By Maurine Ogbaa

As a Nigerian, the greatest scorn often finds you when you argue for Nigeria. Other Nigerians will mock you, denounce you as impractical or a dreamer, when you say that Nigeria is where your future lies. But why?

Nigeria as a heritage that separates the Nigerian from the Black American is awarded a loud (though false) superiority. The Nigeria that is evoked in jollof rice debates is praised. Even the Nigeria that must beat Ghana in the football match is supported. Yet, it remains that the Nigeria that will gain a Nigerian's abuse is the *real* Nigeria – with its abusive civil servants, its police haggling for bribes and its megachurches auctioning salvation. This real Nigeria is the child of a mean parent called corruption. It's useful to trace the family tree of this corruption but also useful to think about the way corruption earns Nigeria scorn to the degree that anyone who argues for that Nigeria is unworthy in some way—or should we say, she who argues for Nigeria is worthy of its corruption?

The Nigeria-corruption association has been repeated so often that it has long since become the small talk of world leaders; David Cameron's aside to Queen Elizabeth II about "fantastically corrupt" Nigeria is but one example. That corruption touches every facet of life in Nigeria is a banality. As Michael Ogbeidi, a history professor at the University of Lagos, put it so accurately in his article, Political Leadership and the Corruption in Nigeria Since 1960, "Indeed, it is difficult to think of any social ill in [Nigeria] that is not traceable to the embezzlement and misappropriation of public funds, particularly as a direct or indirect consequence of the corruption perpetrated by the callous political leadership class since independence".

Bureaucratic corruption affects healthcare and this is a very old problem both in Nigeria and throughout the formerly colonized world. When Nigeria was incorporated by Imperial Britain, it was conceived of as a repository of natural minerals and riches that could be exported for the benefit of the master race and country. The profits of colonial exploitation are so large they inspire disbelief. For instance, the British Ministry of Food made profits of 11 million pounds sterling in some years, according to Walter Rodney. As Rodney's seminal text, How Europe Underdeveloped Africa, so clearly explains: this obscene figure of 11 million pounds sterling per annum was the result of artificially low prices set by private capitalist investors in Britain. The British government allowed dummy organizations, like the West African Cocoa Control Board (est. 1938) to lie to and bully African farmers, while pretending to advocate for them. Moreover, farmers were mandated to sell their crops *no matter what price they were given*. The farmers did not have the *might* to stand up against the military and political power of the British government. They did not have a choice. They were not economic players in the game, just chess pieces to be thrown around the board. At any rate, 11 million pounds accounts for the profits of just one body, the British Ministry of Food, so we can only imagine the cumulative profits enjoyed by the British Empire.

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Whatever the final profits, the people of Nigeria didn't share in the wealth generated from such exports. The people were simply the machinery of the capitalist endeavor. They were machinery in the sense that the colonial political and economic government had absolutely no consideration for their physical well-being. Instead, by allowing missionaries to overrun the landmass, they rid the country of traditional doctors and what is now referred to as homeopathic medicines. For all the superstition and abuse that occasionally accompanied it, traditional medicine functioned as a rudimentary healthcare infrastructure across the African continent. Aspects of these so-called primitive practices have real and proven benefits.

For instance, West African medical practice is the foundation for inoculation and vaccination. In fact, when inoculation was introduced in colonial Boston during the 1721 smallpox epidemic, the origins of inoculation were so widely known that it was derided as "African" medicine and "Negroish thinking" in the press. Cotton Mather, who is credited with introducing inoculation into North America, wrote extensively about how a West African born slave, Onesimus, told him about inoculation practices. After learning from Onesimus, Mather began interviewing other enslaved Africans who backed up Onesimus' testimony of being inoculated as children. Mather then tested inoculation on slaves born outside of Africa and when it proved successful, he introduced it to the white population. But as the practice of inoculation became widespread throughout colonial America, and the rest of the West, its origins were conveniently forgotten.

Once the traditional healer was undermined by new religious concepts, Imperial Britain continued to loot the land and exploit the people. Never was there any real investment in an alternative healthcare infrastructure. There are those who quote the 19th century European lie*: they brought us civilization; they brought us religion and railways and doctors*! But the numbers don't bear that out. Rodney notes that in the 1930s, the British colonial government maintained a 34-bed hospital for Ibadan when the city had a population of 500,000 people! The colonial government later expanded their medical facilities, but this was only after pressure from nationalist movements set up by people tired of economic and political exploitation.

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It’s obvious that the dearth of medical and healthcare infrastructure was inherited by the national government in the 1960s. Understanding this history, it can be easy to excuse Nigeria and the Nigerian elite. In fact, this is precisely the hope of the Nigerian political and economic elite.

