# THE BIOMED SCIENTIST

Newsletter of The Association of African Biomedical Scientists, Inc.

*Web Address: http://www.aabs-inc.org*

Volume 2 August 2005

**The Association of African Biomedical Scientists, Inc. (AABS**) is a not-for-profit organization whose membership is open to those who share the following goals: 1) Foster the development of Science in Africa; 2) Promote career development opportunities for Biomedical Scientists in North America; 3) Provide opportunities for young developing scientists; and 3) Encourage research collaboration in pursuit of advancing scientific knowledge.



For comments or suggestions, please send email to webmaster@popmail.med.nyu.edu.

## EDITOR'S CORNER

Welcome to another issue of The BioMed Scientist, our official newsletter. I hope that you enjoy reading it. Please send your comments, suggestions or criticisms to me at yakubu_ma@tsu.edu. We invite articles that are in the spirit of our goals for the next issue. Brief discussions and articles of scientific nature are welcome.

Let us utilize this forum to network and to establish relationships that enable us help one another succeed in our professional endeavors.

*Momoh Yakubu, Ph.D.*
*yakubu_ma@tsu.edu*

## MESSAGE FROM THE PRESIDENT

*Vincent K. Tsiagbe, Ph.D.*

Fellow members of AABS:
The old adage goes: "No Pain, No Gain". The Association of African Biomedical Scientists (AABS) has endured a painful period of growth, and is now "budding" into fruition. It was about 6 years ago when invigorating discussions between 7 talented scientists led to the founding of AABS. The dire need to network and build towards scientific excellence, continued to propel our efforts.

From its initial founding on the stairs of San Francisco Convention Center in 1998, during a meeting of the Federation of American Societies of Experimental Biology (FASEB), AABS had a modest growth to 16 attendees at its inauguration in Washington, DC in 1999. This time, the meeting was held in a plush conference room in a hotel, with chairs. This was benevolently sponsored by the American Association of Immunologists (AAI). This gesture has continued through all subsequent meetings of AABS. We have unrelentingly strived for success, within this short period of time: AABS has held scientific sessions (lectures and poster presentations). Our listed membership now stands at ~ 135 and has continued to grow.

The most significant achievement of AABS is our recent attainment of a definitive not-for-profit 501©3 status, as a public charity organization in the United States of America. This makes our dues and donations to us tax-deductible. This momentous triumph will be expected to translate into more dynamic financial support of our goals.

Even though our financial standing is slowly on the rise, it is not expanding at a rate that would support all our aspirations. We continue to depend on charitable donations to supplement income from our dues. We have been particularly lucky to obtain substantial donations from sources that need to be acknowledged. We have obtained a generous gift of $5,000 from the Vinmont Foundation of New York. The Center for Cardiovascular Diseases at Texas Southtern University, through the efforts of the Director of the Center, Dr. Adebayo Oyekan, has generously donated $1,000 in 2003 and $2,000 in 2005 to AABS. We are also grateful to Dr. Robert Tackey, AABS Board Member, who has donated a total of $75 to AABS.

AABS elected a new Board of Trustees, effective from July 1, 2005, for a period of three years. Dr. Sunny Ohia has retired from the Executive committee, but remains on the Board, due to heightened responsibilities, as the Dean of College of Pharmacy, University of Houston.

To expand our network and to facilitate the attainment of our goals, we are happy to welcome ITSI-BIOSCIENCES (Dr. Richard Somiari, C.E.O.), as Corporate Associate member of AABS. We also welcome 8 honorary members from the continent of Africa.

I hope you will enjoy this issue of our newsletter "The BioMed Scientist".
We continue to depend on your support in sustaining our growth.

We are grateful to NYU School of Medicine for hosting our web site. We thank the American Association of Immunologists (AAI) for continually sponsoring our meetings at Experimental Biology. Our special gratitude goes to Deborah Tsiagbe for providing sustained pro-bono legal counsel to AABS

We also encourage you to regularly visit our web site:
http://www.aabs-inc.org.

You can also enlist on our list server at:
http://endeavor.med.nyu.edu/mailman/listinfo/aabs,
to be a part of the communication.

You can also browse archives of previous communications at this site.
Long Live AABS!
KEEP UP THE SPIRIT!

