GMAFocus Contents

EDI-TORIAL

The theme for this years' Annual General Conference is "10 years of Post-graduate Medical Education in Ghana – Achievements, Challenges and the Way Forward".

It is interesting that the Ghana College of Physicians and Surgeons has already been in existence for more than 10 years now. The College since its inception despite its numerous challenges have been able to reduce the rate at which doctors travel outside the country in the quest for further training and knowledge.

This has invariably helped to retain more doctors in the country. The Ghana Medical Association as many of us are aware is the main brain behind the establishment of the College.

It is therefore appropriate that the Ghana Medical Association does an appraisal of Post-graduate Medical Training in Ghana for the past 10 years.

The Focus Magazine team hopes that the discussions at this years' Conference will be dispassionate and focused so that at the end of the day the true picture can be painted and the way forward clearly defined.

Meanwhile, this edition of Focus Magazine is filled with interesting articles which we hope you will find rewarding reading.

Catch the President of GMA preaching and quoting from Ecclesisasticus, some form of secret Bible. If you want to know the owners of GMA and the raging battle between the Anaesthetics and the Surgeons then you are home with this edition of Focus Magazine.

Dr. Frank Serebour

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EXHORTATION

Dear colleagues,

Let me take this excellent opportunity given to me by the GMA Focus Magazine to thank all members of the Ghana Medical Association (GMA) for the confidence you have repose in me by making me President of this noble association for the next couple of years. I am very grateful and indeed humbled by this honour. Though this is supposed to be an exhortation, I will like to touch on some few matters;

1. **Implementation Of Conditions Of Service:**
   Through hard work and commitment by my team of lieutenants (permit me, reflective of my background as a law enforcement officer), the implementation has commenced in earnest. The financial aspects have effectively been dealt with. We are still working on the modalities for implementation of the full document. Hopefully this will be completed very soon, to ensure that the document is made available to all doctors.

2. **GMA Star Fund (Provident Fund):**
   In response to several calls by members to have access to their investment in the GMA Fund (Pension Fund) before their retirement, which clearly is not in conformity with the trust deed governing the fund, the idea of a provident fund was born.

   I am happy to inform all and sundry that the new fund is operational and some members have already enrolled.

   All members are entreated to join the GMA Star Fund, to make it a great success. The good news is that, this fund allows members access to their funds and the interest so accrued whilst they are still in active service.

3. **Welfare of Members:**
   The welfare policy document that was launched at the 57th Annual General Conference is effectively operational. All members should get copies from their local secretariats to acquaint themselves with its contents.

   Meanwhile, all doctors should take their own well being serious. We should strive to lead healthy life styles at all times. Let us all take our health serious. At least once every year, we should take time off our busy schedule to undergo the basic of medical checkups. The GMA will continue to seek the welfare of all members, but the surest bet to ones welfare is our individual selves.

4. **Each Others Keeper:**
   Let's remind ourselves of the oath (Hippocratic Oath) we sworn before taking on the job of becoming doctors." Our colleagues shall be our brothers and sisters". We should continue to be each other's keeper. We should treat each other with respect at the work place and wherever we find ourselves. Most importantly, whenever we encounter sick colleagues, we should do all in our power to give them the best of our care and treat them with the utmost respect. They should be made to feel special and proud to belong to this noble profession of ours.

God bless the Ghana medical Association.

LETTER TO THE EDITOR

Hello Editor,

Thanks for the opportunity. As I sit to pen down my "wish list" for Ghana's Health Sector, I can only pray that we do not let ourselves down as a country, as yet another opportunity presents itself for us to dialogue and move the declining health sector forward in a manner devoid of the usual "winner takes all" scenarios that we have witnessed.

Personally, I expect the Health agenda of the various political parties' manifestos to acknowledge appalling the standards of healthcare and put forward tangible steps, devoid of political taints.

Health service delivery

I would like to know what plans if any, that political parties have in shifting the service delivery model from a mainly curative one to a healthy balance between preventive and curative medicine.

Health workforce

I would also be interested in knowing what plans the various parties have in addressing the yawning Doctor: patient ratio in this country. Previous talk has been mainly about stemming the tide of the brain drain. This time I thing the talk should be about how to address the key deficiencies of specialists in critical areas across the country. This should include plans for expanding under/post graduate training for not only doctors but the entire health work force, in order to create a critical mass of professionals in both private and the public sector capable of transforming healthcare to match our middle income status.

Healthcare financing

This is a key area that definitely needs attention. We are witnessing the gradual slide back to the days of cash and carry as institutions, both public and private, cry about unpaid reimbursements due them. This has stifled a lot of facilities, several of whom in a bid to survive have started demanding upfront payment. How is this problem to be addressed in a manner that ensures sustainability, while ensuring that the NHIS serves as a vehicle of growth for the health sector, by tapping into its potential to help address our shortcomings in funding for medical equipment, training of the health workforce and the unmet health needs of our population?

Regional terrorist threats and the impact on our healthcare

In recent times we have witnessed terror attacks in our neighboring countries. We have also witnessed the Ebola scourge as well as other epidemics take a toll on the health systems of our sister countries. That we were unprepared for Ebola is an understatement! The epidemic exposed the weaknesses in our healthcare system and challenges in addressing remote or immediate health threats to our country. I would like to know what the various parties' views are in ensuring a state of preparedness is maintained at all times. There is closer collaboration between the health services and other non-health services like Customs and Immigration, Defense, etc, whose roles may impact greatly on health.

Lastly, I hope GMA would begin to feature quite prominently at presidential debates and the like to ensure that we let politicians know the health needs on the minds of the patients for whom we are advocates and the association through which the future direction of healthcare is bound to flow.

Long live GMA, long live our nation Ghana!
Yours sincerely,

Dr Gerhard Ofori-Amankwah

LETTER TO KWAME TIKESE

My Dearest Tikese,

Happy New Year to you. I bring the grace of God almighty into your household and beyond in this crazy year of confusion and annoying propaganda (from both sides of the party-going people)

My brother, I am boiling with an extreme form of fury about happenings with our own Ogyakrom Healers Association. This issue has been raging for some time now, yet, no one has the (tennis) balls to talk about it. But as an avowed defender of the truth, I deem it right and fit to raise it. Whether you like it or not!!!

There are a few questions worth asking:

Is it true that the odikro of the oral healers group has refused to be a member of the Ogyakrom healer's paramountcy?

If it's true (can the liars, sorry, lawyers help me?) does it amount to attempted secession?
If question 1. Is true, does it have the support of all the oral healers?

What is the Omanhene of Ogyakrom healers Association and his cabinet doing about this?

Ooops, did someone just whisper to me that they even have their own car sticker (that bears very close resemblance to that of the mother group?)

Are all these signs of imminent secession?

Does it mean they will be an independent badly negotiating their own salaries/ condition of service (COS)?

