

Podcast 1: Decolonization in Global Health.

My name is Proochista Ariana, and I direct the Master's program in International Health and Tropical Medicine at the University of Oxford.

I'm here with my colleague and friend, Caesar Atuire, who will be in discussions with me on the topics that we cover.

In this first session, we will be engaging with the topic of decolonisation.

Caesar.

Thank you very much Proochista.

Yes, I am, Caesar Atuire, and I lead the Ethics and Governance module in the Master's in International Health and Tropical medicine. And I'm really looking forward to this conversation on decolonisation, because it is, yes.

As you said in the introduction, both a recurrent and an emerging theme in global health.

So. thank you, Caesar. Let's start just with looking at what is decolonisation.

We hear it a lot today in discourse and in headlines.

But what is it? What is decolonisation?

You're right.

There are words that suddenly become buzzwords in academia and in practice.

So decolonisation, even in the media, has become a buzzword.

However, I think we need to.

Perhaps stop at colonisation first and try to understand what colonisation is before we then move on to ask ourselves about decolonisation, because decolonisation is to roll back colonisation.

But to roll back something, you must know what it is. So what is colonisation?

The word we use today comes from the Latin.

And it's built more or less on what the Romans used to do.

Given that Rome was not very rich in natural resources, the Romans found it necessary to go out to other people's territories.

Conquer these territories, take hold of their goods and their citizens, and transform the agency, the actions, of those territories.

In a way that will serve the interests of Rome.

So when you colonise a people, what you do is, first of all, you take away their power to decide what they want to do.

So that is subtraction of agency. And then secondly, you substitute what you have subtracted in a way that it serves the interests of the coloniser.

Now, historically, if you think about the world up until mid-last century. A large part of the population of this planet lived in what we call colonies.

So colonisation extended to almost every part of the world, and it involved not only the colonised but also the colonisers.

And being an experience that went on for a long period, it left a certain legacy.

And although formally speaking today, we don't have many colonies, we don't really have countries that are colonising others explicitly.

What happens with historical events is that when they supposedly end, they leave a legacy.

And that legacy is still with us. So when we are talking about decolonisation, what we are trying to say is what were the injustices,

the wrongs that we had done during the colonial period and how are these being perpetuated today and what can we do to roll back the negative effects of these?

It's not about cancelling history or rewriting history as if things did not happen.

They did happen. And they are with us. But.

The negative parts of that are what we need to understand and see how we can free ourselves from the yoke of that negativity.

And I think it's always very important to remember that history has lessons for us to learn from, such that we don't keep repeating the same mistakes.

I'm moving on. Can we think about or can you articulate for us the key features of a colonial system?

Well, if I mean, we go back to what we said earlier on, about, you know,

subtracting the agency of the people and making them live in a way that you always have a centre and a periphery.

There are three features that I think are important, and pardon me if I use some words that may sound a bit strange.

The first word is epistemicide, which is basically killing of knowledge.

So that is the first feature. The second feature will be ecocide, which involves killing of the environment.

And the third feature, and I use this term a bit loosely, is genocide, which means suppressing people based on irrelevant biological differences.

Now, all of this play out to create a system that scholars in the field of decolonisation called coloniality.

And you see, the thing about coloniality is that it no longer requires the presence of the coloniser because it is a system that continues moving and to some extent,

the world in which we live today. When we talk about Global South, Global North, high income, low income,

all these terms that we use a lot is predicated on this system of coloniality with these three features and global health being part of,

let's say, the world framework that we work with in the health space today somehow sits on these features.

And coming on to that, why is decolonisation important now in global health?

Why has this become a buzzword?

It has become a buzzword because.

Over the years. If we think about the history of health more broadly, we had tropical medicine.

Which was mainly concerned at the beginning about saving the lives of Europeans, travelling to Africa,

and Latin America and parts of Asia where they were dying because of tropical diseases.

So the idea was how can we develop a system of medicine that would ensure that

Europeans arriving in these new territories do not die because the cost was high,

the cost not only of cost of life, but the economic costs as well.

And at the same time prevent Europeans from getting infected by these tropical diseases.

So even though there was an attempt also to promote the health of the local populations, but that was not the main priority.

We then moved on from there to start talking about international health.

But international health too,

was mainly predicated on the idea of how perhaps rich countries could help poorer countries on the aid type of aid model.

Today we are talking more and more about global health. And global health seems to want to create a space whereby the health of everybody

on earth matters and therefore every human should have access to good health care.

The problem is that we've been talking about this for over three decades now, and COVID, the COVID 19 pandemic showed this, that lives do not matter in the same way across the world.

Because whereas some parts of the world were going for booster vaccination jabs and others were struggling to get their first dose.

Other diseases, like monkeypox, have also shown us that, yes,

a disease that was present in Central and Western Africa for four decades did not really become a public

health concern of international concern until it started affecting people in Europe and the United States.

So this means that, that colonial structure.

Which does not value every life in the same way, does not consider every knowledge as equal or as actually acceptable.

Is still present. And if we want to create a fair or an equal playing field, we need to tackle this legacy of colonialism.

And that is why decolonisation is important.

So in essence, at the heart of what you're saying is equity or rather inequity, and the legacy contributing to this inequity that we see in the world,

not only with respect to access to health care, but even the kinds of things that make people ill to begin with.

So health in general absolutely is. It's a question of equity.

It is a question of justice as well.

