Medicine and Empire: Africa

Lecture outline

- Colonial medicine and scholarship
- Why is it important to study the history of medicine in Africa?
- Precolonial African medical systems
- Race science/pseudoscience and the colonisation of Africa
- Colonial medicine (Western 'modern' medicine) as an instrument of the empire
- Gender, medico-moral discourses and pathologizing of colonial subjects
- African response/agency

Questions

- What motived the provision of healthcare in Africa?
- What is the relationship between empire, health and medicine?
- How do medicine and theories of race relate to ideologies of empire?
- How did indigenous and colonial medical ideas and practices interacted and compete with each other?
- What legacies of colonial medicine remain?
  - Are the same ideologies and priorities that defined colonial medicine still prominent today?

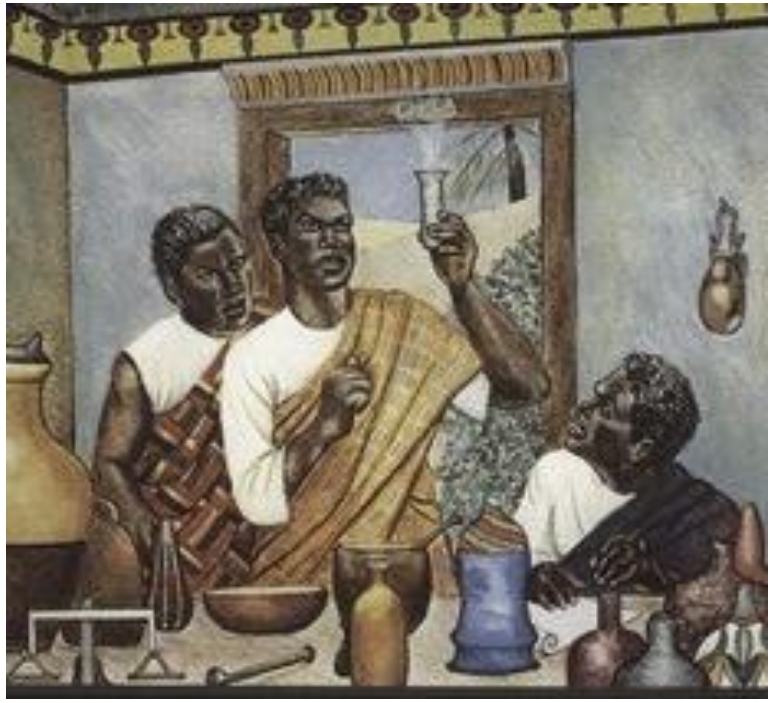


Image and Source: Chemists in the ancient city of Ghana, West Africa: University of California Digital Library https://calisphere.org/item/0ceacff4b9e175a5cfde81b762d56f18/

Colonial medicine and scholarship

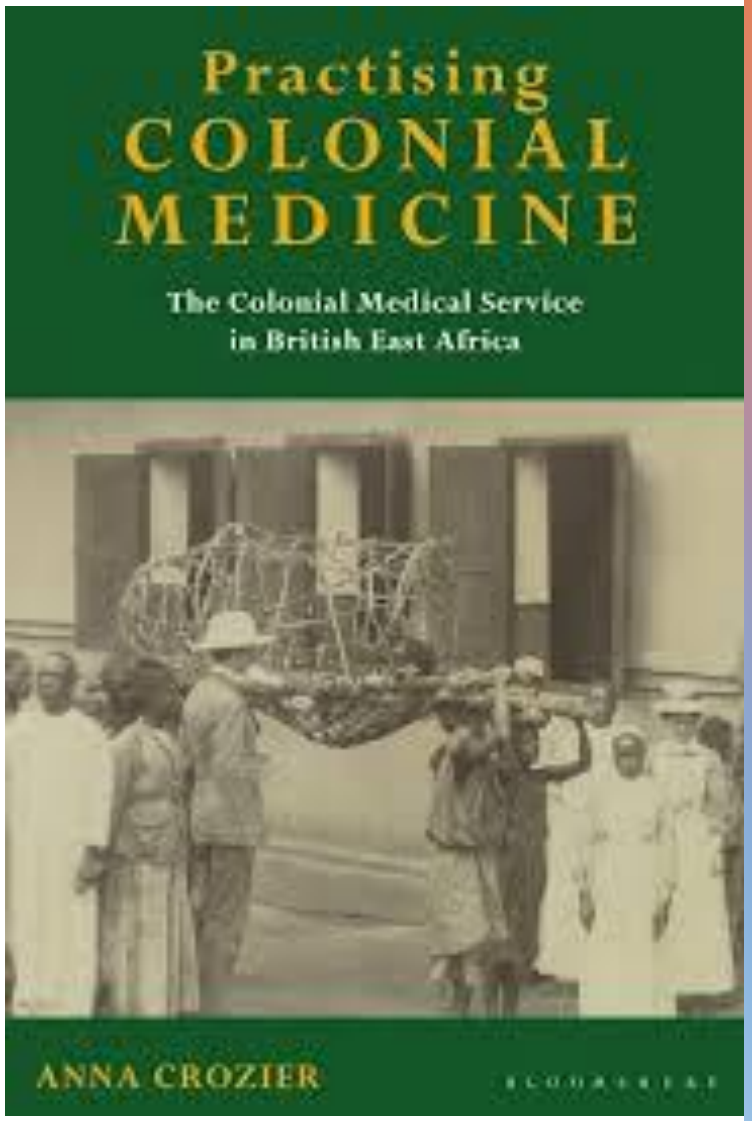
- 1970s and before:
  - Most works were biographical or anecdotal, often celebrating the achievements of European doctors and institutions
  - They framed colonial medicine as a civilizing mission, emphasizing the "triumph of science and sewers over savagery and superstition."*
  - Note: the field of African history was born in 1960s; what existed before was 'imperial history' of Europeans and their exploits
- 1980s onwards (due to the birth of social history and new infections such as HIV)
  - Shift toward critical, interdisciplinary approaches that interrogate the nature of colonial medicine
  - Medicine under colonial rule was never just about healing—it was a tool of governance, discipline, and cultural domination.

*Ref: Shula Marks, What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?

Image: Anatomy lesson at Madagascar's medical school, 1902. Archives nationales d'outre-mer, Fonds Gallieni, 44PA169/182. https://ehne.fr/en/encyclopedia/themes/europe-europeans-and-world/empires-and-racial-thinking/construction-racial-knowledge-colonial-medicine-in-africa

Colonial medicine and scholarship

- Disease environment on the eve of colonialism:
  - Increase in diseases, some introduced by Europeans ‘soldiers of the empire’ and others endemic to the tropics such as sleeping sickness spread by tsetse fly.
- Colonial medicine, mass vaccinations and public health campaigns eradicated some of these diseases
  - But other new diseases like measles and ‘industrial disease’ like Tuberculosis continue to spread.
- But the impact of colonial medicine impact extended beyond healing bodies:
  - Scholars argue that colonial medicine did not only play ‘a major role, both in making universalizing claims, and in creating and reproducing racial and gendered discourses of difference’
    - but also aided the empire/colonisation of Africa/systematic control of Africans. Shula Marks, What is Colonial about Colonial Medicine?