Will they have the same career progression as pertains in the traditional group?

Well, enough of the questions. Tikese my brother, all these questions reflect the reality of the situation in your group but, as pointed earlier no one is prepared to bell the cat. My candid, but controversial opinion? Let them go!! The divorce is long overdue.

Kwame, the degree of my furry nearly caused me to forget about one important issue trending of late. Whoever dreamt of that policy must have his/her head examined by Dr. Akwasi Osei and his people. How on earth do you make such a thing compulsory? I am talking of the introduction of the so-called wizard card (?ezwich) a.k.a E-zwich kakai.

Again, I have a few questions to ask:

1. What is the rationale behind that move?
2. Somebody suggested to me that it was an avenue to raise

money for the up-coming Ogyakrom selection festival. Is it true?

3. How many marketing outfits/shops/supermarkets are hooked unto it?
4. Have people had adequate education about the whole thing?
5. What are the pros and cons in using these ones?
6. Who bears the cost of transactions with the kakai ezwich

My brother, I don't want to believe the rumour that some people in certain high places may be having their cocoa season out of this thing. Just a rumour oooo. No NBI matter.

Kwame, I know you live and work at Ogyakrom's biggest and most sophisticated CHPP compound (sorry, Hospital), But I wonder whether you walk or drive to work. Have you noticed the state of the roads in our nation's number one CHPP compound? Horrible is even an understatement. The manholes are so numerous that one's attempt to swerve on hole rewards you with two. A very frustrating situation.

I pity those of you who drive expensive and luxurious cars. I wonder whether Opana (a.k.a the Dead goat) is dead to the situation. What is the sense in re-asphalting unimportant residential roads. Hmmm some very close to our premier CHPPS compound but neglecting those in the nation's number one healthy facility. Is it a case of misplaced priority or shear wickedness?? Remember, there is God oooo (apologies Mrs. Goodluck Jonathan)

That reminds me of how cheap we have become as human beings as far as street naming is concerned. Driving through Accra, one is bombarded with the unpleasant sight of very interesting and annoying street names. Are there not any prominent citizens who have contributed to the development of the community? You can imagine my anger when I came across streets like "Tomato Street, "Mango Lane", and "Pawpaw Avenue" Mahogany Street.

The one that killed me completely was "Gorgormy Street". Oh my God!!. Have we gone insane? How can we name a street after maggots when ministers, Teachers, Doctors, Nurses, Civil Servants remain unrecognized??. Perhaps the Accra city authorities can learn from their Oseikrom counterparts in that regard.

Tikese my brother, let me pause here, otherwise this small, but loud mouth may invite trouble for me. The vampire NBI people are red-eyed and alert.

You will certainly hear from me before the Ogyakrom Opana selection festival. Until then, stay alive and free from trouble.

Freebody Tiketoa

2016; MY HEALTH MANIFESTO

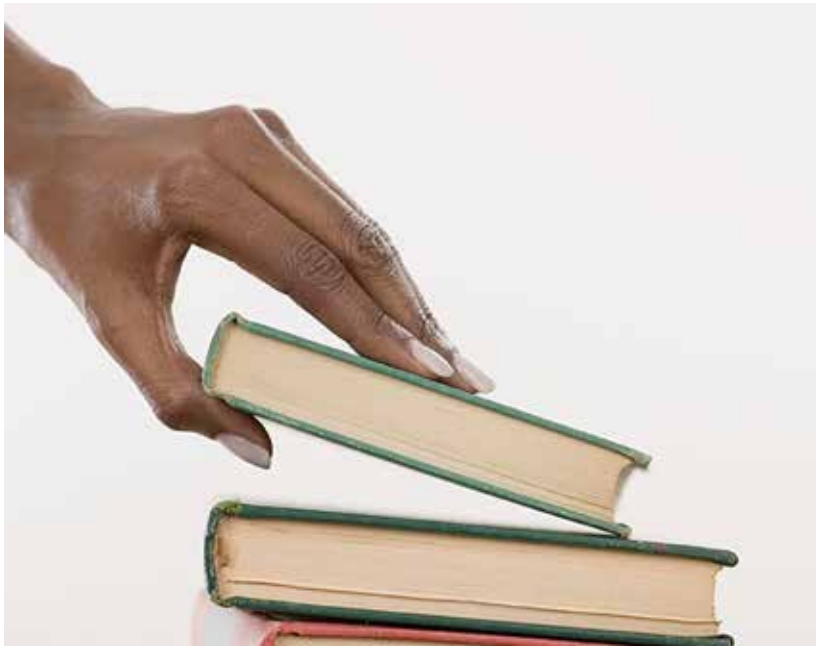
So I am back from work and expecting to watch a local movie to relax after my stressful day, yet the TV station decides to air a flag bearer making noise. Mere political talk, same promises every time!

Like seriously? You lie to me for power?

Yes it is true a president cannot implement all the promises he makes during a campaign moment but having a reality check manifesto serves as a guideline to policy formulation.
The most important thing to my family and I is health. With a good health, we can work and do any other thing to contribute our quota to the nation's GDP.

I expect all the political parties to critically analyse health issues in their manifesto. My family will only vote if the issues raised are realistic.

Ain't it surprising that cholera and malaria are among the top killers in Ghana? What happened to the sanitation laws? There should be a review and enforcement of our



sanitation laws. I miss those days when sanitation officers popularly known as "tankas' were trooping in and out of houses to ensure a clean environment.

Recently I heard in the news that the people of Nsawam had no potable water, yet there were government officials parading in that town in their luxurious vehicles.

Provision of clean and potable water to all towns, facilitating and supporting the growth of a vibrant local pharmaceutical industry to help make available anti-malaria drugs anytime and any day must be key to every political party.

Political parties should seek to improve rural access to medical care by providing wide incentives for rural practice for public and private medical practitioners. Nurses graduate from school and their posting becomes a problem when society yearns for their

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immediate service. Posting newly-qualified specialists to Regional and District Hospitals must be looked at.
Equip Regional and District Hospitals with pharmacists and other professionals.

Build more facilities to reduce queues in the hospitals.

Food and Drugs Authority (FDA) must be strengthened and given the needed powers to prosecute. It's amazing how easy it is to find fake drugs, fake foods and drinks, contaminated or expired products on the market. How did all those products get into the market? Illiteracy rate in the country is high and not all will know what a fake drug is hence the authorities in charge must work to protect the vulnerable from being exposed to products that can harm them.

Political parties should clearly state in their manifestoes how they will seek to step up the fight against the drug trade and also their implementation of our mental health policy.

How can psychiatric nurse go on demonstration and a possible strike for failure on the government's part to pay them or provide drugs when we know the psychiatric nurse-to-patient ratio nurses is on the low?

