leadership as typified by Dr David Brett-Major's resolve. Dr. Brett-Major (played by Danny Glover) represents the experienced, steady hand in the crisis. His heroism is one of leadership and calm under pressure. In a tense meeting with hospital staff and officials after the index case is confirmed, fear and panic are beginning to set in. People are questioning the protocols and the risks they are taking as indicated by the following:

Dr. Brett-Major: People are scared. I'm scared. But fear is a luxury we cannot afford right now. We have a protocol. We will follow it.

Staff Member: But what if it's not enough?

Dr. Brett-Major: (Looking around the room, his voice low but firm)
Then we will become the protocol. We are the barrier between this virus and twenty million people. There is no one else (Gukas, 2016).

The excerpt above depicts **Steadfast Leadership**. He acknowledges the fear but doesn't let it paralyze the response. He reframes their mission, transforming their personal risk into a collective, noble duty to protect an entire city.

Ethical Dilemmas

93 Days meticulously documents the ethical conflicts inherent in public health crises. The primary dilemma involves Dr. Adadevoh's decision to override patient autonomy and diplomatic pressure for the greater public good, highlighting the tension between individual rights and collective safety. The film further explores the moral burden placed on all healthcare workers, who must navigate their duty to care against legitimate fears for their own safety. In doing so, it raises urgent questions about the ethical sustainability of demanding sacrifice without providing robust institutional support and protection. At a crossroad between principled action and political pressure, Patrick Sawyer was quarantined. This is the central ethical conflict of the film. Dr. Adadevoh's decision to defy a powerful foreign government and her own hospital's initial reluctance to quarantine a patient embodies courage, integrity, and the primacy of public health. This is evidenced in the following excerpt (paraphrased for clarity):

Dr. Adadevoh: (to the hospital management and the Commissioner of Health): He is a high-risk contact from a country with a confirmed Ebola outbreak. He is symptomatic. If I let him go, he will get on a plane. He will go to a hotel. He will meet people. We will have an outbreak in a city of 21 million people. We cannot let him go.

A Manager/Hospital Representative (voicing the pressure): "The Liberian Ambassador is on the phone. He is threatening a major diplomatic incident. He says we are holding him against his will.

Dr. Adadevoh:

Then let it be a diplomatic incident. My first duty is to my patients and to this country. He is not leaving."(Gukas, 2016)

Ethical leaders do not ask their team to do anything they are not willing to do themselves. Dr. Adadevoh and Dr. Ohiaeri consistently demonstrate this. In one of the scenes, there is a critical situation in the isolation ward. A patient is in distress, and the risk of exposure is extremely high. A junior doctor or nurse is hesitant. Ethical leaders lead from the front as demonstrated from the following:

Dr. Adadevoh / Dr. Ohiaeri: Stand back. Let me handle this (Gukas, 2016).

They suit up and enter the most dangerous zone themselves, demonstrating that the leader shares the risk and bears the ultimate responsibility for the team's safety and the patient's care. Virtues of ethical leadership depicted from the foregoing are leaders lead by example. They do not just give orders; they are in the trenches with their team. They protect their subordinates by shielding the less-experienced staff from the gravest dangers as well as taking responsibility for most of the critical tasks.

