

GUEST LECTURE

Ethics, Bio-Ethics and Environment in Healing Designs

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The ascension of Barrack Obama to power in the United States, and the consequent change in the policies of the United States government towards a crucial sector of medical research, have turned attention once again to the place of ethical considerations in the mission of healing. The scope and range of issues - life affecting, even life altering in more senses than one - touched upon by bio-ethical decisions have suddenly become infinitely expansive, reminding us of the very adventurousness of the human mind in tampering with, or simply exploiting Nature - for better or worse. We are, after all, speaking of an age when it is possible for a surgeon in the Soviet Union to direct an operation in the outbacks of Australia, manipulating delicate instruments from across the globe.

Such feats of ingenuity, startling as they are, paradoxically constitute the simpler issues. Mind and technology appear to create less contention than Mind and Nature. This involvement with 'Nature' - a word that I deliberately enclose in inverted commas - ranges from what is perhaps the most pressing

issue of our times, ecological respect, to others that once belonged more in the realm of science fiction, but which also come closer everyday as realizable objectives of scientific enquiry. Is it possible not to marvel at the new advances in prosthetics, whose sophistication has now reached a level where intangible human thought is being proven capable of activating artificial limbs attached to the remnant rump on the body? Few will deny the legitimacy of the demand of such advances on our attention, least of all those who accept that the laws of knowledge and the lure of design accept no barriers, tolerate few limitations, that it is the use to which knowledge is put, and the purposes of design, that often remain open to question, and may sometimes inflict grave consequences on humanity.

Thus, what appears to be a straightforward scientific development turns out to implicate philosophical, ethical and indeed, cultural, emotive considerations. Regarding that last, let me invoke, without further delay, what for me, constitutes one of the most harrowing images of our time before it

completely recedes from memory – that is, if it has not completely vanished, even from the minds of the cinema attuned world. Even if one does not claim to be a fan of Superman films, it was humanly impossible to remain untouched, or unmoved by the dogged courage of the late film actor Christopher Reeves, whose most iconic role, filled in the end with such tragic irony, was that very creation, Superman, leaving him beyond the curative reach of the Medical Superminds of his time. Among the several millions all over the world who saw him in his wheelchair, crippled from the neck downwards, must be more than a mere handful who had never watched a Superman film in all their lives. Yet even those must have shuddered at the pathos of that actor's condition and applauded the courage and optimism of his campaign for research into stem cells. He continued to hope, till the very end, that this line of research would yield results that would restore him to, at the very least, partial mobility, mobility being of the very essence of his professional career. Of course Reeves was only a highly visible and timely symbol, but we know there are millions of others who, never having heard of this particular line of research, nonetheless hung on the hope that some day, somewhere, a scientific breakthrough would result in the dramatic transformation of their existence. A fair percentage of us here, this speaker included, surely know of someone in such a state of suppressed anxiety or qualified resignation, a friend or

colleague who stands to benefit from the much debated field of scientific enquiry.

Is it possible then for all such to address, with absolute objectivity, ethical considerations side by side with the prospects of potential benefit to the stricken? Within this nation, the condition of Chinua Achebe, afflicted, like Christopher Reeves, by a spinal injury, makes it impossible for many of us, his compatriots and colleagues, to remain indifferent to the debate. And unless one is of certain religious fundamentalist persuasions, such as the Jehovah Witnesses, who would rather watch their loved ones die than be saved by a blood transfusion, I am convinced that most of us will take the position of the widow of a former American president, Nancy Reagan, against the immediate past incumbent of the White House, yet both espouse the same ideology of political conservatism. Nancy Reagan had however watched her husband deteriorate from the stature of the head of a powerful nation to a virtually incoherent human being. I hope I shall be excused, giving all these sufferers names and faces, but it is necessary to remind ourselves constantly that ethical questions go beyond abstraction, and must sometimes appear to be an unaffordable luxury to a fair portion of the world's population, irrespective of ideology, tradition, or social status.

And yet, while the temptation is to exhort scientific enquiry and design – push on, push as hard, as fast and as far as you can – we are obliged also to pause, and attempt a holistic appreciation of the

many factors that define the human being, definitions that transcend the pursuit of social objectives and scientific triumphs, and position the human entity as a repository of questions – including the hypothetical. This is what differentiates humanity from the rest of the living species. Proceeding logically, if one believes in the right of a woman to control her own body, that is, in the woman's right to abortion, it becomes contradictory to oppose the position that the unwanted fetus be put to use for the salvation of an already existing, but medically afflicted human being. From this seemingly unassailable logic however, leaps out ancillary questions that act as checks, such as: since the same technological advance in scanning now makes it possible to detect deformations of the fetus even in the womb, would we be taken to the next logical step, where imperfect fetuses become spare parts, to be cannibalized for the repairs of the malfunctioning members of the species? And so on, and on, taking us into the even more daunting, and historically chastening minefield of eugenics.

