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1184Q 16 January 1985

# Interview of Dr. Adeniyi-Jones* by Jack Charnow at UNICEF Headquarters on 23 January 1984

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* Dr. Olatunji Adeniyi-Jones was representative of Nigeria on the UNICEF Board 1962 - 1964. He had been Medical Officer of Health of the Lagos City Council from 1953 - 1967. He was WHO liaison officer with ECA and OAU in Addis Ababa 1967 - 1969 and Director of Health Services, WHO Regional Office for Africa, Brazzaville, from 1970 until his retirement in 1978.

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Charnow: Dr. Adeniyi-Jones, you are in a unique position to comment about certain important aspects of UNICEF's development because you saw it as a person in a country which was receiving UNICEF cooperation when you were a Medical Officer of Health in Lagos in the sixties. You were the representative of Nigeria on the UNICEF Board, during an important period of the evolution of UNICEF's work, and then later, for a number of years you were with WHO in Africa. Perhaps we would begin by commenting about how your perception of UNICEF has changed over the years, from the time you first heard about UNICEF and through your various responsibilities.

## UNICEF flexibility

Adeniyi-Jones: Let me see, I first came in contact with UNICEF in the late 50's when two UN people came to Lagos, a Dr. Weir who wasn't with UNICEF and a UNICEF person - Dr. Loutit, I think it was. Much later on Dr. Teply came. What impressed me as an urban health administrator was the readiness and willingness of UNICEF staff to discuss and consider the provision of support irrespective of its nature so long as it would benefit children.

### Different from other UN agencies

This was very different from the very narrow specialisation that I had previously encountered. I'll give you an example. A UN agency expert, not from UNICEF, had come, anxious to know about problems of child nutrition. After discussing the subject, I asked what he would suggest that I should do for certain disease conditions found on school medical inspection. He replied that his was an MCH mission not a nutrition one, and so he could not discuss or offer any suggestions on the subject. I was to meet that sort of thing several times over and over again both in my own country and abroad. It was always a welcome change to meet people from UNICEF who were supposed to be strictly concerned with providing emergency relief for children, but who were prepared to deal with other aspects of the care of children which happened to be of concern to us. Much of that must of course be due to different personalities of particular staff.

### Beyond supplies

Charnow: Did you feel that we were important because we could provide supplies and equipment, or did you feel we had value beyond our material aid?

Adeniyi-Jones: I've always felt your value went beyond the mere provision of supplies and equipment, even though that in itself was a great help and a great satisfaction. The people involved in the programme that I have met, probably fortunately, have always been people who have considered the technical implications of the problem and have been interested in them.

Charnow: That's an interesting comment from a person who has spent so many years of association with WHO, because many of us have felt over the years that WHO has said, "We are the ones to discuss the technical matters; you stick to supplies."

Adeniyi-Jones: Well, I probably was fortunate in that I'd been associated with UNICEF's staff and policy-making body before I worked for WHO; otherwise maybe I would have developed the same attitude. It certainly was something I looked out for and sought to correct during my service with WHO, and back in Nigeria.

I noted recently when I returned to Lagos, that other agencies would look at their programme, look at their requirements, and say, "Oh, yes, well we need to have a few scholarships," or "we need to have certain supplies and materials for teaching, so we'll ask UNICEF." There again, I am pleased to say that the UNICEF Representative always said, "What do you intend to do, what is the programme about? We want to know objectives of the project," rather than just, "Oh yes, well, we can let you have this and that supplies, equipment and fellowships."

Charnow: What period are you talking about?

Adeniyi-Jones: What I've just said is about something which happened in '81, when an agency appealed to UNICEF for support in a programme involving training.

Charnow: But when you say you thought that UNICEF had a broad approach, does this go back to when?

Adeniyi-Jones: Right from the beginning. From the period before I served on the Board.

Charnow: In the fifties then?

Adeniyi-Jones: Yes.

## As Board delegate

Charnow: When you were on the Board as the Nigerian representative, I recall that you were among those who had a kind of vision about a cross-sectoral approach, a broad scope, and planning. In this contribution to the development of UNICEF policy, were you acting pretty much on the basis of your own feelings, or did you have instructions from your Government? How did you function as a Delegate?

### Little impact on Government

Adeniyi-Jones: It may be a fault of my own, but my function was entirely in my own recognition. At no time was there any directive, instructions, even discussions of matters that were coming up. We got papers, we submitted comments, we attended meetings.