Colonial medicine and scholarship

Post 70s scholarship noted:

- Variation in healthcare investment across colonies
- Limited resources/Uneven and inadequate health infrastructure, often favouring settler or military populations
- Access shaped by colonial priorities like economic productivity and settler welfare—not African well-being.
- Coercive practices and unethical experimentation/forced medical interventions with harmful side effects.
- Erosion of indigenous medicine and knowledge systems/Suppression of African healing systems, which were often dismissed as unscientific
- Agency: Africans selectively adopted, resisted, or adapted colonial medical practices
- Long-term impact/Colonial legacies
  - Enduring mistrust in health institutions and foreign interventions
  - Health disparities rooted in colonial-era policies e.g. recent Covid epidemic, limited access to drugs

Why is it important to study the history of medicine in Africa/African history?

- Present day African medical systems cannot be understood in isolation from the the violent colonisation of Africa, a process that was enabled by medical developments, among others.
- Colonialism shaped every aspect of lives; it's not just that Europeans only colonised the land but also the bodies and mind of Africans
    - Every aspect of life-from public health, to food, dress, belief systems was impacted by colonialism: See South African comedian Trevor Noah on colonialism: https://www.youtube.com/watch?v=QhMO5SSmiaA

"Africa's 20th [and 21st]century cannot be understood in isolation from its 19th century...' Richard Reid, A history of Modern Africa

"If we acknowledge that present day Europe is shaped by the renaissance…and by the enlightenment, then surely we cannot say that what happened 100 years ago [colonialism] no longer matters…' Chimamanda Adichie, Humboldt, Berlin https://www.youtube.com/watch?v=gMRv5xhMCo4

Image: 'The Healer (1916) is a large oil painting made by English artist Harold Copping (1863-1932). Formerly titled *A Medical Missionary Attending to a Sick African*, it was commissioned by the London Missionary Society and once hung in the reading room of the Wellcome Collection—a British museum and library focused on the history of medicine, health, and healing. **While it was on display for many years, it has been removed from view and placed in storage.'**

https://artandcolonialmedicine.com/colonial-connections

Why is it important to study the history of medicine in Africa?

- The nexus of colonialism was the hospital, the school, and church;
- So, medicine is double-edged sword:
  - 19th C/Early 20th C medical intervention improved the lives of Africans, but;
    - Colonial medicine served as an instrument of the empire and 'imperializing cultural force'
    - I.e. medicine aided European colonisation of Africans

European "conquest, economic development were justified on the grounds that they would improve conditions for people in Africa and yet, in many places, they caused considerable harm. State health systems were also typically understaffed and underfunded, making it difficult to fulfil their mandate... In research and treatment campaigns, people's consent was rarely sought, and they may have viewed such medical interventions differently from health care professionals, leading to mistrust, misunderstanding, and resistance and reappropriation….colonial rule marginalized forms of care and therapy that made sense to many people, forcing specialists of African therapeutics to pursue survival strategies of their own. **All of these dynamics reverberate into the present and need to be taken into account in any effort to bolster international health systems." Hellen Tiley, Medicine , Empires and Ethics in Colonial Africa**

- Ie have to acknowledge and address colonial legacies if we are to build better international health systems, which unfortunately are still informed by a colonial mindset

Precolonial African medical systems and cultures

Questions:

- Was ‘modern’ medicine invented by colonising Europeans?
- What kind of medical systems existed before colonialism?

- A wide range of healing practises existing side by side in precolonial Africa
- **Collective wellbeing** was central to understandings of health and healing
- The disease environment and African understandings of health and healing necessitated:
  - Abroad range of medical systems and therapeutical approaches
  - Abroad range of specialists;
    - Medics and Surgeons (Science-based/informed diagnosis and treatment of physical illnesses)
    - Specialists in supernatural(disease caused by the supernatural; e.g. ‘spiritual’ diseases/disease of the mind)

Note; indigenous healers were central to political systems ‘king makers’: hence politics and medicine were intertwined. The following documentary which touches on some of the healing practices in the Great Lakes is recommended. You must be logged into your Warwick Library account to gain access to the programme via Box of Broadcasts.

Lost Kingdoms of Africa: Bunyoro and Buganda (originally broadcast on BBC4 in 2013)

Precolonial African medical systems and cultures

- Europeans portrayed African medical cultures as unscientific, based on superstitious beliefs/ ignorance:
- Contradicted by advanced medical procedures in Africa:
  - e.g., amputations, c-sections
  - inoculations e.g. against STIs by exposing babies to fluids
- E.g. in 1879, a British medic Dr RW Felkin witnessed a c-section in Uganda
  - Alcohol was used to disinfect the surgery site
  - An assistant coagulated bleeding vessels with a red-hot iron, the wound closed with metal spikes
  - Felkin left stayed for 11 days, leaving a recovering mother and baby

