



OSUN NEWS

The Publication of The Osun Indigenes Organization (Nigeria), USA Chapter

March 2018

Text of The Speech Delivered By Dr. Olusegun Afolabi, President of The Osun Indigenes Organization (TOIOG), USA At The Disbursement of Funds, Otherwise known as Bursary Award To Students of Osun State Origin In Tertiary Institutions In Nigeria On Thursday, 14th December, 2017 At The Leisure Springs Hotel, Osogbo At 10:00 A.M.



Our amiable Governor of the State of Osun, Ogbeni rauf Adesoji Aregbesola, Honorable Commissioner for Education, Hon. Omotunde Young, other members of the Executive

Council of the State of Osun here present, The Vice Chancellor of the Osun State University (UNIOSUN), Distinguished parents and other guests here present. The recipients of year 2017/2018 Bursary Award, Gentlemen of the Press, Ladies and Gentlemen.

I should like to start this speech by acknowledging the fact that there is no amount of investment placed on the education of our children that is a waste. It is the basic foundation upon which the lives and future of these children, (our hopes of tomorrow), are solidly built and sustained. It is therefore not by accident that members of The Osun Indigenes Organization (TOIOG) in the USA have decided to provide financial support for our students in higher institutions of learning in Nigeria. It is a project that has been carefully selected for the current year 2017/2018, out of the burning desire to assist in the education of our children. The project sites by the present definition are some selected 15 Local Governments of the State of Osun, Nigeria.

These Local Governments are :

- | | |
|-----------|------------|
| Ayedaade | Boluwaduro |
| Ayedire | Boripe |
| Ejigbo | Egbedore |
| Ifedayo | Ifelodun |
| Iwo | Ila |
| Odo-Otin | Irepodun |
| Ola Oluwa | Olorunda |
| Osogbo | |

The composition includes all the Local Council Development Areas recently created from the above-named Local Governments.

Let me quickly say here that this is not the first time we are addressing the issues of education by way of rendering financial assistance to the students of Osun State Origin in higher institutions of learning in Nigeria. We performed similar feat in the years past and the last one we did was in the year 2013, along with other mission works of the Organization. I am also happy to say that by our current activities, we have greatly improved on the performances of the previous years. For instance, in the year 2013, only 31 students spreading over 15 local governments were given a sum of thirty thousand Naira (N30,000) each as financial assistance. In the current year, the amount has not only increased from thirty thousand Naira in the year 2013 to fifty thousand Naira (N50,000) per each student, the total number of benefitting students has also increased astronomically from 31 in the year 2013 to 103 in the year 2017.

This represents 232% increase.

Aside from financial assistance to students, this Organization has in the 1990s donated some units of computers and its accessories to the Osun State Central Library and some secondary schools in the state. These secondary schools include the erstwhile Fakunle Comprehensive High School, Baptist Girls High School and St. Charles Grammar School, all in Osogbo. The efforts at giving back to the home base continued in the 2000s by donating desks and chairs to some public primary schools in some local governments in the state. This was done consecutively in the years 2004 and 2005.

In the area of health care delivery, this organization in the year 2014 collaborated with the Government of the State of Osun to sponsor a medical mission as a pilot project in 5 identified communities in different local governments of the state. The communities that benefited from this program were Erin Osun in Irepodun Local Government, Inisha in Odo Otin Local Government, Iragbiji in Boriipe Local Government, Ile-Ogbo in Ayedire Local Government, and Osu in Atakumosa Local Government.

In all, about 3,600 patients were attended to by offering of free medical services including free medication and professional counselling to them. Still on the general welfare of our people, this Organization in the year 2009, donated double bunk beds and mattresses to 4 motherless babies' homes in Osun State.

The female group (otherwise known as Yeye Osun) complimented the mission efforts by donating clothes, shoes, books, toys, chairs, tables, TV sets, trolleys as well as beverages to some orphanages in Osogbo, Osun State of Nigeria.

The activities of this Organization are by no means limited to what people see us doing at the home front. It is on record that even where we live in the United States of America, we are very much involved in the humanitarian pro-

grammes directed at assisting the less privileged in the country. We have at one time made donations to help the victims of Hurricane Harvey, Irma, Maria, and the Mexico earthquakes when the disasters occurred. Similar donations were made when during the Katrina and Sandy hurricanes. We are also known to have donated thanksgiving baskets for Organizations like "So Others Might Eat" and also given monetary donations to the African Women Awareness for Cancer.

Having said so much about the activities of this Organization both at home and abroad, I want to come back to the purpose of our gathering of today. We are here primarily to give bursary awards to the 103 successful students of the State of Osun in higher institutions of learning in Nigeria. These and some other students had earlier in the year applied for the financial assistance by obtaining and completing the TOIOG Application Forms placed with their respective local governments and local council development areas in the state. Others accessed the forms through on-line contacts with the Organization's website and processed them appropriately. The Local Organizing Committee (LOC) supervised and coordinated the entire activities connected with the selection of candidates for the award. We are very much grateful to the chairman and members of the Committee for a job well done. It was noted from the report of the 5-member Committee that midwifed the process of selection that score points such as adherence to official instructions, attestable conducts and behavior, academic performance as reflected on the CGPA, standard communication skills and good understanding of the essence of the unsolicited financial offer formed major considerations for the ultimate selection. On behalf of the Osun Indigenes Organization (TOIOG) and the Yeye osun (our wives) in the USA, I congratulate the recipients of these awards who among several other candidates that competed in the exercise,

proved themselves worthy and emerged as qualified beneficiaries of the Bursary Awards. The award only carries a token monetary reward of fifty thousand Naira (N50,000). It is good to qualify for an award like this, but what is of utmost importance to our students is to continue to excel in their studies and be of good behaviors.

They should understand that learning is a continuous process. In the words of Henry Ford, “anyone who stops learning is old....

And anyone who keeps learning stays young”. The fact of the case is that one continues to learn until one is dead. I therefore want you to consider yourselves as starters as far as learning is concerned. For our parents and guardians who are here present, I want to admonish you to continue to support these children in every way possible so they may accomplish the best in their educational pursuit. We should learn from Frederick Douglas in his thought that “it is easier to build strong children than to repair broken men”

**2017 TOIOG’S BURSARY AWARD PRESENTED TO OSUN STATE INDIGENES IN OSOGBO
DECEMBER 14, 2017**

This organization sincerely appreciate our Governor and the Government of the State of Osun for their efforts in the educational development of the state in particular and for other developmental programs put in place to make life more abundant for the people of the state in general. It is important for us to know that the government, parents and guardians, and other stakeholders have good roles to play in the building of the present generation for the future of our nation.

Finally, let me remind us about the status of TOIOG. It is a non-profit Organization founded with a view of making life better for others. We would therefore like to solicit for your help to spread the good news about the organization to others who are your relatives living in the USA. We want them also to be part of the present efforts of the Organization.

Thank you all.



**Dr. Olusegun Afolabi, President,
The Osun Indigenes Organizations**



**Mr. Moses Olateru, General Secretary,
The Osun Indigenes Organizations**

See more pictures at the center page

EDITORIAL COLUMN

OSUN HOUSE – THE SILENCE OF THE LAMB



A little over three years ago, 5 acres of land was acquired by The Osun Indigenes Organization (TOIOG) in Erin Osun for the purpose of building Osun House. Since then and up till now, the only thing going skyward at the site are wild grasses

and shrubs. As if that is not bad enough, the executive and members of TOIOG have remained silent, docile and taciturn on the fate of the land, rendering the whole Osun House project discombobulate and shambolic. Most members were rankled and mystified when the idea of Osun House came up again a few meetings ago and surprisingly some members were again talking about acquiring another property here in the US for that same purpose despite that over \$25,000 (twenty five thousand dollars, equivalent of Nine Million Naira, N9,000,000) spent in the purchase of the land in Erin Osun is still there comatose. It became very obvious that something is wrong with us, and terribly too. We need self examination in this Organization. If we self examine, and we are not deluded, then we will realize we are not doing things right with regard to Osun House.