In fact, the reason why I probably feel particularly geared to the organization is that when we wanted to embark on a home delivery service in Lagos, the established Government's attitude was that this was not proper; the homes were too dirty and there were not enough midwives. Even though what we got from UNICEF in actual concrete terms of supplies of bicycles and kits for midwives amounted to only a small sum of money, talking about the subject with people in the organization strengthened my resolve that a domiciliary midwifery service was appropriate for Lagos.

There was no mechanism for considering the matters that were to come up at a Board meeting. No preliminary meeting to sound the opinion of health and other technicians, or of getting a sort of national or Government policy so that the delegate will speak from that point of view. Even more important, there is no provision for going back and relating the proceedings of the meeting to colleagues and getting some follow-up action.

I think this is why representatives in various UN agencies take decisions, vote for resolutions, and then nothing is done back in their respective countries. This is a very unfortunate gap in the mechanisms for participation of Member States in efforts of UN agencies to help developing countries.

I have recommended, since retiring from WHO, that delegates to the World Health Assembly and Regional Committees should hold preliminary discussions with certain people on important agenda items. But one always gets the answer that the names of delegates are not known until quite late and they don't have time to arrange such meetings.

## IYC and follow-up in Nigeria

Charnow: As a result of the International Year for the Child there were National Commissions for children for IYC in many countries, and there has long been a point of view expressed that we have National Committee - UNICEF National Committees - but they have been primarily in the large industrialized contributing countries. There's a feeling that perhaps one ought to have, if not a UNICEF Committee for Children, a National Commission for Children which would be perhaps partially governmental, partially private. Is this perhaps the sort of thing you were referring to which would consider the problems of children and what might be done for them, both nationally and with international aid?

Adeniyi-Jones: Yes, that is the kind of thing. After the International Year for the Child, the Nigerian Government came on very strong that they were going to have a commission for child welfare, but this was based primarily in the Ministry of Social Development, Youth and Culture. Then they formed a separate committee for welfare, but these were merely government-controlled bodies which could not bring any special pressure to bear on government. When it's coming to the time for the celebration of a UN World Day for Water, Environment, Health, Women, etc., those who are responsible rush around and arrange something - they hold a public meeting, a public debate, or school essay competitions. The idea of having something going on all the time in different states, or even different parts of some cities, so that on the actual day you will have something to report on the situation in respect of particular subjects, has not received any support. For example, the Nigeria IYC report does not really indicate what is being done for children. I don't know what has been done since, although there were a lot of promises to do various things.

## UN field staff and Governments

The national governments don't really plan. The UN agencies like UNICEF do a lot of pushing, suggesting, putting ideas forward because they want something to be done, and I realize how difficult it is for UN field staff to function effectively. When I was working in the WHO Regional Office, I thought, "Well, if only field staff would put themselves at the disposal of the Government things would not be different." But by and large, the UN staff are not able to get information because nationals are very secretive, they don't understand the importance of dialogue.

NGOs

That's why I feel getting some non-government organizations or members of the public to be involved on a continuing basis, not just an ad hoc meeting summoned by a Permanent Secretary of some government ministry for a particular subject. With the present practice of basing committees in Government ministries with the Minister or Permanent Secretary as Chairman, you cannot get a pressure group developed, and you cannot get support of industry, commerce, business, private people in the community who have some interest, skills, and are beginning to understand that it is up to them to participate actively. This is why I think that the form which a national committee takes depend on what UNICEF is prepared to do and what is most acceptable to the Member States.

Charnow: As UNICEF now operates, it deals with programme matters with NGOs only with the blessings of the Government. Do you see this as being restrictive to our encouragement of NGOs? Do you see some way in which UNICEF can give support to NGOs, not just for services, but, as you suggest, as organizations that advocate, that monitor, that prod?

Adeniyi-Jones: Yes, I see that you must go along with the government and their requirement. If an organization is set up on a non-official basis that organization could then take the responsibility for authorizing or validating a rival request to the official programme.

But I feel sure that the time will come when UNICEF itself might support, as they do already to some extent in small ways, some creative development groups. But I think you would probably do it more extensively provided the Government officials appreciate the situation and are flexible in their approach, and realize the importance of that kind of activity. Very often something is supported on a private and non-governmental basis, and it develops until it becomes established as something important to do. Then Government has to pay some attention to it, whereas in the beginning Government can say that they have other priorities, or that the project activities might offend influential, ethnic or social groups or churches.

