

DAILY UPDATES



**Washington DC near the Potomac River
01 Dec 2008**

International AIDS Day! I was about to start my doctoral studies in Physiology when I was married on this day to an Australian medical student 35 years ago (I grew up in Australia).

God bless the memory of the young idealists we were (the marriage ended), and all the young idealists of our generation who died before HIV/AIDS went from being an invariably deadly disease when it was first recognized in 1981, to a chronic disease with the development of anti-retroviral drugs in 1995.

The general devastation of HIV/AIDS in Africa cannot be understated. But here is a statistic: malaria can kill within 48 hours of a human becoming symptomatic, and 500 times as many deaths in Africa result from malaria as HIV/AIDS. Untreated HIV/AIDS takes longer to kill.

When I was in Nairobi in August I was taken to see all new babies born that day in a small hospital: 2 babies. Both born to young women infected with HIV.

Post-Thanksgiving traffic, 2 traffic jams, a missed turn and general bad sense of direction resulted in my missing the conference. (When Dr Macharia Waruingi was with me, we never got lost). As I drove between the Potomac and the World War II memorial I realized I was doing the right thing. Celebrating life. Which is what we want all humans living with HIV/AIDS to do. God bless them all.

I took some lovely pictures of Washington (the one above shows you how lost I was), and plenty at the Museum of African Arts, where I ended up so that I felt like I had achieved something during my trip. I was wearing African clothes, but no-one noticed, or at least commented on them. Am I achieving my goal, of being African so effortlessly that my African clothes and African name look like they belong to me? I pray so!

Business Daily Africa - the international window into East African busin... <http://www.bdafrica.com/>

Business Daily Africa. Above, front page 04 Jan 2009, below, stories on coffee in November

02 Dec 2008

Coffee is a big deal in Kenya because Kenyan coffee is highly valued in world markets. I see 2 articles on coffee selling posted on *Business Daily Africa* (<http://www.bdafrica.com>).

The first article (November 4) includes a lovely picture of red cherry-like coffee beans growing on a bush, and reports that The Coffee Board of Kenya is getting ready to prosecute farmers who sell their coffee beans to anyone who will pay.

The second article (November 18) includes a picture of men emptying sacks of tan-colored coffee beans. It reports that the volume of coffee sold through the direct marketing system increased in the last one year.

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According to the Coffee Board of Kenya, according to the article, 83% more 50kg-bags were sold in the 2007 to 2008 season that ended in September. What this means is that coffee-selling is highly regulated; I hope we can have an article explaining how this works in Kenya. And how cocoa-selling is regulated in Francophone Cote D'Ivoire and in Ghana, which is a former British colony, as is Kenya.

I could only find information about the Coffee Board of Kenya on the website of the Kenyan Embassy to Japan (<http://www.kenyarep-jp.com>).

Dr Macharia Waruingi (<http://www.mjota.org/macharia.html>) told me that the first thing he remembered as a child was picking coffee beans, and later on as a child, he carried coffee beans along a dusty road to a processing factory. He told me more than once that nothing in his life was ever as hard as picking coffee beans. He showed me the road on Google Earth. I could see coffee bushes on the slopes of Mount Kenya. He told me that he had no idea what the beans were used for until he went to France to work in the Institute of Tropical Neurology after he had worked as an emergency room physician at Aga Khan University Hospital, and then Nairobi Hospital



(<http://www.mjota.org/images/mjota6malaria238-9hospitalsnairobi.pdf>).

Coffee is brewed at a lower temperature than tea, which is my drink of choice. I was taught that the kettle with furiously boiling water has to be poured onto the tea leaves. Water boils at 212°F; it can certainly burn. I looked through the National Library of Medicine database and found that damage from hot tea is likely to be throat scalding, and drinking scalding hot tea has been blamed on esophageal, stomach and throat cancers.

Coffee is generally brewed between 140 and 160°F. The temperature is on the low side in the coffee-maker which Dr Mac installed to brew his beloved Grade A Arabica, you can see a picture of it in the article Dr Mac wrote on health from wealth that *MJoTA* published last week (<http://www.mjota.org/images/mjota7leadership336-7Macharia.pdf>). Hot water can kill, if you pour it on yourself from a kettle filled with boiling water, and it has to be a large kettle. Hot coffee is too cold to even burn.

Last week a San Francisco court refused to prosecute a case in which hot coffee was thrown onto the male parts of man after he reacted abusively to a woman. Throwing coffee on anyone is always a bad idea, because although it is not dangerous, it can be humiliating. The goal of *MJoTA*, why *MJoTA* was started, is to celebrate the humanity, to shun humiliation and apologize profusely when our actions are perceived as ego-driven.

Coffee is a health issue. Certainly it is to coffee farmers if they are not paid enough to support their families. During 2009 *MJoTA* is planning several initiatives on health in farmers of tea, coffee and cocoa.

Dr Macharia Waruingi left, upper, talking to Quakers Allister Dodgson Blossfeld, and David Smith whose daughter Anne Smith survived the Rwandan genocide, and is now a health executive in Rwanda married to a Rwandan; below and left, lower, running a New Jersey World Cafe in Newton Quaker Meeting house in Camden.



DAILY UPDATES

03 Dec 2008

Odetta died. Powerful video interview on the *New York Times* website (<http://www.nytimes.com>).

She wanted to sing at President Obama's inauguration. A life well lived. May she rest in peace.

The reorganization of the *MJoTA* website is underway. We now have a traditional medicines page, where we have included 5 articles on traditional medicines (<http://www.mjota.org/medjtherapeutafrica/traditionaltherapies.html>). This page is heavily slanted towards Nigerian medicines, we welcome submissions from other countries, including countries in Asia.

Nonclinical Managing Editor Andrew Reinhart and Regulatory Managing Editor Elana Stolpner are preparing the 2009 publication plan of *MJoTA*. Any articles or suggestions for articles, please send to us at mjota@rocketmail.com. All staff (and we are all volunteers) have access to e-mail sent to this address.

We are reconstituting our Editorial Board. We have on it our favorite academic from Edo State, microbiologist and former Dean, Professor Afe Ekundayo PhD (we are preparing an article on her). We also have Dr Joe Molete from South Africa, who is CEO of BioPAD, Professors Ifudu and Coker from University of Lagos, and Professor Anastasia Guantai from University of Nairobi.

We need Editorial Board members from all over Africa, and all over the world whose hearts are in all countries of Africa. Their duties are to review papers 1 to 12 times a year; if you cannot review a paper at a particular time, we do not mind if you pass on it. If you are not interested, please recommend a scientist or health professional who is.

This is your journal, I am at your service working for health in Africa, working for

Articles on traditional medicine by, right, Beth G Berenbaum, and far right, Angus Dodgson Pekala, published in MJoTA 2007:1(2). Other articles published in other issues can be downloaded with these from <http://www.mjota.org/medjtherapeutafrica/traditionaltherapies.html>.

nothing, following the *MJoTA* dream of a healthy, vibrant Pan-African health and pharmaceutical industry.

We need to stop kids dying from malaria. We shall overcome malaria. Good night Odetta.



Traditional medicines in Nigeria, <http://www.mjota.org/medjtherapeutafrica/traditionaltherapies.html>. Above, from article on Professor Coker in Lagos.

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TRADITIONAL THERAPIES AND HIV/AIDS



Father and son Masal at Masai Mara National Reserve, Kenya. Photo courtesy Leone Scott.

Old, New Medicines and HIV/AIDS

I live in a developed country where I see the miracles of modern medicine, especially in the area of managing and prolonging life expectancy. Having seen modern medicine at work, I can easily trust modern techniques and therapies, the healthcare professionals who advocate them, and technology that supports them.