Cloning, we know, is another contentious issue. The world famous sheep, Dolly, finally put to rest the fundamental question of 'if', for the next target, and moved the issue more provocatively into the territory of 'when?' In short, if sheep, why not the human entity itself? Next, what are the implications? What might be the consequences? The former consideration – what implications? – remains largely terra incognita. Some of these

implications might even be psychological. Despite scientific success in mapping the human genome, opening up possibilities of its purposeful re-designing, several imponderables remain – such as the transmission and indeed perpetuation of negative genetic traits. These, while benign in one physical environment, might prove disastrous in another. Success in the culturing of a living specimen, we know, cannot be terminally defined. As long as it exists in a controlled environment, science may even claim some level of mathematical predictability in its development. Released into an extended and uncontrollable milieu however, an infinite catalogue of possibilities through myriad combinations becomes a logical consideration including, for the more complex species such as the human, psychological implications. And then, psychology itself comes in to complicate matters even further. What, yesterday, was considered as belonging to the purely psychological field, is beginning to yield ground to physiology. In other words, not just the brain, but even glandular secretions have been discovered to hold the key to certain psychologically defined abnormalities of human behaviour, so that the psychiatric couch is surrendering patients to the surgical gurney, or indeed, to the pharmacologist's shelves. The ultimate direction seems clear – a holistic approach to healing, into which even the much marginalized ancient traditions – marginalized especially by the omniscient West – are being respectfully

drawn. Acupuncture appears to lead the way among such marginalized sciences.

Not all, but many of these advances, such as cloning, raise ethical issues. As usual, the theologians generally have the easiest time of it. They turn to the scriptures, conduct their own controlled exploration of the divine text on any subject, select their interpretations and issue an encyclical. We must not neglect to mention their lunatic fringe, including the psychopaths, who believe that the way to fulfill god's mandate on issues such as abortion, is to murder any would-be abortionist. Only three days ago, the United States provided us yet again a grisly reminder of the existence of such extreme zealots, the murder of medical abortionist in – of all places – a church! The contradiction of a resort to killing in order to fulfill the divine mandate – *Thou shall not kill* – on which such fundamentalist biblical fidelity is based – evidently escaped our soldier of the Divine Will.

It is all part of the contradictory world we live in. While the world of science has leapt beyond the genetic barrier, the Roman Catholic church continues to wrestle with the abortion barrier. Only recently in East Africa, a Christian prelate denounced the use of condoms as Satan's diabolical invention specifically designed to spread HIV Aids, rather than prevent the scourge. And only last year or the year before – I forget now – an Islamic leader stubbornly rejected the government's attempts to inoculate its citizens against an outbreak of cerebrospinal meningitis in a vulnerable northern state, declaring that

such measures were against the tenets of the Koran. For a number of years, the former President of South Africa espoused his own theory of the nature of HIV Aids and upheld it against scientific findings, thus basing the policy of his government on his personal revelatory authority. Fortunately for humanity, these whimsical theological and allied dictatorships of the Revelation do not lack for opponents even from within their own spiritual constituencies.

Nor can we ignore the animal kingdom in this contest between text and text – between the closed, supposedly ethical derivatives of fundamentalist texts on the one hand, and the self-adjusting texts of scientific enquiry, written and unwritten, that can be summed up, for convenience, in the Hippocratic oath – a commitment to the mission of healing, with all its implications, of which Research forms a crucial part. I do not know what gods the animal rights fundamentalists worship – certainly it is none that presides over mine, that is, the Yoruba world-view. I am speaking of those animal rights zealots to whom arson and even maiming are considered legitimate forms of animal respect. So righteous and driven in their ethical convictions, they find nothing wrong in sending letter-bombs to laboratory workers, primed to maim and even kill the recipient. They set fire to farms where animals are bred for experimentation and generally make life unlivable for all such perceived enemies of the non-human animal kingdom, and even tangential suppliers of non-research material. It is not quite three or four years