It is a question of justice because we've now created a health system around the world which excludes systematically different forms of knowing.

And if we think about people, we have different ways of being, knowing and acting.

And if we think, for example, of indigenous people,

First Nation people in the Americas will be living and practising their own medicine for centuries.

We have introduced our, you know, western biomedical based system of health care in a way that's actually using legal tools we have rendered.

There are ways of knowing and being illegal.

We have not invested enough energy, enough energy and resources to understand their knowledge, and therefore we keep excluding other forms of knowledge.

And this is what we mean when we talk about epistemicide,

because we've created an empire of knowledge and even us as teachers on the master's program.

We can, we could, we could be contributing to this empire of knowledge.

And therefore, what is required is to see what we can do to make sure that this knowledge that we are

actually generating and sharing does not do violence to other systems of knowledge.

I mean, just think, why do we call non-biomedical health care

alternative? To be an alternative, it means there is a standard.

But do we risk relativism or do we risk saying, well,

there's not one truth that we believe in and there's not one set of values or standards that we ought to be measuring our achievements by.

No, I don't think relativism is the risk.

And you mention the word truth. There is an author that I admire a lot, Hans Urs von Balthasar, who says the truth is symphonic.

The truth is symphonic because, with a symphony you have different instruments playing that actually come together to form the, you know, the main theme.

And what we are dealing with today is that we only trying to I mean, if we universalise just one truth, then our truth becomes poor.

What is what we need to do is this and this is important because today the challenges, especially in health that we face,

challenges that come from AMR, challenges that come from climate change, they are so big that I don't think one melody can solve it.

So what we need is to bring different melodies together and at the end of the day, we can find a point of convergence.

And the point of convergence is that we all want to be well.

And therefore, it is not that, you know, we're preaching relativism,

that everybody has a truth and therefore everybody can go back into what I call the snail shell mentality, you know.

snails are such that when you touch them, they simply withdraw into their shell and go into their comfort.

That would be relativism.

What we're saying is, no, let's come together and build a stronger body of knowledge to be able to tackle the big problems that we have.

And I think even simple. So thank you for that.

I think even simple words such as being well or simple concepts such as being well, are understood differently.

And I think our listeners would agree that there's different conceptualisation of what that being well means.

And it's not just a biomedical one. Absolutely.

And this brings to mind there is this Nigerian author Segun Gbadegesin who actually says

He breaks the word disease into two. He says disease is to be not at ease so is dis and ease.

and therefore looking for health is to bring and to accompany people to come back to this state of ease,

which means that when we are approaching the desire to be well among those people,

among that in that community, we are looking at social well-being,

we're looking at physical well-being, but we are also looking at even their cosmic well-being.

So these and, you know, and this is the problem.

The issue is this we, and this links back to the colonial model because we talk about decolonisation.

One of the errors of colonisation is hasty universalisations, but decolonisation is inviting us to take a pluriversal approach.

There are different worlds. We inhabit different worlds, and even if we are honest with ourselves, we actually personally live in different worlds.

There are days and there are issues that we solve using frameworks, you know, that are different even to our academic frameworks.

The way we solve our domestic problems is different to the way we solve our academic problems.

So pluriversality and living in different universes is actually the way of being in this world.

And there are so many of us and so many communities. So what we're saying is even within a pluriverse,

there are certain things that we can agree on that we would all like, and if we can help each other to achieve those.

That is, in our case, help each other to achieve the desire of health and well-being that we have, then we would be making a good contribution.

Well, thank you very much. And can you then paint a picture for us of a decolonised global health world?

Well, there's a beautiful hymn that they sing in the churches in Ghana, where I come from, and the hymn says.

I have another world in view. I'm not going to try to sing it because I have a bad voice.

But to have another world in view is. And let's

Just imagine that the next pandemic.

Just using the pandemic as a hypothetical case comes out.

And the country where it comes out,

where it is first discovered does not have any fears to tell the whole world that we have a disease and they will not be shamed.

Too. Instead of having 8 billion people in the world depend on five or six producers of a vaccine, we have a thousand vaccines because people can create solutions.

A wealth of knowledge. A situation whereby.

You know, the knowledge that we generate. It's not so locked down by patents.

And IP rights. Because actually, you know, the history of IP rights, they used to be called monopoly rights.

And by IP you mean intellectual property, because at the end of the day, I mean, you and I are both academics.

We're intellectuals. We know that all that we know, we learned from somebody.

So to go and register something as if it is 100% mine is actually unfair.

So how can we share? Our world relies a lot on data today to inform the decisions that we make.

Who actually controls this? Do we have power centres?

So imagining a decolonised world is a world in which there is a plurality of knowledge, is a world in which the way we look for solutions respects the environment within which we live,

a world in which we do not make distinctions about which human lives are more important than the other,

and a world in which we really come together to fight the common problems and the common challenges that we have in the health space.

Well, thank you very much, Cesar. That's beautiful. And what I would like to leave our listeners with is a few questions for reflection.

Firstly, thinking about knowledge and who constructs this knowledge and how we may be thinking differently about knowledge, constructions and the value different knowledge systems have.

And thinking about the choices we make and how our choices impact our environment and may in turn be leading to exclusion of certain voices.

And then thirdly, to be thinking about who is included and why and how we may change that.

So that concludes our first podcast. And thank you very much, Cesar.

Thank you. Proochista. It's been a pleasure. Thank you.