However in many parts of the developing world, humans are wary of these newer medications and treatments and for many reasons instead turn to what is traditional and familiar for them. For some, traditional medicine is the only type of healthcare known, and this is nowhere more evident than in rural Africa. When a human is sick or injured in the United States or Africa, the only options are either to seek help, or to do nothing and hope the illness or injury will go away. Poverty, lack of transportation and ignorance or lack of access to any possibility of help are likely to drive the latter option. The standard of care and the help that is available for humans seeking care differs greatly in countries and regions in Africa, as it does in the United States. Humans who seek unregulated therapeutic help are more likely to be poor and more likely to live in rural areas. However, most African countries have sophisticated training requirements for healers, many of

whom pass exams and become board-certified healthcare professionals and move to the United States. Additionally, most African countries do not regulate self-proclaimed healers, whose therapies for illness range from excellent to fraudulent. This article is an attempt to interpret the appeal and need for African traditional medicine practitioners to United States pharmaceutical professionals.

WHAT IS TRADITIONAL MEDICINE?

Healthcare in Africa is delivered by traditional healers as well as university-trained healthcare professionals. A traditional healer is a well respected community member who tends to ailments using traditional African medicine. This encompasses spirituality, divination, and supplements derived from herbs, plants, animals, and other natural substances. According to Pastor Osegi Edeorighalo (a native of Nigeria, and adjunct faculty at University of the Sciences in Philadelphia) traditional healers are, in general:

- 1) practitioners of spiritual medicine
- 2) practitioners of physical medicine by using plants and herbs to treat ailments.

Traditional medicine is holistic, which means it focuses on the ailment and also the whole patient. The healer tries to understand how the body or mind may be out of balance and how the illness or unhealthy condition was produced. Traditional medicine is defined by the culture in which it exists, and finds its strength in the humans who support it. Traditional medicine is religious and spiritually based, following the history, traditions, and customs of the community.

Traditional healers are the first line of care for many Africans, both because the healers are indigenous to the community and because their techniques are familiar and comforting, more so than the newer techniques which may seem foreign and impersonal. WHO estimates that up to 80% of the population of sub-Saharan Africa consults a traditional healer at some point. According to Avert.org, an organization promoting HIV/AIDS awareness, this can be additional to seeking medical treatment from university-trained healthcare professionals who practice biomedicine. Although biomedicine is available, according to Pastor Edeorighalo, it is not ingrained in the cultures and religions of Africa, and humans tend to gravitate towards what is familiar. WHO estimates that the ratio of traditional healers is 1 in 200, while

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TRADITIONAL MEDICINES AND HIV/AIDS

Access to Therapies

Not all Africans have regular access to university-trained healthcare professionals. For this reason, and others, as many as 80% of Africans seek treatment from traditional medicine, according to World Health Organization (WHO) statistics.

Traditional medicine refers to health practices, approaches, knowledge, and beliefs incorporating spiritual therapies, plant, animal, and mineral-based medicines, manual techniques and exercises. These are applied singly or in combination to treat, diagnose, and prevent illnesses or maintain health. Treatments may have been handed down through the generations, slowly being refined over time.

Clinically-tested antiretroviral drugs restore immune function in patients with HIV/AIDS, but their cost make them beyond the reach of many Africans, even at USD300 a year. Even when therapies are affordable or available at no cost, the isolation of rural communities means that getting to where the drugs can be taken can prevent access to them.

Lack of understanding about HIV/AIDS, and many Africans' long reliance on traditional healers has encouraged many to decide to use traditional medicine as a treatment for HIV/AIDS, even if they have been given clinically-tested HIV/AIDS treatments. Rural isolation, misunderstanding, poverty, and trust in traditional medical institutions all culminate in problems in getting clinically-tested drugs to Africans suffering from HIV/AIDS, and the help of the traditional healers may be the only way to alleviate the suffering.

AFRICAN PERCEPTION OF HIV/AIDS

A significant amount of misinformation is circulating about the use of traditional medicine to fight disease, worsened by HIV/AIDS being misunderstood by African governments. For years, leaders in Africa have denied the causes and effective treatments of HIV/AIDS.

The refusal to recognize HIV as the cause of HIV/AIDS, plus the claim that the disease HIV/AIDS was caused by poverty, hampered South African education about HIV/AIDS and thus HIV/AIDS treatment and prevention. At the International AIDS Conference in 2000, South African President Thabo Mbeki questioned the link between HIV and AIDS and caused an international uproar.

The efforts of WHO and UNAIDS to educate humans about causes and prevention of HIV/AIDS are easily derailed in countries where leaders do not believe them. Such leaders embrace traditional medicines, but often beliefs about the curative effects of such

WHO traditional medicine strategy

The main objectives of the WHO Traditional medicine activities are:

To facilitate integration of traditional medicine into the national health care system by assisting Member States to develop their own national policies on traditional medicine.

To promote the proper use of traditional medicine by developing and providing international standards, technical guidelines and methodologies.

To act as a clearing-house to facilitate information exchange in the field of traditional medicine.

From <http://www.who.int>

treatments outweigh any clinical evidence. South African Health Minister, Manto Tshababala Msimang, famously urged citizens to eat beetroot and garlic to fight off HIV/AIDS, scoffing at the clinically proven antiretroviral agents.

Readers reported in a 12 Feb 2007 article that President Yahya Jammeh of Gambia declared he could cure HIV/AIDS and tuberculosis with his special treatment derived from 7 herbs. No scientific evidence has been reported supporting his claims. With such treatments abundant and trusted in Africa, discerning which treatment is best is difficult.

TRADITIONAL MEDICINE IN AFRICA

One reason traditional cures are embraced so firmly is the integration of traditional healers into every aspect of an African human's life. The healers have spiritual as well as medical roles in their communities, and are involved in traditions such as religious celebrations and moral guidance that make them much more trusted than university-trained healthcare professionals. Gambian President Jammeh insists that any human taking his treatment cease antiretroviral therapies, as do many other traditional healers, in the correct understanding that antiretroviral therapies and traditional therapies interact.

Traditional healers are known for incorporating secret herbal concoctions to aid their patients, a trait related to the mysticism of their position. As a result, herbal treatments vary widely among traditional healers; herbs vary as do their preparation in treatments. While from the standard of modern, clinically-tested standardized biomedicine this is unacceptable, for most of Africa these traditional healers are the only form of healthcare available, and in all cases are usually the most affordable and accessible option. As they are often the only healthcare options

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04 Dec 2008

I heard about the 06 to 08 October 2008 Abuja conference from Professor Ifudu when I was staying with him and his wife in their house at the University of Lagos in April.

I later heard about it from Dr John Afele of Ghana in May when Dr Macharia Waruingi and I visited him at the World Bank, and then again from Professor Guantai when I visited her and talked with the Pharmacy faculty at the University of Nairobi in Kenya in August.

I knew the conference was going to be big and extremely important for the pharmaceutical and health industry across Africa. I wish I had been there, not sure why I was not. They have published a wonderful report on the proceedings. I am looking for papers presented by anyone who was there, and pictures.

According to reports of the conference, which was the first convening of the African Network for Drugs and Diagnostics Innovation, the inaugural meeting was attended by over 200 scientists, policy makers, donors, business leaders from over 21 countries. Putting this in context, Africa alone has 53 countries. Nigeria, Kenya and South Africa were well represented, especially the host country, Nigeria.

More about the conference and a 112-page book on abstracts is posted on <http://www.who.int/tdr>.

05 Dec 2008

Another cold December day in New Jersey. I am getting a few responses to write articles on cocoa, tea and coffee, mostly from US-based scientists who are figuring out how they will get through the dark and damp of winter.