ago since a farmer, in the United Kingdom, who used to breed animals for scientific research – among other mundane uses - threw in the sponge and closed down his farm altogether. Patients, whose hope of living a reasonably normal existence diminish every day, may find it difficult to bow down at the same altar as these animal rights brigades claim to worship. I feel certain that we all recoil at the thought of certain forms of animal experimentation, especially those that involve vivisection and deliberate infliction of suffering, but I find it extremely difficult to reconcile homicide against the human species with the responsibilities of any theological disposition – salvation and damnation. Those who concern themselves with the dangers unleashed on the world by the menace of bio-chemical terror had better understand that such danger does not emanate only from the overt religious fanatics. Anyone who has followed the tactics, as well as the pronouncements, of some of the extreme fringes in the United Kingdom alone, their regular break-ins into laboratories, releasing caged animals without any consideration of their case-histories, will know that such crusaders will not balk at an opportunity to unleash the most deadly viruses on society, and with self-righteous relish. I merely speculate of course, but is there any certainty that the frequent outbreak of one contagion after the other, especially the animal related ones – mad-cow, bird-flu, swine-flu etc. etc. – are not traceable to the activities of some of these animal loonies? I have encountered some of them, individually,

and to see the fire of fanaticism in those eyes is to be inducted into the capacity of the human mind to subsume the sacred ethic of life preservation under whatever ethic impels their all-consuming crusade.

Well then, caught in the melodrama of zealotry, one can understand that not much argument is permitted by such crusaders on behalf of the propositions such as the implicit cruelty towards the human entity by their extremist actions. And of course I am not thinking of the direct physical and economic afflictions on human victims. No, I am thinking of what might term passive cruelty. Cruelty implies more than the extrusive, aggressive act. The passive, such as *not* providing, or deprivation, can be legitimately deemed an act of cruelty, intended or unintended – it all depends on what is withheld, whether it belongs within the realms of self-indulgence, or among the essentials for well-being and human survival – collectively or individually. To withhold a shot of heroin from a desperate addict may be viewed as an act of cruelty, or simply as a necessary step in a curative regimen, however painful. Marijuana as a means of easing the pain of the critically ill, is now increasingly prescribed by doctors, and has been legalized by certain states within the United States and some Scandinavian countries. And so, even within the area of forbidden or restricted drugs, we find ourselves on controversial terrain. How much more then – and I enter these arguments purely to lay the grounds for a broader consideration – how much more when areas of research are denied on any grounds, yet in the full

knowledge that opportunities for the amelioration of human existence may actually be found within those very proscribed areas. Withholding the rights of the afflicted to their chances of a curative discovery surely counts as an avoidable form of cruelty. The prolonged obstructive policies of the Bush government thus constitute, in my view, an act of cruelty, or to put it in the parlance of that nation's own constitutional forbiddens – a cruel and unusual punishment.

Has any attempt been made to itemize what are the rights of those afflicted by Parkinson's disease, Alzheimer, muscular dystrophy, spinal bifida etc. etc.? With HIV-AIDS ravaging the African continent, I doubt very much that the position of an absolutist for the rights of animals will cut much ice with the continent's inhabitants over the use of animals in the feverish search for a cure, or effective prevention, any more than the pursuit of stem cell research in relation to other afflictions. These arguments will continue for a long time, and none of the conclusions will ever be universally satisfactory. One does not have to be a Buddhist to accept that cruelty, to any species that is capable of sensing, diminishes our very humanity. To see a dog whimpering when it has fallen into a ditch or been hit by a motor car does not fail to touch us in that same zone of empathy where feeling for fellow humanity is lodged.

Ultimately however, one accepts that the most solemn responsibility of humanity is the preservation of, and

enhancement of life for its own species, and this collective subjectivity tends to govern most of human undertakings, even when our purposes are declared to be altruistic. Genetic design – better known as engineering – in crops is largely motivated, not out of a love of nature, but in order to tap into faster and larger yields, not forgetting the production of crops that are resistant to pests and plant diseases, especially in a world whose populations, in certain areas, have certainly outstripped their food provision capabilities. The risks of distorting the organic integrity of these plants, to the detriment of the survival of the specific plant species will remain the only deterrent, not a lofty concern for the basic right of nature to pursue her own tempo of evolutionary changes. In a mere three years, despite all anxieties, including official ban in some nations, transgenic farming has increased twofold throughout the world – from 17 million hectares, as I recently learnt – to forty million. Nature, it seems, has become too slow for human needs, not only that, it is being demonstrated among the more advanced nations, that genetic tampering in food crops can actually build up human resistance to certain diseases, if not prevent them altogether, when such crops are made a regular part of the human diet. Theology based – or indeed any ideology based interdictions in experimentations that involve 'tampering with Nature' simply cannot be permitted to take primacy over the imperative of human survival in the multiple strategies of healing – from intervention with plants, animals, or stem cells research

that involves the unwanted fetus, itself produced by the ultimate beneficiary of such designs – humanity itself.