*Dr. Vincent K. Tsiagbe is an Associate Professor of Pathology at New York University School of Medicine. He is a Board Member and Executive President of AABS, Inc.*

## MEMBERSHIP DRIVE

AABS members are encouraged to spread the news of AABS to fellow Biomedical Scientists who are not yet registered members and encourage them to visit our web site, www.aabs-inc.org, in order to apply for their membership.

For those who haven't done so, please send your annual dues for the Treasurer at the following address:

Dr. Mohamed A. Bayorh
Department of Pharmacology
Morehouse Sch. of Medicine
720 Westview Drive, S.W.
Atlanta, GA 30310-14595
United States of America

The membership dues for the current year are:

| | |
|---|---|
| Faculty / Scientist: | US$50.00 |
| Postdoctoral fellow: | US$30.00 |
| Student: | US$10.00 |

Donations to our course are always welcome. Remember that your dues and donations are tax-deductible.

## FEATURED ARTICLES

### Transatlantic Experience

*Adebayo Oyekan, D.V.M., Ph.D.*

I had my early education in Nigeria and attended graduate school in Britain. The educational system in Nigeria, a former British colony, mirrors that of Britain, especially between high school and college. Since I have noticed some subliminal differences in the teaching styles of my American- versus British- or European-trained professors while in college, there was always a high level of curiosity in my mind as to the differences between the British and the American research enterprise. My first peek into a transatlantic difference was in 1986 during my final year of graduate school at King's College, University of London, England, when I shunned the possibility of a postdoctoral training locally with the Medical Research Council (MRC), the British equivalent of the NIH, to seek postdoctoral training in the United States. After all, according to Steven Wright, "ambition is a poor excuse for not having enough sense to be lazy".

I responded to many vacancy notices in many American-based journals, topmost of which is Science. Merely reading through the notices gave me an insight into the vast difference in approach to science issues between the British and American worlds. I will refer to this in detail later. Within weeks of sending applications, I received packages in the mail. These contained reprints of articles by the Principal Investigators/Heads of the laboratories to which I have applied. To the best of my knowledge, it is atypical for one to receive such attachments if one applied for a postdoctoral training in Britain. That is transatlantic difference number one. Of course, one has to concede that the idea of postdoctoral training was just gaining ground in Britain then in the early eighties. As I read through the manuscripts from the labs in the USA, I saw the vastly different approaches, at least, in my field of study – Pharmacology, between both worlds. While the British system typical views the effects of drugs from a holistic point of view, the American approach views the effects of drugs on a representative model. Thus, a typical pharmacology lab in the US will evaluate the effects of a drug on the cell membrane and extrapolate the effects to the whole body. The basis: the cell is the unit of the tissue and by extension, a functional unit of the organ. Intimately glued to this is a lot of biochemistry and molecular biology. British pharmacology will rather see the effect of the drug on the whole body with the internal 'milieu' factored into the equation. In this setting, the essential difference in both worlds is the physiological rather than the biochemical/molecular biological outcome. A perfect illustration of the difference in both approaches can be seen from interpretations made of the image projected in a large-sized mirror. The American system believes that if the mirror was divided into many little parts, what one sees in the little piece is exactly what one would see in the unbroken undivided mirror. The British insists, 'give me the whole thing'. This has often given rise to some disdain for the quality of science across the Atlantic by proponents of one system compared to the other.

For a young graduate student about to start a research career, this became a daunting issue. A discussion with my mentor did not help issues of a confused but inquisitive young man as he (the mentor) was rather typically British in his view of American science. After leafing through many pages of published manuscripts from US laboratories, I became aware of my limitations in the scope of what the British system prepared me for. By a stroke of luck and mentor prodding, I applied to a Pharmacology department that perfectly fits the British ideal of a pharmacology laboratory. The striking part was that the manuscripts sent to me were more of physiology than pharmacology. I will later learn to my surprise that more than ninety percent of the faculty in this so-called Department of Pharmacology are