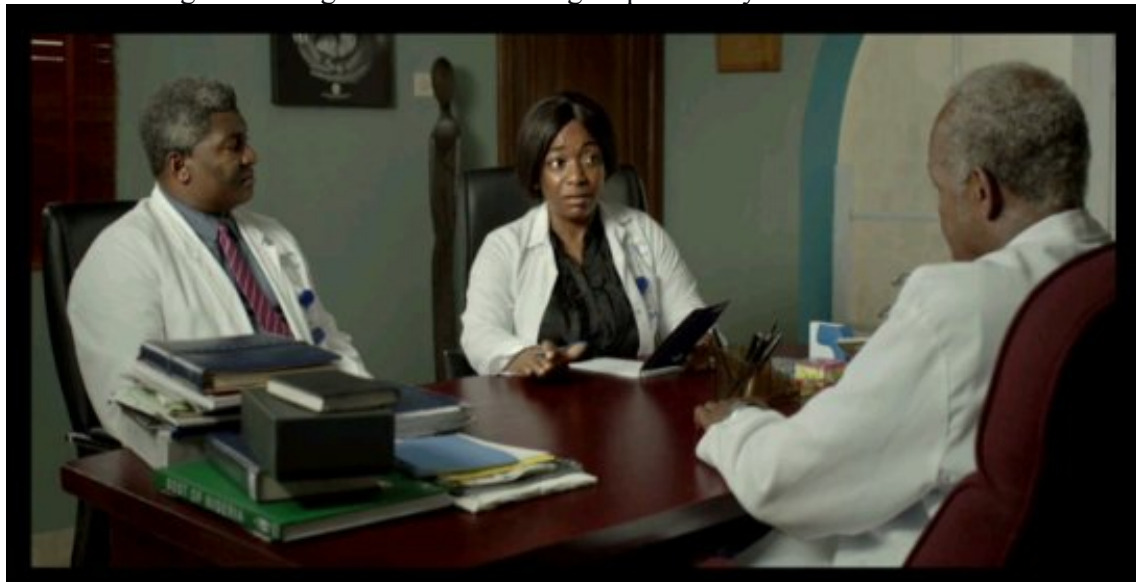


Fig 2. Dr Adadevoh insists on quarantining Patrick Sawyer

Public Health Advocacy

Beyond documentation, the film operates as a powerful vehicle for public health education. It demystifies complex concepts like quarantine protocols, contact tracing, and infection control, making them accessible to a broad audience. By dramatizing the rapid spread of misinformation and public fear, *93 Days* underscores the critical importance of timely, transparent communication from health authorities. The most direct form of advocacy is with the index patient himself, Patrick Sawyer. Dr. Adadevoh moves from being his physician to being an advocate for the millions of people he could potentially infect. This scene excerpt below was paraphrased from the a scene's dialogue:

Patrick Sawyer:

I have a conference to attend. I need to leave. You can't keep me here.

Dr. Ameyo Adadevoh:

Mr. Sawyer, you have come from Liberia, a country with a confirmed Ebola outbreak. You are symptomatic.

Until we can rule out Ebola, you cannot leave this facility.

Patrick Sawyer: I don't have Ebola! I am a diplomat. You are holding me against my will!

Dr. Adadevoh (firmly, with calm authority): "This is no longer just about you. If you leave this hospital, you will get on a plane. You will go to a hotel. You will meet people. You will be a risk to public health. I cannot allow that. My duty is to protect the people of this country." (Gukas, 2016).

From the above, Dr Adadevoh explicitly shifts the narrative from individual rights (Sawyer's freedom) to collective responsibility (public safety). She paints a clear, logical picture of the transmission chain for him to understand the consequences of his actions. The scene justifies the restrictive measure of quarantine as a necessary tool for the greater good. Furthermore, it serves as a form of policy critique, highlighting the state's initial slow response while also acknowledging the eventual success of multi-level collaboration, thereby advocating for a more integrated and resilient health system. A key part of advocacy is fighting for resources and correct protocols within one's own institution and with government bodies as captured in a composite of several scenes shown below:

Dr. Adadevoh: (*Dr. Adadevoh is on the phone with the State or Federal Ministry of Health.*) We have a suspected case. We need isolation tents, we need more personal protective equipment (PPE), we need a dedicated ambulance. We are not equipped for this. You must understand the scale of what we are dealing with.

A Bureaucratic Voice (on the phone): "Dr. Adadevoh, due process must be followed. The budget for this has to be approved..."