I made some corrections on my small essay on tea and coffee. The *Daily Update* is meant to be a chat, and a guide to what is inside *MJoTA*, all *MJoTA* articles are reviewed. The *MJoTA Daily Update* is not. I certainly did an extensive literature search for harmful topical effects of tea and coffee swallowing and spills.

My description of coffee processing plants and small boys carting coffee beans has been disputed. I call for anyone who grew up in a coffee-growing family to tell me what

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LEADERSHIP

Pharmaceutical Industry in Kenya.
The pharmaceutical industry in Kenya is growing and within the next 20 years we expect that the research and development of drugs, devices and vaccines needed for Kenya and the other East African countries (Burundi, Rwanda, Uganda, and Tanzania) will be done in East Africa. We are working towards this goal in the Ustawi companies (which publish MJoTA).
On 29 Aug 2008 Ustawi principal in Nairobi, Theuri Ywa (immediately below) and I (in green) visited the Faculty of Pharmacy at the University of Nairobi is guests of Professor Anastasia Guantai (pictured below in blue), who is Professor of Pharmacy and past Dean of the Faculty. Mr Mwai is working with the faculty in Nairobi to realize their vision for Kenya; he took these pictures during our visit.

By SJ Dodgson BSc(109g), PhD




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UNIVERSITY OF LAGOS

UniLag Mission
To provide a conducive teaching, learning, research, and development environment where staff and students can interact and compete effectively with their counterparts both nationally and internationally in terms of competence and zeal to add value to the world.

UniLag Vision
To be a top-class institution for the pursuit of excellence in knowledge through learning and research, as well as in character and service to humanity. From <http://www.unilag.edu>.

Knowledge through Learning and Research
Founded in 1962 by an Act of the Federal Parliament, the University of Lagos (UNILAG) began with 123 students. Today, the University has more than 39,000 students, a total staff of 3,365, and offers degree programs ranging from Social Sciences, Pharmacy, Business Administration, and Medicine.

LOCATION
UNILAG has 2 campuses: the main campus at Akoka, Lagos; and the College of Medicine in Idi-Araba, Surulere. Both sites are located in the Mainland of Lagos, with the main campus located on 902 acres of land in Akoka, North Eastern part of Lagos, Lagos.

HOUSING ACCOMMODATIONS
Due to factors such as high rent, cost of transportation, and traffic, housing accommodations are made for over 6,000 students on the University's 13 halls of residence. Allocation of student housing is as follows: final year students, Students' Union Executives, foreign students, sportsmen and women, and first year students. Of the 6,000 students living in university housing, many are foreign students.

FINANCIAL ASSISTANCE
Various forms of awards and scholarship are offered at the University to assist students in their financial obligations. Scholarships available to undergraduate can be awarded through the African American Institute, Association of African University, Commonwealth Scholar, Nigerian Army and Navy Scholarship, Standard Bank of Nigeria Limited. Scholarships available to postgraduate students are awarded through the Senate and designed to encourage graduate students of exceptional merit to undertake studies for higher degrees.
The Work-Study Programme (WSP), wholly operated



Above, down from the shore on the Akoka campus. The bridge is filled with cars and trucks travelling across Lagos State. Below middle, engineering building on Akoka campus (donated by Julius Berger PLC) 200 yards from the waterfront. Below bottom, building construction on Akoka campus.






University of Nairobi Faculty of Pharmacy; University of Lagos
<http://www.mjota.org/images/mjota7LeadershipPharmacyUoN.pdf>;
<http://www.mjota.org/images/mjota5Diabetes112-4unilagJW.pdf>;
World Bank <http://www.mjota.org/images/mjota6malaria225worldbank.pdf>

it was like. This is a human issue, and *MJoTA* exists to explain the human element in health. This topic is not closed, and may be linked to the stories of genocide of the Kenyan Kikuyu peoples that Harvard's Dr Caroline Elkins reported (1.5h video on <http://video.google.com/videoplay?docid=-4825098311863655988>). And may not be. You tell me. All stories here are meant to push along an agenda: awareness that children are dying of preventable diseases, and creating a dialog to find out ways to keep them alive and productive to old age.

Tea has always loomed large in my family. I know that before we had a major migration of humans from India into New Jersey, I leaped on every opportunity to visit England to buy good Indian tea. I had never heard of Kenyan tea.

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USTAWI VISITS THE WORLD BANK



Ustawi at the Second African Diaspora Meeting at the World Bank
The day after Memorial Day, Ustawi International (Ustawi) participated in the 27 May 008 meeting of the African Diaspora hosted by the World Bank in its headquarters in Washington DC. Ustawi principals Dr Dodgson and Dr Macharia Waruingi took this event seriously and got all rested up. Dr Dodgson and Waruingi showed up before 8am, and were told the number of seats was limited and access was only promised to Dr Waruingi. After 15 minutes or so the way was cleared for Dr Dodgson and that was when Ustawi took seats in the bowels of the World Bank, surrounded on all sides by posters proclaiming the World Bank's interest in global health. The purpose of the day-long World Bank-African diaspora meeting was to tell the Diaspora what was going on at the World Bank (they fund large projects), who they fund (only governments), what the World Bank Group organizations are (MIGA, IFC, BRD, IDA, ICSD) and what data are on the World Bank website (lots). Ustawi listened all morning, leaving for a meeting with MIGA for a hospital project they are working on, and returning to a lunch that was insufficient for the invited guests. They then took their seats again and listened politely all afternoon, with Dr

Waruingi asking questions about accountability that seemed to bring out the deafness in the speakers. Ustawi determined that the World Bank is achingly slow, and even though the organizers assured us they are interested in Diaspora meetings to discuss development and global health, Ustawi believes they are not. Ustawi made a special trip to Washington to meet with World Bank officials 2 weeks after the African Diaspora event to talk about organizing meetings with the African Diaspora. The World Bank blew off Ustawi. Which Ustawi had expected after years of listening to the World Bank. God bless them, the World Bank is stuck with their mandate which has caused untold misery in sub-Saharan Africa. Undeterred, Ustawi is organizing World Cafe conferences anyway. The first is July 26 at 6pm at Newton Quaker Meeting on Hudson Avenue New Jersey 07030. 1 block from the Ben Franklin Bridge and across the street from Rowan University, Camden County and Rutgers University buildings. The World Bank is invited, and will be welcomed joyously, as will be anyone else interested (contact e-mail: ustawi@idinc.org). These pictures were taken at the World Bank meeting. After the meeting was over the World Bank rolled up the posters, which Ustawi hopes is not a metaphor for their interest in global health.

By SJ Dodgson BSc(Hons), PhD

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Now all the tea I buy is Kenyan, from my favorite super-market which is run by Indians for Indians. They sell hot chapatis.

I do not know the whole story about the tea plantation my great-grandfather (Charles Heathfield Dodgson) and great-grandmother ran in Darjeeling in India. I do know that it killed my great-grand-father, whose "weak lungs" prevented him from using his Cambridge law degree in England. Tea planting was something European settlers did in India, and in Africa; and also coffee planting. Seems to me these enterprises caused a lot of trouble and a lot of health problems in the humans needed for labor.

I am calling for an entire issue of *MJoTA* on tea, coffee and cocoa (http://www.mjota.org/images/mjota_issue4_tb_28-30_choco_sjd.pdf): I call for papers on exploring the relationships between these crops and health. I will work closely with anyone interested.

I have been working with an author on a manuscript on Zimbabwe. The Cato Institute (<http://www.cato.org/zimbabwe>) reports that this is the first country with hyperinflation this century. What that means is that they have abandoned the cash economy; and that many, perhaps most (I have not been able to find out) health professionals have left the country.