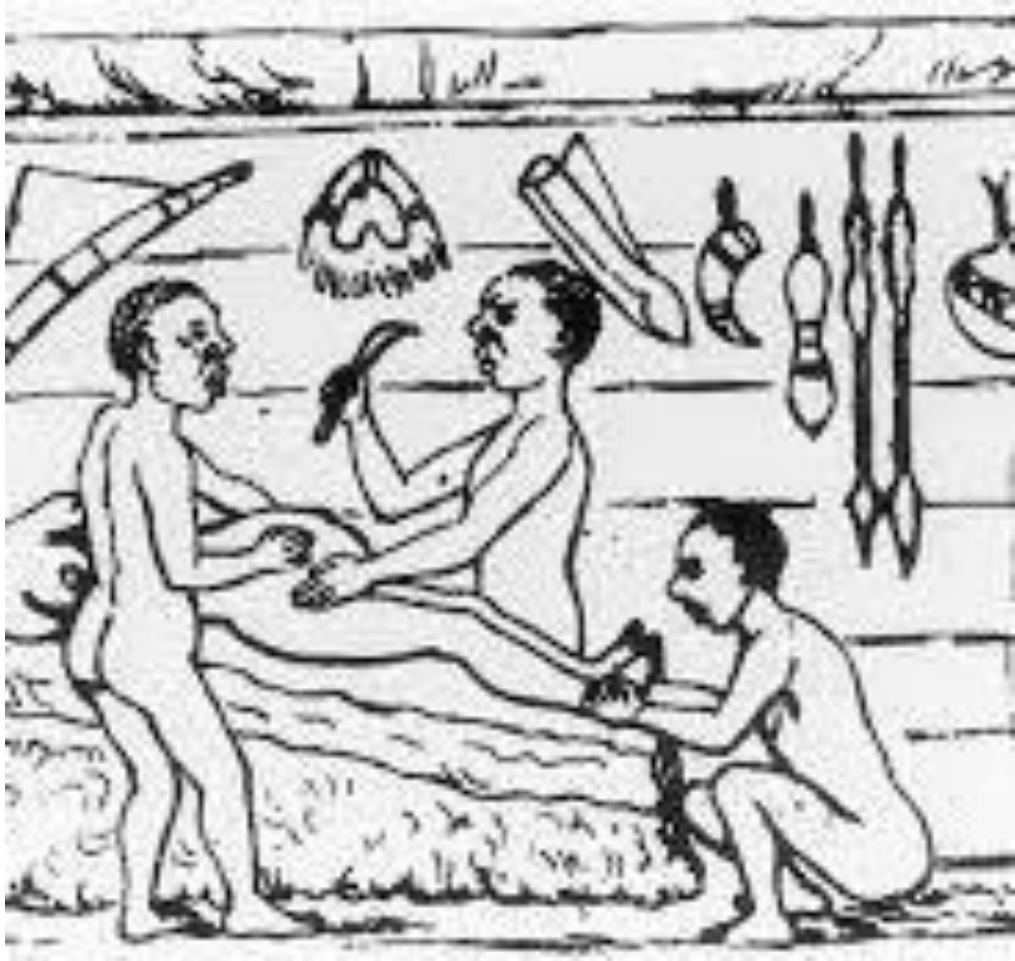


Image: Illustration from Dr R. W. Felkin's description of the Caesarean section as published in the Edinburgh Medical journal, I884.

Precolonial African medical systems and cultures

- Surgical procedures in Africa such blood letting/capping had been recorded as early 1845 in modern day Kenya, Sudan, but could not be verified (second hand accounts)

Why did Europeans largely conceive African medical systems as unscientific, ignorant etc?

- The answer is found in how the colonial/imperial project was conceptualised.

Image: Above: An African medicine man or shaman applying the technique of cupping to a patient (using animal horns), which involves drawing blood to the surface of the body. Halftone. https://wellcomecollection.org/works/jg5bbke3

Below: "Curved knife, steel, with wooden handle, used for Caesarean section, from Uganda, 1830-1879….The curved knife was collected by Dr Robert Felkin, who witnessed its actual use in Uganda, Central Africa, in a Caesarean section." Museumhttps://collection.sciencemuseumgroup.org.uk/objects/co105552/caesarean-knife-uganda-c-1830-1920-surgical-knife

Race, science and the colonisation of Africa

- Pseudoscientific racism and social Darwinism ‘survival of the fittest’ which peak in 1880s played a role in the European colonisation of Africa
  - Racial science set the tone for European engagements on the continent
- To justify the colonisation of Africans, Africans had to be portrayed as diseased, backward, a danger to themselves ,’ ‘the white man’s burden’
  - Europeans were heroes who would swoop in and save Africans from themselves (despite centuries of European brutal enslavement of Africans)
  - They had to make a (a moral, scientific) case for colonisation of Africa
- Thus, Europeans were unwilling to entertain any notion that:
  - Africans could have a scientific understanding of the world, comprehend interpret and narrate their world in a usable manner
  - Viewed by Europeans as a place without’ civilisation’ knowledge production was underpinned by racist ideology

Image: Above: The Berlin Conference where Europeans divided Africa amongst themselves. Africans weren’t consulted because Europeans perceived them as a lower race in need of European ‘civilisation’ to be achieved with colonial medicine, education, christianity and commerce.

Below: Poem by imperialists poet Rudyard Kipling.

BY RUDYARD KIPLING.

ake up the White Man's burden—
Send forth the best ye breed—
o, bind your sons to exile
To serve your captives' need;
o wait, in heavy harness,
On flattered folk and wild—
our new-caught sullen peoples,
Half devil and half child.

ake up the White Man's burden—
In patience to abide,
o veil the threat of terror
And check the show of pride;
y open speech and simple,
An hundred times made plain,
o seek another's profit
And work another's gain.

ake up the White Man's burden—
The savage wars of peace—
ill full the mouth of Famine,
And bid the sickness cease;

The ports ye shall not enter,
The roads ye shall not tread,
Go, make them with your living
And mark them with your dea

Take up the White Man's burde
And reap his old reward—
The blame of those ye better,
The hate of those ye guard—
The cry of hosts ye humor
(Ah, slowly!) toward the light
"Why brought ye us from bond
Our loved Egyptian night?"

Take up the White Man's burde
Ye dare not stoop to less—
Nor call too loud on Freedom
To cloke your weariness.
By all ye will or whisper,
By all ye leave or do,
The silent, sullen peoples
Shall weigh your God and yo

Medicine as an instrument of t empire

- So, from bible-carrying Christians to 'science' minded Europeans, Africa in Western discourses, emerges as:

"a repository of death, diseases and degeneration, inscribed through a set of recurring and simple dualisms—black and white good and evil, light and dark." (*Megan Vaughan, Curing their Ills)*

Image: 'The White man's Burden' mocking European claims of civilisation/ See Rudyard Kipling

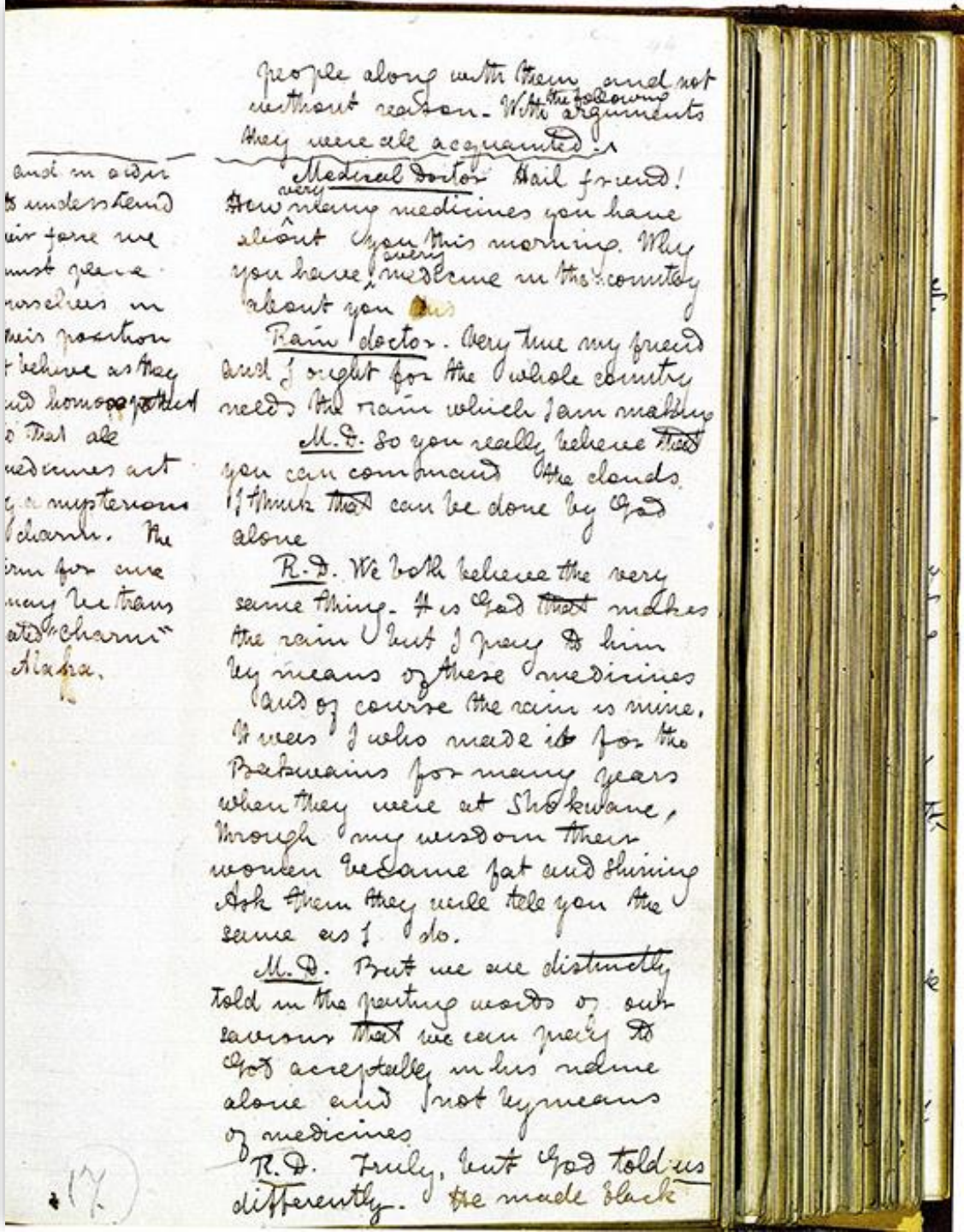
THE WHITE (!) MAN'S BURDEN.

