

USP Bulletin

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Medical Journal of Therapeutics Africa: Encouraging the African Pharmaceutical Industry

BY SUSANNA J. DODGSON BSc (HON), PHD

Most of the 54 countries of Africa have sophisticated systems of education but lack the infrastructure to support their own educated professionals. This lack has fueled the decade-long migration of pharmaceutical industry and health care professionals from Africa and particularly from sub-Saharan Africa.

The migration has greatly enriched the communities where Africans have settled, but it raises a question: How can developing countries grow economically when a

major export is their professionals? I do not know the answer to that. I myself came from Australia to the U.S. after I was awarded my PhD because I had no possibility of a professional job in my field. Would I rather have stayed in my own country? I don't know, but I do know I would have liked the choice. And that is why the USP graduate biomedical writing programs started the *Medical Journal of Therapeutics Africa (MJoTA)*, to celebrate the efforts of the African indigenous pharmaceutical industry. *MJoTA* also highlights the U.S. philanthropic efforts in Africa, which has the goal of wanting every African child to grow up healthy and educated.

The migration of Africans to the United States has resulted in communities settling around Philadelphia where they have started businesses, resumed professional careers, or begun retraining. I became aware of African communities in Philadelphia when I became director of the biomedical writing programs in 2004. First, I have always had one or two Nigerian students enrolled, and second, the businesses along Baltimore Avenue close to USP are predominantly African.

In August 2006, I started seeking out African churches in Philadelphia with the idea of networking with African professionals living in the U.S. for the journal. I went to the United Ghanaian Community Church (PCUSA) in North Philadelphia

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The first issue of *MJoTA* was published as a PDF on January 15, 2007, Martin Luther King Day, and can be downloaded from www.mjota.org. Our journal is published every four months, and each issue has a focus. Malaria was the focus of the first issue, HIV/AIDS will be the focus of issue two (May 15, 2007), liver diseases for issue three (September 15, 2007), and tuberculosis in issue four (January 15, 2008). Articles are all peer-reviewed by members of the editorial board and managing editors.

and then to an indigenous Nigerian church, Christ Apostolic Church (CAC), down Baltimore Avenue about a mile from USP at 58th Street. I have been warmly welcomed in this church, and my efforts with *MJoTA* are greatly encouraged. My search has resulted in an unintended personal result—I now enthusiastically dance and worship for several hours at CAC services every Sunday.

During my search for African professionals that took me to my new church, I met a CAC pastor with a long career in broadcasting in Nigeria. Pastor Osagie Edo-Ighalo has run a video production studio in his decade in the U.S. and has made pharmaceutical industry advertisements. In a generous gesture, he offered to make a



Michael Rudman, MD, adjunct associate professor of the biomedical writing programs, is interviewed for the documentary.





Pastor Osagie Egoro-Ighalo, who has run a video production studio in his decade in the U.S., has offered to make a short documentary to advertise *MJoTA*. He filmed one segment at a workshop in November 2006.

short documentary that we could use to advertise our new journal. As a first step in this process, Pastor Egoro came on campus in November 2006 and filmed a class in which the goals and requirements of *Medical Journal of Therapeutics Africa* were discussed. Filming for the documentary continues.

Most articles in the first issue of *MJoTA* were written by students as part of a required biomedical writing master of science class in which they write and edit magazine articles and medical data articles. We welcome original medical journal articles from our own graduates and other pharmaceutical industry professionals everywhere. Submissions should be sent to me at s.dodgso@usip.edu.

I always knew medical writers were compassionate, with most involved in volunteer activities outside of classes and work in the pharmaceutical industry. *MJoTA* will always be a volunteer medical journal, but we are hoping as we grow we will be able to garner funds to send our editors to Africa for interviews and stories for our magazine section. They could also report on areas where humans with acute and chronic illness thrive because they have access to ethical lifesaving therapies. 



SUSANNA J. DODGSON
BSc (Hon), PhD, looks to celebrate the efforts of the African indigenous pharmaceutical industry through *MJoTA*.

The Roots of MJoTA

By Susanna J. Dodgson BSc (Hon), PhD

In September 2001, I was hired by a medical communications company to work on HIV/AIDS topics for a multinational pharmaceutical company. I was hired partly because I am a medical writer with a PhD in physiology, but mainly because I was willing to fly anywhere at a time when few would. And fly I did. In early October, I spent three days in Santa Barbara, California, at a physician education meeting in a beach hotel used for celebrity weddings. By late October, I was in Athens. And in July 2002, I was in Barcelona for the XIV International AIDS Conference.

My job in Barcelona was to report on all ancillary two-hour seminar meetings sponsored by drug companies. The usual format was a really good dinner plus three health care professionals talking about a pharmaceutical company's drug or concerns around prescribing the drug. In Barcelona, these meetings were followed by wines and tapas.

Except one. At this seminar, everyone was bused to a castle on the harbor for a banquet and to watch fire-eaters, acrobats making a large human pyramid, and huge characters walking around on stilts. I started chatting with the lady next to me, who identified herself as a Zimbabwean Red Cross worker. She was in awe of the opulence of the evening and the antiretroviral drugs that had been described throughout the conference. She told me that often her patients had only "roots and leaves" for therapy and none of the miracle drugs that the international drug companies were garishly hawking.

Many professionals inside and outside Africa are, however, trying to bring antiretroviral therapies to every human in need in Africa, as well as therapies to treat the other major killers there—malaria and tuberculosis—in addition to other diseases endemic on the continent.

They also try to prevent infection, treat infected humans, and take care of orphans when the fight is lost. These professionals in Africa are in governments, universities, and indigenous pharmaceutical companies, and everywhere else. They are in small and large philanthropic companies, international pharmaceutical companies, government organizations, nongovernmental organizations, and United Nations organizations.

At the Barcelona AIDS meeting, the enormous efforts of individuals and organizations were in evidence, and they are in evidence to the staff of *Medical Journal of Therapeutics Africa* (*MJoTA*).