Also in the works is an article on Aga Khan hospital, we have already an article on Nairobi hospitals in which Aga Khan Hospital was mentioned (<http://www.mjota.org/images/mjota6malariahospitalsnairobi.pdf>; first page below). The Aga Khan network of philanthropy is wide-ranging and effective. *MJoTA* is looking at publishing a lot of arti-

cles about the Aga Khan network in the future. *MJoTA* loves to celebrate success.

08 Dec 2008

The United States has only one current enduring story: the collapse of the economy and how President Obama will handle it. This has affected everyone we know. I meet frequently with pharmaceutical industry professionals, a lot have been laid off, and a lot have been unemployed for months. In my 25 years working in the pharmaceutical industry, I have never seen continued unemployment in seasoned professionals. They generally jump from one company to another. Not now.

At the Corporate Council on Africa Health Forum last month I heard from Kenyan businessmen that the US economy collapse was not affecting Kenya (<http://www.africacncl.org>). I see today from the pages of the wonderful Kenyan newspaper *Business Daily* (<http://www.bdafrica.com>) that the economy is not doing so well in Kenya. Money from China is tighter. Credit has evaporated: the headlines last night were all about the *Chicago Tribune* filing for bankruptcy because the buyers wanting assets could not find credit.

At my end, I am advising all medical writers and clinical professionals to take any job they can get. I am still hearing things like "I won't take half the pay I got last year." My advice is, take it. Take anything. Earn a living however you can, but make sure it is honest.

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HOSPITALS IN NAIROBI



Nairobi has more than 10 hospitals, a lot more, but only the biggest ones are listed in internet search engines and reviews.

Ustawi CEO Macharia Wairungi MD, DHA worked in 2 Nairobi hospitals in the 1990s before and after his neurology residency France, until moving to the United States to Boston to work in Harvard hospitals in 2002. The Nairobi hospitals were Kenya Hospital, Nairobi Hospital, Nairobi Hospital. The cardiology section of Nairobi Hospital was run by married cardiologists Dr Betty Gikonyo and Dr Dan Gikonyo for more than 2 decades. In 2006 their vision for an independent cardiology hospital was realized with the opening of the 102-bed The Karen Hospital. Dr Betty Gikonyo is the CEO of The Karen Hospital, Dr Dan Gikonyo is the Chief Physician (and Physician in the grounds of Kenya) and the Chairman is Mr James Magaya, who founded Daystar University which has graduated over 6,000 students.

Nairobi Hospital is a private hospital, not affiliated with the University of Nairobi with over 600 beds. I was told this had originally been a hospital for Europeans, and until recently, European medical personnel were brought in from Britain to run and staff the hospital. The hospital is now under Kenyan management, but it remains the elite, most expensive

The Karen Hospital, Karen, Kenya.

I was sitting next to a young European school student who was returning to England, his birthplace, after his summer vacation with his family in Karen. His father is a senior health professional in Nairobi and he earnestly told me his father is doing good things in Kenya, and hopes that I was too. He told me that he had lived in Kenya since he was a baby, and his family only goes to The Karen Hospital for minor health problems; the doctors are just not as experienced as they are in Nairobi Hospital. My own observations and information I have gathered about The Karen Hospital dispute this: I tell this story to explain that prejudices from colonial times remain and need to be overturned with marketing. If we are to start selling Kenyan hospital care internationally, we need to ensure that everyone in Kenya knows the life of every human is in safe hands.

The very biggest hospital in all of Kenya, is Kenyatta Hospital, which is in Nairobi and is government-owned. Kenyatta Hospital is in the grounds of the University of Nairobi; the public relations office was in a building 50 feet from the building housing the Faculty of Pharmacy. Kenyatta Hospital has 1,800 beds and, according to its website, more than 3000

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CHOCOLATE

Chocolate and blood flow

Shiina Y, Funabashi N, Lee K, Murayama T, Nakamura K, Wakatsuki Y, Daimon M, Komuro I. Acute effect of oral flavanoid-rich dark chocolate intake on coronary circulation, as compared with non-flavonoid white chocolate, by transthoracic Doppler echocardiography in healthy adults. *Int J Cardiol*. 26 Nov 2007.

DEPT CARDIOVASCULAR SCIENCE & MEDICINE, CHIBA UNIV GRAD SCH MEDICINE, 3-8-1 INOHARA, CHUO-KU, CHIBA CITY, CHIBA 260-8670, JAPAN.

They measured coronary flow velocity reserve by noninvasive transthoracic Doppler echocardiography in 39 healthy men (23 to 40 years of age) in a randomized, single-blind trial lasting 2 weeks. Subjects ate daily either 45g flavanoid-rich dark chocolate plus cacao polyphenol 550 mg/day or 35g non-flavonoid white chocolate. Coronary flow velocity reserve was assessed before and after 2 weeks of intake.

Flavanoid-rich dark chocolate consumption significantly improved coronary flow velocity reserve (3.38±0.49 before intake, 4.28±0.85 after intake, $p<0.01$). Non-flavonoid white chocolate consumption did not (3.28±0.49 before intake, 3.16±0.49 after intake, $p=0.44$).

Chocolate and platelets

Flammer AJ, Hermann F, Sudano I, Spieker L, Hermann M, Cosser KA, Serafini M, Luscher TF, Ruchatzka F, Holl G, Corti R. Dark chocolate improves coronary vasomotion and reduces platelet reactivity. *Circulation*. 2007;116:2374-82.

CARDIOVASCULAR CENTER, CARDIOLOGY, UNIV HOSPITAL ZURICH, RAEMISTR 100, CH-8091 ZURICH, SWITZERLAND.

They assessed flavanoid-rich dark chocolate or cocoa-free control chocolate effects on coronary vascular and platelet function in 22 heart transplant recipients in a double-blind, randomized study. Coronary vasomotion was assessed with quantitative coronary angiography and cold pressor testing before and 2 hours after ingesting 40g dark (70% cocoa) chocolate or control chocolate, respectively. Two hours after ingestion of flavanoid-rich dark chocolate, coronary artery diameter was increased significantly (from 2.36±0.51 to 2.51±0.59 mm, $p<0.01$), whereas it remained unchanged after control chocolate. Endothelium-dependent coronary vasomotion improved significantly after dark chocolate

late (4.5±1.4% versus 4.3±1.7% in the placebo group, $P=0.01$). Platelet adhesion decreased from 4.9±1.1% to 3.8±0.8% ($P=0.04$) only in subjects eating dark chocolate. Dark chocolate induces coronary vasodilation, improves coronary vascular function, and decreases platelet adhesion 2 hours after consumption. These immediate beneficial effects were paralleled by significant reduction of serum oxidative stress and increases in serum epicatechin concentration.

Chocolate and blood pressure

Taubert D, Roessen R, Lehmann C, Jung H, Schminig E. Effects of low habitual cocoa intake on blood pressure and bioactive nitric oxide: a randomized controlled trial. *JAMA*. 2007;298:49-56.

DEPT PHARMACOLOGY, UNIV HOSPITAL COLOGNE, COLOGNE, GERMANY.