I must not leave you with the impression that the theological role in healing is an entirely solemn, life-and-death affair. That would be to turn the health mission into an entirely humourless preoccupation, and we know that doctors themselves recommend the lighter side of existence as essential to fundamental well-being. Well then, I shall let you into some family secrets which might reveal one of the contributory factors to the very early interest of, not just our celebrant, Olikoye Ransome-Kuti, but his elder sister, Dolupo to medicine. Dolupo became a nursing sister, while their younger brother, Beko, also took to the stethoscope. Fela was the exception, but then, if you recall, he was a great proselytizer for traditional African medicine, not forgetting his passionate advocacy of ganja, also known as marijuana, as the cure-all, prevent-all medication for all known and unknown diseases. My own immediate family – we are all related on my maternal side as some of you know already – also donated two siblings to the medical field, a brother and a sister. One, Femi, became a Professor of Medicine, now charged with AIDS research and prevention, while my sister, Tinu, like Dolupo, became a Nursing Sister. In my own case, well, I don't have to tell you, I don't know one end of the stethoscope from the other. However, a certain family experience, one that unites us all, stayed with me, one that certainly led to my

early informed interest in preventive medicine. To get to the point – my belief in the virtues of what you eat or do not eat as the basis of sound health surely had its roots in a – medical ritual from recollected childhood. I shall reserve an extract – a quite fortuitous testimony – from my recent Memoirs – till towards the end, just to buttress the solidity of a familiar saying that has unfortunately undergone the usual theological misappropriation and distortion. Anyone with this childhood experience will agree with me that the true version of whatever they were taught should really be – “the fear of medication is the beginning of wisdom”.

Here is why. The treatment for any stomach disorder in my home, as in many other western or Christian missionary-influenced home, was straightforward – Epsom salts, castor oil or cenapodium – mostly the last two. It was no different in the Ransome-Kuti family. How regularly Koye and his siblings were subjected to this ordeal, I really do not know, but what is undeniable is that the family matriarch, the formidable Mrs. Funmilayo Ransome-Kuti, and my mother, belonged in the same school of missionary pharmacology. Mrs. Kuti applied that prescription with religious zeal to the pupils enrolled in her primary school, which was attended by her own children. That school was known as Mrs. Kuti's Class, a sort of preparatory school for we call the secondary school. Although I have no recollection of witnessing Koye specifically undergo that treatment, I have no doubt in my mind that Mrs. Kuti's own children were

subjected to the same internal cleansing system. In any case, Koye was a being of almost inhuman empathy, so if, by a miracle, he somehow escaped the treatment, he must undoubtedly have felt deeply for many of his mother's victims.

I sometimes visited on a Saturday – the day of general medical and other inspections – and witnessed the sick parade. The ailing – who were also boarders – were examined by Mrs. Kuti in person to decide who would be sent to the clinic at Ibara or Iporo, or could be treated in her own consulting room cum dispensary. That clinic took place in the screened-off section of the wrap-around corridor that also served the Kuti family for their dining-room, casual reception-room, judicial hearing and disciplinary court etc. etc. The dispensary consisted of just the small-sized first-aid box mounted on a wall, its key kept with her or with her husband, Daodu, who also either deputized in her absence or joined her in the ritual inspection of the sick parade. Sometimes, one of the bigger pupils served as a kind of nursing assistant to the Chief Physician herself.