As I sit in the Trotro to work every day, I meet several people promoting different herbal medicines. Traditional medicine has been accepted by the populace but there needs to be a regulation to check its abuse. There should be a proper and effective integration of traditional medical practice into the orthodox health care system. In as much as I am aware that some integration is ongoing, no proper evaluation has taken place to assess the impact of the policy as well as its effectiveness.

There should be ambulance service to all districts and regional hospitals for emergency cases.

The National Health Insurance Scheme, a good and a bad servant must be checked. A possible instant issuance of an NHIS card, expansion of the NHIS benefit package to possibly cover family planning, and the physically challenged. Strengthening the NHIS both in terms of coverage and effectiveness as well as administrative and operational efficiency must be key to every party with an improvement in the efficiency of the provider payment mechanisms.

My child was diagnosed of pneumothorax only to be told it's not covered by the health insurance. He would have died if there was no money to cater for the cash and carry system.

My kid sister Betina died minutes after child birth. And even in this modern age, we still suffer from a high rate of infant and maternal mortalities. Enrolling pregnant women unto the NHIS freely is not the solution but ensuring all their drugs are also supplied freely and maximum care given to them will reduce the infant-maternal mortalities. Several children have been rendered orphans due to this. I miss Betina. She was my only sister. May her soul rest in peace.

Is it not appalling to visit a government hospital and they complain of plaster and even gloves? A surgeon cannot function properly at the theatre without basic consumables such as cotton wool and yet these are all too often in shortage in various hospitals, and the burden transferred to patients to provide. A political party that seeks to promote the local manufacture of hospital items such as plaster, POP, gauze, cotton wool, wooden tongue depressors and gloves (surgical & examination), syringes and needles will surely have my vote.

Several of our leaders travel abroad to seek medical care. Our specialised health facilities and qualitative skills should be tapped to attract foreigners to come and use the facilities and pay their medical fees in foreign currency. Why must our leaders travel to seek medical attention abroad when they have the capacity to transform that of Ghana?

AIDS is real!

The nation is acting like the disease has gone on hibernation. Priority should be given to the education of this killer disease. I wouldn't even say anything about the anti-retroviral drugs and its frequent shortage. Hmmmmm boi!!!!
Looks like I am giving up on voting, but not voting will mean giving power to someone who do not deserve it and will lead the nation into a pit.

I expect to read these in a political party's manifesto to attract my vote. My health is supreme to me and hence cannot be taken for a ride. Until then, I'm off to bed. Good night.

Maame Broni

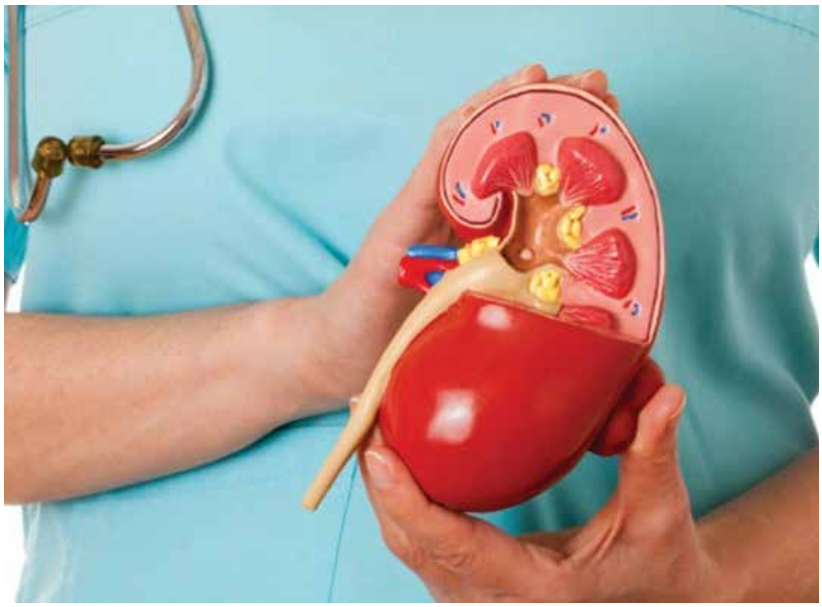
THE PLIGHT OF CHRONIC KIDNEY DISEASE PATIENTS IN GHANA

The theme for the 57th AGC of GMA in Accra was management of chronic kidney disease in Ghana. I think the debate shouldn't end there as we saw how burdensome and challenging the condition is in our country. Patients who are at the receiving end seem to be helpless with no strong advocacy in their favour. Most Ghanaians including colleagues in the medical fraternity don't know the full details of what the people go through. It is therefore necessary to give a gist of what is going on as far as management of chronic kidney disease in Ghana is concerned.

Recently, discussion in some media outlets was to the effect that the cost of haemodialysis went up from GHC200 per a session to GHC260 per session; dialysis three times per week. Patients cried that they could not afford to stay on dialysis with this new charges and this means a death sentence to them. A person on chronic haemodialysis paying the new tariff will need to spend GHC 3,120 per month or on the average GHC104 a day to survive till a kidney transplant

is done or for the rest of his/her life. He also needs erythropoietin which costs GHC360 a week to avoid frequent blood transfusion. There are other medications and monthly laboratory investigations for monitoring of the treatments which will cost about GHC400 a month.

Chronic kidney disease (CKD) is common in Ghana. Unfortunately, it is the productive age group in Ghana who are largely affected unlike the Western world where it affects mainly the elderly. At the dialysis centre in Tamale Teaching hospital for instance, the oldest patient among those on chronic haemodialysis is only 59 years old. The wide spread and unregulated sale and use of herbal medicine in the country may be contributing to the increasing incidence of Chronic Kidney Diseases (CKD) among the youth.



In view of the cost of haemodialysis as stated above, less than 15% of people who need dialysis are actually on it and the rest usually end up dying early. Sadly the incidence is increasing day in and out. In the referral hospitals throughout the country, new patients with end stage renal disease are admitted almost every day. In Korle Bu Teaching hospital for instance, every floor of the medical block has up to a third, and sometimes more of their beds occupied by renal patients. One of the reasons is because these patients are managed conservatively because they cannot afford dialysis and so are almost always sick and require admission

At the moment there are six public hospitals with dialysis units in Ghana, namely Korle Bu teaching hospital, the National Cardiothoracic Centre, the police hospital, Komfo Anokye Teaching hospital, Tamale Teaching hospital and Cape coast Teaching hospital. These together currently have 428 patients on dialysis out of over 4000 people nationwide with End Stage Renal Disease (ESRD) that needs dialysis. About 200 other patients are dialyzing in various private facilities mainly in Accra and Kumasi.

The national health insurance scheme (NHIS) doesn't cover chronic haemodialysis and therefore patients have to pay for the service out of pocket. Most patients end up selling their life time savings to pay for dialysis leaving their families in abject poverty after they eventually die. Unlike other conditions that need a one time procedure and thus usually get sponsorship, haemodialysis needs perpetual funding and thus doesn't attract funding from philanthropists.