A randomized, controlled, investigator-blinded, parallel-group trial included 24 women and 20 men

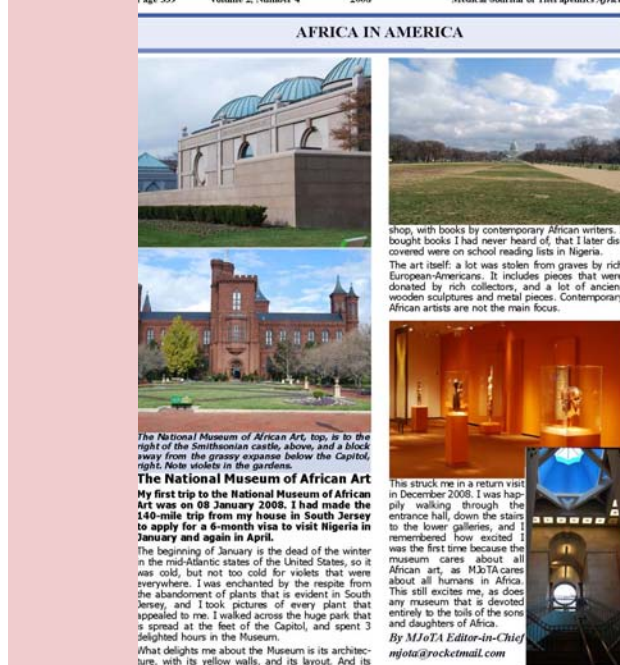
DAILY UPDATES

09 Dec 2008

MJoTA joined the African American Museum of Philadelphia (<http://www.aampmuseum.org/home>) on Saturday - and fell into a honey pot. The museum hosts events every Saturday afternoon; the one we went to was on tying quilts.

We publish the story today in MJoTA and urge all living in Philadelphia or visiting Philadelphia to visit the Museum at every opportunity. *African American Museum of Philadelphia*. WA Waruingi Med J Therapeutics Africa 2008,2(4): 338, <http://www.mjota.org/images/mjota8Leadership338AAMPwaw.pdf>.

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10 Dec 2008

I visited Washington DC last week for a press conference I missed, and visited the National Museum of African Art instead. On the principle that when life throw you a lemon, make lemonade: I prepared around some pictures I took. *National Museum of African Art*. WA Waruingi Med J Therapeutics Africa 2008,2(4):339, <http://www.mjota.org/images/mjota8Leadership339nationalMuseumAAwaw.pdf>.

Really the problem is that on a global scale, incompetence is often rewarded. If we lived in a logical universe, I should have been miserable and had a rotten day when I could not find the press conference. Not happily taking pictures of every angle of a sea-blue stairwell and sunshine walls.

But we do not live in a logical universe. As I tell myself, if anything looks rational or logical, it is a coincidence. Like when the cat comes when she is called.

11 Dec 2008

I posted the article on the National Museum of Art yesterday. In it, I made reference to my delight at its bookstore. I bought 3 books: one was *When Things Fall Apart* by Chinua Achebe.

Follow this link for a wonderful audio interview of Dr Achebe: http://www.loc.gov/today/cyberlc/feature_wdesc.php?rec=447.

I read Dr Achebe's book in Nigeria, when I spent 10 days working on a movie on malaria in the Surulere film studio of Pastor Osagie Egoro-Ighalo. Washing from a half-bucket of water, working whenever the power came on or when the generator worked. The Nigerian movie industry is in Surulere where power is infrequent, and when we had power, we had water. Hence the bucket. At that time Ghana beat Nigeria in the second round of the Africa Cup. <http://www.mjota.org/images/mjota5Diabetes115-6movie.pdf>.



We publish this week an article: *Hypertension in Ghana: treatment, management, and prevention* Amy C Fesmire. Med J Therapeutics Africa 2008,2(2):162-4. <http://www.mjota.org/images/mjota5Diabetes1624hypertension>

DAILY UPDATES

ACF.pdf

12 Dec 2008

The international crisis that was all over the papers last week was the cholera epidemic in Zimbabwe, and how a country handles such a huge threat to public health when most of the healthcare professionals have left the country. I read from a Zimbabwean source that 7 of the 8 nursing schools have closed down; the enrollment application rate is around 10,000 for the few (I don't know how many) slots in the open nursing school; and the government has issued an edict forbidding pregnancy in the nursing students.

Which edict is amazing on so many levels. How is family life continuing in Zimbabwe? I hope it is. I pray it is. Fervently.

We are still working on the article by Ethiopian physician Dr Tewodros Teketel on his 2007 work with *Doctors Without Borders* in Zimbabwe.

I am looking to contact with Zimbabwean professionals. They may or may not be inside Zimbabwe: *MJoTA* has a policy of keeping sources confidential and anonymous if

requested.

I have met 3 professionals from Zimbabwe over the past 10 years, 2 were part of the European colonist population, the other was a lady working with the Zimbabwean Red Cross I met at an over-the-top party a pharmaceutical company hosted in a castle in Barcelona during the International Aids Conference in 2002. She told me that all her people had for HIV/AIDS was "roots and leaves".

Zimbabwe has both progressed and deteriorated since that time. We will keep you posted. Please contact *MJoTA* if you have a personal story about Zimbabwe. E-mail for all *MJoTA* staff is mjota@rocketmail.com; office phone or text: is 001-609-792-1571. We have international phone cards, we will call you back.

Washington DC in December. Below, Supreme Court; left, the Capitol from the Supreme Court; left lower, inside the Library of Congress; below lower, Ghandi.



DAILY UPDATES

15 Dec 2008

MJoTA is on the move! I rode a lot of trains on Friday to New York to get to the celebration by Kenya of kicking out the British from Kenya on 12 Dec 1963.

We were guests at the Kenyan celebrations of the Ambassador, below right. Other guests included *MJoTA* friend Sasa Mercy, below left at far right and Rockefeller Foundation research associate Lillian Chege, right middle at left.

Afterwards I was taken by a Jamaican, a Nigerian and a Ghanaian to a celebration at the Egyptian mission to the United Nations. Kenya is in Africa, so is Egypt. Very interesting contrast. The Egyptians had a belly dancer.

Conversations are solidifying around an October conference. Dr Elana Stolpner is interested in convening foreign and US licensed physicians with the goal of finding out why physician licensing is so difficult. My parents walked off the boat in England (my mother trained in Belfast), Ireland (my father trained in London), New

Zealand and Australia, and immediately started practicing medicine. If this worked for the British Empire, why can it not work for the world.



DAILY UPDATES



Above, advertisement to be a participant in a clinical trial on the subway train from Maryland towns to Washington DC. Below, Center for Global Development panels with Nancy Birdsall and Dr Carol Lancaster.



17 Dec 2008

Two amazing days in DC Monday and Tuesday. The Center for Global Development (<http://www.cgdev.org>) frequently offers free lectures and panel discussions.

The lecture on Monday night was on demographics, you can read about it on their web-site: *How Much Do Demographic Factors Influence Infrastructure Demand in Developing Countries?* The speakers were Dr Peter Heller who is a former director of the International Monetary Fund, and Dr Vijaya Ramachandran of the Center for Global Development.

The panel discussion on Tuesday afternoon was on measures of the effectiveness of global aid: *If It Doesn't Get Counted, Does It Count? New Measures of Aid Quality for Microfinance, Humanitarian Aid, and Everything Else*. Panelists and discussants were Silvia Hidalgo, Director General, DARA International; Alexia Latortue, Senior Microfinance Specialist, CGAP; and Nancy Birdsall, President, Center for Global Development; Carol Lancaster, Director, Mortara Center for International Studies, Georgetown University; and Paul O'Brien, Director of Aid Effectiveness, Oxfam America. The event was moderated by David Roodman, Research Fellow and CDI Project Director, Center for Global Development.

I just love carefully calculated numbers and accountability: wonderful. We will not have peace and stability in Africa, or anywhere, without both.

The phone rang for me to take part in a television voice-over interview while I was walking down Massachusetts Avenue, towards the Kenyan Embassy. Walking past the statue of the Mahatma Gandhi, reading his words, looking for inspiration and strength so I can move forward to fight what matters after severe professional and personal beatings this year.

What I learn from Gandhi, and from my hero Florence Nightingale is to wipe off the spit, let the scorn drip off, bandage my broken limbs and keep my eye on the prize: we need to work together to cure malaria.

Because so many humans are decent and good and deserve our full attention. I have met so many honorable men and women this year, I will not stop believing in the good of humanity, in the power of love and in the absolute necessity of trusting my associates and friends.