The quinquennium that preceded the purchase of the 4-acre land plus the gift of 1 acre from His Royal Highness, the Elerin of Erin Osun was replete with remonstrations, arguments and schisms from both the protagonists and antagonists of the purchase. While those who were against it argued that siting Osun House in far away Erin Osun in Nigeria is not in sync with the core objectives of Osun House, it will scuttle the lofties, bounties, and promises of Osun House, and in short, it is pe-

ripheral to the economic and social calculations of the proposed Osun House, those who favor Erin Osun as location argue that it will generate more rental money, will cost less to build, will cost less to run and maintain, and that it will be a way of giving back or investing in our home state.

Prior to the celebrated land acquisition, several Editorials were written in this column to remind members that the cardinal objective of the proposed Osun House is for The Osun Indigenes Organization (TOIOG) to have its own house where 1. Our monthly meetings and events such as end of the year party and picnics can be held; 2. Where we can host visiting dignitaries and high level officials; 3. Which can be rented out to others to generate funds and pay itself off. 4. Which will eventually be bequeathed to our children ([Osun Ayonges](#)) who will carry on after us. These are in addition to other intangible benefits such as positive imagery and a symbol of progress/leadership among its peer organizations here in the United States.

The land was acquired, albeit in a semblance of *fait accompli*. Those who were against the location respected the sinews that bind us together as an organization and accepted it despite that a lot of the salient questions and issues being raised then remained unanswered, at least not satisfactorily. Those questions are relevant now just as they were then and the questions are : 1. Which of the objectives of Osun House does the land in Erin Osun fulfil? 2. Is it our meetings that we are going to hold in Erin Osun? 3. Is it our children who are not familiar with Nigeria's business terrain that will inherit and operate the property in Erin Osun? 4. Is the Osun House in Erin Osun the one to be used to host and welcome dignitaries from Nigeria here in the United States? 5. If we guesstimate the investment in Erin Osun to cost (say) N50 million which is approximately \$140,000, how many years will it take an organization that generates \$9,600 in

annual contribution by members, does fundraising that generates no more than \$10,000 every other year, has other numerous altruistic and sundry commitments and obligations such as scholarship schemes, medical mission, humanitarian missions, etc etc yearly to complete such project? 6. What informed the choice of Erin Osun? Is it just because an acre was donated to us in Erin Osun? So, it means if the land was donated at Gbongan, Osun House will be in Gbongan, if it was at Ogbaabgaa it would have been located in Ogbraagbaa, etc. It is time to stop drifting like a rudderless ship in this organization.

It is also noteworthy that many who were opposed to the siting of the project in Erin Osun were labelled as anti establishment or rebels. The strongest weapon is patience. Three long years of inaction and deft indifference has finally exposed the acquisition of the land in Erin Osun as monumental failure packaged in a box of success. Time has finally unpacked it and everybody now sees the truth or reality. The wind has finally exposed the fowl's rump (Afe fe, a ti ri furo adie).

Acquisition of the land in Erin Osun for Osun House and the neglect of it do not portray us as efficient managers of resources. Are we saying there was no plan for the land before its acquisition? It is baffling when people build their house starting from the roof down.

Nonsense has to give way for Commonsense to reign at some point. Why would an organization that comprises of academia and intelligentsia go and invest its scores of thousands of dollars (millions of Naira) thousands of miles away, abandon it there, and now start talking of embarking on the acquisition of another Osun house while keeping mute on the fate or plans for the previous one? What exactly will it take for members of this organization to listen to voice of reason? Are we zombies or are we so gullible to the point of being taken for granted like this? Let us put it bare ,

we are being taken for granted and it needs to stop sine die.

Bi igi ba relu igi, t'oke re laa ko re (first thing first). And we will not allow igi to re lu igi. As from now on, let no one talk about another Osun House here in the US or elsewhere until the fate of the land in Erin Osun is determined. Calling for another Osun House without first addressing the fate of the land in Erin Osun falls out of steps with civilized and acceptable practice. Only an insane or uninformed person will contribute in kind or cash towards another Osun House when the one we invested in remains an unsolved problem.

Let us tell ourselves the home truth – we are not in a bind to have, build or acquire Osun House if we do not have the funds. Osun House is not a sine qua non. There is absolutely nothing condescending or shameful in not having an Osun House if we are not financially healthy enough for the project. Although it is a truism that no matter how tall you are, you can never see tomorrow, but considering our financial weakness and our numerous commitments, we will need good luck in ship-loads to come up with requisite funds for a decent Osun House. It is hoped that TOIOG will not act like the proverbial hunter's dog that got lost in the forest because it obstinately refused to heed the hunter's whistle.

Way Forward : We suggest a committee be set up to come up with a viable investment or a list of investments that the land can be used for, or simply what to do with it. Such committee 1) should not include any individual that was involved in the current Osun House Committee or anyone who was involved in the purchase of the land; 2) should consider who will manage this "overseas" investment without embezzling the funds generated therefrom considering 419 and other vices and dangers inherent in putting one's investment in the hands of our people at home. We all have heard stories of such trusts gone sour.

3) should consider that our children (Osun Ayonges) who are gradually taking over the organization from us are not total Nigerians and are not familiar with Nigerian business environment like us (their parents). Also, most of them will probably not be home folks like us and dealing with our people may not be easy or pos-

sible for them. The cascade effects of all these should be thoroughly examined with hindsight and foresight so that the promised utopia of Osun House will not become a future dystopia.

Engr. Daps Asafa
Editor, Osun News

Dr. Teju Ogunrinde is a Pediatrician and also a member of The Osun Indigenes Organization (TOIOG0), USA. She was interviewed by Daps Asafa and Femi George Olaniyan of Osun News on December 15, 2017. Below are some excerpts from the interview:



Osun News : Can you tell us about yourself?

Dr Ogurinde: I am a princess from the Oba Aderibigbe family, a proud daughter of Basorun (Prof) Pade Aderibigbe and Iyalode Titilayo Aderibigbe from Ile

Ogbo, Osun State. Married to Prince Debo Ogunrinde from the royal family of Olateru Olagbegi, Owo Kingdom, Ondo State. Blessed by a beautiful princess, Olutola and surrounded by brothers and sisters and extended big family. I am a pediatrician but more importantly I do see myself as an entrepreneur, an advocate for the meek and the weak, a Christian and a good friend. I love to cook, and play tennis.

Osun News : Where did you spend your childhood years? Tell us about your family background and what your growing up was like?

Dr Ogurinde : I grew up along with my immediate brother Bidemi living with my grandmother at Ile-Ogbo. We were left young while my parents travelled abroad for further studies. She is still my "moomi to this date at 102year young, and the one I called mother

until I was old enough and still does. I remember a very happy childhood, playing outside the family house right at the center of the town opposite the central market place. It was always busy, with a lot children playing outside in the moonlight. I had a lot of aunties and uncles who are the same age with myself and my brother, we went to the same school, went to the same church, and always very competitive at school to keep up with the record my father left while he was at school. My grandfather reminded us every chance he got that education and being the best in class was important.

The rest of secondary school days were in boarding school and partly living with an uncle until our parents returned in the late 80s. I used to be sickly with malaria, and it was one of those trips to the hospital that convinced me I could be young, beautiful and be a doctor at the same time. We were used to the ideas that doctors were old and males with rim glasses. To God's grace I became the first female medical doctor at Ile-Ogbo in 1987.

