1.01 INTRODUCTION:

In terms of contribution to the operations of the University, the role of the Health Services begins for example, with a potential employee when his/her medical report as a pre-requisite for definitive offer of employment, is tendered for medical processing. In order to disabuse any body's mind, it has never been the role of the Health Services as the records show, to frustrate or to deny any would-be employee employment so wanted on account of any ailment which could be transitory in nature. On the other hand if the Health Services have any reason to suspect any medical certificate either on short-term or long-term basis, and should such suspicion by virtue of the result of medical re-examination be confirmed, the Department of Health Services would be failing in its duty if it would not recommend deferred or in extreme cases non-employment of the person concerned. In this respect it is not the duty or part of the responsibility of the Department of Health Services to vié from medical ethics or from the path of rectitude simply to accommodate the interest of any aspirant for employment, all pressures notwithstanding. Sooner or later such employment could either lead to loss of many man-hours in terms of loss of production or payment of heavy medical bills by the University on the behalf of an employee who on medical grounds should not have been employed in the first place. That said, however, the responsibility to certify any candidate for employment or otherwise must always be exercised with due humility, circumspection and above all, with absolute impartiality.

02 Your interest having thus been aroused we assume, let us quickly look into the current organizational structure of the Department of Health Services. It must however, in this respect be quickly added that there is nothing permanent in the structure since the department like the University itself is just trying to take off the ground:-
1.03. In order to have an overview of the type and number of staff attached to the Department the following rough sketch should be read side by side with the organizational structure:

```
Personnel

Director of Health Services

Pharmacists: (only one is at present on site plus one Pharmacy Technician).

Laboratory Technologists: (-2 in number including a Principal Laboratory Technologist plus one Laboratory Attendant).

Senior Medical Officer: (4 in number).

Nursing Personnel: (13 in number including a Senior Matron and two Matrons plus 2 Ward Assistants or auxiliary nurses and 3 Ward Attendants, although the number should be the minimum of 4).

One Senior Medical Storekeeper.

Community Health Sub-Unit: (-4 in number including a Principal Health Assistant).
```

1.04. Since the activities of the Department of Health Services must in the normal scheme of things touch on the lives of every individual in the University it is well to remember that the Health Services' ipso facto' must deal not only with individual human beings but also with groups of persons or with people having various social and academic or professional backgrounds.

In our daily interactions we must as is the usual practice, see and treat the student group as a sort of primus inter pares. That is followed quickly with attention to all members of the University staff. In medicine since life is a sacred entity we in our curative activities do not generally distinguish between senior and junior members of staff. Members of the University Community must bear with us if apparently sometimes from case to case we deviate from this norm or pay priority attention to infants or to highly expectant mothers or first of all abandon everything temporarily of course to attend to emergencies.
2.01 TEMPORARY REGISTRATION:

In hardship cases we sometimes allow members of the University Community according to the rules to register some of their dear ones temporarily for treatment here. We do not generally encourage such registration as it is very difficult to charge the people concerned economic rates without some complaining vehemently. In any case in a town or city where there are many health care delivery facilities, we feel that such cases requiring temporary registration could more justifiably be treated elsewhere. In these times of shortages and high prices of drugs and dressings and other facilities, it is generally felt from the highest quarters that it is more appropriate to use our meagre resources to cater for the needs of the students and the rest of the University Community than to do otherwise.

02 THE ROLE OF THE HEALTH SERVICES MUST ALWAYS FALL WITHIN THE RULES AND REGULATIONS OF THE UNIVERSITY:

The Rules and Regulations of the University are clear as to who are entitled to free medical attention under the Department of Health Services and who are not. The Department of Health Services is responsible for the Health of the University Community. Since even at the best of times the resources available are nothing but adequate, it behoves the Department to be medicus but fair in the interpretation of the rules so that what is available could be spread to cover the whole calendar year of the University. The Health Services must express its collective appreciation to the increasing understanding shown by the members of the University Community by the ever-increasing tendency to see the Department as the first port of call during any sickness instead of as in the past, sending us heavy medical bills to settle. We hope that in the interests of all this increasing understanding would continue in order that what is placed at our disposal to administer would go round and would not be exhausted within the first months of any given financial year. May I seize this opportunity to reiterate the obvious for the interest of those who sometimes would like us to bend the rules in order to accommodate their cases.

On the behalf of the University, the Health Services cannot be responsible to reimburse anyone for a case treated outside which according to any stretch of the imagination or according to any medical norm, cannot be seen as an emergency.
Any claim for reimbursement must be supported with evidence of referral letter from the Health Services otherwise the Health Services could not honour it without opening the sluice gates for similar claims or inadvertently creating unbridgeable precedence without the finances to match.