We have weekly *MJoTA* chats from January 5 on Mondays from 7 to 9pm Eastern Standard Time: this is open to all, ask us for a call-in number. You will never be asked to publish an article or to read an article. We do charge for medical writing training and coaching. My Skype address is ProfessorDodgson. All in *MJoTA* can access e-mail and calendar at mjota@rocketmail.com.

DAILY UPDATES

18 Dec 2008

I have been hearing stories of poisoned medicines from Nigeria all week, and am reading that blame is being poured on NAFDAC, the Nigerian drug regulation authority.

NAFDAC (<http://www.nafdacnigeria.org>) has a Sisyphean task, of doing their best to make sure counterfeit drugs don't end up for sale in roadside pharmacies (called chemists throughout Africa, Australia, UK). Look at a map of Nigeria: it has land borders all around and it has many enemies and many bandits trying to make dollars quickly. An easy way to make money is to use the easiest solvent for drugs, ship drugs to chemists, take the money and run (<http://www.mjota.org/images/DEGkills.pdf>). And then the bandits do not hear the screams of anguish of grieving parents who gave their children what they believed was sophisticated medicines, but was really deadly poison.

NAFDAC is doing a tremendously useful job. I toured their facilities. Read an article by Professor Coker on what a drug has to do to get regulated in Nigeria. Don't blame the victims, which are NAFDAC and Nigeria.

The 4 happiest days of the year for me are the anniversaries of the days on which I gave birth to 3 baby boys and 1 baby girl. Today is one of these days because on this day in 1982 I gave birth to a baby boy. Miles Pekala BEng, MS (robotics) wrote the perfect LinkedIn resume. Immensely proud of him (<http://www.linkedin.com/pub/9/268/651>).

Philadelphia was 3 feet deep in snow. I went to a winter solstice party with my then husband (he is an eye surgeon) and my first-born son. Most of the evening I was talking with Ronald Coburn MD who the following year stayed with his first wife with my mother in Australia. He made an occasional comment about how Winston Churchill was born in a closet when his mother was at a

LATIN AMERICA & HAITI WEB SITE

Ronald F. Coburn, Editor; Lawrence S. Hale, Webmaster
(Organized by the Delaware County Pledge of Resistance)

info@delcopledge.org (215) 471-0791
Volume 002 Fall 2008

We publish articles describing life in different Latin American countries and Haiti; these will include human interest pieces, political analysis, discussions of US relationships. We will emphasize pieces about indigenous peoples, labor and human rights, and descriptions of legislative initiatives that affect these countries and the US. We will publish literary pieces. Some of our articles will be reprinted from other sources. WE WILL CONSIDER SUBMITTED MANUSCRIPTS.

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party. I went straight from the party to the hospital and gave birth the next morning.

I was doubly blessed on the day of the party: in the morning from the Department of Physiology, University of Pennsylvania I mailed a manuscript to Journal of Biological Chemistry which described a metabolic function of carbon dioxide (http://www.mjota.org/images/JBC1983_SJ_Dodgson_et_al.pdf). As my son grew so did this work; this work kept me funded and in the laboratory for another 14 years. I love lab work and research more than anything I have ever done, always seemed to me each morning was another opportunity to discover something no-one ever knew before. Ronald Coburn always shared this enthusiasm in the lab and in his humanitarian work in Haiti (<http://www.delcopledge.org>); it is his birthday this week too. God bless you Ron for a life lived in service of others.

MJOTA really cares about basic research, because it is the purest form of discovery and invention. In 2009 our goal is to facilitate one single transfer of large capital to build infrastructure in a country of Africa. Our team is assembling: we need colleagues who understand that trust and love is the basis of working together.



NAFDAC CARES

NAFDAC NIGERIA

Safeguarding The Health of the Nation

The National Agency for Food, Drug Administration & Control

HOME | ABOUT | FOOD | DRUGS | COSMETICS | TARRIFS | THE DIRECTOR GENERAL | DRUG DISTRIBUTION

Banned Substances Blacklisted Companies Ceiled Products Forms Regulation

The National Agency for Food and Drug Administration and Control (NAFDAC), established by Decree No. 15 of 1993 as amended is a Parastatal of the Federal Ministry of Health, with the mandate to regulate and control quality standards for Foods, Drugs, Cosmetics, Medical Devices, Chemicals, Detergents and packaged water imported, manufactured locally and distributed in Nigeria.

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19 Dec 2008

Whatever is going on in the world seems to have stopped this week. I am hearing from Kenya, Nigeria, South Africa, Ghana that the offices are closed. So you had better just do whatever you can to have a great Christmas. What I always do is grumble about not being in Australia swimming and running along the beach and eating mangos, and to compensate I light candles. Lots and lots of them. When my 3 adult sons show up they always run around the house blowing out what they consider excess. Followed by my daughter who relights them. This makes everyone happy.

And is a great metaphor for large donor aid to Africa.

The first issue of *MJoTA* was produced by students of the Univ Sciences in Philadelphia: mostly European-Americans and wildly enthusiastic. Articles were written about malaria successes and failures: the recipe for success appeared to be a single person adopting a school and putting his or her heart and soul into it with help from a church group. We have several articles on Kenya that we have published in *MJoTA*. Link to the article by Kathleen LaPoint MS on the success of microfinance in a school (<http://www.mjota.org/images/KenyaSchoolProject.pdf>) to the article by Aleta Hodge MBA on Philadelphia pharmacist Dr Neil Pitt's work (<http://www.mjota.org/images/PhilaPharmacistKenya.pdf>), and to Carrie Schmitt's article on an Ohio philanthropist (<http://www.mjota.org/images/ModelForPhilanthropy.pdf>).

20 Dec 2008

The dialog between traditional medicine practitioners and government bodies regulating drugs is constant and necessary. The practitioners argue that they have been using their therapies for generations, and this has kept their villages free of deaths from, for example, malaria. The government bodies argue that all drugs given to their citizens need to be proven effective, and safe. In the United States, not until 1937 did a drug manufacturer have to prove a drug was safe. An elixir made from sulfanilamide dissolved in the poison

diethylene glycol did that. Here again is a link to an article that I posted a year ago that summarized articles on the actions of regulatory authorities when diethylene glycol was used as a solvent for drugs given to children (<http://mjota.org/images/DEGkills.pdf>).

Our *MJoTA* staff is getting really excited about chocolate. Chocolate is big in Europe, as I remember from my 12 years travelling back and forth to Europe to bring my children to my German husband. Herr Lothar Blossfeldt Dipl Physik (Heidelberg) always mails chocolate to our children on birthdays and Christmas. My late English uncle Anthony Dalziel Dodgson (paraplegic at 19 after being shot by a fellow British Army soldier by mistake) had only one request of me ever: to bring to him in England bars of Swiss chocolate from the European continent.

MJoTA Farming Managing Editor Ana Maria Rodriguez-Rojas (<http://www.linkedin.com/in/anamariavr2>) is organizing resources on cocoa and chocolate in a LinkedIn discussion group: African Health Development. *MJoTA* is gearing up for a major emphasis on chocolate and cocoa during 2009. Because in countries where humans of European ancestry predominate, chocolate and cocoa are prized, and can be high-end luxuries. And the cocoa farmers are often living in poverty, dying of preventable diseases. Here is the link to the article on chocolate, http://www.mjota.org/images/mjota_issue4_tb_28-30_choco_sjd.pdf.

Right, New York City during United Nations sessions. Photo courtesy Dr Macharia Waruingi.



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23 Dec 2008

My first Christmas in the United States in 1978 was spent in a run-down house near University of Pennsylvania filled with Jewish students who were mostly high on smoked and swallowed illegal drugs: they mostly became fine, upstanding citizens, mostly lawyers. God bless them all, and Happy Hanukkah!