Dr. Adadevoh (interrupting, her voice strained but firm): "There is no time for due process! If this spreads, the 'budget' you are worried about will be a drop in the ocean compared to what it will cost to contain it. I am not asking. I am telling you what we need to prevent an epidemic."

As a public health advocate, she acts as a canary in the coal mine, insisting that the system move faster than its normal, sluggish pace. Aside from just sounding the alarm, she articulates the cost of inaction by arguing that spending money now on prevention is far cheaper than dealing with a full-blown outbreak later. She challenges hierarchies by being assertive and disrupting the chain of command to get what is critically needed.

Character Portrayal and the Humanization of Crisis

The film's power stems from its human-centered narrative, which personifies the outbreak through its characters, transforming a public health crisis into a deeply personal and socially reflective story.

Dr. Ameyo Stella Adadevoh

Dr. Adadevoh serves as the ethical and emotional anchor of the film. Her portrayal is nuanced, depicting a leader who is both professionally resolute and personally vulnerable. Her tragic death acts as a powerful climax, serving not only as a tribute to sacrifice but also as a stark indictment of systemic failures, including the lack of personal protective equipment and delayed governmental response. She becomes a symbol of moral leadership and the immense cost borne by individuals within a strained system.

Supporting Characters as a Systemic Mirror

The supporting cast represents the broader ecosystem of outbreak response, providing a multi-faceted view of the crisis: Dr. David embodies mentorship and institutional wisdom. Nurse Justina Ejelonu personalizes the vulnerability and sacrifice of frontline nursing staff. Dr. Ada Igonoh, a survivor, represents resilience and the psychological aftermath for health workers. Patrick Sawyer, the index patient, introduces themes of personal accountability and cross-border health risks. Government and International Officials illustrate the spectrum of bureaucratic delay, local agility, and essential global collaboration.

Cinematic Techniques as Health Advocacy Tools

The film's persuasive power is amplified by its deliberate use of visual and editorial strategies. These include:

Cinematography: The cinematography enhances the narrative's emotional and thematic weight. The use of close-ups captures the fear and determination on healthcare workers' faces, fostering audience empathy. A stark contrast in lighting—between the cold, sterile isolation wards and the warm tones of domestic life—visually underscores the psychological toll of the crisis. Handheld camera work during emergencies conveys chaos, while wider, steady shots contextualize the institutional scale of the response. The meticulous mise-en-scène, featuring authentic props like PPE and isolation signage, serves a dual narrative and educational function, subtly instructing viewers on infection control protocols.

Editing: The editorial strategy masterfully balances narrative tension with pedagogical clarity. Montage sequences compress time and space to depict the rapid escalation and multi-agency nature of the response. Cross-cutting builds tension between parallel events, such as hospital crises and government deliberations. The use of dissolves and fades lends emotional gravity to moments of loss, while the integration of real news footage blurs the line between fiction and reality, bolstering the film's authenticity and didactic impact. This approach transforms the editing suite into a tool for advocacy, visually representing systemic urgency.

93 Days as a Case Study in Health Systems and Societal Response

The film provides critical insights into Nigeria's healthcare infrastructure, juxtaposing institutional fragility with human resilience. It vividly portrays the lack of preparedness, including inadequate isolation facilities and critical shortages of protective equipment. However, it also documents the remarkable coordination that eventually emerged among local health workers, the Lagos State Government, and international bodies, which was instrumental in the successful containment.



Fig 3. Tense ethical debate between the hospital staffs and Lagos government representatives about informing the public.

The film further highlights the profound influence of societal and cultural factors. It shows how public mistrust in official messaging and the spread of misinformation complicated the response, demonstrating that effective crisis management extends beyond medicine to encompass communication, cultural competence, and the building of public trust. By framing the outbreak within this complex socio-cultural and systemic context, *93 Days* advocates for a holistic approach to health security that addresses both institutional weaknesses and societal dynamics. In a scene that opens on a tense press conference we see government officials, dressed in suits, speak from a podium, delivering stern, statistics-laden warnings about Ebola. Their message is clinically correct but feels distant and authoritarian. Cut to a bustling local market, later that same day. A market woman is surrounded by a small crowd.