Osun News : As a pediatrician, how do you determine when a child is sick or in distress since they cannot speak for themselves?

Dr. Ogunrinde : That is part of training as a pediatrician. To take good history from the mother and through empathy clinical knowledge and playfulness examine the child to a diagnosis and management plan.

Osun News : People sometimes talk about child milestones. What are the major child milestones and what factors aid or help in reaching or attaining these milestones?

Dr. Ogunrinde : Milestones are stages of development that child attains, and studies have shown an average time that a child should attain such change. So that one can potentially notice when something may not be going well with the child earlier than later. Early intervening has been proven to make significant change in developmental delays in children, both physically, mentally and emotionally, hence the need for early detection. These milestones are checked regularly by pediatricians, and parents can be proactive in advocating early for their children at any signs of concerns.

Osun News : Every year, several thousands of children are born with congenital heart defects in Nigeria. What are the causes of these defects and how can these incidents be reduced to a minimum level?

Dr. Ogunrinde : Congenital heart disease can occur anywhere, rate of detection however in Nigeria is lower than developed countries because of poor prenatal care, lack of education, late maternal age and poor access to tertiary care. The efforts by WHO in collaboration with developing world especially Nigeria has helped in promoting prenatal care in the rural areas, but more needs to be done like proper nutritional support, regular prenatal care and counseling against high risk pregnancy for women over 40s and making contraceptive available to them. These women are at higher risk of having children with down syndrome who tend to have significant heart problems and developmental delay.

Osun News : According to The United Nations Children's Funds (UNICEF), Nigeria has one of the highest infant and under five mortality rates. What factors contribute to this high mortality rates and what can governments, parents, and NGOs do to improve on this?

Dr Ogunrinde : Infant mortality rate in Nigeria unfortunately may be underreported because of poor data collection. And as alarming as that may be, the Nigerian government have knowledge and resources to prevent this mortality or improve the healthcare delivery to its people. But they are unable to do so within the realm of poor political framework, poor infrastructure to support good job, good farming to provide nutritional support, good sanitation to prevent infections within these young age. Parents are best to have only children they can afford to care for, breast feed, find ways to self-support, bring out their best entrepreneurship, vote the corrupt politicians out of power and work together to better their community. A lot of NGOs tried to help, but more are there to take advantage than help. Collaboration amongst small NGO and the bigger ones like the Bill gates foundation may produce a better managed program in a smaller community rather than awarding this mission through already corrupt system.

Osun News : The World Health Organization (WHO) estimates that Nigerians spend about \$1.5 billion on medical tourism annually, which suggests that the quality of medical care is inadequate. It is also indicative of a robust medical business market for physicians as well as opportunity to contribute one's own quota to the welfare of our people at home. Do you have it in your plans to go back to Nigeria one day and set up medical practice, especially pediatric medical practice?

Dr. Ogunrinde : The brain drain continue every year, 95% of my graduating class are spread around in the diaspora, same from all medical schools in Nigeria. The quality of training has decreased, there are no standardized training colleges, and most of the hospitals do not have functioning equipment's. The private hospitals operate without any standard, and the ones that claim they have standards would lower it for a cost. The doctors act like Gods instead of as sworn healers, very few have ethics

and sense of timing when patient care is concerned. This is why many including myself would find it painful even unbearable to adapt. Many have been able to adapt with saying when you are in Rome, you do like romans, but many are still trying to make ways. With the little I saw recently, I don't see medical tourism going down, we have a lot to improve with our infrastructure, culture of maintenance, standardization and accountability to patients.

Osun News : How do you think a physician with decades of overseas experience can effectively set up his/her own practice and succeed within the Nigerian healthcare space?

Dr. Ogunride : See above

Osun News : Malnutrition has been identified as one of the major causes of morbidity and mortality of a large proportion of children under five years of age in Nigeria. What kind of synergy do pediatricians have with Dieticians to educate parents on the dietary needs of their children to prevent this scourge?

Dr. Ogunride : See answer above

Osun News : Let us talk about the link between newborn survival and the quality of maternal care. Majority of new born babies die within the first week of life mainly due to complications during pregnancy and delivery. Please tell us how and why these complications occur and what are the preventive measures.

Dr. Ogunrinde : see above infant mortality

Osun News : Neonatal care in the United States is known to be one of the best in the world while in a developing country like Nigeria, birth asphyxia, tetanus and other infections are the main causes of neonatal deaths. Could this be the result of lack of good quality pediatric education, or inadequate funding of medical facilities by governments, lack of equipment, customs of the people or combination of these?

Dr. Ogunrinde : see above

Osun News : How would you rate the quality of emergency obstetric care and availability of skilled birth attendants during deliveries in Nigeria?

Dr. Ogunrinde : The skilled birth attendants are very important and skilled in Nigeria, probably the best because of their repeated experience, but all that experience may not count to the mortality rate because of lack of tertiary care, and poor resources to identify high risk pregnancy

Osun News : Did you have your pediatric education here in the United States or back home in Nigeria?

Dr. Ogunrinde : Both, I had me medical school training at University college hospital, when the equipment's were working, elevators were functioning and theater rooms are operable daily, and patients did not have to go across the street to buy their Iv Fluids and antibiotics. My post graduate training were both in obstetrics and gynaecology, and after few years of doing caesarian sections and hysterectomies, I found my passion in the nursery, so I completed my post graduate training in Pediatrics at Howard University.

Osun News : Orthodox medicine, also known as allopathic or conventional medicine is taught and learned in the universities and other tertiary institutions. How would you rate the quality of medical education in Nigeria with regard to availability of modern equipment and technology, access to and use of newest medical research knowledge, funding of medical research, and also the effects of incessant strikes by Academic and non-academic Staff of Nigerian Universities?

Dr. Ogunrinde : see above

Osun News : Many babies with medical issues are treated with the use of home remedies and other non-orthodox or traditional medicine. Some aspects of traditional medical

practice have in fact been given recognition and permission by medical practice regulatory authorities to practice in conjunction with orthodox medicine. How do you see this partnership?

Dr. Ogunrinde : Our traditional medicine have worked for many years and would continue to work. The problem with using this medicine in children is the forceful way we administer the medicine by force feeding the child, which tend to increase the risk of aspiration. However usage in smaller dose may be just as useful as in orthodox medicine. The difference in modern medicine is that these medicines are studied, dose appropriately even though they are derivatives from plants or synthetic. Partnership is already on going for certifications in developed countries. However such efforts in Nigeria where regulation of professionals are impossible would be a bit dangerous to say the least for the people,



Osun News : Lets talk a little about social clinical issues. In a patriarchal and culturally sensitive society like Nigeria, pregnancy and childbirth are often regarded as exclusively women’s affairs. How does that compare with the situation here in the United States? In other words, how much involvement do men have in maternal care and at the perinatal stage here in the US?

Dr. Ogunrinde : Men are more engaged in the care here. I must say I see more of the young adults that are also based in Nigeria, their men are also actively involved in the care of their babies, and the cultural influence, education and the millennia women are working and active partners within the home. Extended family resources are also limited

here around the perinatal period compare to home, but more than that I think the culture is changing and men are naturally wanting to be more involved.

Osun News : What constitute “adequate birth preparedness”, and also “complication readiness” in childbirth?

Dr. Ogunrinde : Good prenatal care, regular and nutritious diet, prenatal vitamins, active live style. Knowledge of where you are delivering regarding access to tertiary care for immediate emergencies.