physiologists!!!. I subsequently got an invitation to present a 45-minute seminar!!!. After attending an interview for a postdoctoral position in Welcome Research Laboratories, Kent, England, and another offer of a postdoctoral position in my department, I was expecting more of the same – a 10-15 minute chat with the would-be mentor followed by tea. However, as I read over the fax I got from the US expecting me to make a 45- minute presentation in a 'strange land', my gastric acid flowed continuously from the stress of simply thinking about it. All the you-have-nothing-to fear assurances by my mentor fell on deaf ears. His quick reminder that I am a student of an 'ivy-league' institution in England did not help. My vision became blurry, my legs were weak, and I felt a light-headedness of immense proportions. My trepidation knew no bounds because at that time I had never made any oral presentation in any scientific meeting in Britain. Even then, the presentations I witnessed generally took 10 minutes. It is therefore easy to approach God, Allah, Budha, or whoever will listen, to see one through a 10 minute-'ordeal' as these deities will certainly find it easier to answer such requests than a request to see me through a 45-minute session. The comforting part was that I saw the inbuilt fun in my upcoming trip. As I looked over the fax for the umpteenth time, I noticed that I was going to be picked up by some 'limousine service' at JFK Airport. This was beyond my imagination as a common graduate student. This contrastingly paled my experience three years earlier on arrival in Britain from Nigeria to start my graduate studies. Though a recipient of the prestigious Commonwealth Scholarship, the instruction from the British Council was unmistaken as to how I (a stranger) should take three buses and the underground train and walk the rest of the distance to the meeting point. The tip of the iceberg of the US trip was that I will be driven by the Limousine Service Company to the Hilton Hotel followed by a dinner with some members of the department. I was going to be accompanied to other meals by different members of the department. This level of entertainment is another huge transatlantic difference. I was quick to let my colleague graduate students know what level of enjoyment awaited me in the US. I hid the trepidation part of it from them. On arrival in New York, the limousine was waiting. The journey - a ride of my life, took about 50 minutes. I felt the ride should continue to eternity so that my colleagues, family members, friends, and my parents will see their 'illustrious' son, friend, and colleague in a ride of his life as he conquered the great America. The hotel stay was unlike any other experience I have had. I saw the largest number of towels for use in any dwelling place and the largest single room to sleep for the night!! This pales the hotel room size in Britain. The most dreaded part of the trip – the presentation and one-on-one meeting with the faculty the following day went smoothly. The trip was memorable as everything went beyond script. With the seminar over and the accompanying raving compliments from the faculty, my fears were allayed, the worst was over. Thus, the trip became much more fun than I bargained for. I started beginning to feel that I know the American system in and out and it is not as hard as I envisioned. In this regard, I 'spoke too soon' as the US grant system was to humble me in a most unforgiving way. Steven Wright was right when he declared that "if everything seems to be going well, you have obviously overlooked something".

The first leveling experience for me came when I was requested to put up a mini proposal as part of my application as a John Fogarty International postdoctoral fellow of the NIH. The British system does not prepare a graduate student for export, at least, not to America, and this showed in my effort. It was not surprising when my mentor-to-be declared the proposal dead on arrival. What I sent in, a one-page document, was typically British in its format as it contained about ten sentences of 'Background', a paraphrased 'Methods' section, and a two- to three-sentence 'Inference' followed by few citations in 'References'. My document lacked a working hypothesis, specific aims, preliminary data, approach, etc, the nonnegotiable ingredients of a US proposal. The comments that came back to me flattened me for days as I saw that I made a fool of myself. I now saw that the US system was not what I conceived it to be based on my limousine ride and hotel stay. This was a good first hand lesson in appreciating the meaning of "all that glitters is not gold". However, with careful guidance and eight corrected versions (!!!) later, the document was in a format that was reasonably acceptable to my mentor for a final submission to the NIH. A few months later, I was pleasantly surprised but lucky enough to belong to the elite clique of NIH's Fogarty fellows.

My final arrival in the US was no longer as dreadful or unreasonably optimistic about what the future holds. The lab space I was assigned was more than triple the size of the one I used for my graduate studies in England. In addition, the number and quality of the equipment at my disposal were impressive as they were mostly state-of-the-art. These pale in comparison to the equipment in my department in England. This was no less true when

twelve years post PhD, I had the fortune of receiving the Rhodes Fellowship for a six-month stint in the laboratory of Sir John Vane, the 1982 Nobel Laureate in Medicine or Physiology. The equipment was 'traditional' and lab space assigned to me was less than what a US graduate student has at his disposal. One of my colleagues used to refer to the "gadgetology" and automation of the American research enterprise and I witness this first hand. Despite these differences, the science impact of the British system is not inferior to that of the American system and Britain has produced many Nobel Laureates and Lorraine Lasker awardees as the US.