3.01 OBSTETRICAL CASES:
As of now the Health Services does not in toto handle obstetrical cases. We do not have child-delivery facilities. However, we always try to help expectant women who come to us for whatever advice. The University like other Tertiary Institutions of Learning, is not financially responsible for any expenses incurred with respect to ante-natal case and/or for delivery expenses. We know that this could impose very heavy financial burden on those concerned especially if it involves caesarian and other complications. We do hope however that as the economy improves and more subvention filters to the University, it could possibly re-consider the policy, bearing in mind, our peculiar circumstances.

4.01 FINANCIAL IMPLICATIONS OF THE ROLE OF THE HEALTH SERVICES
With the best will in the world the Health Services cannot perform miracles in terms of health-care-delivery if enough money is not allocated to it to operate reasonably well. For instance, the reasons why we must send some of you to outside hospitals to take necessary x-rays is not because of the lack of foresight or because of planlessness but because of what is conceived as the competing priorities of the University. In terms of the prophylactic or preventive x-ray of the catering staff for instance, we have not up till now embarked upon such very necessary exercise because of the lack of x-ray facility. We hope that whenever we have such indispensable equipment for effective health care delivery, our services in that direction shall dramatically improve.
MINOR AND MIDDLE GRADE SURGICAL OPERATIONS:

We are aware of the relatively large sums of money charged you for even simple operations under one pretext or another. We are happy to let you know that the University has taken some commendable steps to obviate your sufferings in that respect in no distant a time. As soon as the person who has been sent to do anaesthesia returns and supported by one or two of our nurses who have knowledge of instrumentation as theatre nurses, we shall other things being equal, undertake small till middle level surgeries here. We hope when implemented that would go a long way to minimize your sufferings.

DIAGNOSTIC MEDICINE AS INTEGRAL PART OF DEFINITIVE DIAGNOSIS:

we have gone a long way without dramatization to bring most everyday haematological, microbiological and other types of diagnostic medicine to your doorstep without crying to the healers. If you realize that most of the results of such analysis done elsewhere were not most of the time reliable, you would appreciate our present strides in that direction. Within the next two to three months, we can assure you that we shall carry out on continuous basis antibiograms (culture and sensitivity tests). That would mean a more target-oriented therapy, conservation of antibiotics and above all, shortening of therapy with better results. We hope that with a little push in terms of money for essential not-very-expensive equipment, this dream shall be realized and maintained.

PROPHYLACTIC OR PREVENTIVE MEDICINE AND THE ROLE OF THE HEALTH SERVICES:

There is increasing awareness of the usefulness of applied medical knowledge not only among medical personnel but among the community. Perhaps, the old saying that prevention is better than cure is more apt today than it was years in the past. It is on this ground that we pay particular attention to environmental hygiene and sanitation. Maybe occasionally services breakdown for a few hours or so either because of mechanical or human failures but all in all, if you compare our environment to that of similar institutions elsewhere, you would agree that, in this respect we are pace-setters.
In the fight to keep the surroundings at all times clean. We beg to plead with you that all hands must be on deck. By that we mean that we should never allow waste papers, other discarded items, debris, etc., to be littered at our place of work or around our homes. Against infectious diseases of all types, it is not recommended that children or even adults go bare-footed outside especially during the rainy season.

8.01 NEED FOR PERIODIC THOROUGH MEDICAL CHECK-UP:
It is advisable that whether sick or otherwise men above the age of forty should undergo general medical examination at least once in every two years. As for women because of their special constitution, such general examination is desirable from the age of 30 years upwards. In Western Europe and the American women go in for such thorough medical examination once or better, twice yearly. Possibly, this should include cervical examination (cervical smear with follow-up cytological examinations). Although one of the most accessible organs for examination by the women themselves is the breast, medical practice and medical statistics show that only very few women frequently palpitate their breasts for possible lump themselves!

Oncologically, it is absolutely necessary that in the fight against breast cancer females from the age of 25 years and upwards should examine their breasts at least once a month. In the fight against cancer of the breast it should always be remembered that it is counter-indicated for any person to take oral or injectable contraceptives who has had history of the cancer of the breast in the family.