Now, in my catalogue of medical demonology, the inventor of castor oil or cenapodium must be counted the most sadistic beast that ever emerged from the original Slough of Despond. It was, in my view, very typical of the missionary philosophy of the necessity of human suffering, that cenapodium should have been made to penetrate the homes of African convertites as a blind article of curative faith. But it was not just a curative application – it was also preventive, and with a fiendish regularity,

at least in my own home in Ake parsonage. In my home also, every last Saturday of the month, and sometimes in between was – purgative day – and never, thought I, was a word more aptly chosen. That intermediate stage between Paradise and Hell called Purgatory has been experienced by some of us as children, only it was called Purgative, so when we approach the Heavenly Gates and some officious angel tries to shunt me into that Awaiting Trial room called Purgatory, I'm going to tell him or her point-blank – don't waste your time, I've been there. Just take me straight to Hell – it can't be any worse. Purgative Day – we were all lined up – the entire household, children, wards from relations and other house appendages, augmented by neighbours who sadistically contributed their own junior household for the ordeal. We opened our mouths one by one and the loathsome spoonful was fed into that quivering gap. If you had been "naughty" you were further punished by being deprived of the slice of lemon whose astringency at least took off some of the nausea that instantly wracked your body. After taking your dose, you remained lined up on one side – the Chief Dispenser had to make sure that you did not vomit it out. So did you, because if you did, the process began all over again.

During this period, on a visit to the General hospital at Iporo, I discovered, to my intense fury, that this stuff actually existed in capsules. Filled with righteous indignation, I raced home and demanded to know why we had to be subjected to this torture by the spoonful instead of utilising the relatively painless method of

swallowing a capsule. My mother gave me that familiar look that I recognised as being the nearest conceivable expression of divine omniscience. "Because the liquid form is far more effective", she replied. "Did I really think that that tiny capsule could do what a table spoonful would do?" Of course, she had carelessly strayed into my territory, which was that of argumentativeness. "How many capsules," I demanded, "would make a tablespoonful? Two? Six? A dozen?" I was prepared to swallow an entire jar of the capsule form in preference to a teaspoonful of that colloid. She knew where I was headed of course, and swiftly brought the argument to a close. "The very effort that you make in order to swallow your medicine, the distasteful part of it, is an essential part of the cure". End of argument.

I have to confess that I accepted some kind of logic in her claims – with a difference. I had simply arrived at one of my early life discoveries – some curatives are meant to be far worse than the disease – never mind whether the motivation comes from a theologically derived ethic, or from traditional wisdom that is common to all societies. I know that I despise those societies which resort to coating plain medication with licorice and even sweeten toothpaste to make children clean their teeth – that is the other face of the fundamentalist coin, one that makes absence of pain or unpleasantness a virtue. Go and set up shop in Onitsha market and see if you'll acquire patronage unless you prescribe an injection no matter the complaint – you see, that painful prick is what interests

your patients, not the actual content in the syringe. And the bigger your needle, the more efficacious it is supposed to be. All I can admit to is that my partisanship of preventive medicine has never abated since those early years when I learnt that there were worse things than being ill, and even teetering on the very verge of death. It was a lesson that I took with me when I departed these shores and landed in the United Kingdom, and here, to assure you I do not exaggerate, is the promised extract from my Memoirs – YOU MUST SET FORTH AT DAWN. During my first full year in England, 1954 to 55, and here begins the quote, I...

".....dutifully ate anything that was put before me. It was my health strategy for that strange, cold, and dismal land that existed, surely, solely to ensure my death from a thousand cold related diseases!

My reasoning went thus: British weather was unfit for human habitation, yet the Britishers, including their young, vulnerable children somehow survived it – the evidence was apparent in the many geriatrics that littered the landscape. The explanation could only be found in the kind of food they ate. Thus, for a stranger to survive, he had better submit to their diet, right down to the last revolting speck of mashed potato and the disgusting lick of brown gravy that covered the tasteless slab of

undecipherable meat. I ate it all. Some items were less unbearable than others... but the rest - ! Well, I ate it all, dutifully, as one swallows medicine. On the dot of twelve months from my first day in England however, I deemed my body to have built up sufficient resistance to survive any winter, fog, smog, clammy rains and darkness at noon."

Yes, do note the summative confession – "I ate it all, dutifully, as one swallows medicine". I had been well trained by cenapodium, and British gravy of those days was simply no match for my developed powers of toleration. I never did meet Koye in his adult student days, and have no idea how he coped, but I have no doubt that it was thanks to cenapodium that Nigeria was able to boast one of the very best and most empathetic pediatricians that the world has ever produced.