On the other hand, a non-governmental organization could go ahead and do something. Already UNICEF gives some support in that kind of way. It has helped small communities in a number of ways, but there's need for coordination and consolidation so that it can command attention both on the

part of the government, and I think particularly, on that of the business and commercial interests who could provide additional support and funds. Both directly in some ways, and through some of their principal agencies, I gather that some of the industrial companies have been trying, with some success, to get the government to agree to a tax rebate for support to non-governmental agencies.

UNICEF scope

Maybe the time has come to broaden the base of UNICEF action so that it no longer limits itself to children. I know that's a sore point, but we've arrived at the stage, I think, where it's established that you cannot give real support, assured support, to the child unless you consider the environment of the child—mother, father, the family and the community—as well as close cooperation and coordination with WHO, FAO and other agencies. This is an area to which much more serious attention should be given.

Take the example of aging. Apart from old age being a second childhood, the care given in childhood contributes to the prolongation of a healthy life. If a person doesn't get to understand the importance of certain things in his youth, it will be more difficult for him to do so later on in life. Moreover, old people could help to look after children; it could keep them in employment in the locality where they live. They can learn to do simple things which would keep them younger, and make young people respect them.

We should think and plan in terms of groups of people of different ages rather than of separate specific age groups, or of specific disease control programmes. That is the way we as professionals function. Little wonder that governments persist in conducting vertical nutrition and immunization, and other programmes.

Charnow: I'd like to explore your ideas a little bit more fully. On the one hand, you seem to want fuller coverage in health and support of the Child Survival Revolution. On the other, you seem to want to enlarge the UNICEF scope to get into education and early childhood education and parenting and urbanization and many other things which are considered outside the traditional scope of the health field. Where do you draw the line for UNICEF's priorities?

Adeniyi-Jones: In essence, I don't think we should draw any line. In the old days of dealing with health education, you went to a community to find out the priority needs of the community.

Now the Primary Health Care approach establishes the same principle, and it's no different from the original basis of public health. People have to realize that they have the ability to do things to improve their own lives, and that life depends on what they do themselves and on the environment created by them.

Secondly, the support that is given from agencies or government or anybody else outside the community should be based on involvement of all the people in the community and an understanding of what they consider to be important for them and what they're able and willing to do. It is only then that one can expect people to change for the better.

CSDR

Adeniyi-Jones Let me take the case of the five letter mnemonic for your Child Survival Revolution. I think keeping growth charts (G) monitoring breastfeeding (B), providing oral rehydration (O) and family care (F) is the order in which the activities are carried out in a child's life. Then I would just put an "s" at the end because I think to put "FF" and begin to enumerate female education and food supplement is tedious, unnecessary and unduly restrictive. When you say breast-feeding, food supplements come to mind automatically.

Family planning

I've felt right from 1966, that one should not talk of family planning separate from MCH, just as when you say maternal care, you know it means diet, nutrition, avoidance of constipation and looking for oedema, indicating problems like high blood pressure, kidney disease, anaema, etc. You don't name all of these separately. Why do you have to name family planning separately? When I started a public family planning clinic in Lagos in 1958, as part of a home delivery service, the head of the then Medical Service told me that no Nigerian would want to practice birth control. I felt that if you provide the kind of service that people need, they will accept it because they benefit from it. You need not make a separate issue of family planning. When you talk about ante-natal and child care, you can include everything about family planning.

I know that UNFPA had to make a separate issue of family planning, but it's a humbug.

PHC

The same sort of thing is happening now with Primary Health Care. A lot of people are using the term to get funds and support for their programme, but they are not actually applying the full Primary Health Care strategy. So when you ask where to "draw the line" in UNICEF work, I say you should not draw an arbitrary line.

ORS

Supposing you go to an area or group, and the first persons you contact to form an action committee happen to be under the influence of some doctor, or others who believe that all you need is more funds, staff and supplies. So he says, "We're not interested in oral rehydration. We can afford to use intravenous fluids provided we have a good network of clinics to deal with everybody. So why do you want to use oral rehydration?" There may be some poor and under-privileged people in that community who have no access to health services, but those with whom you first make contact are reasonably well provided, so they have no interest in your programme.