Market Woman:

(Scoffing, waving her hand dismissively) "See this Ebola they are shouting about. Is it not the same thing they said about Bird Flu? And then they stole all the money? They just want to collect money from the white people and scare us. Me, I'm not shaking.

A man nods in agreement, adding, "My pastor said it is a spirit. Can a spirit be stopped by just washing hands? They are lying to us." **CUT TO:** Inside First Consultants Hospital. A young doctor, frustrated, watches a news clip of similar public reactions on a small television.

Junior Doctor:

(To Dr. Ohiaeri) "They don't believe us! We are here killing ourselves, and they are saying it's a scam. How do we fight a disease when people think it's a hoax?"

Dr. Ohiaeri sighs, the weight of the cultural chasm heavy on his shoulders.

Dr. Ohiaeri:

This is the other virus we must fight. The virus of fear and mistrust. We can have all the PPE and protocols in the world, but if we do not win the trust of that woman

in the market, it will mean nothing. We are not just doctors now; we are translators. We must take this science and make it make sense to *them*, on their terms." (Gukas, 2016).

This excerpt highlights the film's core argument of public mistrust, spread of misinformation, the limits of medicine and the holistic solution. The market woman's dialogue directly references historical corruption ("they stole all the money"), showing how past institutional failures poison present-day public trust. The mention of the pastor framing the disease as a "spirit" shows how cultural and religious beliefs can be co-opted to counter official messaging. The Junior Doctor's frustration embodies the purely medical perspective hitting a wall of societal resistance. Dr. Ohiaeri's weary response is the thesis of the film. He explicitly states that the crisis extends "beyond medicine" and that effective management requires cultural translation and trust-building—addressing both the "virus" of Ebola and the "virus" of mistrust.

Public Awareness

The 2014 Ebola outbreak in West Africa marked one of the most devastating public health emergencies in recent history. Nigeria's battle with the virus was short-lived but fierce, and its success in curbing the spread remains a case study in effective epidemic response. Steve Gukas' *93 Days* dramatizes this event, capturing both the heroism and systemic challenges within Nigeria's healthcare sector. Through a narrative that centers around real-life characters like Dr. Stella Adadevoh, the film not only tells a compelling story but also serves as a cinematic tool for health advocacy and public sensitization.

Narrative and Visual Strategies in Public Health Advocacy: *93 Days* uses gripping visual realism, suspenseful pacing, and emotionally resonant character arcs to communicate key public health themes:

Heroism of Health Workers: The film centers on frontline workers, especially Dr. Adadevoh, who sacrifices her life to prevent the spread of Ebola. Her depiction as a moral compass shows the weight of personal responsibility in healthcare delivery.

Disease Containment and Hospital Protocols: Detailed sequences illustrate the biosecurity measures taken at First Consultant Hospital. The excerpt as shown below clearly shows these sequences. The scene begins with a palpable shift in the hospital's energy after Dr. Adadevoh suspects Patrick Sawyer has Ebola:

Dr. Ohiaeri : *(His voice calm but firm, over the hospital intercom)*
Code Red. I repeat, Code Red. All non-essential personnel,
vacate the immediate isolation zone." (Gukas, 2016).

CUT TO: The anteroom outside Sawyer's ward. A team of nurses, their faces set with determination and fear, begins the elaborate donning of Personal Protective Equipment (PPE).

Sequence of Events:

Hand Hygiene: They start by meticulously scrubbing their hands and arms with antiseptic solution.

Base Layer: They step into heavy-duty rubber boots.

The Suit: They step into the stark white, full-body Tyvek suits. The sound of the rustling material is loud and ominous.

Respiratory Protection: They carefully fit N95 masks over their nose and mouth.

The Hood: They pull up the integrated hood, sealing the head.