Osun News : Most primary care facilities in Nigeria do not have good quality prenatal care and basic emergency obstetric care services such as access to antibiotics, use of vacuum extraction during labor, provision for pre-abortion care services treatment for pre-eclampsia, etc. These must have contributed to the unacceptably high perinatal mortality rate and fresh still births. The medical mission embarked upon by The Osun Indigenes Organization (TOIOG) couple of years ago provided free medical services to our people in varied areas of health needs. Would you consider and recommend a medical mission to TOIOG in the area of pediatric medical services in the future?

Dr. Ogunrinde : Pediatric medical care was provided during our visit 2 years ago, and we will be able to offer same during our next visit. Currently my organization started a follow up of medical mission clinics providing free medicine and screening patients for diabetes and high blood pressure. The organization could embark on this model for each of our towns so that we don’t just provide one time treatmentbut a monthly follow ups. High blood pressure and diabetes remains the highest cause of mortality in adults over 25 years of age.in Nigeria.

Osun News : If you are appointed Minister you embark on to significantly improve health care delivery and quality in the country?

Dr. Ogunrinde : Daunting as that task may be, our problem can be solved by building on one major infrastructure- electricity. If we have electricity, we can pump our water for good sanitation, improve our data collection, improve our

communication to educate and provided resources, maintain our equipment's, improve our security and engage and collaborate with colleagues in the diaspora.

**Traditional Wedding of Yewande, Daughter of Pastor & Pastor Mrs.
Tunde Adeyemi**



Service of songs for Late Rev Bankole, the father of Elder Soji Bankole, a member of The Osun Indigenes Organization.



AN ADDRESS BY CHAPLAIN DR. STEPHEN OLUJIMI, THE FOUNDER OF FAITHFUL STEWARDS MEDICAL & EDUCATIONAL FOUNDATION (FASTMED) A NON-GOVERNMENTAL HUMANITARIAN ORGANIZATION IN NIGERIA. AT THE COMMISSIONING OF THE FASTMED HEALTHCARE CENTER ON DECEMBER 1, 2017



GRATITUDE TO GOD

I want to start by expressing my sincere gratitude to the Almighty God for His love, grace, power, strength and enablement. He deserves all the glory, honor, dominion and power for sparing our lives, the lives of all the members of our families and our communities for this

unique opportunity given to us to witness an occasion like this. He has been our deliverer, our refuge, our fortress, our buckler, our support, our shield, our strong tower and our strength. He is indeed a covenant-keeping God.

OPENING

I want to welcome you again sir Honorable Commissioner for Health and all your entourage, All the Kings, Baales and Chiefs, the Deputy Comptroller of Prisons, the Commandant of the Nigerian Security and Civil Defense, The Sector Commandant of the Federal Road Safety Corps and the Police Chief. All protocols observed. I salute and welcome all of you to this very important occasion

FASTMED FOUNDATION: BRIEF INTRODUCTION

A great vision was given directly to me in 1992 and God said in this revelation that "many shall find refuge in it". Therefore I first named and registered our ministry as Refuge Temple International in the Unites States of America . In the process of time, God gave me the name Faithful Stewards International and Refuge Temple International was amended as such.

Under this very big vision of Faithful Stewards International are three (3) independent arms by registration, these were registered in Nigeria as following:

1. Faithful Stewards Medical and Educational Foundation aka FASTMED,

2. Faithful Stewards Chaplaincy International and

3. Faithful Stewards Christian Center
And three departments by operation

1. FASTMED as Medical and Rural Evangelism outreach

2. FASTEC as Training and Empowerment.

3. Chaplaincy Organization uniting the body of Christ for community services

FASTMED is blessed with wonderful and committed volunteered medical team that is in charge of our free medical programs across Nigeria in Lagos, Osun, Oyo, Ekiti, and so on. Just yesterday we completed a two day free medical mission in Iloba

By God's grace in the past years and under different units as stated above, Faithful Stewards has accomplished a lot particularly in this State of Osun.

In the past three years for instant we had free medical missions in multiple locations, treated over 15,000 people freely including free drugs, free surgeries, free eye treatments, free eye glasses, and did a lot in the area of health education that can not be quantified. We taught people how to take good care of their health, the right diets and the various exercises that would keep them healthy. We extended our Free Medical Missions to the Prison in Ilesa, the Nigeria Security and Civil Defence Corps and the Federal Road Safety Corps in Osogbo in appreciation of their services to the community.

Under the Training and Empowerment Department we've established over twenty empowerment centers across Osun State, trained thousands of people and empowered hundreds of them by giving them interest-free loan to start their businesses. Glory be to God

Under our chaplaincy program, we've trained and commissioned several officers for basic chaplaincy and we are encouraging our people to submit themselves to various trainings for

community services in various places in Nigeria up to the Northern part of the country and South South.

Ologede Project

On this very ground where we are today was a church built in 1967 by Pastor Elton, a Missionary from Europe but had to be closed down in 1981 for about 8 years. It was revived in 1989 when Missionary Chris Oludare Ayoola came to town. Through the efforts and commitment of this man, a well was sunk in this town of Ologede by AEGA Ministries Int. Inc., an Association of Evangelical Gospel Assemblies in 2002. That well has become the only source of drinkable water for Ologede and all the surrounding towns till this moment.

In April 2017, during my missionary visit to Nigeria, Missionary Chris Ayoola approached me and requested our Foundation to help provide a healthcare center for Ologede township and the nearby community which comprises Orogoji, Imelu, Idigun, Ayegbaju, Ileki, Odo Ijesha, Iwikun, Iwara, Igangan, Iyinta and others because the only existing health center is at Iwara which is over seven kilometers from Ologede.

I want to say this for the record that the request to build this health center was made by missionary Christ Ayoola and by the special grace of God, today the promise I gave him has been fulfilled and we are here to commission this health center, the very first FASTMED Foundation's Health Centre in Nigeria.

BIBLICAL INJUNCTIONS ON TOTAL OBEDIENCE OF CITIZENS

I want to seize this opportunity to greet the people of this community and to salute the Governor of this state, the State of Osun, His Excellency Ogbeni Rauf Aregbesola, for how he has been piloting the affairs of this state despite the dwindling resources occasioned by the fall in prices of oil, the mainstay of the Nigerian economy. I am not a politician but rather an ambassador of our Lord and Savior Jesus Christ.

In Romans 13:1-7, my Master, my Lord and Savior Jesus Christ in the ambassadorial manual and code of ethics otherwise known as the Holy Bible commands me and every Christian everywhere to fully surrender to higher authorities with:

Let every soul be subject to the govern-

ing authorities. For there is no authority except from God, and the authorities that exist are appointed by God. Therefore, whoever resists the authority resists the ordinance of God, and those who resist will bring judgment on themselves. For rulers are not a terror to good works, but to evil. Do you want to be unafraid of the authority? Do what is good, and you will have praise from the same. For he is God's minister to you for good. But if you do evil, be afraid; for he does not bear the sword in vain; for he is God's minister, an avenger to execute wrath on him who practices evil. Therefore, you must be subject, not only because of wrath but also for conscience sake. For because of this you also pay taxes, for they are God's ministers attending continually to this very thing. Render therefore to all their due: taxes to whom taxes are due, customs to whom customs, fear to whom fear, honor to whom honor.

Also in I Peter [2:13-17](#), the Bible says

Therefore, submit yourselves to every ordinance of man for the Lord's sake, whether to the king as supreme, or to governors, as to those who are sent by him for the punishment of evildoers and for the praise of those who do good. For this is the will of God, that by doing good you may put to silence the ignorance of foolish men— as free, yet not using liberty as a cloak for vice, but as bondservants of God. Honor all people. Love the brotherhood. Fear God. Honor the king.

It would have been observed from the above references that we, as children of God should do nothing contrary to the will of those in government and that we should be subject to all their ordinances. Total obedience to any constituted authority should not be burdensome to any of us it should become part and parcel of our styles of daily living.