After I settled in, I got my first grant as a Postdoctoral Fellow with the American Heart Association (AHA) barely a year after working fully in the US. The exercise in preparing the twelve-page proposal for the AHA was not as tough considering my earlier experience. This time, it took only five drafts (!!) to get the final document ready. However, I was busy with the science part of the proposal that I took for granted the administrative part of the proposal. This assumption was a lesson that almost cost me dearly as I was not able to mail the complete document with all the required signatures until 9.00 pm on the last day of submission. I have since learned to take care of the administrative portions of the proposal at least a week before the deadline. After a postdoctoral training of three years and the first faculty position after another three years, the job during the day is proposal writing. During the night, the job is the same. Ten plus years after my first faculty appointment, this has not and will not change. This then calls for a juggling act between writing manuscripts, giving lectures, attending meetings, and writing proposals. All these must be done without any balls falling off. Thus, sixteen years after my arrival on the US soil as a fresh postdoctoral fellow, with the frustrations of one grant administratively withdrawn, three triaged proposals, more than fifteen scored proposals that did not make funding level, and the exhilaration of five funded proposals, I certainly agree no less with Steven Wright who said that "hard work pays off in the future, laziness pays off now".

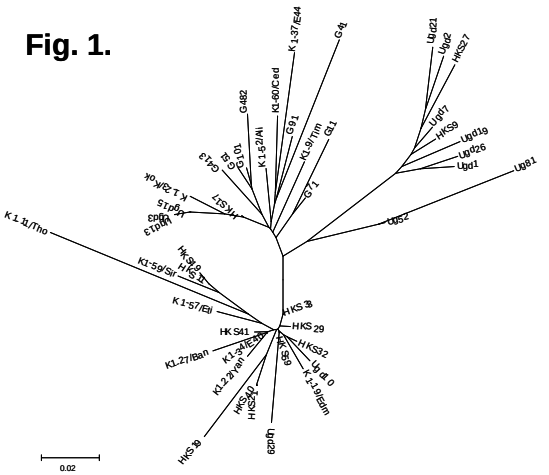
*Dr Adebayo Oyekan is a Professor of Pharmacology and Director of the NIH-funded Center for Cardiovascular Diseases at the College of Pharmacy and Health Sciences at the Texas Southern University. He is also an Associate Professor of Medicine and a faculty member of the Graduate Program in Cardiovascular Sciences at the Baylor College of Medicine, Houston, Texas. He is an Established Investigator of the American Heart Association and has received support for his research from the NIH and the American Heart Association since 1989. He is a Board member and Executive Secretary of AABS, Inc.*

## Kaposi's Sarcoma-Associated Herpesvirus in East Africa: Testing Models of Virus-Host Coevolution in Human History.

*William Boto, Ph.D.*

Pathogen diversity can arise when pathogen strains coevolve with local host populations. Our laboratory aims to determine the phylogeography, population history and evolution of Kaposi's Sarcoma-Associated Herpesvirus (KSHV) in diverse ethnic populations at a finer geographic scale, in East Africa. Phylogenetic, proteomic and coalescence analyses are in progress to test alternate models of KSHV-host coevolution over the course of human history. The laboratory is participating in a unique collaboration with virologists, human population geneticists, and historians from Johns Hopkins, Stanford, UC Berkeley and UCLA to integrate a study of the virus, and its interactions with the host, at multiple levels of biological and cultural organization.

To date these efforts have led to the identification of a new KSHV subtype (F) in the Bantu Gisu ethnic group and a new subtype B variant (B3) in the Bantu Ganda group in Uganda (Fig. 1). No clear ethnic or geographic distribution of the other KSHV variants has been identified to date. The latter findings may be explained if some of these sub-Saharan African patients have convoluted biological origins, even as they culturally identify with single tribes. Parallel analyses of Y-chromosomal and HLA haplotypes are planned to account for the 'biological' components of patient ethnicity that may determine viral immuno-selection, cross-ethnic transmission and diversity. On the other hand, KSHV subtype evolution may have preceded major diversification of the sub-Saharan Africans as we know them today, with ethnic groups beginning their histories already hosting multiple subtypes. A third alternative is that horizontal transmission of multiple KSHV subtypes may have broken up vertical lineages of the virus passed down within African populations. Coalescence analyses will be pursued to compare times of divergence for both KSHV variants and sub-Saharan ethnic populations.