There is however, from within that extract also, the more challenging issue of the relationship of environment to health, albeit posed by a non-medical mind. If it is true – and I doubt that anyone would seriously wish to challenge this – that some diseases are actually the product of environment, I believe that it is not stretching expectations too far to propose that the reliefs for such diseases will be found within that very environment. Or let us put it this way, there is some logic in speculating that the fact that some diseases that are *not* found in such and such an environment may be attributable to certain properties in that

environment, properties that, in all likelihood, are contained in items that have, from time immemorial, constituted their diet. We are not even speaking now of alteration of plant species but simply of human intuitive assimilation of the products of that environment, or a trial-and-error process that has come down to us as traditional healing. The well-known *dogonyaro* plant is recognized as a reliable cure for malaria and a number of fevers, just like a veritable compendium of leaves, barks, roots, pods and even spices – none of them of the sadistic composition of cenapodium.

My claims go further than this however, I suggest that a number of food items that are even considered staple food form part of the body's protection against any number of diseases. This, after all, is what has bred a thriving, multi-billion dollar business in contemporary dietetics. The akee fruit, without which life, for the average Jamaican, cannot even claim the right of recognition, contains one of the most lethal natural poisons in Nature, but it saves man some risky labour by spewing out that poison before exposing its delicious interior. And the lowly cassava – we all know it to be the storehouse of arsenic, but man has learnt how to destroy that arsenic and turn the cassava into a staple food without which the Nigerian nation would have become a failed state decades ago. Are there lessons in these for today's medical pharmacopeia?

I happen to have a young friend, what you might call a middle-aged protégé, a medical doctor, who regularly sends me

all kinds of clippings and news footage on one new discovery after another – this is good or bad for the kidney, good or bad for the heart, this boosts the good cholesterol, is protective or deadly for the liver etc. etc. Relative virtues of chestnuts, cashew nuts, pine nuts, pomegranates, kale, fish, poultry etc. – he sends them all to me. In vain I let him know I was born a carnivore and will remain one till my last capable tooth falls out, but he remains a compulsive campaigner in his mission to convert me, just so I can live to a hundred. I do enjoy our exchanges however, learn some new things but, in turn, I have been able also to improve his medical knowledge. For instance, until I imparted that scientific truth to him, he simply did not know that wine, especially red wine, was a primary health enhancer. This was something I had known intuitively from childhood. Perhaps as a challenge to the cenapodium regimen, I began very early experiments into the contents of my father's bottles of sherry and port, and discovered that the occasional nip kept a fever at bay. Mind you, the fault was entirely my father's – he kept his bottles on the same shelf as his bedroom library where I was privileged to browse as I pleased. So, after cenapodium, and the lemon, I could not wait to dash into the library to do some browsing.

A full half-century before my acquisition of this medical protégé however, I had long graduated from sherry or port to table wines. Once again, intuition had paid off. Years after I had embraced the virtues of that potion, the table wine, doctors all over the world –

beginning with France, naturally – had begun to extol and indeed, detail the health benefits of wine. It's amazing the slow pace of discovery among those whose discipline this is supposed to be – just goes to prove the adage yet again that medicine is too serious a matter to be left to doctors. When I revealed the extent of my long medical affair with wine, he sounded appalled, so I hit him with the name of the active ingredient – RESTIVAROL. I told him to look it up. He did, and it was indeed he who brought to my attention the fact that research had progressed even further – some Harvard scientists have now stabilized that ingredient and it is being bruited as a long-sought secret to longevity. Seems it will be on the market any time soon.

Now, there we go again – that puritanical strain in medicine! When I wanted my medicine in a capsule, no one came to my rescue, now that I prefer it from the bottle, they're turning it into capsules. Yes, as I remarked during a lecture that I delivered at the birthday of my former classmate and one of Koye's professional colleagues, I have become convinced that medical science runs a very specialized division that is historically controlled by the puritanical elements of the trade – it's unregistered, not even acknowledged in medical journals, but we know it exists. The good thing about them however is that they contradict themselves so often; one moment, eggs are bad for you, the next, they exhort you to 'go to work on an egg'. Then they say potatoes are bad, next moment, it's only one kind of potato, but not all others – note, the

exception is virtually extinct. Next they tell us pork is all cholesterol, only to backtrack and inform us that it's white meat and therefore, good. They extol the virtues of poultry, only to warn that we must first take off the skin. And so on and on runs the catalogue of interdictions. The worst crime however has been the carefully nurtured, anti-human creed, so shamelessly disseminated by some of their gurus, that the human being requires two litres of water every day – internally administered, mind you, not just for ritual ablutions.