BIBLICAL INJUNCTIONS ON MEETING CITIZENS' NEEDS

Honorable Commissioner, by the same token, the-same Bible equally challenged all the people in authority: our Governor, our Honorable

Commissioners kings, all the Baales and any other person occupying one form of position or the other to extend the desired assistance to the vulnerable, the poor, the weak, the fatherless and the afflicted and allow justice to be your watchword in whatever you do. These are expressed in the following bible references:

Psalms 82:3-4: Defend the poor and fatherless: do justice to the afflicted and needy. Deliver the poor and needy: free them from the hand of the wicked.

Proverbs 21:13 Whoever shuts his ears to the cry of the poor will also cry himself and not be heard.

Proverbs 29:14 The king who judges the poor with truth, his throne will be established forever.

Based on the above assertion, I want to establish the fact that the poor have the right to quality and affordable healthcare. This should be an exclusive right of every citizen whether rich or poor and irrespective of where they dwell: city or village. Indeed, the poor and the destitute do have rights. It is an established fact that they have no power on their feet but they have tremendous power on their knees according to Deuteronomy 24:14-15 which says:

You shall not oppress a hired servant who is poor and needy, whether one of your brethren or one of the aliens who is in your land within your gates. Each day you shall give him his wages, and not let the sun go down on it, for he is poor and has set his heart on it; lest he cry out against you to the Lord, and it be sin to you.

I am not a student of Government so I cannot say with absolute certainty if any government anywhere in the world has what it takes to cater for all the needs of her citizens that is why God raised people like us to support your efforts in whatever little way we can.

ENCOURAGING NGOs TO SUPPORT GOVERNMENT EFFORTS

One thing I do know for sure is that there are credible organizations like ours and many others out there that are not doing this for any earthly rewards like seeking for social/political positions and neither are such attempts geared towards seeking recognition. Such NGOs have

the burden of supporting and supplementing governments' efforts. We can make things happen if encouraged. What will cost you tens of millions and possibly years to accomplish, can be undertaken by those God-fearing, credible and purely humanitarian organizations like ours and accomplish same with a small fraction of that amount and in no time.

Please permit me to introduce to you two organizations present here today who are also from USA. They are working very hard for their money in the USA and bringing it down to Nigeria to care for the needy just as we do. These are.

1. Divine Touch Community Development Center led by Rev. (Mrs.) Felicia Coker and
2. Transforming Grace international Ministry led by Lady Evangelist Mofoluke Sloan.

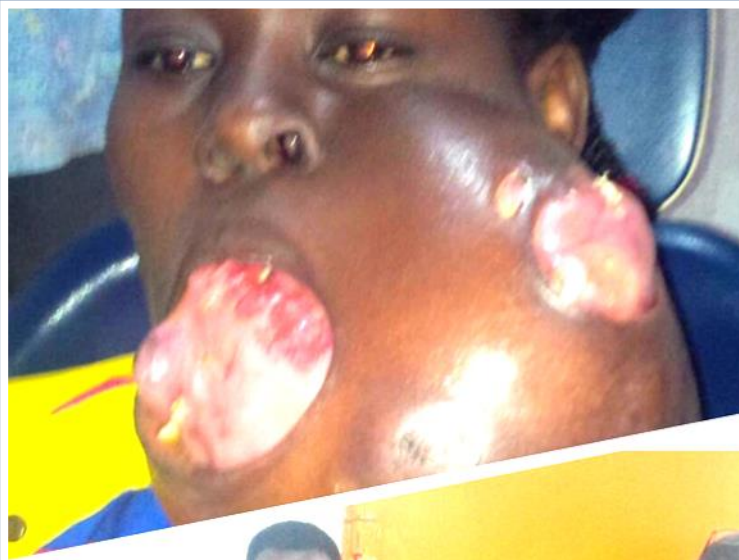
They are under the wings of Faithful Stewards Organization. In fact we just concluded a three days free medical mission in Ejigbo town in Ejigbo Local Government in the State of Osun sponsored by the Transforming Grace.

We have also discovered many other organizations on ground in Nigeria who are genuinely caring for the poor. I want to add in closing that as time goes on, it is in our plan to start looking into various NGOs and to showcase the genuine ones and encourage them for their good works.

CONCLUSION

In conclusion, the Honorable commissioner, Chiefs, Baales, our fathers and mothers, friends, sons and daughters of this land and surrounding communities both at home and abroad, ladies and gentlemen I'm appealing for your support and encouragement as our organization runs this Healthcare center. Let us run it together. We will really appreciate it and God will bless you all for it. Thanks for your patience, understanding and cooperation. God bless you all.





FAITHFUL STEWARDS

By: Dr. Stephen Olujimi



To the glory of God, among many of the Faithful Stewards Medical & Educational Foundation (FASTMED) accomplishment in Nigeria last year 2017 was the building of our very first FASTMED COMMUNITY HEALTH CENTER in Ologede Town along Iwara road, Atakumosa East Central

LCDA, near Ilesa, Osun State. To the glory of God, we started and completed it in the same month of November 2017. That was a multi-million naira project that will serve thousands of rural dwellers in seven towns and villages with no healthcare center. The center upon completion was commissioned by the Osun State commissioner for health Hon. Dr. Rafiu Olasunkanmi Isamotu and dedicated to God's mission by Bishop Dr. Moses Adedipe of Universal Church Lagos a 47years old friend and brother in the Lord and a Field Commander General of Faithful Stewards Chaplain. It was such a great occasion graced by many of the Osun State and Local Government officials and friends of our ministry from Lagos, Ibadan, ife, Osogbo and all around including several Obas, Chiefs and Baales of the surrounding Towns and villages whose domains are going to be benefitting from the Healthcare Center. The Center will be staffed and run by FASTMED organization providing basic free healthcare services to the community of seven towns and villages. This for us is a dream come through and taking our free medical mission to another level. Over the years we had provided free medical mission to several thousands of people especially rural dwellers, with hundreds of surgeries, free eye operations and glasses, free medications and health education.

FASTMED group has over sixty medical personnel on ground in Nigeria that comprises of General Practicing Doctors, ophthalmologist, All areas of Nurses including Community Health workers, pharmacist and Pharm. Tech. They are branded "FASTMED Medical Team", they are committed and dedicated. Many of them have been rendering their services for over five

years now and the number is growing. Together we've been on free medical mission to several locations in Lagos state, Oyo, Osun, Ekiti and Ondo States of Nigeria caring for thousands of people in general medical care, surgeries

including eyes, free eye glasses, free medications and health education. Cases that are beyond our level of care we always refer them to the appropriate hospitals and specialists, while we partly support some of them in their hospital bills in such hospitals, we take full responsibility of the treatment of others as found necessary.

One of such is the case of Mrs. Ebunoluwa in Lagos whose case we picked up in April 2017 after all her efforts to get help yielded no result. She was a victim of Ameloblastoma a locally invasive legion that when left untreated lives the patient totally disfigured and eventually result in very painful and agonize death. She has suffered from this condition for six years and no one or government was willing to help her. While this condition lingered, Ebunoluwa, her faithful husband and two children were ejected by their landlord because the co-tenants were no longer able to cope with the gory sight of this woman and the odor that was oozing out of the huge tumor on her face. Her children according to the husband's testimony have become an object of reproach. As for him, he said he had borrowed so much money that he couldn't pay back and nobody actually want to have anything to do with him and his family anymore. By the time we picked this case up, all hope has been lost said the husband and it was just a matter of days or weeks for her wife's life to end, "she has become more or less a walking -dead" he said he has started turning the phone off whenever he was at work for the fear that his phone will suddenly ring to inform him of his wife's death.