Legend for Fig. 1. Radial neighbor-joining tree of KSHV ORF-K1 subtype B phylogeny defines three variants. The tree was constructed using samples from Kajumbula et al. (in press), Lacoste et al. (2000), Kakoola et al. (2001), and Cook et al. (1999). The B variants appear diagnosable by a motif at the beginning of Variable Region 2 in the K1 gene. B1 expresses amino acids VKVL at residue positions 194-198, while B2 expresses FKTL and B3 F/IKMS.

## Recent Papers and Presentations:


Kajumbula H, R.G. Wallace, J.-C. Zong, J. Hokello, N. Sussman, S. Simms, R. Rockwell, R. Pozos, G. Hayward, and W.O. Boto. Ugandan KSHV phylogeny: evidence for cross-ethnic transmission of viral subtypes. Intervirology (in press).

Boto W.O., R.G. Wallace J.F. Hokello, and H. Kajumbula. Ethnic phylogeny of Ugandan Kaposi's sarcoma-associated herpesvirus. 2005. Experimental Biology 2005 and XXXV International Congress of Physiological Sciences (#597), San Diego.

Wallace R.G., H. Kajumbula, J. Hokello, N. Sussman, J. Elumeze, J. Chong, Z. Rasul, N. Sabo, C. Acquah, and W.O. Boto. 2005. Is Kaposi's sarcoma-associated herpesvirus in Uganda a vicariant or dispersed phylogeography? Experimental Biology 2005 and XXXV International Congress of Physiological Sciences (#3859), San Diego.

Wallace RG, H Kajumbula, and W Boto. 2004. Is Kaposi's sarcoma-associated herpesvirus in Uganda defined by a cultural phylogeography? Institute for Global Health, San Franscisco.\

Wallace R.G., H. Kajumbula, J. Hokello, N. Sussman, J. Elumeze, J. Chong, Z. Rasul, N. Sabo, C. Acquah, and W.O. Boto. 2004. The molecular ecology of Kaposi's sarcoma-associated herpesvirus in Uganda: Do host populations create their own viral subtypes? Ninth NIH-RCMI International Symposium on Health Disparities.

Zong J., D.M. Ciufo, R. Visadi, L. Alagiozoglou, S. Tyring, P. Rady, J. Orenstein, W.O. Boto, H. Kalumbuja, N. Romano, M. Melbye, G.H. Kang, C. Boshoff, G.S. Hayward. 2002. Genotypic analysis at multiple loci across Kaposi's sarcoma herpesvirus (KSHV) DNA molecules: clustering patterns, novel variants and chimerism. J Clin Virol. 23:119-48.

Joachimiak M., R.G. Wallace, H. Kajumbula, J.-C. Zong, G.S. Hayward, W. Boto. A proteomic phylogeography of Kaposi's sarcoma-associated herpesvirus in Africa: modeling isopleths of conformational change in K1/VIP. In preparation.

Wallace R.G., N. Sussman, H. Kajumbula, J. Hokello, W. Boto. Is Kaposi's sarcoma-associated herpesvirus in Uganda defined by a vicariant or dispersed phylogeography? In preparation.

Wallace R.G., J Hokello, M Joachimiak, H. Kajumbula, J.-C. Zong, G.S. Hayward, W. Boto. Do KSHV and HIV comprise a mutualist guild? A phylogeographic test. In preparation.

Dashwood, W.M., Woodward, C.L., Ablan, S., Shikuma, Grandinetti, C.M., A., Chang, H., Nguyen, H.T., Wu, Z., Yamamura, Y., Boto, W.O., Merriwether, A., Kurata, T., Detels, R., and Yanagihara, R. 1999. Genotype and allele frequency of a 32-base pair deletion mutation in the CCR5 gene in various ethnic groups: absence of mutation among Asians and Pacific Islanders. Int J Infect Dis. 3:186-191.