I was host to a visitor from California, a law student I had met in an archeological dig in France, who is now a pater-familias and pillar of the community in Santa Barbara, Douglas C Michie Esq. God bless him and his large and expanding family.

I had declined an invitation for Christmas dinner from my mentor and boss, Dr Robert E Forster II MD, who was the Chairman of the Department of Physiology of the University of Pennsylvania. When the Department had the most funding of any Physiology Department in the United States. And the world. University of Pennsylvania School of Medicine was the first School of Medicine in the United States (<http://www.med.upenn.edu>).

I joked then that I left Australia before I was thrown out because in the 2 weeks before I left, I was awarded my PhD, and lost election to the New South Wales State Parliament (<http://www.womenaustralia.info/biogs/AWE1537b.htm>). Even now, as I rage against the oncoming night, I occasionally get into trouble because of nativity and willingness to trust everyone I meet, and in institutions.

In August, I was arrested in Nairobi with my colleague when I was waved through security and took pictures of the Kenyan flag moving in the breeze above the Kenya Medical Research Institute at 5pm, when the Director of Security was walking out of the building (<http://www.kemri.org/home.html>). Calls to the United States to Dr Macharia Waruingi set my release in motion. Dr Charity Gichuki showed up in the police station, stayed with me as long as she was permitted, and came back the next morning with hot chapatis and hot tea. You know who your friends are when you do something really stupid and they stay up all night contacting officials, feeding you, and vouching for you.

My stupidity was to not realize the severity of the situation, because I could not see that I had done anything wrong. The same time I was arrested, so was an American in Nigeria under very similar circumstances. He was immediately deported. That would have happened to me without my friends cradling me in their arms. So grateful, always, for such love. I will always be in your debt.

That was not the first time I have been threatened with deportation. Two years after arriving in the United States I was divorced from my Australian husband (Dr Gavan Schneider is a physician, an anesthesiologist, and pillar of

his community in rural Australia, God bless you and your family!) and married to an American husband (a physician, an ophthalmologist), and shortly afterwards my first son was born.

These events entitled me to a green card, which I took happily and decided that I did not want to become a citizen, because I might still want to go back to Australia and run for parliament.

After 2 children, my marriage to my American husband collapsed and I married a German physicist (Ernst Lothar Blossfeld) and gave birth to 2 more children, while I lived in the United States and he lived in Germany. This arrangement worked happily for 12 years.

This year, in 2008, I ate Thanksgiving dinner with my American former husband Dr Raymond Pekala and our sons. God bless the work he does saving and restoring sight.

In 1996, Ray frequently took me to court, and he frequently called the police for imagined custody violations. He always lost (I do not drink alcohol, and being a scientist, a mother and a foreigner are not crimes in NJ Superior Court) but once it was very dangerous. My second son Miles wanted a huge box on wheels walked from my house to his father's house. My eldest son stayed in my house babysitting the 2 younger children, and I helped Miles push the box though Haddonfield, up his father's driveway to the garage. As I picked up a towel of mine Miles had dropped, I saw on the house back steps Miles' father's housekeeper. In a white jumpsuit with gold lame belt and shoes. She told me I was trespassing, stealing property, threatening her with bodily harm, and she was calling the police.

I left immediately, and when I arrived at home, so did the police. They gave me a restraining order and charged me with criminal trespassing and intent to do harm. Or something like that. I found the best lawyer I could (Justin Loughrey, God bless you and your family; you do amazing work in Camden), because I knew any criminal charge against me, even a misdemeanor, would get me denied citizenship.

At my court hearing, Dr Robert E Forster II MD and his wife Mrs Elizabeth Hilbert Forster showed up to testify on my behalf. The prosecutor saw them sitting in the gallery and screamed at the police to drop all charges immediately! The power of presence.

Dr Forster is 88 today. God bless you Dr Forster, my 18 years working in your labs was wonderful, every day was thrilling and exciting. Every day I learned something new. I hope whatever I have done pleases you. You have had more effect on my daily life than anyone other than my mother and father. God bless Mrs Forster, who listened closely to me and guided me my first 2 years, and the

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large Forster family. Happy birthday Dr Forster!

I became a citizen of the United States of America in June. God bless you Dr Macharia Waruingi for coming with me to my citizenship ceremony, taking pictures on what was a very sad time for me. Because now I am eligible for jury duty, and the death penalty. And never again will I run for election in Australia.

25 Dec 2008

Merry Christmas and Happy New Year!

Today most shops are closed in New Jersey. Christmas was only Christmas for me if I was given a good book, something great to read. Something fiction. I love to read fiction, because only through fiction can I understand what is real, what is true.

When I left the University of Pennsylvania after 18 years as an academic lab scientist, I wanted to learn to write. My first step was taking art lessons. Because I knew I first had to learn to see. My second step was to read every book I could get my hands on, and read critically, analyze what worked, what did not work, analyze the message. Ernest Hemingway. Shakespeare. Aristotle. My third step was to read whole, swallow really, every book of American grammar, journalism, and style I could find.

By the time I started my second career as a medical writer over 3 years later, I had written a textbook, covered my walls with my framed pencil and pastel drawings, written a novel and 2 books of short stories. I was still consulting for Johnson & Johnson, so I also wrote and co-wrote some papers.



The common perception of the uselessness of fiction that I have heard from friends and colleagues was beautifully articulated by a clerk in the video store when Dr Macharia Waruingi and I went to rent some movies on a Friday evening. The clerk told us his other job was a movie critic, and he watches about 500 videos a year. We asked him if he learned anything from all the movies he watched, he said, oh no, "Not unless it's a documentary."

Fiction only works if it packages truth. When I was training myself to write, I had already completed several short stories about things that had happened to me and I was not sure I could call them non-fiction. One story was about my trip to Hungary in 1980 that took me, pregnant, through Yugoslavia and Greece, via Corfu to Italy to the train station platform in Bologna, Italy where a suitcase bomb blew up the second class waiting room, and with it, the first class waiting room and the restaurant, releasing 80 souls to eternity. I call my stories fiction because that gives me license to move times, change sex of children, tell a story from the perspective of a 3-year old boy, add dialog that I could not have heard, add a moral. I always



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The children of the Publisher, below, and above.



add a moral, which is what I have learned from the story I am telling.

My favorite fictional stories of all time are the *Aesop Fables*. I refer to them every day of my life, and especially think about them after I have fallen into a trap. I do not seem capable of remembering the *Aesop Fable* warning to see traps before I fall into them. But I am comforted to know that falls and traps and the sins humans commit on other humans who love them were analyzed thoroughly more than 2,000 years ago in Ancient Greece, and most likely, in Africa and India.

Which is the message of Christmas. We know about traps we fall into, hard times, financial crashes, desperate acts of governments because they have been reported again and again for millennia. And we know that hope trumps everything. We hope and we believe because at the darkest time of the year, the world renews itself and somewhere in the worst circumstances, a child is born who will grow up to lead us all to greatness.

Merry Christmas! Always believe! Always know that malaria can be cured, and more babies everywhere will claim their birthright: to grow up healthy and educated.

I have posted a story for Christmas at www.mjota.org/



Celebrating with the Universal African Dance & Drum Ensemble (http://www.unitycommunity.com/Universal_African_Dance_Ensemble.htm) at the African American Museum of Philadelphia on 20 Dec, above, and at MJoTA HQ on 29 Dec, below.



DAILY UPDATES

images/Christmas_Tree_Angel_12252008.pdf.

28 Dec 2008

MJoTA is still celebrating Kwanzaa, Christmas and Hanukkah, drifting from one African celebration to another, dancing to the drums that surely start hearts beating when life has slunk away, exhorting family members to never stop trying to work towards what is right, never.