The first thing we did when she was brought back to me in April was to send her for biopsy and X-ray to determine if the tumor was cancerous after which we consulted with Dr. Olojede Olurotimi a Maxillo-Oral and Maxillofacial Surgeon along with other team of experts that will work on this case. Dr. Olojede made it clear to me that this was going to be any expensive surgery because the case was a serious one, and multi-disciplinary efforts will

be needed. I returned to the United State with sorrow in my heart not knowing how I will get this multi-million naira project accomplished and if I couldn't find help and I hear that she died, would I be able to handle it.

We called out to friends both in Nigeria and here in the USA and some help came, I want to seize this opportunity to thank some of the TOIOG members who supported me and other friends out there. Thanks and God bless you all.

Dr. Olojede and his team were used greatly by God to get this monster out of her on the 6th of July 2017 in a surgery that lasted over eight (8) hours. The tumor when removed weighed 2.65kg/5.84lb that is the weight of some new born baby. Dr Olojede actually confirmed that 2-3days delay would have been too late to save her life as she has lost too much blood and body fluids from the legion. The cardiovascular system was malfunctioning because there was no more blood within the system and she could no more eat anything at all. Two Maxillofacial surgeon, anesthesiologist, ETN surgeon, plastic surgeon and a dental surgeon all worked for over eight hours on her also proteases was used to pack the place where the tumor was removed and this was expensive in Nigeria as it was an imported material. She was stabilized with 3pints of blood before and 4pints during the surgery with very powerful medication she had to take for over two weeks post surgery to ensure proper healing of the wound. Our organization also provided her money to help her cope with post surgery out-patient clinic, feeding and miscellaneous expenses.

We are not done with her yet as she still need another plastic surgery to correct her face and make her look better than she looks right now. Also we plan to support her economically as she hasn't been able to work for six years now while she was fighting for her life and her husband is not making enough to support the family.

OUR GOAL

In this year 2018, we are trusting God for the establishment of our second FASTMED Community Healthcare Center to be built in the Core Osun. Remember our goal is to build and staff our Healthcare centers and have people come for free basic treatment while we refer special cases to hospitals and for this reason,

we are building relationships with Government and private hospitals all over Nigeria.

Our training and empowerment department report will be published in the next edition of Osun News and I can't wait to show you what our organization is doing in Core Osun to bring food on the tables for hundreds of people all over Osun state especially core Osun.

APPEAL

These are two out of the four major accomplishments of our organization in the year 2017. Dear reader, we need you to some onboard our organization. We are non profit tax exempt organization in the USA and a registered NGO in Nigeria. We are very credible and faithful with track records. There are lots to be done in Nigeria especially in the core Osun and Osun state in general and we need your help to get them done. Please join us, support us with your finances and professionalism. You can be on board and be involved in the planning and execution of our projects on ground.

OUR CONTACT

Website: www.fastmedteam.org www.faitfulstewards.org

Facebook: Faithful Stewards Medical & Education Foundation or simply type Fastmedteam

Email address: info@fastmedteam.org

Phone number: [202-841-6400](tel:202-841-6400). USA

Bank account USA :

Name. Faithful Steward Ministries Inc.

Bank. name. CapitalOne

Account number. [1360098180](https://www.fidelity.com/ncs/1360098180)

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**2017 TOIOG'S BURSARY AWARD PRESENTED TO OSUN STATE INDIGENES IN OSOGBO
DECEMBER 14, 2017**



**2017 TOIOG'S BURSARY AWARD PRESENTED TO OSUN STATE INDIGENES IN OSOGBO
DECEMBER 14, 2017**



TOIOG 2017 FUNDRAISING & AWARD DINNER



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FULL TEXT OF AN ADDRESS DELIVERED BY DR. OLUREMI ILUPEJU ON THE OCCASION OF OSOGBO PROGRESSIVE UNION 4TH NATIONAL CONVENTION & FUNDRAISING HELD AT DOUBLE TREE by HILTON LAUREL, MARYLAND ON JULY 8, 2017.



An Address delivered by Dr. Oluremi Tunde Ilupeju on the occasion of Osogbo Union Annual

Good morning ladies and gentlemen. I am glad to be here among you tonight, and I feel extremely honored to be your keynote speaker.

Even though I was born in Ejigbo and did my early primary school education there, and grew up in Ibadan during my teenage years, it was here in Osogbo where I spent a good two years of my adult life before travelling to the US for further studies. I was a Lab Assistant at Osogbo General Hospital under the tutelage of the very accomplished Dr. Olapade, the SPMD of the Hospital on OBGYN with few equals in his time. It was at Osogbo that I truly got my calling to be a Medical Doctor and specifically an OBGYN. So as of today, I hereby announce that I have made myself an Honorary Citizen of Osogbo – whether you like it or not!

I have been given the task of being the keynote speaker of this August occasion. And if that is not big enough, I have been given the gargantuan task of giving a speech on any topic on Healthcare and Health Matters. Since healthcare is such a broad area, singling out one topic will be tantamount to doing injustice to many other equally important topics in health. So I have decided to choose a topic that will be impactful and relevant to all of us here today whether man or woman, adult or children.

My topic of discussion is “Global Health Crisis in Africa” Why this topic? Because as we all

know, the status of health care in Africa is woe-ful and presently in a crisis mode. Our governments in Africa do not take the healthcare of their citizens very seriously at all. This is evidenced by the pitiful amount of money and resources allotted for healthcare in many countries in Africa. When we look at the health expenditures as percentages of GDP allocated to healthcare in 2014 by governments in Africa compared to their counterparts in Europe and other parts of the world, you will see a glaring disparity. For example in Nigeria, 3.7% of GDP is allocated for healthcare.

Others are :

Senegal	4.7%
Ethiopia	4.9%
Ghana	3.6%
Namibia	8.9%
Tanzania	5.6%
Uganda	7.2%
South Africa	8.8%
South Sudan	2.7%

While some African countries are better than others, healthcare expenditures are generally lower than their European counterparts :

Germany	11.3%
France	11.5%
Finland	9.7%
United Kingdom	9.1%
Norway	9.7%
Sweden	11.9%
United States	17.1%

So you can see why many of our people flock to the habitats, the faith healers, and the naysayers to cure themselves of their illnesses, sometimes with dire consequences. Many die

of illnesses and diseases that are preventable and curable. This explains the low life expectancies in African countries despite advancements in modern medicine.

Meanwhile, our leaders know how to take care of themselves, and their families. They fly to the US, UK, and India to receive the best care that money can buy, leaving the majority of the people to fend for themselves under the strain of crumbling infrastructure, poorly trained medical personnel and underpaid staff.

According to recent statistics,

- Life expectancy comparatively is very low in Africa.
- Monaco (a French territory) has the highest at 89,52
- Japan 83.7
- Switzerland 83.4
- Canada 82.2
- USA 79.3
- Cuba 79.1
- Senegal 66.1
- Namibia 65.8
- Ethiopia 64.8
- Ghana 62.4
- Liberia 61.4
- Cameroun 57.43
- Nigeria 54.43
- Chad has the lowest in the world 49.81

DEATHS

In Africa, there are about 11 million deaths per year due to all causes. According to World Health Organization (WHO) estimates in 2004,

- 23% of these deaths are due to infectious diseases excluding HIV
- 20% are due to HIV/AIDS
- 10.5% are due to respiratory infections
- 7.5% are due to maternal and perinatal causes
- 4% are due to cancers
- 10% are due to cardiovascular diseases
- 7% are due to injuries and violence, and
- 19.5% are due to other causes.

At this juncture, indulge me to go over some of the diseases and illnesses that ravage the citi-

zens of Africa, starting with malaria.