Lasky D, Becerra E, Boto W, Otim M, Ntambi J. 2002. Obesity and gender differences in the risk of type 2 diabetes mellitus in Uganda. Nutrition. 18(5):417-21.

Lee SK, Pestano GA, Riley J, Hasan AS, Pezzano M, Samms M, Park KJ, Guyden J, Boto WM. 2000. A single point mutation in HIV-1 V3 loop alters the immunogenic properties of rgp120.
Arch Virol. 145:2087-103.



*Dr. William Boto is a Professor of Biology and Biochemistry at City University of New York. He is a member of AABS, Inc.*
wboto@scisun.sci.ccny.cuny.edu


## A REFLECTION OF AN AFRICAN ACADEMICIAN IN DIASPORA

*Sunny E. Ohia, Ph.D*

About 25 years ago, a young graduate student in one of the then top ranked African universities was faced with a life changing dilemma. In the experimental protocol for one of the specific aims of his project, a special gas mixture was needed to ensure that the buffering capacity of the physiological salt solution for his isolated blood vessel preparation was adequate. This young student had waited more than five months for the supply of this special gas mixture from a local vendor to no avail. Believe it or not, there was no supply of this simple gas mixture from any vendor in that country. Of course, the student in the interim tried various other combinations of gases and physiological solutions for this experiment without success. At that time in the said country, military dictatorship was in place and there was no interest on the part of the government on providing adequate funding for higher education. As you can imagine, the young student opted to leave his native country to pursue doctoral studies in a Western Nation.

A question then arises, what is the consequence of lack of investment in higher education by countries of the third world such as those in Africa? A couple

of concerns come to my mind. In the country where the frustrated graduate student resided, there has been exodus of educators and scientists to the Middle East and other parts of the developed world where they obtain generous monetary compensation or the satisfaction of being able to practice their profession. We now have enough scientists and academicians in Diaspora from this country to staff more than three or four universities any where in the world. It is a sad loss for the continent of Africa.

The lack of well-trained and experienced professors coupled with lack of basic infrastructure for education has led to significant decline in the quality of graduates from higher institutions in this country. I have had the opportunity to provide research training to some of the more recent graduates from African universities in my laboratory. It is obvious that we have very intelligent individuals that are bereft of the minimum standards of training expected of students in developed countries. How long can we as people from developing countries survive the sophisticated world of today, a world full of technological advancement when we cannot offer even the most basic infrastructure needed to educate its citizens?

The morale of educators in higher educational institutions in this African country is at an all time low leading to survival of the fittest syndrome. Dedication to the ideals of academe has been replaced by professors seeking other means to earn a decent living.

I will reiterate at this point, that the price for lack of quality higher education is borne by the students who will graduate without the superior technical and cognitive skills expected of a graduate in the developed world. It is pertinent to note that before the government-induced decline in funding for higher education, graduates of universities from the said African country were able to compete favorably with their counterparts in the developed world.

Having painted a somewhat bleak picture of the state of universities in this African country, I will reveal to the reader that the frustrated graduate student is yours truly. My current accomplishments as an academician in the United States serves as a testament that it is possible for academicians from developing countries to thrive in the western world if provided with quality education as a foundation (i.e. primary, secondary and undergraduate). Colleagues, let us not despair for all is not yet lost. As a matter of principle, I always see solutions to problems because there are no absolute insurmountable barriers in life. My suggested solutions to some of the problems facing universities from sub-Saharan Africa are:

1. Governments should seriously consider making the provision of quality education a priority for its citizens. Emphasis on education should come only second to provision of adequate health care delivery.

2. A significant portion of the budget for these countries should be dedication to funding educational resources for higher education. Governments in these countries have to be sensitive to the provision of excellent educational facilities for the training of future generations of their citizens.

3. Regulatory bodies should be established for monitoring and accreditation of educational programs of these universities in order to ensure accountability and superior quality. I support the establishment of privately sponsored universities provided they meet the minimum standards of the accrediting agency.

4. After infusion of funds to jump start these universities, governments should ensure that these institutions of higher learning move towards autonomy in their derivation of future resources and reduce their dependence on State funding. Even in the United States, institutions of higher learning in the various states are now faced with continued cuts in their funding making it imperative for these universities and colleges to be creative in their derivation and use of funds (indeed, some institutions now regard themselves as ‘state-assisted’ rather than ‘state-supported’).