MJoTA is in South Jersey, less than 5 miles from Center City Philadelphia, and 12 miles from West Philadelphia, where 7 humans, most of Liberian origin, perished in a house fire on 26 December. To travel so far, to start a new life, and to have it end when seeking warmth. Sometimes life is unbearably cruel. I beg you to pray for them. I beg you to drum for them, and for all who mourn and are in deep grief at this time.

I was heartened that the Philadelphian Liberian community was out in force around the house, just being there. I read that the National President of a Liberian lobbying organization, *Union of Liberian Associations in the Americas*, was there.

That is what a diaspora group should be: physically present. Rather than virtual. *MJoTA* knows a diaspora group in which the president promises jobs back home and eco-tourism real estate deals, in return for sucking money from members of the group and from friends and relatives and supporters.

Which he funnels into accounts kept by the group's treasurer, a founding member and his long-time girlfriend. Where were they when their countrywoman and her baby, living close to their home, died tragically because of lack of help? I haven't seen even a small note of condolence or regret on the web-site.

The pattern of migration to America, living in houses close together, working together, getting jobs for each other, celebrating and mourning together: this pattern has worked for generations. Some migrants never assimilate even after generations, some do spectacularly - our president-elect is Barack Obama and our recent secretaries of state have included the children of migrants: Dr Madeleine Albright and General Colin Powell.

Assimilate and become president of the United States, of Pepsi, or practice medicine in Chicago after you pass your medical exams (as do several brilliant Nigerian friends of *MJoTA*). Or don't assimilate and you can live your life stuck like glue to your countrymen and speak ancient German 250 years later, like the Amish. America in general does not care what you do: whatever works for you is fine. God bless your choice. *MJoTA* loves diaspora groups when they nurture and educate.

On behalf of all of us at *MJoTA*, I send our condolences

to family, friends, neighbors of Liberians in Philadelphia.

29 Dec 2008

Medical Journal of Therapeutics Africa bears witness. That is what we do, and all we want to do. We are not spokesmen, we do not make political stands. James Baldwin (1924-1987) would have understood that, here is a sentence he wrote in *Notes of a Native Son*.

"People who shut their eyes to reality simply invite their own destruction, and anyone who insists on remaining in a state of innocence long after that innocence is dead turns himself into a monster."

30 Dec 2008

Medical Journal of Therapeutics Africa 2009 webinars start 05 January 2009.

Our focus in *Medical Journal of Therapeutics Africa* is bearing witness. When we bear witness, we see poverty, debilitating hardships and premature death that can be alleviated by funds raised. *Medical Journal of Therapeutics Africa* links project developers with project investors. We have a team of experts in international finance who work with us and who have agreed to run webinars for project developers. We will get you financing for your project if you work with us and follow our advice.

This work is never easy, not for us, not for the investors, not for project developers. If you believe you can have dinner with an investor and just sit back and USD100 million will be poured on you, which *MJoTA* Publisher has witnessed, we advise you to work with another team. If you believe to your marrow that your project is honest, and that your project will alleviate poverty, debilitating hardships and premature death, and you are willing to follow the steps we prescribe, then we invite you to register for our weekly webinars or schedule private meetings.

Monday webinars from 7 to 9pm are open to all interested in writing and editing articles. The first webinar is to explain the 2009 Editorial Calendar, style guides and to introduce the 2009 Editorial Board.

Tuesday webinars are from 10 am to noon and are for professionals with graduate degrees and doctorates (health



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professionals and scientists) wanting to transition to careers in medical writing. Click for more information on 2009 *MJoTA* webinars.

Wednesday webinars are in the morning: these are presented from Washington and Philadelphia for interested project sponsors in Africa and Europe. They will be run from 6 to 8am Eastern Standard Time by *Medical Journal of Therapeutics Africa*. Prospective receivers of large capital are invited to participate in these webinars. Click for more information on 2009 *MJoTA* webinars.

Thursday webinars are from 7 to 9 pm and focus on regulatory documentation processes. Click for syllabus on 2009 *MJoTA* webinars.

31 Dec 2008

Congratulations! You made it to the last day of the year!

What are the best things that happened to *MJoTA* this year? These are my list, and all are equally great.

1. Having you read this piece. Because that shows that you support what we are trying to do, which is in a very small way link brilliant health and pharmaceutical industry professionals in Africa and the United States. Please send us an e-mail and tell us what you are doing, whether you have a story or are a story.

2. Interacting with really brilliant, successful university management in Nigeria: these are Professor HAB Coker, Professor ND Ifudu, Professor Ekundayo and Professor Fagbenro-Beyioku

3. Interacting with really brilliant health professionals in Kenya: the health professionals who run Nairobi Women's Hospital and Karen Hospital improve the lives of so many humans every day by working hard, pretty much non-stop.

4. Working with gifted brilliant volunteer professionals on the *Medical Journal of Therapeutics Africa* staff and Editorial Board. During 2008 the staff has been Elana Stolpner (<http://www.mjota.org/medjtherapeutafrica/mjotaresumes.html>), Ana Maria Rodriguez-Rojas (<http://www.mjota.org/medjtherapeutafrica/mjotaresumes.html>), Deidre Adore, Andrew Reinhart (<http://www.mjota.org/medjtherapeutafrica/mjotaresumes.html>); we have more than 100 articles written, reviewed, posted. During 2008 Dr Macharia Waruingi (<http://www.mjota.org/macharia.html>) reviewed, edited, wrote articles for *MJoTA*, and took pictures.

5. Meeting Charity Gichuki BVM, PhD, scientist and Director of Research at Kenyatta University and staying with her in Nairobi and Kenyatta University during 2008. Is she the kindest person in Kenya? She may be. She may also be the healthiest and strongest woman I know: I can-

not imagine a horse, an elephant or a lion ever getting the better of her. But if she ever wants my kidney, part of my liver: they are hers. And Theuri Mwai, who definitely has to be the coolest man under pressure anywhere.

6. Putting together a movie on malaria with Pastor Osagie Edoro-Ighalo, Bill Curry in Surulere, Nigeria (Nollywood) and Philadelphia. *MJoTA Movies* has been in a hiatus, we are hoping to revive this during 2009.

7. Staying with Professor and Mrs Ifudu on University of Lagos campus (<http://www.mjota.org/images/mjota5Diabetes112-4unilagJW.pdf>) in April. They fed me, tucked me under a mosquito net at night, prayed with me. Professor Ifudu (<http://www.mjota.org/images/UnivLagosDeanPharmacy.pdf>) is Dean of Pharmacy at UniLag, I witnessed a meeting he led which was a textbook case of how to resolve a disagreement, which ended after 3 hours with a prayer, and everyone shaking hands, smiling and wishing each other well. Wow.

8. Connecting with the Corporate Council on Africa. These folks know what they are doing. The CEO was the leader who spearheaded the outrage at baby formula being presented as a better nutrition source than breast milk in Africa. They have never stopped doing good and bringing clear-headed successful professionals together who understand the value of hard work and perseverance.

9. Joining the South Jersey Chamber of Commerce. They just keep the events coming, and the professionals that show up at the events are decent, hard-working and get things done. If *MJoTA* ever has the smallest part in helping African professionals inside Africa build anything, it will be because of the Chamber.

10. Meeting members of the Kenyan Government during the United Nations sessions in New York City in September. Kenya is well represented by decent, good professionals, both in the United States and Kenya.

So many delights, more not mentioned. Thank you all for getting *MJoTA* through 2008: I fully expect that 2009 will be far better than anyone is predicting. First, because it has to be, gosh. Second, because life is sweet and life is all that matters, and if you have life and hope, you have it all. Happy New Year!

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