MALARIA

Malaria as we know is a mosquito-born disease which causes fever, chills and flu-like symptoms in those who are infected. Left untreated, it can lead to severe complications, and death. In 2015, 214 million cases of malaria occurred world-wide; this led to the death of about 1 million people in Africa, mostly children. Malaria infection is common in Sub-Saharan Africa, and many people develop immunity to it; however many still die, especially those with poorly developed immunity, which generally are children, and those infected with HIV. Many who do not die are usually left with debilitating effects such as severe anemia, neurological disability, including seizures. During pregnancy, malaria infection can cause miscarriages, premature deliveries, and reduced infant birth weights.

Treatments for malaria include prevention of exposure by using safety nets while sleeping at night, anti-malarial drugs – both for prophylaxis and treatment of infection, good sanitation, and immunization.

HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immuno-deficiency Syndrome)

HIV/AIDS is a disease that came upon the world about 30 years ago. Since that epidemic, more than 75 million people have contracted the illness, and over 36 million have died from it. Currently worldwide, there about 34 million HIV positive people. Out of that number, 69% live in Sub-Saharan Africa.

1. There are roughly 24 million infected persons in all of Africa.
2. 91% of the world's HIV positive children live in Africa
3. More than 1 million adults and children die every year from HIV/AIDS in Africa alone.
4. Anti-retroviral drug treatment can tremendously decrease the number of HIV-related deaths by delaying the progression of the virus, and allowing people to live relatively

normal lives.

5. Due to an insufficient supply of anti-retroviral drugs and healthcare providers in Africa, only ½ of the 10 million HIV positive patients in Africa were able to receive treatment.
6. Because of HIV/AIDS, the average life expectancy in Sub-Saharan Africa is 54 years of age, in some countries in Africa, it is less than 49.
7. HIV/AIDS epidemic has drastically slowed the economic growth and social development in Africa, because hundreds of thousands of people are unable to work or receive education.
8. Contraceptive use of condoms have doubled in recent years because it is relatively inexpensive, however, the method is useless when couples are hoping to conceive.
9. A pregnant woman not treated with proper drugs has a 20 – 45% chance of passing the virus to her unborn child.
10. 59% of HIV positive people in Africa are women.
11. The majority of children diagnosed with HIV get the virus from their mothers.

CANCERS IN AFRICA

- Cancer is not a rare disease in Africa.
- The probability that a woman living in Kampala in Uganda or in Harare in Zimbabwe, will develop a cancer by the age of 65 years is only about 20%, lower than that of her sisters in Western Europe.
- Yet the facilities for providing treatment for cancer in most of Africa are minimal.
- The non-communicable diseases, such as cancers are emerging health problems that need to be dealt with appropriately to sustain public health advances that have already been achieved.
- According to a 2002 estimate of cancer in Sub-Saharan Africa region, about half a million new cases of cancer occurred annually, 251,000 in males, and 279,000 in females.

- Yet cancer has received low priority for health care services in Sub-Saharan Africa.
- The following factors have all contributed to the increased incidence of cancers in Africa

- :
1. Increases in the prevalence of tobacco consumption;
 2. Immunosuppression induced by human immunodeficiency virus;
 3. Increased consumption of alcohol;
 4. High prevalence of cancer-associated infectious agents such as human papilloma virus (HPV).
 5. Environmental exposure to toxins such as Aflatoxins.

The following are the most common cancers in Africa :

<u>In Males</u>	<u>In Females</u>
Karposis sarcoma, related to HIV	Cervix
Liver	Breast
Prostate	Karposis Sarcoma
Esophagus	Liver
Non-Hodgkins lymphoma	Stomach
Stomach	Non-Hodgkins lymphoma

MATERNAL AND INFANT MORTALITY

MATERNAL

Sub-Saharan Africa region suffers from the highest maternal mortality ratio in the world, 546 maternal deaths per 100,000 live births, which means 201,000 women will die this year due to complications from pregnancy or childbirth. This is 2/3rd (68%) of all maternal deaths worldwide.

The main causes of maternal deaths are :

1. Hemorrhage – 27%
2. Pre-existing medical conditions aggravated by pregnancy – 27%
3. Hypertensive disease of pregnancy (especially pre-eclampsia/Eclampsia) –
4. Sepsis (infection of the blood stream)

5. Embolism (blood clots that travel to the lungs choking the victim)

Most deaths can be prevented if births are attended by skilled health personnel – doctors, nurses, or midwives who are regularly supervised, have the proper equipment and supplies, and can refer women in a timely manner to emergency obstetric care when complications are diagnosed.

Complications require prompt access to quality obstetric services, equipped with life-saving drugs, including anti-biotics, and the ability to provide blood transfusions needed to perform Cesarean Sections or other surgical interventions.

INFANT

- Infant mortality remains particularly high (61 deaths per 1000 live births).
- According to a report in 2006, nearly 10 million children under 5 years of age died worldwide.
- Of the 10 million, 4 million died in the first month of life.
- Many of these deaths are related to lack of adequate medical and nursing intervention - at the time of birth.
- Other factors leading to increased infant mortality are :
 1. Poor nutrition
 2. Poor sanitation
 3. Unavailability of adequate child and maternal services
 4. Unavailability of medication
 5. Lack of up-to-date immunization.
- The four countries with the highest rate of infant mortality were :
 1. Sierra Leone – 270/1000
 2. Angola – 260/1000
 3. Niger – 252/1000
 4. Liberia – 235/1000
- In contrast, Sweden and Iceland have the

lowest mortality rates - 3 deaths/1000 live births.

- One of the millennium goals set by the UN in the year 2000 was to reduce the under-5 child mortality rate by 2/3rd by the year 2015.
- Amongst the regions making insufficient or no progress towards this goal is Africa.
- In Sub-Saharan Africa, 1 in every 6 children dies before age 5, which is almost half of all deaths worldwide, yet only 22% of all children are born there.

FEMALE CIRCUMCISION (Female Genital Mutilation)

At this stage, I will like to say something about Female Circumcision (also known as Female genital Mutilation) in Africa. Most of what I am about to say is lifted from a World Health Organization (WHO) website.

1. Female genital Mutilation (FGM) includes procedures that intentionally alters or cause injury to the female genital organs for non-medical reasons.
2. It comprises of all procedures that involves partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.
3. It has no health benefits for girls and women
4. Can cause severe bleeding and problems urinating, infections, complications of childbirth and increased rate of newborn deaths.
5. More than 200 million girls and women today have been cut in 30 countries in Africa, Middle East and Asia.
6. It is very prevalent in Sierra Leone and Ethiopia.
7. FGM is mostly carried out on young girls between infancy and age 15.
8. FGM is recognized internationally as a violation of the human rights of girls and women.
9. The practice also violates a person's right to health, security and physical integrity, and

the right to be free from torture, cruel, inhuman, and degrading treatment, and the right to life when the procedure results in death.

10. FGM is motivated by beliefs about what is considered acceptable sexual behavior. It aims to ensure pre-marital virginity and marital fidelity. It is believed to help reduce a woman's libido, and therefore believed for her to resist extra marital sexual acts.
11. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.
12. Though no religious scripts prescribe the practice, the practitioners believe the practice has religious support.
13. In December 2012, the UN General Assembly adopted a resolution on the elimination of FGM.
14. Though the practice is on the wane in Sub-Saharan Africa, more work still needs to be done leading to total elimination.

SOLUTIONS

So what are the solutions to correct these imbalances and effect some real changes in Health Care in Africa? These solutions will involve all. The Governments, NGOs, the citizens, individuals, the Diasporans, the Foundations, and the religious establishments or organizations. So as you see, it will take a multi-prong attack in order to solve this health crisis.