Breast-feeding

With regard to breast-feeding, the particular individuals may say, "Yes, it's important, but we ourselves don't need to do it for a long period. With the pressure of modern social life and the pressure for wives to earn salaries, it becomes a problem."

You see, if you have strong opposition to or lack of interest in, your key activities, then you limit yourself from the beginning by insisting that these are the things we must do. You can say that these activities must be carried out as a routine in Government clinics and Government hospitals; but it is unnecessarily restrictive to say these are the most important activities. If you're going to ask the people to come together and build up a pressure group to convince the Government to do its job properly, then you have to give them the leeway to select what they consider is their greatest priority in their particular area.

Presumption of a concern for children

That's the whole basis of it. If you limit yourselves to children, and your contact group is not particularly concerned about children or about the particular condition which you

have decided to work on, then you will get no response. I found during the situation of the Child Study in Nigeria that it is not true that everybody likes and cherishes children for their own sake. If they did, they would take much better care of them. Among the poor and under-privileged, it is the fact of having had children that gives satisfaction, pride and status to the parents. There is not corresponding interestand pride in loving and looking after them to ensure that they will survive and thrive. Even among the sophisticated elite, it is their own children that matter to them. They have no feeling of wanting to help other children around them; they have no understanding that the totality of child care is of benefit to the community as a whole. Therefore, the presumption that everyone is naturally committed to good child care needs to be re-examined.

Dilemma of a children's agency

Charnow: It's certainly been the philosophy of UNICEF over the years not to be inhibited by jurisdictional lines. If one of the other agencies weren't doing something important for children that can be done, we would step in and use some common sense. But are we not now fairly broad in getting to the family and the community through our water supply programme, through our non-formal education, through our community participation, through our women's and nutrition programmes?

What I'm not entirely sure of is what you're suggesting. Can UNICEF become more flexible along your lines, keeping in mind that we also have to preserve our identity as a children's agency in order to receive funding and not blur it as a a universal development agency? This is a dilemma, is it not?

Adeniyi-Jones It's a dilemma, and one has to face it. On the one hand, you can say that this is a children's agency which is using the approach to children to be able to improve general health because the health of children depends on general health. I think we have to be convinced of that. I am.

But there are some inconsistencies like the insistence on under fives. It may be valid for Western paediatricians to concentrate on the health of the under fives in developing countries. In developed countries other health technicians are dealing with other age groups and other aspects of health. But it is not appropriate to do primary preventive paediatrics in a developing country and call it Primary Health Care, because nobody else is dealing with the other health requirements of PHC. If you are concerned about children because children are important, you should concede the fact

that it is in your interest to deal with other age groups on whom children depend, and into which they will develop in time. Health programmes should not be exclusively a function of the health activity involved.

Water and sanitation

You know, we talked of the water programme. I know it's very important, and I know that on a broad basis much is being done to provide safe water and sanitation in Imo and several other Nigerian states. In those areas where water has been supplied, where ventilated pit latrines are being used, where they train some of the local people to do village health work we can write the areas off after a certain period of time as ones in which all the health needs are being provided at the local level by the people themselves, with the support of the relevant ministries. Then it's all right, and UNICEF need not do more than they actually do now.

Community Action

What UNICEF is doing to get people involved, to get the Federal Government to agree that the work should be done, is excellent. UNICEF supports government services, voluntary agencies, autonomous committee groups, private doctors, etc. If you can make sure that all eight elements of primary health care are provided for the inhabitants, then that area is fully covered. Otherwise, somebody else will have to come in that area later on and do something for nutrition, tuberculosis, malaria, accidents, recording of health statistics, etc., thus duplicating certain aspects of health care over and over again.

Therefore, I suggest that health work should be organized in terms of communities that can take care of their own local health needs, that have ongoing mechanisms for tackling new problems, and for generating the support of governments, business and industry. These should be among the features and data recorded and used in assessing levels of health care, rather than merely the number of wells constructed, or the number of people immunized or the number of cases and deaths from specific diseases. So, really it's not that I'm complaining that UNICEF isn't doing enough; I'm saying that the work done by UNICEF and other health support agencies should be organized differently.

Charnow: Are you suggesting maybe, that just as we found a Doctor Adeniyi-Jones in Lagos who welcomed some international support for some progressive ideas that he had and that may have

helped him carry out his programme, that what we need to do is find communities, groups, individuals who we can work with in the same way?