But we can’t let this excuse win the day since the post-1960 era hasn’t seen a marked continual commitment to the healthcare infrastructure system. The initial investment in healthcare wasn’t bad. In fact, as AO Malu, of Benue State Teaching Hospital, points out, when the Ashby Commission on Higher Education recommended the expansion of educational facilities in 1960, the year of Nigeria’s independence, Medical Faculty at the London College of Ibadan (now known as the University of Ibadan) was expanded and new medical schools were established in Lagos and in Northern Nigeria. The newly independent government continued to found and support teaching hospitals, particularly in the southwestern and northwestern region of Nigeria (Malu).

These teaching hospitals were instrumental in educating the vast majority of licensed nurses and doctors in Nigeria. Up until the late 1980s, they were known for professional teaching quality, their rigor, cleanliness and commitment to medically-appropriate technology. There is many a “middle class” Nigerian that can testify to their own birth or treatment in a Nigerian teaching hospital. Graduates in this 25-year span, from 1960 to 1985, also willingly testify to the maintenance of the facilities, which is no small thing since it both reflects and demands pride from the facilities’ users. It also reflects real material investment and demands it as well. But all of these testimonies are historical. The testimonies are about what the teaching hospitals *used to be*. Neglected by federal and state governments, the hospitals are today decrepit artifacts that are stuck with the technology of the last decade. I know one doctor who cried when she visited her alma mater in Rivers State, such was the state of the place with debris and rats. Another physician I know refused to discuss her medical school; she stammered, shook her head in anger and walked away. When she returned to the subject, she said only, “It was never, *never* like that before. The standard has really fallen.”

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But these “historical” hospitals are still hospitals. They still admit patients and attempt to treat them; they still admit students and attempt to educate them. Their treatment is curtailed by the lack of technological investment, the deteriorating facilities and the stagnated curriculum that Nigerian medical students are afforded. This is not the doing of some late 19th century Briton. It is the result of the rampant and insidious corruption executed by the political elite and their counterparts in the financial sector. As Professor Ogbeidi, notes in his article, citing this 2004 Reuters interview with then anti-graft chief Nuhu Ribadu, “Incontrovertibly, corruption became endemic in the 1990s during the military regimes of Babangida and Abacha, but a culture of impunity spread throughout the political class when democracy returned to Nigeria in 1999. In fact, corruption took over as an engine of the Nigerian society and replaced the rule of law”. In other words, the neglect of healthcare infrastructure is a product of recent and present-day choices that continually disregard the health of the people who are the machinery of the nation.

The teaching hospital model was never capable of nor adequate in caring for Africa's most populous nation. It was a step in the correct direction, but a step that has been halted. As Professor Ogbeidi puts it: "As a consequence of unparalleled and unrivalled corruption in Nigeria, the healthcare delivery system… [has]become comatose and [is] nearing total collapse."

So what are Nigerians left with? The vast majority of Nigerians who were never able to access teaching hospitals must rely on book doctors and unlicensed and unregulated pharmacies. A book doctor is a person who has learned about the practice of Western medicine solely from books. This book doctor never attended medical school, never sat for a medical certification or license exam and never completed a residency or rotation under the supervision of more experienced medical practitioner. Book doctors are common in areas outside of the major Nigerian cities. Having been to one myself, I can attest to the fact that they are not clandestine operations, but clearly marked persons with public enterprises. Neither the federal nor state governments make any attempt to investigate them in the interest of the people.

My experience with the book doctor was fine. He was affable. All the materials I observed were clean and unused. His nurses were well-trained and products of nursing schools. Yet the facility did not have electricity from the Nigerian energy grid, running water, nor a toilet. (Outside of major Nigerian cities, it is not rare to go *2 or more months without electricity* from the Nigerian energy grid, this is despite the fact that Nigeria sells energy to Togo, Benin, and Niger.) The book doctor instead powered his facility with a generator and bathroom functions were undertaken in a darkened room at the back of the property. The patients brought their own water.

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Despite my benign experience, Nigerians die daily from inadequate care from book doctors, just as they die from the inadequate healthcare system throughout Nigeria. Death is the fruit of corruption.

The other fruit of corruption is the bankruptcy of Nigeria's national wealth.

In making adequate healthcare difficult or impossible to access, the political class is making it an absolute necessity for people to seek medical help outside of Nigeria's borders. This drives those *people who can afford it,* to go to African countries like Ghana and South Africa, or ever further to Europe, India, the Middle East or the Americas for medical care. This is an insane situation for a citizen of an oil-rich country.