This, let me declare bluntly, is one of the most impudent, egregious claims ever put forward by the 419ers of the medical profession – all professions have theirs, so let no one think I am bashing my cousin's profession. These medical 419ers are allied to the water business, which has naturally ballooned beyond all possible business prediction since Prophet Moses was alleged to have hit the rock with his staff and out gushed water! This pernicious doctrine is spreading like the Californian wildfires, which have attained devastating levels in the US because the populace has been programmed to drink up all available water, bottled under different brands, but all containing the same H₂O. I can think of no sight more disgusting in this world of Sahelian droughts, Global warming etc. than to see a well-suited CEO open up the most impressive leather suit case after a brief glance at his watch. And what does he bring out? No, not some earth-shaking, bank-busting proposal but – a plastic bottle of water. Is he thirsty?

No? It's just that his watch has informed him that it's time for his next water dosage. He won't go to sleep until he's made his calculations and his day's intake amounts to two litres of water. The water fundamentalists, mostly from the United States, but spreading all over the world, are the real ruination of ecological balance – forget all that global warming mystery!

All right, don't take my word for it. Matter of fact, in your own interest, you had better not – we all have different constitutions, and I suppose some of you here do need water from time to time. I assure you however – and this is on the solemn word of my medical colleagues whom I tasked with answering on their Hippocratic oath – the truth is that Nature, not medical dictators, has its way of making you know when you need water. You do not have to carry it around in rucksacks which, you may have observed – are increasingly designed to hold the mandatory plastic water bottle, or a brief-case pretending to be filled with dollars or company documents. Take the word of a water abstainer of over fifty years, and leave water to the department of bathroom utilities.

All right, enough of my heretical gospel, and back to my interlocutor friend. Among the exchanges I have had with him is one that must go to the heart of my fellow Nigerians – you see, while we get distracted with water, serious things are going on around us. I once encountered a commodity in a Los Angeles store, white in colour, neatly packaged in a jar and labeled West African Palm Oil. So, I fired him a note:

I thought palm oil had gained notoriety for its negative effect on the heart – supposedly filled with lethal dosage of evil cholesterol – did its sudden appearance on US markets, suitably bleached, indicate that a solution had been found? For instance – I told him – truth or myth? – there does exist the belief that when you fry palm oil, you burn the enemy cholesterol out of it, had the US marketers found a way of frying and bleaching it at the same time? Did this mean that we could now go back to eating palm oil with a clean conscience and unclogged arteries? And of course a barrage of other questions such as – why were Nigerian doctors and dieticians not performing the same services for local plants and other natural foodstuffs? Were they waiting for the palm tree, for instance, to be genetically altered before being declared cholesterol-fit for human consumption? My questions, of course, were mere offshoots of some far more fundamental concerns – let me round up with the most important.

Despite all advances and possibilities in genetic manipulations, Nature remains our base. It is just as unlikely that Nature would lose her place as the world's bread basket as that she would lose her place as its base apothecary, and that goes for what is loosely known today as synthetic medicine. And, as earlier remarked, the so-called 'alternative medicine' is no longer the monopoly of those hitherto looked down upon as freaks and eccentrics in Western or west-oriented societies. Non-Western peoples, some of whom once succumbed to the blackmail of denigration of traditional forms of

healing as 'primitivism', 'shamanism', 'witchcraft', superstition etc. are having the last laugh. More and more western medical science and research turn their attention in those directions, recognizing at last that – as I have tried to demonstrate – at the basis of traditional medicine is a reliance, not merely on the herbal as curative, but on the very nutritional value of the food intake of human beings. Both aspects of healing designs are founded on one primary resource – the environment.

To move straight into an extreme but shaming example right on our doorstep, just to focus our minds, takes the troubled region of the Delta. If you happen to have flown over some parts of the oil producing Delta region of Nigeria, you will recall and be appalled all over at the hundreds of gas flares that have been operating, unchecked, for the over five decades. They have become part of the landscape. Need one wonder what is happening to such an environment, to the trees and fauna, to the ancient fishing ponds and farmland, to birds which fly through those poisoned zones covering hectares and hectares of land? As for oil spillage, while not denying belated efforts of oil companies – too late and too little – to accept responsibility for cleaning up, decades of contempt and indifference have left their mark, including infernos that have engulfed thousands of our own citizens. They felt that they should, at least, benefit from oil spillages, only for a careless cigarette or kerosene lantern to detonate the volatile fumes and engulf unsuspecting villagers in the resulting infernos.