Double Gloving: They don a first pair of nitrile gloves, taping the sleeves of the suit securely over the glove cuff with thick waterproof tape. Then, they don a second pair of gloves over the taped cuff.

Goggles/Face Shield: They secure sealed goggles or a full-face shield, ensuring no gap is left for potential splatter.

The Apron: A heavy plastic apron is tied over the suit for an additional fluid-resistant barrier.

CLOSE UP on a nurse's face, now barely visible behind the layers of plastic and glass. Her breathing is loud and slightly muffled, the only sound in the tense silence. She gives a slight, nervous nod to a colleague.

Dr. Adadevoh: (O.S.) Check your partner. No exposed skin. Not a single inch. (Gukas, 2016)

The nurses move in pairs, inspecting every seam, every piece of tape, tracing the seal of the goggles on their partner's face. It is a ritual of life and death.

CUT TO: Inside the isolation room, the world is muted. The only sounds are the beeping of monitors, the loud breathing of the suited figures, and the rustle of their PPE. Every movement is slow, deliberate, and precise to avoid tearing the fragile suit material.

This detailed sequence visually underscores the extreme measures required for biosecurity, transforming the healthcare workers into anonymous, shielded warriors and highlighting the immense physical and psychological burden of their duty.

These scenes not only educate viewers on how to handle viral outbreaks but also highlight the limitations of healthcare infrastructure in Nigeria.

Media and Public Communication: The film underscores the importance of timely, accurate information dissemination. The tension between government narratives and hospital realities reflects challenges in managing public fear and misinformation.

Cultural and Societal Beliefs: The film reveals how socio-cultural factors like distrust in government, reliance on spiritual healing, and stigmatization of patients complicate outbreak response. In the interior of the hospital corridor, Dr. Ohiaeri stands with a concerned nurse. Through a window, they look down at a small, angry crowd gathering at the hospital gates. Their shouts are muffled but audible:

Crowd (o.s.): *(Chanting)"Release them! Release them! It is a lie!"
A younger Doctor, frustrated, joins them.*

Young Doctor: They are protesting outside the isolation ward! They say we are holding their cousin for no reason. That we are being paid by foreign governments to experiment on people.

Nurse: *(Nodding, weary)* And his wife went on the radio this morning. She said her husband is not sick with any virus, that he is under a spiritual attack and only a prophet can help him.

Dr. Ohiaeri watches the crowd, his face a mask of grim understanding.

Dr. Ohiaeri: We are not just fighting a virus. We are fighting a history of broken promises, a fear of the white man's medicine, and the word of a prophet who promises a painless cure. How do you tell a man to trust a doctor in a plastic suit over a man of God who promises a miracle?

He turns from the window, the scene below a perfect storm of the real battle.

Dr. Ohiaeri (cont'd): If we let him go to his prophet, he will die and take others with him. If we keep him here, we look like the villains they already believe we are. This is the wall our science hits. (Gukas, 2016).

This excerpt reveals the socio-cultural complications perfectly which are: distrust in government/institutions, reliance on spiritual healing and stigmatization & misinformation. The crowd believes the hospital is part of a foreign conspiracy ("paid by foreign governments"), showing deep-seated mistrust. The wife's public assertion that it's a "spiritual attack" directly challenges the medical diagnosis and promotes an alternative, unsafe course of action. The protest is not for better care, but for release, fueled by the stigma of the hospital being a place of harm rather than healing. Dr. Ohiaeri's final line frames the outbreak not as a purely medical crisis, but as a crisis of trust where societal beliefs actively undermine the public health response.



Fig 5. Nigerian health ministry taking protocols

Insights into Nigeria's Healthcare System

93 Days portrays a healthcare system that is simultaneously vulnerable and resilient. On one hand, it highlights issues such as: inadequate infrastructure, shortages of protective equipment and political delays in intervention and on the other hand, it showcases the collaborative spirit of Nigerian doctors, global health organizations, and government officials who eventually unite to contain the crisis.