Peritoneal dialysis is another form of renal replacement therapy for end stage renal disease (ESRD). It is relatively cheaper and doesn't require the patient to travel to the hospital three times a week. There is less Interference with the patients work since the patient manages the process at home and even at work. Unfortunately it is not readily available in Ghana and currently mainly done in KATH and KBTH for most children who need acute dialysis but cannot be put on haemodialysis machine because of their body mass. The difficulty with peritoneal dialysis in Ghana and other sub Saharan African countries is the non availability of the dialysis fluid and the potential threat of peritonitis looking at the hygienic nature of our environment.

Kidney transplant is the ultimate and desirable form of renal replacement therapy but it is currently not a routine procedure in Ghana. A visiting team comes once or twice a year from the UK to join their Ghanaian counterparts to carry out some kidney transplants. It has so far been very successful but less than 30 surgeries have been done since 2008 when the first visit was made. Most of the beneficiary patients are doing very well and are no more on haemodialysis. Patients who are able to afford it travel abroad to have the surgery done. The cost of doing Transplant in some countries our patients travel to is ranges from US$50,000 to US $250,000.

A successful regular transplant programme in Ghana would help reduce the burden of haemodialysis on the patients since they wouldn't need to live on GHC104 daily for the rest of their lives. Every transplant done will reduce the number of people on dialysis by one.

Haemodialysis certainly is not sustainable in view of the cost to the patients and their families. Unfortunately that is the way to go for now in the country and thus only a small fraction of those who need it actually get it.

In many countries, dialysis is free for the patient and is paid for by the state. Some of these countries are not necessarily richer than Ghana. There are a number of African countries who do dialysis free for their patients thus paid fully by the state. Some of these countries include Mali, Sudan, Eretria, Ethiopia, Egypt, Zambia; South Africa Somalia etc. if some of these countries which are even fighting rebellion can be so caring to their people why not Ghana? Patients who have political connections get dialysis paid for by the state including paying for their transplant surgery abroad. Looking at the total number of patients who need dialysis as a fraction of Ghanaians, the cost of their dialysis can be boned by the state without putting much burden on the health budget. If the NHIS is properly managed it can be tasked to pay for the cost of dialysis.

Since peritoneal dialysis is relatively cheaper the ministry of health as a matter of policy should consider establishing the service in Ghana. With this, all regional hospitals and some district hospitals can be equipped to render the service. Whilst basic hygienic principles are enforced to reduce the risk of frequent peritonitis.

The state should also set up a regular kidney transplant programme in Ghana as a medium to long term measure to reduce the number of people who will need to be on dialysis thus saving a lot of money. We have enough urologists and surgeons who will need a little more training to carry out the surgical aspect whilst the nephrologists handle the pre and post transplant management.

We need to advocate for the authorities in charge of governing this country to do something about management of our chronic kidney disease patients. Nobody knows the next patient who will need renal replacement therapy. It can be me, you, that lovely daughter or son of yours or your parent whom you can't leave alone to suffer. The cost of renal replacement therapy is beyond individual patient's capability and we should try as a nation to seriously look into it. Those of us in this noble profession and know this better, should speak for the current and future patients. We need to start the debate as I am just doing and invite our politicians and the mass media to join us starting from this election year.

Dr Braimah Baba Abubakari
Tamale Teaching hospital

MANAGING THE RAINBOW WORKPLACE

Managers must be prepared to value diversity and respect individual differences in today's complex work environment. Workers with different cultural backgrounds are supposed to work together and be managed. Workers have marked differences in political inclinations and demographic characteristics. The best managers create positive work settings in which diversity boosts productivity and competitive advantage. The challenge of today's managers is how to value diversity and respect individual differences.

Previously, most managers dealt with a fairly uniform workforce consisting of people with similar backgrounds and belief systems. Managing workers born before computers and those born after computers are generating difficulties at the workplace. The investigative capabilities of modern medicine and cost containment are tearing health teams apart due to differences in opinions on how to deal with rising cost of medical care. Here comes partisan politics to complicate issues of evaluation of programmes and projects with respect to achievements and apportioning blame. There are clashes between experience and modern knowledge as well as youthful enthusiasm and cautiousness of old age. There are many of doctors who believe the time for the adherence to Hippocratic Oath is long gone. They think it is not a good poverty alleviation strategy. Others think the survival of the noble profession relies heavily on practicing medicine in a way that would have made Hippocrates smile in his days.

Governments and the citizens want quality health care, which

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cover a wide range of services, and they want everyone in the nation, without exception, covered for proper health care. Most political parties dare to put this in their manifestos and whet the appetite of their supporters for the finest type of healthcare. They also, want what they feel are the widely spiralling cost of health care, brought under control. Health managers are under pressure to generate consensus among their staff to meet these expectations. Well, health policy is 10% percent legislation and 90% implementation, therefore one has to produce and distribute health with and through different groups of people. Writing regulations is good, but working with people is the ultimate skill required. Do we build consensus on 'No cost is too great to save a life or treat disease' or 'Resources are scarce and choices must be made'. How are we going to manage these among our workforce with diverse political and ideological views.

Does the service a client gets depend on who he/she meets in a health facility or there are standardised services for various needs? Clients can only wish to meet a sympathetic health worker who can deliver services with inadequate inputs; otherwise there is increased chance of meeting an irritated worker whose expectation in an election year is yet to be fulfilled. Managers must understand that a health policy that guarantees access for everyone in a population is ultimately a tax policy. Who is to be taxed and by what mechanism? Once citizens and legislators accept the link between access and taxation, the debate shifts to the way various forms of taxation affects the economy. Our choices in health will most likely be driven by values or moral sentiment than by economic rationality. How do managers deal with workers who think the health care system must be operated exclusively in economic terms?

Increased diversity reinforces the importance of fair employment practices. It is about creating an environment where everyone has an equal shot at contributing to the performance target and advance fairly on the cooperate ladder. Unfortunately bias and misunderstanding are limiting factors for the achievement of fairness at most work places. They take the form of prejudice, the display of negative irrational attitudes towards individuals because of their age, gender, tribal, religious and even political

inclination. They can also take the form of discrimination, where prejudice results in actual disadvantages to minorities by denying them full benefits of organisational membership. An example is the glass ceiling effect, where an invisible barrier may prevent minority workers from rising above a certain level of organisational responsibility.

Today's managers must be more broadly informed and capable of recognizing and dealing with individual differences based on abilities and skills, demographics, personality factors, values and attitudes. A common productivity loss is the underutilized potential of capable employees who are not given the opportunities to develop their abilities to full advantage.

Personalities

The term is defined to include the enduring and relatively stable profile of traits that make each person unique in the eyes of others. Some personality concepts that are often considered important in management are cognitive style, locus of control and Machiavellianism.