Adeniyi-Jones: Yes, I think you've been doing this. You've found a lot of different people that have been supportive. There are many such people in other parts of the country and in other countries, but I don't think that many of us have really got involved in communities. I think that' the next step. Such people should stimulate effective community action and that is what I have tried unsuccessfully to do over the last three years.

No doubt when that happens, UNICEF will provide appropriate support. I think this would be a valid approach to take, but my function here is merely to sound you out and bring this to your notice, to say that this is a stage, one feels that is due to come, which I think will be very useful, which may accelerate the progress of your revolution much more than we could ever imagine. In fact, that is the essence of the insistence on community participation and comprehensiveness in the primary health care approach.

Charnow: Are you hopeful that we can get WHO to move along these lines?

Adeniyi-Jones Yes, I think it's worth trying, and I think UN agencies have been doing this to some extent in some ways. But they will have internal problems. There are certain ideas which are not accepted by everyone in the organization. A lot depends on the person responsible for the programme. But they have come a long way from the beginning, where you had experts who were very highly placed professionals in their own country and had come to give of their expertise to the UN. They knew all the answers. They've come a long way, and UNICEF has helped them a great deal.

That's why I feel that already you've started a kind of revolution. But it's been very slow and gradual, more like an evolution. I don't like the revolution idea; it sounds like you're revolting against something and some people, and therefore you create conflict. But it's certainly a radical change. I think it's already taking place in certain countries and there are people working on it in many others.

Implications of private support for UNICEF

Charnow: Are you suggesting we have an approach not only for child survival and development but survival and development of international organizations.

Adeniyi-Jones Yes, this is true. It's because your funding has been so largely based on private contributions and the efforts of people. I don't think we in the developing countries know enough of this to appreciate it. Honestly, I feel really bad when I visit some clinics in different parts of Nigeria and the staff say, "Oh yes, UNICEF should give us some more supplies." "We used to have milk, powder, drugs and nursing kits." "Why haven't we had any more Land Rovers?" They feel UNICEF is just there to provide supplies and vaccine. They don't realise that people provide funds because they are persuaded that there is a need in some distant country.

This is why I think it would be good for some Nigerians to begin to function in that way. They would then make it known to other Nigerians that UNICEF work is funded by private people who feel concerned about and responsible for helping to meet the needs of the under-privileged. And, that therefore the support that is provided must be planned and used more judiciously. The next stage would be that private individuals, business and commercial institutions would contribute to the work in Nigeria and other African countries.

## UNICEF/WHO relations

Charnow: Would you like to comment a little bit more about the relations between UNICEF and WHO in the African Region?

Adeniyi-Jones: I don't have much real first-hand knowledge of anywhere but Lagos, and to a lesser extent Brazzaville. But I have met a lot of people who have worked in other places. First of all, I must say that the relationship depends entirely on the individuals concerned. Having said that, one has to identify different levels of good relations. At one level, it is very pleasant, very nice, but not followed up by really substantial cooperation and coordination of effort and seeking to exchange ideas, support and everything else.

Where there are bad relations apart from personal incompatibilities, one finds a lack of understanding of the objectives of the UN or inadequate or inappropriate briefing. The general feeling about UNICEF being merely a supply organization used to be sort of a joke among people in the field. Basically, I think if the national government and the national officers understand the situation, there would be better coordination of effort.

Nigerian experience

I think we have been lucky to have had very good officers in charge of UNICEF in Lagos. I knew Stewart Sutton very well indeed. I did not know anybody else that well. I got to know Vedast Kyaruzi and the current director quite well. Our civil war and after was a very awkward time for Nigeria/UNICEF relations. Then, towards the end of the first military regime, relationships between some of the Ministry officials and the UNICEF director deteriorated considerably.

I think that the current WHO/UNICEF relationships are good, although I don't think that they really programme as closely together as they should because of what they consider to be their different priorities and their attachments to separate Ministries, WHO to Health, UNICEF to Social Development, Youth and Culture. To me this is unfortunate, I have always felt that social development and health work go together and complement each other. After many years of talking and writing about it, I was glad to see that WHO/UNICEF had agreed that it was not necessary to have separate health inspectors, nurses and social welfare workers at local community level. Instead of having three different types of health workers criss-crossing to visit families in different parts of a given area, you can divide the area into three parts, and let each worker deal with all three aspects in each part. This is the intention behind the new role and training of health assistants and aides.