Medicine as an instrument of the Empire

- Thus, African medical systems are reduced to the stereotypical caricatures
  - Dichotomies in European medical discourses about Africa:
    - Modern vs traditional,
    - Light, good vs Dark, evil
    - Science vs ignorance, superstition
    - Doctors, surgeons vs witchdoctors

Image: The famous conversation between missionary doctor David Livingston and an African 'rain doctor' from modern day Malawi, c1850 (image)

Ref. David Livingston *Missionary Travels and Researchers in Southern Africa, 1857*


people along with them and not without reason. With the following arguments they were ably acquainted:-

Medical Doctor. Hail friend! How very many medicines you have about you this morning. Why you have very medicine in the country about you.

Rain doctor. Very true my friend and I ought for the whole country needs the rain which I am making.

M.D. So you really believe that you can command the clouds. I think that can be done by God alone.

R.D. We both believe the very same thing. It is God that makes the rain but I pray to him by means of these medicines and of course the rain is mine. It was I who made it for the Bakwains for many years when they were at Shokuane, through my wisdom their women became fat and shining. Ask them they will tell you the same as I do.

M.D. But we are distinctly told in the sacred words of our saviour that we can pray to God acceptably in his name alone and not by means of medicines.

R.D. Truly, but God told us differently. He made black

Medicine as an instrument of the Empire

What does Colonial Medicine tell us about the empire project?

- Colonia medicine as a lens through which to analyse colonialism and its philosophy
- Colonial medicine reveal:
  - Anxieties of the empire
  - Power relations between coloniser and colonised
  - Limits of colonial medicine
  - **Racialised nature of modern medicine(experimentation on Africans, unequal access to health care e.g. the Covid vaccine debacle/hoarding by Western countries etc)**

Image: The snake, the symbol of medicine, is presented here by Punch magazine in 1906 as a symbol of European imperial greed. It depicts the Belgian King as a snake. https://en.m.wikipedia.org/wiki/File:Punch_congo_rubber_cartoon.jpg

Medicine as an instrument of the empire

- Europeans were unable to penetrate the interior of Africa until 1850s when quinine was discovered
  - West Africa was referred to as ‘the Whiteman’s grave’

Image: 19th century European colonizer carried in a hammock by four African porters. (Photo by Ipsumpix/Corbis via Getty Images).

Colonial Medicine as an instrument of the empire: Racial discourses of difference

- The establishment of colonial medicine enables a large movement of agents of the empire: soldiers, administrators, merchants and settlers into Africa
- Large number of European settlers lead to anxieties about;
  - the declining fitness of the 'imperial race’
  - reduction in fertility and birth rates of white settlers
  - high infant and maternal mortality
- Thus, the colonial medical system is first and foremost developed for to address the needs of the white population/address racial anxieties of white settlers
- So, race is integral to the medical systems

Colonial Medicine as an instrument of the empire: Racial discourses of difference

- But the late 19th and early 20th century saw outbreak of epidemics
- At first, there was panic and concern that European populations would be affected (hence medical systems established to protect Europeans)
- But it became clear that diseases among Africans who provided the labour on European plantation, mining, even domestic labour threatened the empire project
    - So, a second medical system is developed to address diseases among Africans

Thus, two racialised medical systems manned by missionaries (to treat Africans) and white military medics (to treat Europeans)