9.01 INFECTIOUS DISEASES:
On a lighter note in our fight against infectious diseases the University has helped us to have International Vaccination. Centre here. The Expanded Programme on Immunization (EPI) is a functioning enterprise. As soon as our finances permit, our In-House Blood Bank planned since 1982/1983 would take off.
9.01 We even plan to extend it to the general public as soon as we obtain the necessary permission. One of the reasons for the future establishment of such services (blood bank and blood transfusion unit) is because of the increasing incidence of haemoglobin-carrying diseases (haemoglobinopathies) among the population. One of these haemoglobinopathies called sickle cell disease is particularly prevalent in the southern parts of Nigeria of which as you all know, Imo State is a part. Apart from being able to carry out necessary research into the disease we shall be able to identify members of the University Community who are carriers, that is, have one dominant healthy or adult haemoglobin gene (A) and one recessive or diseased haemoglobin gene (a) – (Aa) – and therefore being only apparently healthy. Reasoning on the same line infants or even parents who have AA, Aa and aa genes could easily be identified and advised. By so doing we do not want to practise euthanasia and/or euthenics but simply to use the knowledge won for guidance and counselling purposes. Although mortality in cases of aa (recessive) genes is high adding to our high rate of infant mortality, we have around us people who through proper nutrition, improved medical care, etc., have managed to overcome sickle cell crisis (predominantly with aa genes) when it arises.

02 What is more important is that we hope to advise would-be couples to make sure that before the consumation of any marriage that at least none of them is Aa or aa or that all of them are Aa. Such couples could be living in mental agony since according to Mendelian Laws of inheritance some of the offsprings of the "incompatible" marriages having inherited aa (genes) could most likely die before the age of five years. Yes, "I love him or her", could have its prize if not timely counter-balanced.

10.01 The Role of Health Services is incomplete without mentioning the responsibility to give advice to the University or to its various arms when asked to do so. In the exercise of this responsibility it is not part of the assignment of the Health Services to protect any individual against the cooperative health of the University. For instance, excuse duty must always be given for what it implies. That is, that someone is so sick that he/she could not for an estimated time carry out his/her normal duties. As for the students excuse duty should not be seen as a vehicle not to take examinations at the stipulated time. The Health Services should not be seen as a "covering up" agency.
11.01 MEDICAL RECORDS:

Worried like others about the paucity of medical statistics in
Nigerian Health Establishments, we planned at the very inception
of this University to have a medical records officer charged
with the responsibility of assembling, analysing and drawing the
right conclusions from the statistics so collected. Competing
interests of various arms of the University have made the re-
alisation of this noble objective seriously desired even by the
World Health Organisation difficult to achieve.

As the University grows it is hoped that various interests
competing for sectorial allocations from the general pool would
however see the rationale about the need to have a medical
records officer, charged with the responsibility of collecting,
analysing and distributing medical statistics to all interested
bodies.

12.01 GUIDANCE AND COUNSELLING:

At present the development of this foreseen and stimulating
area of our activity is at its rudimentary stage. That not-
withstanding and without much publicity we have gone to great
lengths to bring couples who are falling apart together once
again. In this respect the women are more forthcoming and more
prepared to make compromises than generally their male counter-
parts. Through the help of applied medical psychology and
sociology when children would be likely victims in case of
separations or divorce, we use the knowledge of guidance and
counselling to bring peace to some warring couples. Increasing
social and economic tensions, seemingly divergent interests,
professional ambitions, mothers-in-law and sisters-in-law
intrusions, etc., seem to aggravate the already in-built problems
of modern time marriages. With our subtle unobstructive and
mutually confidential approach we have recorded some successes
in the reconciliation of couples without any advertisement.
There are some failures of course from our side. But we shall
continue to try.

12.02 Among our students and young junior workers of both sexes there
is increasing initiative from them to approach us in order to
help them find some solutions to some of their emotional,
working and academic problems. Where for instance academic
programmes are difficult to change we have advised that such
courses be taken as challenge not beyond human solution. Where alternative courses are available and depending upon aptitude we have advised for change of the programmes that could lead to human misery, social instability and maladjustment. As for the young workers they are given every encouragement to improve their social status through target-oriented reading both for its own sake and for passing examinations that could bring about social upliftment.

12.03 Another service we envisage to incorporate in no distant a date is Family Planning. This is necessary because of the increasing population explosion. There is no country probably with the exception of the Irish Republic in Europe which does not plan and implement Family Planning. Although personally some of us look at it with disquiet, the realities of the age where population growth outstrips economic endowment family planning seems to be inevitable. It is hoped that our theologians and spiritual leaders of various religions would reconcile this need to plan and control our populations with the teachings of the Bible or the Koran.

13.01 In summary even with what we have at present we hope to improve on our services to the University Community. It is obvious however that we need improvement in space and better facilities in terms of equipment and recruitment of a few specialised staff to operate more effectively in terms of optimal health-care delivery to the University Community. To realise these noble objectives, we need the co-operation of all.

Dr. Med. U. A. Ihiekweazu
Director of Health Services