Cognitive style:

The issue of cognitive style deals with the way people gather process and interpret information for decision making. People with different cognitive styles may have difficulty working well together in problem solving situations. It's important for managers to understand this so that whenever they are forming work teams they do their best to look at the cognitive styles to avert unnecessary confusion and ineffectiveness in decision making. By being more aware of

the differences, it is expected that accommodations and adjustments can be made to better deal with this aspects of individual differences that is making it difficult to implement some policies in our health institutions.

Locus of Control:
The locus of control is the degree to which a person believes it is their own behaviour that most influences what happens to them. Some people are 'internals' who believe they are largely in control of their own fates or destinies. Others are 'externals' who believe they are mainly controlled by outside forces or events over which they have very little control. These personalities have implications for team building. Externals can be expected to be more outgoing and social, and perhaps more inclined toward managerial positions. Internals can be expected to be more introverted, less prone to interpersonal relationships, and more conforming in work place behaviour. Can this phenomenon explain why some great doctors struggle with managerial duties which calls for more social interactions and less rigid routines? Some of them find it difficult to communicate and generate consensus. They are seen to be introverts who dictate policies and don't like discussions. Who can blame them? They were brilliant students who learnt hard on their own to achieve good grades, only to be thrust into managerial positions which depend on the work of others to succeed. Working with and through people to achieve organisational goals becomes a serious challenge for them. In the end even though most of them are heads of institutions, they recoil into their own routines and leave the workers to manage their own affairs. The result like we have observed in some of our institutions is that teamwork breaks down and anarchy sets in. We are in a season when increased decentralisation of the Health system in Ghana is being considered, the need for succeeding through district actors have become an important determinant of the success of our health policies and therefore health managers should relook at the locus of control of their managers.

Machiavellianism:
The concept of Machiavellianism is used to describe the personality

of someone toward manipulation and political control of other people. A high-Mach personality is comfortable in unstructured situations with room open to negotiate and manoeuvre to obtain resources, he will do whatever is expected to get what he or she wants. On the other hand low-Mach personality is more comfortable in structured situations with clear expectations for behaviour and is less likely to seek personal gains at whatever costs to others. Managers should be able to identify these differences and apply them appropriately to task that demands their personalities for achievement of policy objectives.

Values and Attitudes
Values are broad beliefs, preferences, viewpoints and inclinations forming a person's approach to the surrounding world. Individuals may vary in their basic inclinations toward achievement, concern for others, honesty and fairness. Families, friends, teachers and others with whom someone is closely associated with determines the source of an individual's values. Our cultural background, as well as important foundations set in our childhood and life experiences affects the values expressed by workers.

Attitudes are more specific likes and dislike that result in predispositions to behave in certain ways towards people, objects or events. One important attitude the health system is grappling with is job satisfaction, which is the degree to which an individual feels positively or negatively about various aspects of the job. It represents the personal meaning or perceived quality of one's job and associated work environments. It may help to predict the tendencies of workers towards hard work or laziness, absenteeism and empathy towards clients. These issues are occurring in our health facilities and an understanding of these personality traits will help managers think of improving their managerial skills to address this challenge. We should understand that Individuals should be managed within their contextual personalities. It's the job of the manger to create the teams for achievement of organisational goals just like football coaches and managers do. Players from different countries and cultures are brought together to play, the team with the best blend of personalities and management win. It is important to note that job satisfaction is affected

by remuneration, supervision, co-workers and advancement opportunities. Also people who value work as an important part of their self-fulfilment do better at work.

Perception

Managers should endeavour to manage workers' perception. Perception is the process through which people receive and interpret information from the environment. It is the way we form impressions about ourselves, other people and daily life experiences, as well as the way we process information into the decisions that ultimately guide our actions. Perception acts as a screen or filter through which information must pass before it has an impact on individual decisions and actions. Depending on the individual values, needs, cultural background, political inclinations, and other circumstances of the moment, information will pass through their screen with varying interpretations and degrees of accuracy. Therefore managers must know that workers and clients can perceive the same thing differently and generate the patience and managerial attitude to work with everyone.

Various stereotypes are generated when a person is identified with a group or category. Common stereotypes are those of young people, old people, males and females. An example of characteristic commonly associated with young people is "Young people do not respect authority". Therefore even genuine complaints are perceived within the context of this stereotype. Also when someone must be promoted to fill an important challenging job and the manager assumes that older workers lack creativity, are cautious and tend to avoid risk, an older worker is not selected. Some of these stereotypes are extended to workers based on their political inclinations. Whatever is said or done is interpreted within the context of the stereotype towards the political party the person is inclined to. A halo effect occurs when one attribute is used to develop an overall impression of a person or situation. This involves generalisation from only one attribute to the total person or event. The halo effect may cause one trait such as a pleasant smile or a kind gesture, to result in an overall positive impression of a person's performance at work without analysing the appropriate data. This is especially significant in respect to a manager's view of a subordinates work performance.

Selective perception is the tendency to single out for attention those aspects of a situation or person that reinforces or appear consistent with ones existing beliefs, values or needs. What this often means is workers see things from their own points and tend not to recognise the other points of view. Sometimes a single error is used to obscure the positive contribution of very good workers who fall out of favour with managers.

In conclusion, Managers should guarantee fairness at the workplace in spite of the diversity and individuals differences in

We should remember to be fair in our assessment of various situations that occur in our health facilities. Just as it is not correct to assume that anyone who comes to work early is necessarily a good performer, occasional lateness should not be equated with poor overall performance. The manager's job is to get the accurate impression and not allow halo effects to result in biased performance evaluations and wrong decisions.

values, attitudes and perceptions they encounter daily. When the alternatives prove contradictory, efforts should be made to check one's original impression to create the most appropriate basis for decision making and action.

Dr. Andrew Ayim

Jokes

Today is the day
A therapist has a theory that couples who make love once a day are the happiest. So he tests it at a seminar by asking those assembled, "How many people here make love once a day?" Half the people raise their hands, each of them grinning widely.

"Once a week?" A third of the audience raise their hands, their grins a bit less vibrant. "Once a month?" A few hands tepidly go up.
Then he asks, "OK, how about once a year?"One man in the back jumps up and down, jubilantly waving his hands. The therapist is shocked—this disproves his theory.
"If you make love only once a year," he asks, "why are you so happy?"
The man yells, "Today's the day!"

The prison hospital
Prisoner: Look here, doctor! You've already removed my spleen, tonsils, adenoids, one of my kidneys, one of my testes and my left big toe. I only came to see if you could help get me out of that prison!

Doctor: You need more patience. Don't you see I am doing so bit by bit?
Quick Diagnosis
Nurse: 'Doctor, Doctor the man you've just treated collapsed on the front step. What should I do?'
Doctor: 'Turn him around so it looks like he was just arriving!'