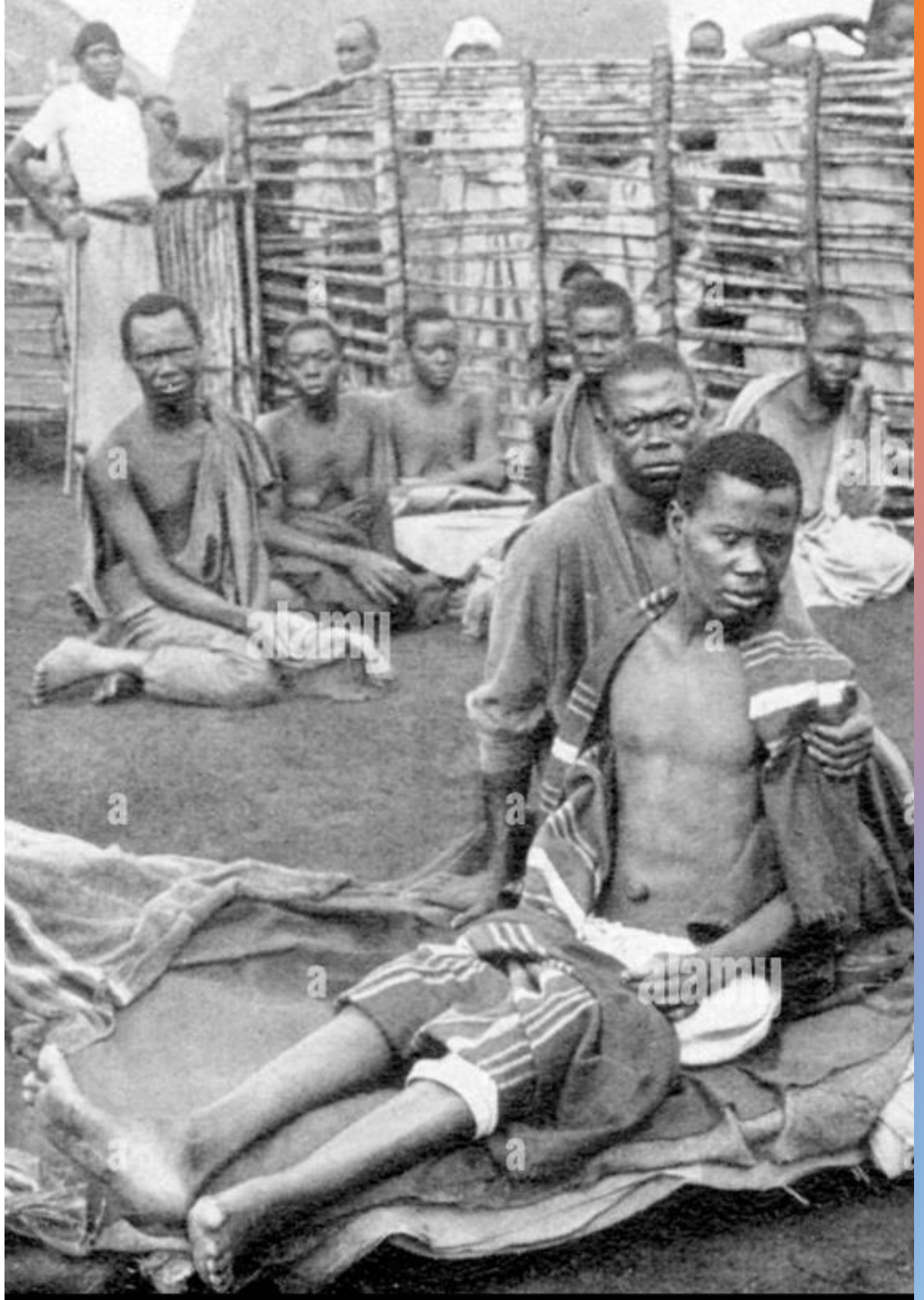
Image (undated) Pascal James Imperato and Sister Edward Marie of the Kowak Catholic Hospital vaccinating school children against smallpox at Utegi, North Mara District, Tanganyika Territoryhttps://link.springer.com/article/10.1007/s10900-014-9928-5

Image: European Hospital, Kenya.

Medical experimentation

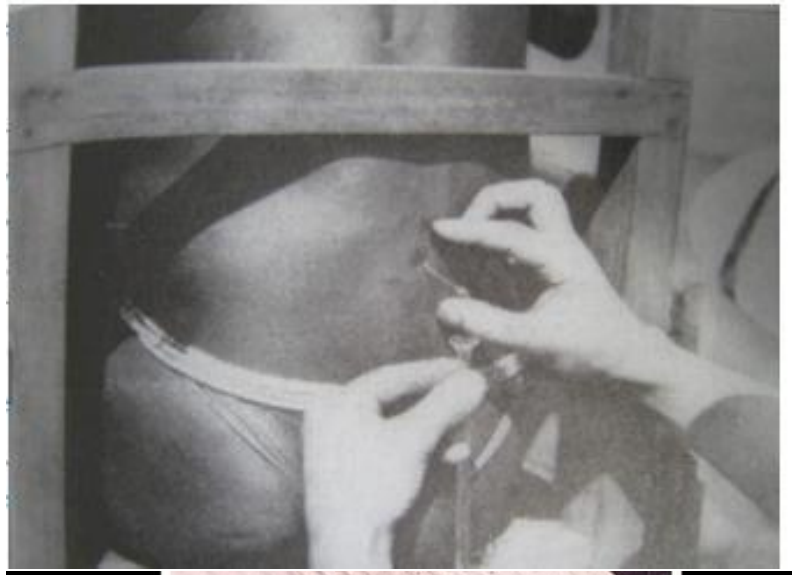
- Thus, despite missionary medics portraying medicine as a humanitarian project, colonial medicine is not born out of compassion, it was in response to a disease environment that threatened the empire project.
- Outbreak of epidemics justified racial segregation and excessive coercive forms of medical intervention
- **Medical experimentation was rampant through the colonial period. Why?**
- Colonial states were generally impoverished; both in people/European administrators and financial resources as metropole insisted that colonies fund themselves
    - So the small number of European administrators relied on brute force, surveillance and control to manage the majority Africans
- This informed their approach to diseases/treatment
    - Mainly concerned with prevention
    - Piece meal, sporadic *militaristic* (hence violent, inhuman) campaigns to prevent or treat epidemics

Image: Sleeping sickness camp in Entebbe, East Africa,1906/Alamy



Medical experimentation

- Villagers were forcibly examined and injected with medications, with severe, sometimes fatal, side effects.
  - Some drugs for treating sleeping sickness caused blindness
  - Administered to all even those without the disease
  - Forced injections every few months
  - Medical procedures e.g. lumbar puncture without anaesthesia
  - Some drugs considered too dangerous for Europeans given to Africans
- The experimentation and coercive medicine motivated by:
  - Nationalistic motivations: colonial states competed to develop new technologies/medical advances
    - But mostly motivated by mostly concerns about labor supply: the need for raw materials for European industries
    - The need to do medicine on the cheap/austerity
  - Personal aspirations of medics /Scientific aspirations
    - Pseudoscience/ some medics saw Africa as a fertile ground to hone medical skills/ undertake procedures, test medication not acceptable in their home countries
    - Africa disease environment and lack of oversite as the perfect ground for medics to experiment
    - Influenced by Eugenics/Racial science: the belief that Africans didn't feel pain