5. Educators and scientists in Diaspora from Africa should consider offering assistance to universities in their native country in the form of service as experts and consultants on a voluntary basis. Such service will provide a “ready made” pool of individuals that can fill the void caused by exodus of academicians and provide a temporary solution to the educational problems of the countries.

As an educator and scientist from sub-Saharan Africa living in the United States, I believe that the future of education and research in Africa is still bright because the level of deterioration of infrastructure can still be salvaged. It is imperative for governments of these countries to make a renewed commitment to excellence in education. The future growth and development of manpower for ensuring

the viability of these nations severely depends on their commitment today.

*Dr. Sunny E. Ohia is Professor and Dean, College of Pharmacy, University of Houston, Houston, TX, USA and Member, Board of Trustees, AABS. The author obtained B.S. and M.S. degrees in pharmacology from the University of Ibadan, Nigeria and the Ph.D. degree in the same discipline from the University of Glasgow, Scotland, United Kingdom.*

## REPORTS FROM MEETINGS

### Africa, science and technology: stakes and prospects
### Conference of Intellectuals from Africa and the Diaspora
Dakar, Senegal.

*Summarized by Momoh Yakubu, Ph.D.*

The First Conference of Intellectuals of Africa and of the Diaspora organized by the African Union in collaboration with the Republic of Senegal was held at the Hotel Le Méridien, in Dakar, Senegal, from 6 to 9 October 2004. The Conference was attended by about seven hundred (700) intellectuals, men and women of culture from Africa and its Diasporas particularly those from North, Central and South America, the Caribbean, Europe and the Arab world attended the Conference.

The conference agenda was organized in themes and up to seven themes were discussed at the conference. Of particular interest to us was the Africa, science and technology: stakes and prospects. Two experts on this theme made presentations and recommendations. The summary of their presentations are presented below you can get a full agenda of the conference by visiting http://www.africa-union.org/

Presentation by Prof. Henri Hogbe:
"Experience has shown that no country was successful in making an economic breakthrough, without a prior minimum base in science and technology".

Prof. Henri Hogbe Nlend defined the new concept of wealth and prosperity of a nation as being its intellectual innovation capabilities rather than its natural endowments which are exhaustible. In that light, he underscored the need for Africa to strengthen its capabilities for the development, ownership and control of science and technology (S&T) in all spheres of human endeavor. He draws up a minimum programme of action derived from the numerous recommendations, decisions and strategies produced by the various undertakings in the field of S&T. In developing its science and technology capabilities, stressed the need for Africans to form partnerships with countries in both the North and South. He, however, underlined the requirement that the envisaged partnership has to aim at helping Africa build and conduct its own process of endogenous ownership and control over science and technology as well as be based on a strong mutual interest benefiting each partner. Prof. Hodge then outlined some key principles that could be used to guide a charter of cooperation for that undertaking. Finally, he illustrated how science and technology could be utilized to add value to Africa's commodities, create new knowledge based wealth and arrest Africa's unending indebtedness. See: http://www.africa-union.org/. Presentation by Prof. Adigun Ade ABIODUN:
"In most societies of the world, science and technology, when appreciated, mastered, understood, developed, nurtured, cultivated and appropriately applied - it has come to the rescue".
-The second presentation was by Mr. Adigun Ade ABIODUN, who situated Africa's development and future in the context of the ongoing process of globalization. In this regard, he observed that, with its seriously constrained productive capacities, Africa can hardly contribute meaningfully or become an effective partner in the international community. In meeting the challenge of capacity building, the catalytic and facilitative roles of science and technology are, therefore, crucial to the continent's developmental endeavor. Prof Abiodun then highlighted a number of achievements of African experts and institutions in the various fields of science and technology. He, however, lamented the fact that most of the earlier successes in science and technology have been gradually eroded and, consequently, the technological gap between Africa and the rest of the world is widening unabatedly. In pointing the way forward, he referred to the New Partnership for Africa's Development (NEPAD) initiative of the African Union as the key strategy. He, particularly, underscored its collaborative mechanism that would enable African countries to pool their efforts and energies for bringing about the desired accelerated development and sustained growth in the continent. He finally enumerated a number of factors which he deemed essential for the successful implementation of the NEPAD science and technology component as follows see http://www.africa-union.org/ .