Funny misunderstandings
1. Gynaecologist: Are you on HRT?
2. Patient: No, income support.
3. ENT Consultant: 'For goodness sake, nurse, get me my auriscope.'
4. Distracted young nurse: 'But doctor, I don't even know your star sign.'
5. A Radiologist was conducting a radiographic examination of a woman's abdomen.

Finding that her clothing was causing some opacity on the

fluorescent screen, he remarked, 'Would you pull down your skirt, please?'
The patient did nothing so he repeated the request. He then heard her say, 'I'm so sorry, doctor. I thought you were talking to the nurse.'

Reasons why I can't be a doctor

- If I were a pathologist I'd be in a dead end job.
- Anaesthesiology would put me to sleep.
- Cell specialists are too cultured for my taste.
- I can't see myself as an ophthalmologist.
- I'm too old to be a gerontologist.
- I'm told paediatrics is child's play.
- I haven't got the heart to be a cardiologist.
- And they'd see right through me if I went into radiology.
- I'm not cut out to be a surgeon.
- If my second and third fingers had not been amputated I would have become a gynaecologist.
- It's been drilled into me that I should be a dentist.
- I'd rather be a plumber than an urologist.
- If I were a proctologist I'd always be behind in my career.
- I haven't got the spine to be a chiropractor.

Special Glasses

John went to an eye specialist to get his eyes tested and was prescribed glasses. He asked the doctor if these will I be able to read the newspaper after wearing glasses?"

"Yes, of course," said the doctor, "why not!"
"Oh! How nice it would be," said the John with joy, "I have been illiterate all my life so far."

No weapon against me shall prosper
A baby was just born. He looked quite normal, except that he was laughing like crazy. I mean laughing real hard.

All the doctors and nurses were examining the little new born in front of the worried parents, but he kept laughing. He laughed, hands in tight fists, until tears were rolling down his cheeks.

During the initial exam, the paediatrician slowly unfolded the tiny fingers to check if the hand was all right. Nobody in the room believed what was found in the baby's hand.

An intrauterine contraceptive device!

Hear what you want to hear
Awell-developed adolescent female was being examined by the doctor for cold symptoms. The doctor who was standing behind the patient, leaned over her shoulder with a stethoscope to his ears and said, "big breaths".

The young girl, hesitated for a second, then replied, "I know, and I'm only 12!"

Designer thermometer
A doctor was doing his daily rounds in the hospital when a nurse noticed that he had a rectal thermometer tucked behind his ear. The nurse approached the doctor and whispered into his ear, "Doctor, you have a rectal thermometer behind your ear."

The doctor took the rectal thermometer out from behind his ear and stated in disgust, "My designer pen is stuck in a stinky exhaust".

Calculated over speeding
A doctor of a small village drives a car at 150 km/h.
His wife: Honey, why are you driving so fast? There might be a policeman around the corner and he would stop you.
Doctor: Don't worry, darling, yesterday I told him to stay in bed all day if he wanted to live long

Self-medication
I drink beer for easy the digestion. I drink liqueur to expand blood vessels. I drink vodka for disinfection.
- And do you drink water?
- No, I don't have diarrhoea.

Impediments
Doc: Do you have any problems with your ears or nose?
Patient: Yes, doc?
Doc: They hurt?
Patient: No, they impede when I'm trying to put on a sweater.

Peer pressure
Reporter interviewing a 105-year-old lady…
Reporter: What is the best thing about being 105?
Old lady: No peer pressure

Abdominal wall exercise
A woman noticed her husband standing on the bathroom scale, sucking in his stomach. "Ha¬¬! That's not going to help," she said.
"Sure, it does," he said. "It's the only way I can see my feet and the numbers."

LIVING UNDER A SENTENCE

Don't get me wrong. I'm no philanthropist or bleeding-heart. I just felt the urge to pick up my pen and write...to open your windows to see a rarely considered patch of this Garden of Life...and Death.

As I sit in this Consulting Room in the district, today is HIV Clinic Day. The patients are trickling in now, but the waiting room is full already. What strikes you as you enter first of all is the mood. I thought it would be sombre, lifeless, an extension of the destination to which their lives had been bound...I am happily wrong. It's no party, no! But I realise that Life reigns here still. Some Force has infused Hope forcefully into the atmosphere, into their lives. And I'm happy for it.

I see different types of HIV-positive patients: those in Denial (It can't be true...I'm not like all these other miserable people, I have an escape route out of this! There's just got to be! Prophet One!...?); those who are Angry (This isn't my fault! That man! And where was God when he did this to me? Why me?!); those who are Finished (How much longer? What's this medicine going to even do for me? I'm still going to die anyway...I might as well just stay at home and wilt away, alone and cursed...); and those still Pressing On (My children! My business! My old parents! I cannot leave them just like that. I have to be strong for them. I must let them remember me for something better than HIV-AIDS! I'll be better for them with the little time I have left!). All real people like you and

I. So real that they even cry at times: for lost dreams, uncertain foundations, and the prospect of no legacy. Their only certainty now is Death. And of course "it's like that for everyone" , I hear you say, but how can you compare front-row seats to the gaping maw of the Abyss to the easily forgotten break in the tarmac far ahead?! It's different for them because the Possibility has been made a tangible Reality, worse than any nightmare can come true.

For those who cry no more, I realise that, resigned to their fate, they've formed a new relationship with Death: to them, He's lost His cold, hard and evil nature...simply because you can't stay for long in the same body with someone and be strangers. He's become more than a friend: He's family. Dark family, of course, but family still the same.

As they troop in here for refills of drug prescriptions, they play a little but significant part in guaranteeing they live life a little bit more. Here is the one place, now, where they once again achieve their once-taken-for-granted status as human beings. Because, here, we just don't care... that they are... different. So here, they don't have to hide any more, and can stop always trying to not be there because we know who they are. Tainted. And because here they can at last lay down the heavy burden they carry, this deep dark Secret which weighs them down, about who they are. A secret that protects them and causes them to travel to a town fully 100km! away for treatment, so family, friends and co-workers won't find out what it is. Because they know what happens when That happens. They're humans no longer...half-beings at best....there to be looked through and to have awkward moments with broken people.

So if by some random Chance of Fate, or Divine Act of God you do find yourself in possession of the truth about any of them, keep it safe!. You now have power unimaginable; to mould a man and help direct his path of tomorrow, or to break him down to many little pieces that would make Humpty Dumpty cringe. Be careful.

But they laugh too! They teach me that joy is not a matter of luck: it's wherever YOU wish to find it. Alexandre Dumas once wrote that "...in order to experience the greatest of joy, we must have experienced the deepest of grief..." Maybe that's why they have the right to be happy – I honestly cannot explain it because I know I'd be devastated were I in their shoes.