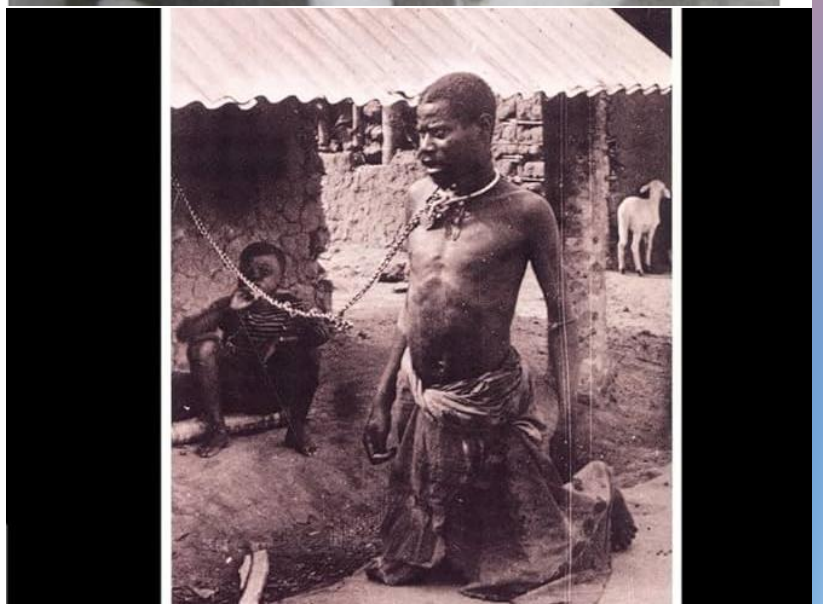
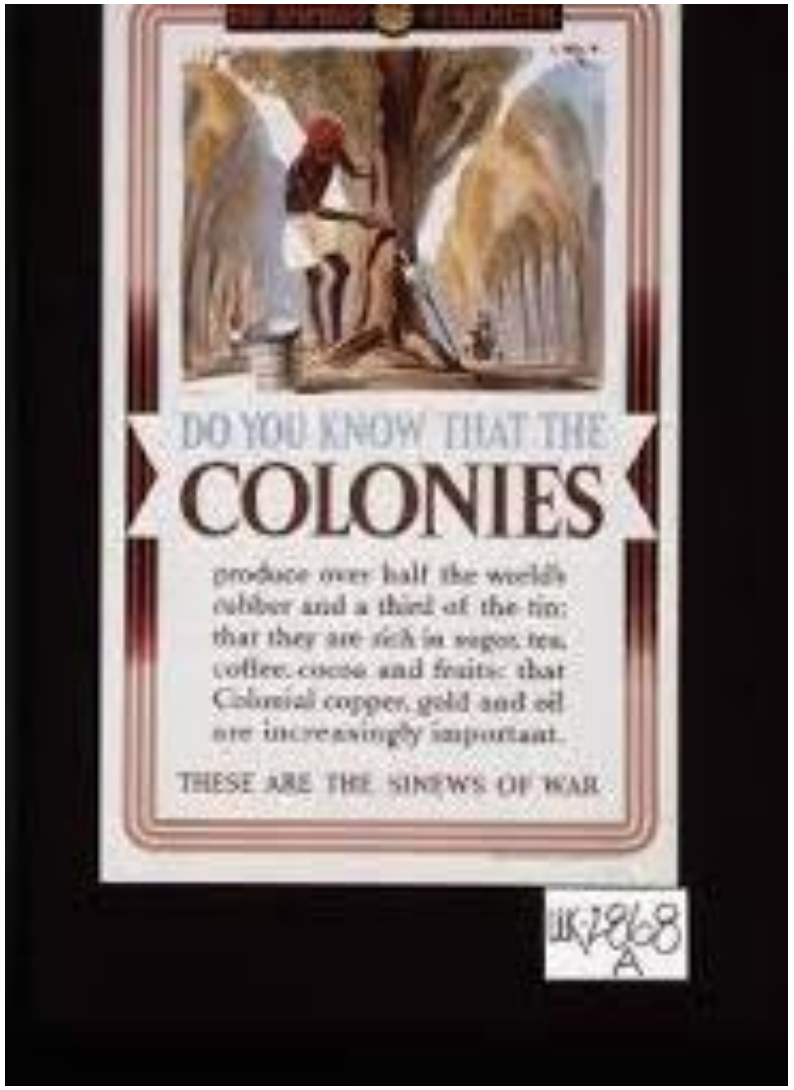


Image : A Belgian doctor in Congo performs a lumber puncture(source Maryinez Lyons: The colonial Diseases)

Below: An African arrested for refusing to participate in medical campaigns/mass treatments

Race, gender and medicine: Pathologizing of colonial subjects



- Colonial medical systems were not only racialised but also gendered
- There was panic among Europeans that some African communities were not reproducing enough due to STI/diseases, which threatened the colonial project
- Hence a Venereal disease campaign that focused on female sexuality, as a threat to societal wellbeing

Images: WWII poster 'The Empire's strength. Do you know that the colonies produce over half the world's rubber and a third of the tin: that they are rich in sugar, tea, coffee, cocoa and fruits: that colonial copper, gold and oil are increasingly important. These are the sinews of war.'

Above: Freetown, Sierra Leonean women 1920s, Below: Bamako Mali young women 1965, McKinley Collection

Medico-moral discourses and Pathologizing of colonial subjects

- In British colonies, panic over sexuality and especially female sexuality were tied to racialised concerns metropole.
- The sexuality of the working classes, and esp. of women had been a major concern in 19th century Britain.
- ‘This medico-moral discourse was imported into Africa but also transformed by the realities of the empire’
  - i.e. the need to make sure that Africans were healthy enough to reproduce/produce future workers.

Image: Second World War poster by the British Armed Forces
https://hist259.web.unc.edu/contagious-diseases-acts-1864-1866-and-1869/

Medico-moral discourses and Pathologizing of colonial subjects

The creation of medical systems in places like Uganda is a result of panic STIs and its impact on the reproductive capacity of African women:

"[t]he greatest human scourge in East Africa is not Leprosy, Plague, or Sleeping Sickness but an older disease and one more insinuative and deadly in its dissemination among our people, namely the Venereal."(the East African standard, 1908, see Hammond, Evangelization, Injections)

- E.g. in Buganda, a key region for British expansion into Uganda, it was estimated that;
  - 80% of the people were infected with syphilis
  - Infant mortality rate was 50 to 60%
- Fear that Ganda people would become extinct
  - As syphilis threatened the reproductive potential of Ganda women
- The first hospital, Mulago (currently the national referral hospital) is built to treat STIs among Africans
- In addition to medical treatments, campaigns focused on behaviour, especial female behaviour
  - Various ordinances passed to curtail movement of women; women status reduced, treated as minors under their fathers and husbands

Image: Missionary medics celebrating the birth of babies in Mengo hospital

Medico-moral discourses and Pathologizing of colonial subjects

- Spread of STIs blamed on christianisation, 'modernity,' end of slavery and polygamy, reduced men's authority over women
- Venereal Diseases conceived as a 'diseases of immorality.'
  - Patients were often subjected to 'moral rehabilitation' inform of Christian instruction
  - Christian medical doctors used medicine to evangelise/convert Africans/ keeping cured patients in the hospital for months until they converted
- Note: the so-called syphilis epidemic was later found to have been yaws, a skin infection
- **Early colonial campaigns against STI provided blueprints for post colonial medics and governments;**
  - a gendered medico-moral discourse continued to inform both treatment and government policies with single women singled out, attacked by men in public, arrested, and accused of being 'prostitutes' spreading STIS
  - Medics colluded with men, who paid them to treat them while lying to their wives about the reasons they were being treated
  - Medico-moral discourses in scientific research about STIs; medics blaming women's behaviours; dress style, use of birth control etc
- In post colonial discourses about STIs, men are portrayed as victims of women's uncontrollable sexuality, a discourse that was born during the colonial times/during STI campaigns.
- STIs continue to be seen as a moral failing.

Image: Patients' room (with religious symbols) and open-air clinic in early 1900s Uganda: mercury injections were followed by Christian instruction

African Agency/ response

Did Africans, embrace colonial medicine, reject it? Or did they assimilate some of each into their own wide range of curative procedures/medical systems?