Impact and Educational Value

The film functions as more than just a drama; it becomes a medium of mass communication with potential to increase public understanding of infectious diseases, influence policy conversations on healthcare preparedness; inspire civic responsibility and professional ethics among healthcare workers. Educational institutions and public health bodies can leverage *93 Days* as a case study in outbreak response, ethics, and communication strategy.

Summary of Findings

This study undertook a critical analysis of Steve Gukas's film *93 Days* to elucidate its role in reflecting health and allied issues, specifically its portrayal of the 2014 Ebola outbreak in Nigeria. Through a qualitative approach employing content and thematic analysis, the research yielded several key findings:

Thematic Resonance: The film powerfully articulates critical themes of **sacrifice and heroism** among frontline health workers, profound **ethical dilemmas** in crisis management, and the **systemic inadequacies** within Nigeria's healthcare infrastructure.

Authentic Portrayal of Crisis: *93 Days* provides a dramatized yet fact-based narrative of the Ebola crisis, accurately highlighting the pivotal importance of timely intervention, rigorous quarantine protocols, and effective international collaboration in averting a national catastrophe.

Institutional Critique and Advocacy: While the film offers a stark critique of the fragility of Nigeria's health system—pointing to delayed government response and resource limitations—it also commemorates the decisive actions of individuals and institutions, thereby advocating for systemic resilience.

Socio-Cultural Dimensions: The narrative effectively demonstrates how societal factors, including cultural beliefs, public misinformation, and institutional distrust, significantly influence the trajectory and management of a public health emergency.

Cinema as an Advocacy Tool: The study confirms that the film transcends its entertainment value to function as a potent tool for public health communication, using its emotional narrative and cinematic techniques to educate audiences and raise awareness about epidemic response.

Contribution to Knowledge

This research makes several distinct contributions to the intersecting fields of media studies and public health:

It strengthens the scholarly argument for **film as a viable and effective medium for public health advocacy**, particularly in contexts where traditional communication channels may be limited.

It provides a **cultural and narrative-based analysis** of Nigeria's health crisis response, complementing existing empirical studies and offering nuanced insights into the human and systemic dimensions of the 2014 Ebola containment.

The study offers **theoretical validation**, demonstrating how Social Cognitive Theory (Bandura, 1986) operates within a cinematic context, where observational learning through media models can shape public perception and behavioral intentions regarding health crises.

It presents **practical implications** for filmmakers, policymakers, and educators, highlighting the potential of narrative film to influence public discourse, shape policy agendas, and foster a more health-literate society.

Conclusion and Directions for Future Research

In conclusion, *93 Days* (Gukas, 2016), stands as a significant cultural artifact that does more than document a historical event; it holds a mirror to the persistent challenges and resilient spirit within Nigeria's public health landscape. The film masterfully illustrates that while systemic weaknesses pose grave threats, ethical leadership, professional courage, and collective action are powerful counter forces in managing national emergencies. By humanizing statistics and translating policy failures into personal stories, the film demonstrates the unique capacity of cinema to inform, persuade, and inspire societal change.

Based on the findings of this study, the following avenues for future research are recommended:

Audience Reception Studies: Empirical research is needed to measure the film's actual impact on viewers' knowledge, attitudes, and behavioral intentions across diverse demographic and geographic segments within Nigeria and beyond.

Comparative Cinematic Analysis: A systematic comparison of *93 Days* with other global outbreak narratives (e.g., *Contagion*, Soderbergh, 2011; *Outbreak*, Petersen, 1995) could yield valuable insights into how cultural contexts shape the storytelling and rhetorical strategies of health-related cinema.

Expanded Scope of African Cinema and Health: Further scholarship should investigate how Nollywood and broader African cinematic traditions engage with a wider range of health and socio-political themes, such as non-communicable diseases, mental health, and environmental health, to map the continent's evolving narrative landscape.

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