The associated diseases of this heinous crime against humanity are however what concerns us here – pulmonary offshoots. Not only the right to life is involved here, but the right to live to a ripe and healthy old age. If ancient fishing ponds and life-sustaining farmlands are lost, so are both land and marine nutrition, leading to hidden, slow-fuse time-bombs that consume the populace and condemn the following generations to a slow death from inside. If doctors take especial trouble to warn pregnant women of the danger of smoking or excessive alcohol, the same logic of preventive responsibility applies, failing which, remedial action, most especially for women who are compelled to live in a poisoned environment during pregnancy. If pregnant women, then women in general. If women in general, then children, then men, then all of the humanity forced to work and live under such toxic conditions. Of course there is always the Final Solution, which is to bomb the inhabitants out of existence, that way you are relieved of the burden of a prolonged bad conscience and a failure of leadership responsibility, vision and initiative.

That brings us, as final word, to the cultural. Cultural practice, or simply observance, is an often under-stated element in the health strategies of any society. I do not refer to the obvious aspect of cultural manifestations, such as drama or music being brought into the service of public enlightenment either routinely, or as a response to some abnormality in health issues – infant mortality, river blindness, swine flu or

other epidemics such as HIV-AIDS. I refer to cultural habits that govern mundane existence, from mere routine trivial acts to the totality of modern manners and ethos that inform choices. Be it on matters of birth control, the law of inheritance – especially of human beings such as widows in some of our societies – all the way to dietary habits. Culture – including the internal cultural habits of social groups, be such groups recognised as the academic, the military, the priesthood, the factory worker, the peasantry – is thus central to all issues of community preservation, beginning with its well-being, of which both physiological and mental health are pre-eminent.

The mention of internal social groups as repository of cultures, or micro-cultures – a reality not much different from micro-climates – is of course deliberate. The culture of traditional widow inheritance is one obvious cultural practice that flies in the face of medical sense and reminds us that tradition itself is not static, but subject to reform and adjustments as society itself confronts unaccustomed phenomena or undergoes developmental changes – be this through productive strategies, economic relations or simply through knowledge of other societies. Micro-cultures are governed by the same evolutionary processes. Within both the larger society and its component groupings we may, for instance, be confronted with the culture of silence, or denial. It is worth remarking that, preaching as always through his own example, Professor Ransome-Kuti was anything but a

subscriber to such a culture. When his own brother, the social maverick Pela Mankalapo was finally felled by HIV/AIDS, he ensured that the whole world knew the cause of his death, and its implications for a polygamous, or simply unprotected promiscuous sexual lifestyle. It was no time for taking refuge under the culture of silence, a lesson in social responsibility that also distinguished President Kaunda, who revealed that his son had died of that disease, or Mandela who announced that he had lost relations to AIDS. Contrast this with Koye's own experience as Minister of Health. When, in pursuit of his efforts to contain the looming epidemic through public awareness, he finally pressured Dodan Barracks – then the seat of government – to embark on a serious anti HIV-Aids programme, he succeeded so well that the government decided to set an example with its own staff, beginning with military personnel, by subjecting them to tests, highly publicized.

Koye went to Dodan Barracks with his staff and full testing-kit. He returned a day or two later to continue his work, but first, naturally, he presented his hosts, highly placed military officials who were assigned as his liaisons, with the results of his first batch of tests. Now, do recall that, despite acknowledged exceptions, our continent, especially its governments, remain beset what we have referred to as the Culture of Silence, or Denial, manifested on myriad levels and from diminishing positions of responsibility,

occupants of which must thus be considered culpable for the rapidity and extent to which this epidemic has ravaged the continent. As earlier remarked, the immediate past president of South Africa virtually claimed that HIV-Aids was just a Western invention, and thus he needed not exert himself programmatically to contain it. After him came the man who was already a potential successor and indeed now occupies that exalted position. This current president publicly admitted that he knowingly had unprotected sex with a woman suffering from that very ailment. First, he claimed that it would have been against the culture of his people if he had failed to perform that 'duty', AIDS or no AIDS. But not to worry. His preventive remedy for any possibility of infection was – in his own words – he made sure he took a shower afterwards.

So, my cousin Koye – and he personally narrated his experience to me – should not have been overly surprised at the abrupt end to his prevention campaign in the hallowed precincts of governance. His first day of tests turned out to be his last. He presented the results, and such was the casualty rate that he imagined that he would be urged to proceed, indeed with accelerated tempo, with further testing of the rest of the personnel. Perhaps the military immediately placed an order for showers, we do not know. But Koye, the nation's Minister of Health, was never welcomed back.