- Africans engaged in a complex set of contestations, negotiations and adaptations in their encounter with colonial medicine
- There was resistance, selective incorporation, adaptation and reinterpretation according to local meanings of health and healing;
  - Western medicine shared some similarities with African practices like bloodletting, surgery
  - medical missionaries encouraged a sense of fantasy: some likened themselves to 'sorcerers'
- Medical notes from colonial doctors show that Africans were not passive recipients of medicine and often questioned it:
  - Negotiations and protest over diagnosis, treatment, medication.

Image: Bloodletting in abyssiniahttps://www.prints-online.com/ethiopia-africa-bloodletting-7223337.html

African Agency/ response

- Sometimes there was negative response due to;
  - the ‘nature’ or practices of western medicine: use of injection, blood infusions, anaesthesia etc
  - coercive nature, and its close link to the colonial state
  - the Christianisation element of medicine
  - the experimental, used of painful, dangerous cures e.g. mercury ointments for venereal diseases
    - Leading to acute mercury poisoning and sometimes death

African Agency/ response: Malakites

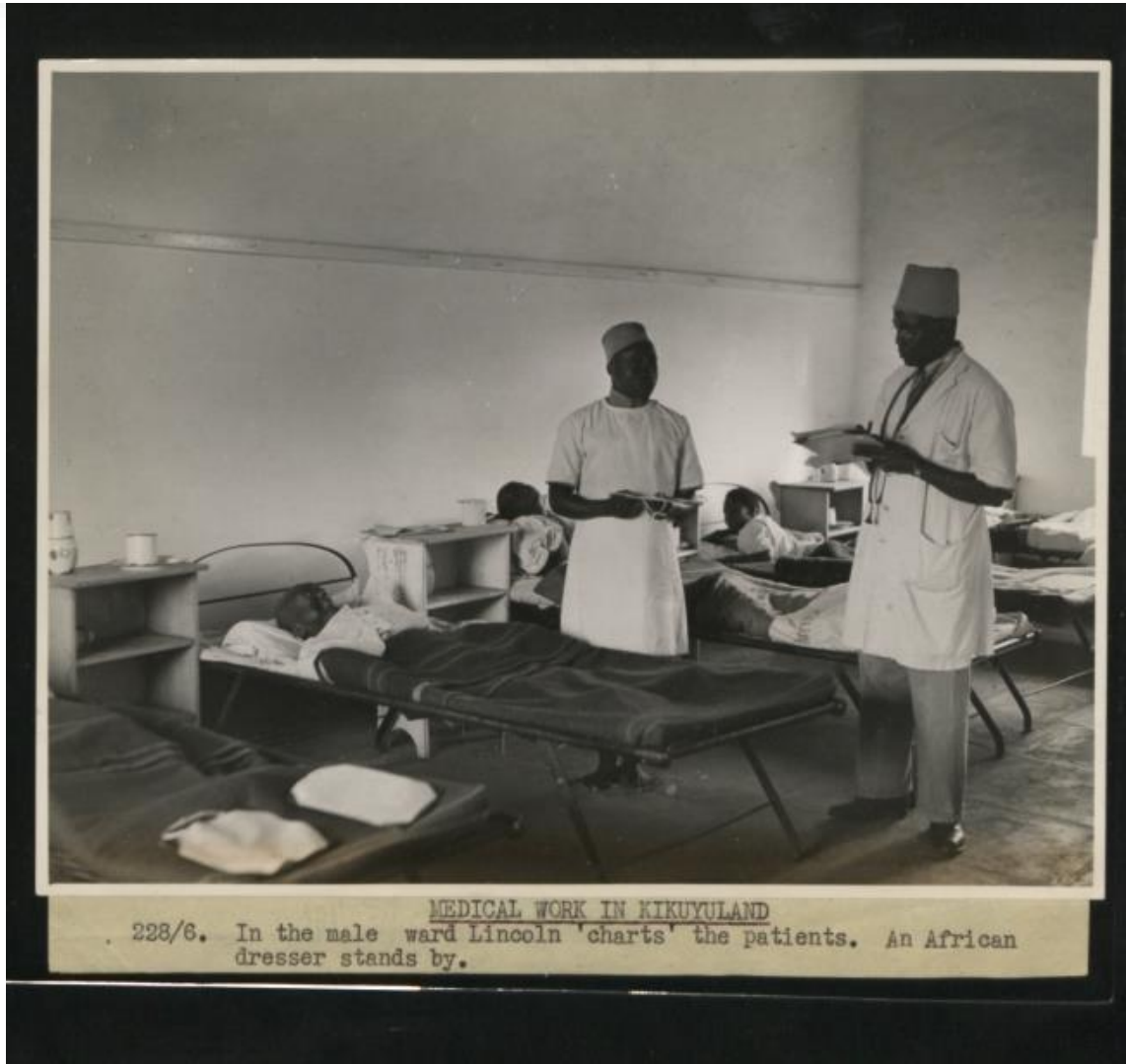
- Anti-western medicine groups such as the Bamalaki/ Malakites emerge
  - A Christian separatists group founded in 1914 in Uganda
  - believed it was an affront to God's power to take medicine(for people and animals)
- The colonial state reacted by
  - Confiscating and killing uninoculated cattle
  - Bamalaki chiefs were dismissed from colonial government
  - houses of followers frequently raided and fumigated

African Agency/ response

What about the experience surgeons such as the one Dr Felkin met in Uganda?

- African assistants were incorporated into colonial medicine
- But African practitioners of modern medicine seldom came from families with an indigenous medical tradition
- Although a few western medics such as Livingstone saw value in African medicine and even turned to African medics when ill, African medics were undermined, marginalised.

Image: African medical assistants, Kenya National Archives UK/Creative commons



African Agency/ African chiefs

- African chiefs who played a central role in sustaining colonialism, were co-opted in colonial medical
- But the role they played depended on colonial power/method of administration employed by colonialists
  - They played a more direct role in British colonies
  - minimal role in French and Portuguese colonies
- Chiefs cooped colonial health services to claim legitimacy (Africans generally respected healers) sometimes advocating for colonial medicine
- But some chiefs rebelled as they stood to gain by aligning themselves to indigenous healers: politics and medicine were intertwined

Image: in 2016, Rebecca Kadaga, Speaker of Uganda Parliament caused outrage among Ugandans when she was spotted coming out of a healer's shrine