*Dr. Momoh Yakubu is an Associate Professor and Senior Scientist at Texas Southern University. He is a Board Members and Executive vice Secretary of AABS, Inc.*

## ANNOUNCEMENTS

*Future AABS Meetings**
Satellite Meetings:
2006 April 1-5, San Francisco, CA
2007 April 28-May 2, Washington, DC

General Meeting:
2008 April 5-9, San Diego, CA

* Exact details to be announced

### SUMMER 2006 INTERNSHIPS FOR UNDERGRADUATES:

Applications are open for undergraduate students in the life sciences to pursue a 10-week paid internship in the Center for Cardiovascular Diseases, College of Pharmacy and Health Sciences, Texas Southern University, Houston.
The Internship starts on June 1, 2006.

Application forms can be obtained from the Main Office of the Center for Cardiovascular Diseases (Room 260, Gray Hall). Applications close on May 20, 2004. For more information, call 713-313-4258.

### OPPORTUNITIES FOR RESEARCH AND TRAVEL

Minority Access to Research Careers (MARC)
https://ns2.faseb.org/marc/

Travel Awards
https://ns2.faseb.org/marc/travel1.html

## STAFF EXCHANGE PROGRAM

The University of Science and Technology in Kumasi, Ghana is interested in making contacts with individuals, universities or research centers who can provide sponsorship for: a) Sabbatical Teaching and Research Programs for Faculty members; b) short term staff visits for teaching and research; c) Student internships; Short term training for laboratory technicians; and d) Equipment donations.

Interested individuals should contact Prof. Sampson Agodzo at skagodzo7@usa.net
Head, International Programs Office
KNUST, Kumasi, Ghana
Tel: 233-51-60242/62168/60137
Fax: 233-51-60137.

## RESEARCH POSITIONS:

As part of a major initiative by the National Institutes of Health to expand and strengthen Texas Southern University's biomedical research activities, the Center for Cardiovascular Diseases invites applications from MD, DVM, and/or PhD degree holders for employment as Postdoctoral Fellows and Scientist/Senior Scientist. Applications are encouraged from candidates with relevant training and experience in all areas of cardiovascular sciences, including but not limited to microcirculation, vascular reactivity, vascular biology, renal function, cell signaling, and genomics as applicable to hypertension, diabetes, atherosclerosis, and renal failure. At the Scientist level, the Center for Cardiovascular Diseases seeks outstanding and promising researchers with not less than 4 years of post PhD experience and a fundable research proposal. Candidates for the Senior Scientist position should have not less than 8 years post PhD experience and should be funded or have established fundable research proposals. Attractive start up funds are available and excellent opportunities exist for collaboration with research partners at Baylor College of Medicine, the University of Houston, the University of Houston Health Science Center, and other area institutions- Applicants should send their curriculum vitae, list of publications, 3 letters of recommendation and an abbreviated research proposal (1-2 pages) to Dr. Adebayo Oyekan, Director, Center for Cardiovascular Diseases, College of Pharmacy and Health Sciences, Texas Southern University, 3100 Cleburne Avenue, Houston, Texas 77004. E-mail: oyekan_ao@tsu.edu Texas Southern University is an equal opportunity employer committed to excellence through diversity.

## Light Comedy Center

### Fast facts

•55% of working Americans would still punch the clock – even if they won $10 million jackpot

•From 1977 to 2001, soda consumption in the United States increased 150%
•In the 1990s, the average adult gained 10 Ibs. In 2000,airlines spent about $275 million on fuel to carry our extra weight

•32% of people polled said they'd be jealous if their best friend lost weight; 31% of them would be inspired to drop Ibs

•20% of parents say their eldest child, left alone, spends a lot of time of time watching TV

•25% of parents say their eldest child, left alone, studies a lot

•69% of Americans say that having camera surveillance in public areas is acceptable

•2/3 of people say giving law enforcement access to their e-mail is a bad idea

•2/3 of people worry about having enough money for retirement

•73% of those aged 30-49 say that having enough money saved for retirement is a worry

*Compiled by: Adebayo Oyekan, D.V.M., Ph.D.*

## ADVERTISEMENTS