So I want a cure. A real Cure. Cure: remedy; restoration to health. I want a Cure. For the 3-year-old girl brought in by her grandmother because her mother followed her father into the cold embrace of Death. For the young couple who have just begun to see the rays of light outlining the silver lining of their cloud after months of guilt-wracked confession and forgiveness. For the 50-year old who has faithfully borne her burden for 9 years, whose doctors are now feverishly searching for a new combination of anti-retrovirals to put her on to keep her here just a little bit longer for her to see her youngest make something of himself by graduating from the University. For the old man who suddenly has no family, neither sons nor daughters: they don't want to know him no more, lest he taint their 'purity'.

I'm not a bleeding-heart philanthropist. But take just a second to think of this and answer me this: how much does it really cost you to care?

Dr. Seth T. Hassan

RE-TOOLING AND UPGRADING OF EXISTING HEALTH FACILITIES VRS BUILDING NEW FACILITIES: WHAT IS THE WAY FORWARD?

The state of most public health facilities in the country leaves much to be desired. This may largely be due to the fact that many of these health facilities were constructed in the colonial and immediate post-independence eras and have seen very little or no maintenance over the years. Some of the facilities are already 'old' by the time they are being commissioned to start operations. A case in point is the maternity and child health block started in the 1970s at Komfo Anokye Teaching Hospital which remains uncompleted.

Unfortunately, this maintenance conundrum in my humble view has its genesis in our culture. What is the equivalent word for 'maintenance' in our various Ghanaian languages? In my view, the phenomenon of maintenance is alien to us. What our culture teaches us, by inference, is repair ('asiesie' in Twi). Thus till the structure is destroyed or is unable to perform its primary function,

we do nothing to it by way of maintenance to ensure we derive the maximum benefit from its use. The fact that our health facilities are very old, the absence of a maintenance culture, the proverbial 'no money syndrome' and lately the rather malignant partisan politics and the inability of managements of health facilities to do meaningful repair works due to erratic payments from National Health Insurance Authority together have conspired to literally make the state of health infrastructure in Ghana very precarious. The level of deterioration and the state of infrastructure in our health facilities has compelled various governments to come out with some programmes and policies to improve the situation. These have largely been carried out on ad hoc basis. But a lot more needs to be done!

Currently, our government has embarked on a programme of building ultra-modern health facilities across the country. This is good. But the following questions come to mind:

i. What is the fate of the many colonial and immediate post-independence health facilities that continue to offer various levels of health care to Ghanaians?
ii. Is building new ultra-modern health facilities the way to go? Or is it better to renovate and re-tool the existing facilities?
iii. What are the cost implications of re-tooling and upgrading existing health facilities as against building new ones?
iv. How do these choices fit into the overall agenda of the government for the health sector and the provision of healthcare for all Ghanaians?

There seem to be no simple or straight forward answers to these questions. Put in the right cultural and historical perspective, one would think that building new health facilities is perhaps the better option. This option may hold sway over the other as a result of several reasons. These may include the following:

i. The extent of advancement in medical science (diagnostics and therapeutics) is phenomenal; to the extent that installation of some pieces of modern medical equipment may not be easy or probably impossible in some of our existing health facilities.
ii. The structural integrity of some of the existing health facilities is questionable. Electrical and plumbing works may not meet the requirements of modern equipment.
iii. The overall cost of renovating and re-tooling some of our existing health facilities may at the end of the day be the same as constructing new facilities.

Way Forward

We need to do an extensive audit of the structural integrity of all the health facilities in the country. This can be done by the various regional offices of Architectural Engineering Service Ltd (AESL)
Secondly we need situational analyses of public health facilities in terms of medical equipment and associated consumables. This can be undertaken by the Engineering Units of the Regional Health Directorates with some support from head quarters.
Thirdly, the findings from such investigations require proper non-partisan or bi-partisan analysis.

After the above has been properly done, then we can come out with a five or seven year plan to renovate and re-tool those facilities that need renovations, demolish those that fail the structural integrity test and build modern well-equipped ones to replace them. This, of course, is to be situated in the context of the MOH and for that matter government's programme for the health sector of the country in terms of infrastructure provision.

Dr. Emmanuel Djabatey Darko
Western Division of GMA

HEALTH, POLITICS, MATTERS ARISING

We have seen how some of our private medical clinics here in Ghana have matured from two room structures into multi-departmental health facilities providing state of the art services. We have also noted that their rates are pegged within different brackets ranging from those similar to government hospitals and clinics to unequivocally steep and fancy. All categories of these service providers have their intended clients. The steepest ones have never seen a quiet day just like the moderate ones!! People flock to them to seek treatment for their ailments, a quick indication of their efficiency and customer confidence as well as preference. These facilities are not without problems. Conversations with their owners are spiked with stories of experiences in overcoming challenges with hard work and diligence.

On the other hand, we have seen how government seems to

struggle with its responsibilities in the state owned medical facilities. We have seen how often doctors and other health workers on government payroll go on strike over their salaries and conditions of service. We know of the management challenges and the shortages of medical supplies as well as the poor maintenance of our health facilities. We have heard of the ghost names on government workforce receiving salaries and we have seen attitude to work in these institutions, the long lines and waiting times and the shabby treatment of clients. The accounting loopholes, the problems with disappearance of pharmaceuticals with warehouses going down in flames etc etc etc....

The country needs better health care. It is a pity that some of our citizens still have to travel long distances over unfriendly terrain to access health care. It is heartbreaking that people suffer greatly and lose their lives from conditions that can be adequately controlled and managed. As such, it is not surprising that health care provision is a priority for all political parties. Who can fault government when it makes plans to build more hospitals even when it's at loggerheads with its workers? No matter how hard a government may try to make conditions better if it does not move in the right direction things will just fall apart. One political party after the other in government, just turning, turning and moving nowhere.

Turning and turning in the widening gyre
The falcon cannot hear the falconer;

Things fall apart; the center cannot hold;....

William Butler Yeats: "The Second Coming" (1921)
Over the past twenty years plus of the fourth republic, there have been many interventions in the health sector. The building of more hospitals and health facilities is one, the building of more training institutions for health workers is another. The National Health Insurance Scheme is yet another. Both political parties which have been in government can claim their laurels but our problems still remain. We need to be catapulted off a tangent from the track on which we are revolving...the core management method must change!!!

Government must share ownership and management of facilities with professionals. Professionals in the very field partnered or supported by those from other fields. Government

must evolve into the "landlord" setting conditions and receiving "rent".

If we the people of Ghana and our representatives in parliament will assiduously draw out new conditions for operating the public institutions, maintaining the core aim of providing for the masses but transferring the mundane managerial work to the very professionals working there by offering ownership opportunities we shall see tangible improvements.