The Nigerian government acknowledges that sending medical tourists abroad is a real problem that has cost the country at least 1₦ billion –the equivalent of 690 million pounds sterling. This is money that was made in Nigeria but spent elsewhere; money that should be circulating in the Nigerian economy. Bu a real investment of capital into the construction and maintenance of medical infrastructure would not only stem this but also enrich the country, especially if the construction materials were purchased from Nigerian companies and Nigerians were employed in the labor.

But the same government that is legislating against "medical tourism" is led by President Mohammed Buhari who has become the "face of medical tourism." President Buhari spent 7 weeks, from January to March, in London before offering up a vague explanation about his health. The lack of specificity was an allusion that was meant to be understood in the mind of the Nigerian citizen as *you know we no get oyibo* (white man) *medicine na*. Buhari left Nigeria for London again in May. When the Nigerian populace, aided by journalists, demanded that the President return and govern

after an absence of more than 3 months, the president reluctantly returned. He has refused to say how much money the Nigerian government spent on his almost 5-month stay in London. No matter. The failing Nigerian healthcare system is implicit in the president's long stay in high-priced London and the unstated, exorbitant price tag is yet another example of political corruption.

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This drama, of course, comes after the 2010 death of President Umaru Musa Yar'adua whose 3-month medical stay in Saudi Arabia ended when the Nigerian government sent a delegation to "check on his health." Yar'adua's absence was explained to the Nigerian people as medical treatment, but during those 3 months, he was not seen in public and this fueled both rumor and a real leadership crisis in the federal government.

The travels of Yar'adua and Buhari demonstrate in a practical, evidentiary manner that the Nigerian healthcare system has been abandoned by its political elites. They seek their health and medical care elsewhere and as a result, they have left the funding and maintenance of the healthcare infrastructure to the birds.

Yet, still the middle class, takes the political and financial elite as "leaders" and follows them abroad. They are not leaders; they are elites by virtue of being on top of the capitalistic structure and because they are elitist, believing that only those at the top should have access to what are now called "basic human necessities," including electricity and running water. If they were not elitist, they wouldn't rob the country to the detriment of the health and very life of the people.

In going abroad, middle-class Nigerians are increasingly identifying service sectors and medical acumen with the West. This is dangerous because such identification alleviates the pressure to improve the facilities within Nigeria. The determination to go abroad should instead be replaced by the determination to improve the healthcare infrastructure at home.

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The portion of the Nigerian middle-class that does utilize the healthcare system have little encouragement. Added to the corruption that robs the system is the dearth of physicians who might otherwise provide superior care and demand attention from the political and financial elites. It is not that Nigerian isn't training medics, but the problems already noted drive them to ply their trade abroad.

A 2013 article by the Foundation for the Advancement of International Medical Education and Research (FAIMER) is titled "Nigerian Medical School Graduates and the US Physician Workforce" and the title says it all. Despite the corruption and deteriorating conditions, Nigerian-educated medical professionals are skilled physicians who are able to practice throughout the world. This is good for them but bad for Nigeria.

According the statistics of the Educational Commission for Foreign Medical Graduates, at least 4300

Nigerian medical graduates were certified to practice in the United States between 1980 and 2012. That is 4,300 doctors who are not practicing in Nigeria. *What would Nigeria be like with 4,300 more doctors?* Before answering, consider that this is only one type of certification program doctors in the United States and Canada; it does not account for the medical graduates who have emigrated to mainland Europe, the UK, Australia, the Caribbean nations, India, or the increasingly, alluring South American republic of Brazil. Now consider that President of the Healthcare Federation of Nigeria, thinks that the correct estimate of Nigerian doctors practicing abroad is closer to 37,000. This is a real exodus with dangerous ramifications.

With the flight of medical graduates, Nigeria must educate another person to become part of the healthcare infrastructure. With the flight of medical graduates, Nigeria loses another bloc of people capable of putting pressure on the political class to fix the healthcare infrastructure. With the flight of medical graduates, Nigeria loses people who might create real national wealth by buying Nigerian made goods and supporting local industry, rather than the cheaply made, imports – the *shine shine* – that litter the market stalls of the subsistence worker and the Instagram pages of the so-called middle class. With the flight of the medical graduate, Nigeria is left stagnant.

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It is this stagnant Nigeria that earns a Nigerian the ridicule of his countrymen. At home, everyone (or so it seems) wants to travel abroad. Abroad, home is just a green-and-white outfit, a party theme on October 1st. Healthcare in Nigeria is a fatal casualty of continued political corruption. Medical tourism will cease only after the government has demonstrated sustained and responsible investment and maintenance of healthcare schools and facilities. Until then, the middle class will follow its political and economic elites in seeking medical treatment abroad; they will spend their hard-earned money in other countries and continue to wonder why death and bankruptcy follow them home to Nigeria.

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