Up to today, I don't think anybody has talked to the generality of nurses and doctors in the professional societies, clinics and hospitals about what primary health care really means. Very good publications come from WHO/UNICEF and elsewhere, but they are global in perspective. No one in the country translates these into a form specifically relevant to the actual situation in that country.

Slowness in accepting better health measures

Charnow: One of the questions I have had is why some of the measures we can take to improve child health have been known from a technical point of view for many years. But the agencies, the institutions, the professions have been so slow in taking them up? Would you like to comment on that?

Western-oriented specialists

Adeniyi-Jones: There are many reasons for this. One that readily comes to mind is the influence of the powers that be--the physicians,

the consultants, the specialists. They don't have time for simple procedures and solutions. For a thing to be good, it must be complicated and consist of modern specialized technology. In fact, life can be very simple if we put a number of well-known principles into practice. The specialist and experts have the ear of the decision-makers who take their word rather than yours and mine. For over 20 years, I have repeatedly recommended that WHO should exert a great deal of pressure on the Western governments to ensure that the work of the people they send to their under-developed countries in their bilateral technical cooperation programmes should reflect the kind of approaches that are recommended by UNICEF and WHO. In the same country where UNICEF is working to introduce certain ideas, you have people from France, Great Britain and America that are doing something which is completely contrary to that.

Representatives of developed industrialized countries have built, completely equipped, furnished and staffed hospitals with high-level specialists who arrive in the country and begin work without going round to see the existing conditions and what doctors have to put up with. So they teach students without relating to the actual circumstances of the country and the recommended development strategies and principles. The experts should at least hear about these principles beforehand.

Now they go straight from their home countries and do what they think is best because it's what works in their country, even though in their own country a few leaders of health development, though are already trying to introduce the new principles as they apply here.

UNICEF staff cautious approach

Another factor is that UNICEF staff have to be careful; they have to take their time, they have to watch their p's and q's. They are often told that they are not doctors and cannot appreciate the technicalities involved.

Clinical approach

When the Ministers, politicians, and decision-makers are ill, they are in the hands of clinicians. They and their families depend on clinicians for their life-saving expertise. Little wonder that decision-makers are usually guided by the advice of clinicians. When we persist in saying, "Prevention is better than cure," we alienate the clinicians. We do not give

them an opportunity to be exposed to see that they can benefit from a community-based and prevention-oriented approach. Subconsciously or even consciously, the implication is that if you succeed in preventing illness, you will do clinicians out of their jobs. It is futile for public health workers to think that they can build an empire to rival the clinical empire. What we have to do in developing countries is to develop an approach which will combine the two completely. You see, the preventive and public health aspects developed in the industrialized countries after curative medicine had been well established and was available to a large proportion of the population. Those who were forerunners in the movement were experienced clinicians who were completely convinced of the need for the preventive approach. But as the discipline developed, those who practised it tended to make something separate and special out of it, instead of trying to apply the underlying principles to all aspects of medical and health work. In the course of this they decry the work of clinicians. But when they themselves are ill, they rely on clinicians. Thus we have a built-in conflict.

That is why a number of tools and techniques which have been in existence for over 20 years and have been used with success for small groups of people in many different countries are now being publicized as new, revolutionary breakthroughs. It is difficult to persuade people, especially professionals, to adopt practices which have been common knowledge and experience for years.

Only the best

Charnow: Well, would you say that perhaps another factor here is that if you try to persuade people in developing countries about simple solutions, they get the feeling that they are being treated as second class citizens -- as being not entitled to the best?

Adeniyi-Jones: Well, that certainly is a factor. The people who say that are those who don't know the principles and value of the solutions and are not really interested. So often in Africa, the best is an enemy of the good. What's the good of saying we want the best when we cannot even provide the bare minimum? Home delivery is a case in point.

Because in Britain and America 90 per cent of babies are born in hospitals, Nigerian obstetricians and medical pundits refuse to encourage home delivery services. They ignore the fact that less than 40 per cent of our mothers receive any sort of modern medical care during pregnancy, delivery and after.

Charnow: Well, Dr. Adeniyi-Jones, this interview, together with your most perceptive written memorandum, is very useful indeed. I want to thank you for the opportunity of being able to tap even if briefly into your years of experience.