This will be no mean feat. Visionaries will jump at it and say let's do it at once. They will crush and fail unless they do the necessary preparation. Cynics will condemn the idea and continue turning, turning and going nowhere. This is for those stable knowledgeable minds; those nation builders who can see beyond party colours, those gallant patriotic men and women who believe that Ghana can work, for those who are willing and determined to labor all day and all night looking at different scenarios, thinking through issues, navigating bottlenecks, for those who are patient to a fault but who nevertheless are effective movers and shakers. This is for them to iron out. To make this work the paper work must be advanced. The thinking must be thorough and the method must be purified. It should be possible for staff to take the option of being shareholders or partners in the institutions and manage them as such while the government retains for itself the power to set the rules of engagement on behalf of the people. When such a system is implemented, a facility which depends on government for salaries should be able to pay all its workers with have surplus for shareholders of which government will be one!!!

We know the largest private medical facilities in Ghana. I can bet that one will not find a ghost name on any of their pay rolls. If one apparition is to find its way onto any such pay roll it will be ousted as quickly as it appeared. One may strike oneself but that strike will certainly be of a different caliber for sure, like attempting to put soap into one's own eyes. Government then evolves into the moderator of the affairs of the institutions, making sure that the people are protected,

that their rights are upheld and that a fair charge for services is maintained. Funds received from this arrangement can then be ploughed back into the land for the good of the people. Neither Utopia nor fairytale land just responsible hard work!!!

A government that goes about with begging bowls to other nations is not what we need. We've tried that for 50 years and look at where we are. We need leaders who recognize that their duty is to organize us and push us to change our circumstances. We need a government that will empower its people and give them opportunities to reap the rewards of hard work, not one that lounges in kickbacks and easy money.

Empower your people to manufacture the best possible products and empower them to manage the supplies. If they get wealthy doing their honest work there should be jubilation in the land. Compare that to all the proceeds going to empower others in their countries. Government should not be dabbling in the buying and selling or distribution of goods from other countries. It should empower its people to manufacture to meet their needs and assume a 'landlord' pose. Enable the countrymen to make more than they need and to sell the surplus. Empower the citizens so that they can deliver. Empower the citizens so that the country will derive wealth from the very people who are draining government's coffers. Empower the citizens so that the persons who government is struggling to pay become their own employers.

Cheers to the gallant self-employed health workers in Ghana who have bravely and successfully worked against many odds providing essential services for the people day and night. Their proven managerial and entrepreneurial methods could form the bedrock of a major overhaul in health service delivery in Ghana one day!!!!!

Naa Adorkor Sodzi-Tettey

STEP ASIDE

The Ghana premier league is ELEVEN (11) rounds of games old, yet several coaches have already lost their jobs. There is a perception by some skeptics that coaches do not play football. They therefore never support the idea of coaches taking the fall when teams perform badly. They claim that even if a team selects eleven very good left footed players without a Coach, they are still capable of winning games.

I belong to the school of thought that believes that you need a very good coach and bunch of committed players to be successful. Leicester City Football Club and Athletico Madrid are clear examples of this ideology. I believe in the proposition that "coaches are hired to be fired".

However, the rapidity with which coaches is being fired in the 2015/2016 Ghana premier league (or is it 2016/2017 league season?) is alarming.

Indulge me to digress a little. It is pathetic how the Ghana league is gradually becoming a standalone league. When the league seasons all over the world is either ended or ending, that of Ghana is still in its infantile stages. The Ghanaian league is now amorphous in its dating and can be likened to the amoebic parasite without shape or form. It is very funny how the country has allowed its football to come to this. Maybe the gods should be blamed for the lack of proper structure in the Ghana

football league but not the block-headed leaders we have in the game.

Now back to planet earth. The reasons behind their being let loose off their saddle are very fascinating.

The sacking of Coach David Duncan by Kumasi Asante Kotoko was to me not very surprising. Did I say sack? Let me put it right before Duncan hauls me to the court. A bird has just whispered to me that the man has the propensity of going to court, so any lapses on my part may not be treated kindly by him. Coach Duncan was surely asked to "step aside".

I have severally described him as a "near man". He has coached all the glamorous clubs in Ghana from Great Olympics through to Ashanti Gold, Hearts of Oak and recently Kotoko. He is however, yet to win a trophy.

He nearly won the league with Ash Gold, Hearts of Oak and Kumasi Asante Kotoko.

He nearly won the FA cup with Kotoko and nearly won the 2016 G6 trophy except that this time around, fate took him to Libya.

Coach Duncan, many believe talks more than he coaches. He would have been a good football pundit just as Gary Neville proved that talk is cheap, with his shambolic showing at Valencia.

There are rumours to suggest that, the main reason behind his failure at kotoko was simply a case of sabotage. He wanted to punish the club, for the refusal of management of the team to give him his share of bread, which was being supplied to the team by a sponsor.

Coah Bashir Hayford of Ashanti Gold has requested for a sabbatical in a season that barely started. Nowhere in this world do coaches proceed on sabbatical in the middle of the season. The man has been sacked, period!

He is a proven winner. He has won several trophies with different clubs, including Ashanti Gold Football Club. Just a season ago, he was the main man in Obuasi when he led Ashanti Gold to win the league trophy.

His crime this season, beyond the poor performance of his team is the unconfirmed news making rounds that, he is in the habit of snatching the girl friends of his players. An accusation he has since denied vehemently. Well, there is no smoke without fire, the truth is out there and needs to be found. Who can find it, Is the main bone of contention.

Tom Strand, another fine Coach in my perception has also been sacked by Medeama Sporting Club. The Tarkwa based club apparently sacked the coach due to some serious unsporting behavior the man has been exhibiting. They accused him of so many things including bizarre selections to serious alcoholism, smoking and womanizing. The man, it appears, is guilty of all the three cardinal sins in this world that can be committed by man. Other reports suggest that the man resigned or as it is stepped aside after he had gone AWOL for some weeks.

Ebusua Dwarfs also sacked the Veteran Coach J.E Sarpong , for what they describe as a poor string of performances . The last straw that broke the camel's back was a 3-0 loss to Kumasi Asante Kotoko. The filla in town however, claims that the coach is not absolutely at fault for the poor form of the team but the crust of the matter is that, the salaries of the players are in arrears for several months. Is it a case of silent aluta by the players? Again the truth is out there.

Coach Herbert Addo, has also been sacked in this same season by Inter Alies Football Club. The man is a winner. He is however, too defensive for my liking. I shed no tears for his sacking, because he is a journey man. He makes his money by moving. As he has virtually coached all the teams in the country. He will be back! You can ask Arnold Schwarzenegger.

My prediction is that, Coach Kenichi Yatsuhashi , the twitter coach, the face book coach, the Honda motor bike rider coach, the Suzuki engine repairer coach of Accra Hearts of Oak, will surely be sacked by the close of the season if Hearts does not win the league.

Now, reader, can you kindly "step aside "as I take leave of you. I will be back! in the next edition of the magazine.

Dr. Frank Serebour