1. Firstly, we need to implore our governments across Africa to do more to increase funding for Health care Delivery systems, to have a mindset that the welfare of their citizens is of paramount importance.
2. For the citizens to demand of their governments to do more for healthcare and for the citizens to get involved, get more educated in their own well being. To avoid practices and acts that will negatively affect or jeopardize their own well being.
3. Diasporans to continue to support our families back home as we have been doing for years – by sending them money, drugs and

other supplies, and encouraging them to seek treatment with competent medical personnel when needed.

4. Medical missions by individuals, organizations, NGOs, religious groups, have become a big contribution in ways that diasporans have been giving back to Africa from where they came, and we should continue to do so by supporting them.
5. These medical missions need resources to make them happen, these entail both human and monetary resources. So Please tonight, let us support the Osogbo Union in their efforts to raise funds to effect their upcoming medical humanitarian mission to Nigeria. please let us dip our hands deep into our pockets to support them generously.

Philanthropists : Let us encourage the billionaires amongst us to put their money where their mouths are, not in Swiss banks, because when you die, you cannot take this money with you. It is better to use your money to effect lasting change while you are still alive in order to leave a lasting legacy when you are gone. Let us look at people like Bill and Melinda Gates as an example, they are leaving lasting legacies all over the world with their money.

Lastly, I will like to speak to all our children who are born abroad. Please do not forsake Africa, the birthplace of your parents. Africa needs you. I know you all have good hearts and fantastic role models. Go to Africa and effect real change, to change things around. And if you cannot go, support and donate to causes and organizations that will effect change in Africa. Better yet, join medical missions, humanitarian missions, it is a rewarding way of giving back.

God Bless Africa.

God Bless United States of America, and

God bless you all.

Thanks for this opportunity. Goodnight.

By Dr. Oluremi Tunde Ilupeju

MRS. ADENIJI'S 60TH BIRTHDAY BASH, APRIL 2017





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BISHOP FELIX OWOLABI'S ORDINATION, 2017



Pastor Tunde Adeyemi's Ordination, 2017



LEGENDARY PRODUCER, PRESENTER & ANNOUNCER -Theresa Shobowale, Tessy Show

A director, Producer, Anchor , songwriter and presenter. I present at Amuludun FM 99.1 moniya ibadan. On the 13th of October I was awarded Best presenter of the year by Oodua Image Award in U.S. Also on October 22nd I also awarded Best Global presenter of the year by Amuludun FM 99.1 in Nigeria. Then On November 5th I also awarded Best presenter from Dublin Island and on the 1st of December I was crowned as YEYE AGBASAGA all in 2017. Glory be to God.

Lastly I received a letter this morning to be awarded has. Iyalode Amuludun and Ambassador Amuludun worldwide both aboard and Nigeria coming up this month on the 3rd of March 2018.

Also I give glory to almighty God for celebrating and marks another special day in my life. Happy birthday to me.

Abo iroyin Temitope. in Amuludun FM radio99.1 every Tuesday 9.03pm .

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Weekly Announcer

Weekdays/weekend on rootsradiolove



I have some programs on www.rootsradiolove.com: TIWA NTIWA is on every Wednesday from 6-7pm Eastern Standard Time, ARA KENGE comes on every Thursday between 3:00pm - 5:00pm Eastern Standard Time, FAAJI LA WA comes on every Friday at 12pm-2pm Eastern Standard Time, and ORO SUNUKUN comes on every Saturday from 12pm-2pm Eastern Standard Time.

More so, on www.tni-radio.com I have AIYE AWA OBINRIN every Thursday from 3pm-4pm Eastern Standard Time

A bit about my background?

After my Secondary (High) school, I left for Sacred Hospital Lantoro Abeokuta, for a nursing program in 1989. After my graduation I worked in many hospitals including Oba Demola hospital in Ogun State, then I won a Visa Lottery to America in 2004. On getting to US, I attended Allied Health Institute for more Nursing experience.

I was born in Kano State, because my father was a police officer, we later relocated to Abeokuta when my daddy was transferred.

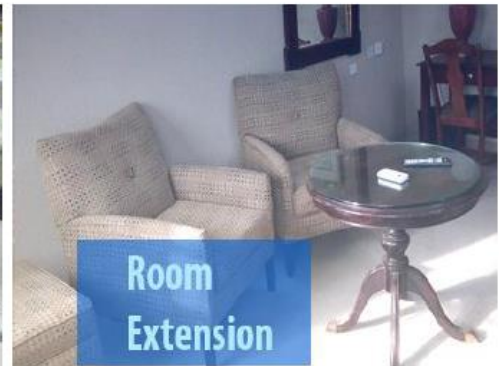
Am from Ijebu Igbo in Ogun State

Okay guys you can log on to <http://www.rootsradiolove.com> and

<http://www.rootsradiolove.com> to listen to Tessy Sho radio programs from any part of the world.

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Jokes

I deserve a first class seat

A blonde gets on an airplane and sits down in the first class section of the plane. The stewardess rushes over to her and tells her she must move to coach because she doesn't have a first class ticket. The blonde replies. "I'm blonde. I'm smart. I have a good job. and I'm staying in first class until we reach Jamaica."

The disgusted stewardess gets the head stewardess who asks the blonde to leave. The blonde yet again repeats "I'm blonde, I'm smart, I have a good job and I'm staying in first class until we reach Jamaica." The head stewardesses doesn't even know what to do at this point because they still have to get the rest of the passengers seated to take off: the blonde is causing a problem with boarding now, so the stewardess gets the copilot.

The copilot goes up to the blonde and whispers in her ear. She immediately gets up and goes to her seat in the coach section. The head stewardess asks the copilot in amazement what he said to get her to move to her correct seat. The copilot replies. "I told her the front half of the airplane wasn't going to Jamaica."

Remaining as Enemies

Two Arabs boarded a shuttle out of Washington for New York. One sat in the window seat, the other in the middle seat. Just before takeoff a fat little Israeli guy got on and took the aisle seat next to the Arabs. He kicked off his shoes. wiggled his toes and was settling in when the Arab in the window seat said, "I think I'll go up and get a coke."

"No problem," said the Israeli. "I'll get it for you." While he was gone. the Arab picked up the Israeli's shoe and spit in it. When the Israeli returned with the coke. the other Arab said, "That looks good. I think I'll have one too."

Again, the Israeli obligingly went to fetch it and while he is gone the Arab other picked up the other shoe and spit in it. The Israeli returned with the coke. and they all sat back and enjoyed the short flight to New York.

English is really crazy

There is no egg in eggplant nor ham in hamburger; neither apple nor pine in pineapple. English muffins were not invented in England or French fries in France. Sweetmeats are candies, while sweetbreads, which aren't sweet are meat. We take English for granted. But if we explore its paradoxes, we find that quicksand can work slowly, boxing rings are square, and a guinea pig is neither from Guinea nor is it a pig.

And why is it that writers write. but fingers don't fing. grocers don't groce. and hammers don't ham? If the plural of tooth is teeth, why isn't the plural of booth beeth? One goose. 2 geese. So, one moose, 2 meese? One index. two indices? Is cheese the plural of choose?

If teachers taught. why didn't preachers praught? If a vegetarian eats vegetables, what does a humanitarian eat?

In what language do people recite at a play. and play at a recital?

Ship by truck, and send cargo by ship? Have noses that run and feet that smell? Park on driveways and drive on parkways? How can a slim chance and a fat chance be the same, while a wise man and a wise guy are opposites? How can the weather be hot as hell one day and cold as hell another?

When a house bums up. it bums down. You till in a form by filling it out. and an alarm clock goes off by going on.

When the stars are out. they are visible. but when the lights are out. they are invisible. And why, when I wind up my watch. I start it. but when I wind up this essay. I end it.

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