Kadaga visits Busoga shrine for thanksgiving

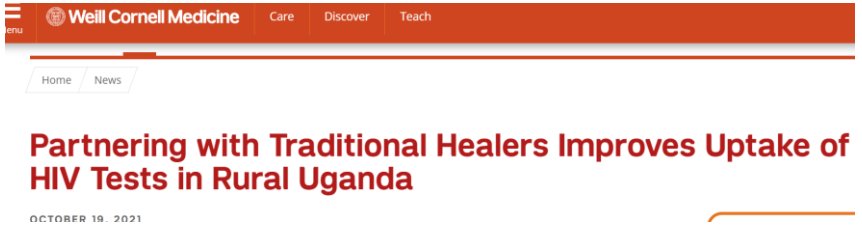
May 23, 2016

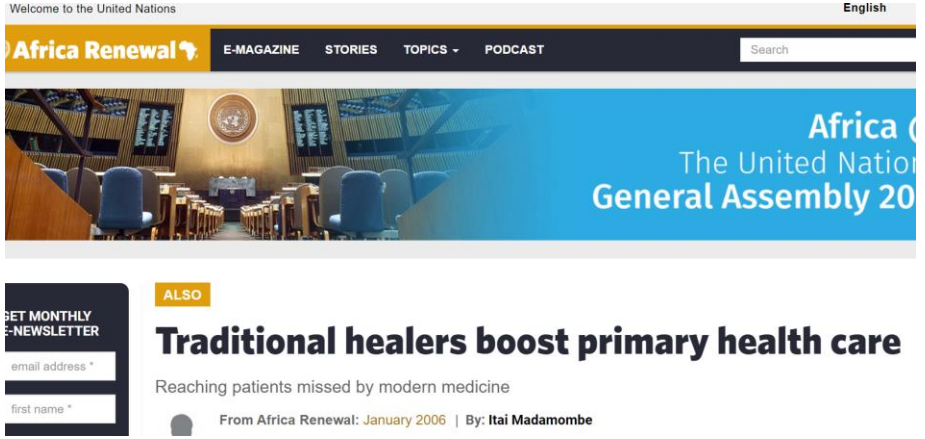
Kadaga comes from the royal Baiseigaga clan, the biggest in Busoga, which is believed to have its roots at Nhenda hill, where all clan members are mandated to visit at least once a year to either pray for their desires or to thank the gods

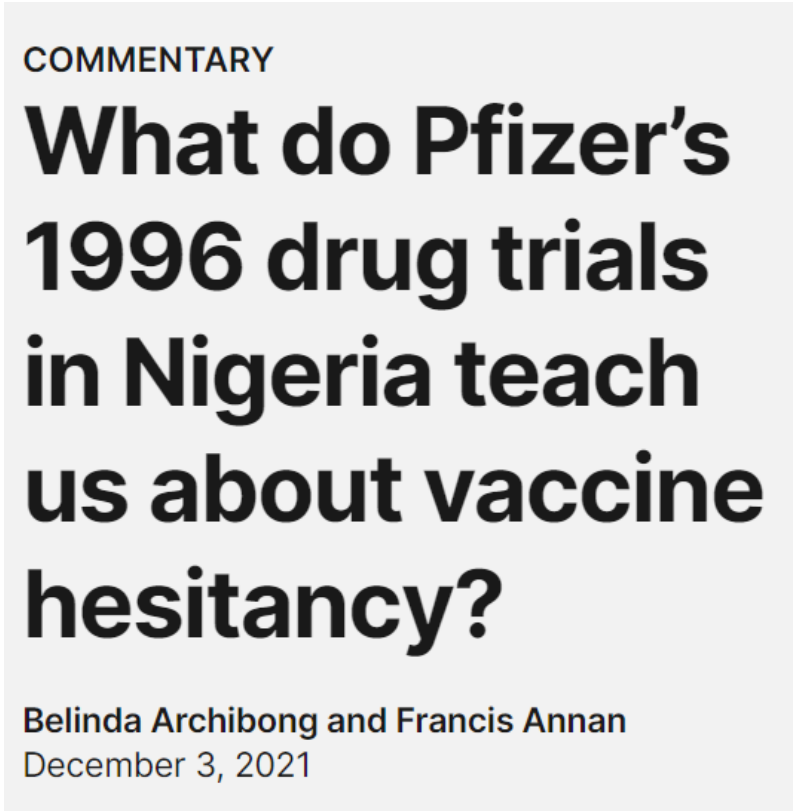
Conclusion: Legacies of colonial medicine

- Colonial medicine fuelled moral victory and justified the empire but also revealed its limits
- Africans indigenized elements of western medicine which seemed more effective
  - They continued to blend indigenous and western;
- So, although undermined, African medical systems survived and post colonial governments have embraced 'traditional' medicine:

"Traditional medicine refers to the knowledge, skills and practises based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness…. Herbal treatments are the most popular form of traditional medicine and 70% to 80% of the Region has used a form as primary health care. One third of the population lacks access to essential medicines and the provision of safe and effective traditional and alternative remedies could become an important way of increasing access to health care services. Tried and tested methods and products….In South Africa, the plant *Sutherlandia microphylla* is being studied for use in HIV patients. The plant may increase energy, appetite and body mass in people living with HIV." https://www.afro.who.int/health-topics/traditional-medicine







Conclusion: Legacies of colonial medicine

- The legacy of colonial medicine, its dark aspects of surveillance, medical experimentation is still felt to day
- Scholars have linked the sleeping sickness campaigns to present day mistrust of some aspects of western medicine
- Medical researchers have documented a link between exposure to colonial medical campaigns and Hepatitis C virus
  - (HCV) infection rates in Cameroon, which today has one of the highest Hepatitis C infection rates in the world
- The recent Covid epidemic reminds us of the ways in which disease and medicine in Africa continue to be racialised

Challenges in Medical systems today: A note on SAPs

- 1960s: end of the violent European colonial rule
- African countries inherited underdeveloped health systems
  - Note: the colonial state development projects were supported by loans from the metropole, taxes paid by Africans and forced labour
- Post independent leaders, following a boom in cash crop, and mineral export, invest in building hospitals, schools etc
  - So, we see a relative expansion in medical care in post colonial Africa
  - But many took loans especially after collapse in world prices, misuse of funds, corruption
- So, in 1980s: Western powers/IMF/world bank (lenders) impose Structural adjustment programs (SAPS) which came with conditionalities for government to reduce expenditure/stop spending on health care, education, welfare
  - Research shows that SAPS led to social and economic deprivation, political instability and an increased dependence of African countries on external loans/aid:

"**The failure of structural adjustment has been so dramatic that some critics of the World Bank and IMF argue that the policies imposed on African countries were never intended to promote development**. On the contrary, they claim that their intention was to keep these countries economically weak and dependent. The most industrialized countries in the world have actually developed under conditions opposite to those imposed by the World Bank and IMF on African governments. The U.S. and the countries of Western Europe accorded a central role to the state in economic activity, and practiced strong protectionism, with subsidies for domestic industries. **Under World Bank and IMF programs, African countries have been forced to cut back or abandon the very provisions which helped rich countries to grow and prosper in the past"** (Ann-Louise Colgan, Hazardous to Health: The World Bank and IMF in Africa, Africa Action, April 18, 2002). https://minbane.wordpress.com/2020/03/24/https-wp-me-p1xtjg-clb/

Conclusion: African Medical systems today

What kind of systems do we encounter today?

- Underfunded 'failed' but resilient medical systems:
  - In general, able to respond to health emergence/ epidemics as Ebola;
  - Partly because of high trust of populations (despite a history of catastrophic experimentation/medical abuse) and dedicated medics who work with limited resources
- Low government investment;
  - not just because of corruption but because of the debt burden/IMF/World bank policies
- Dependent on external funding aid and handouts/external actors setting the agenda:
  - e.g. recent USAID cuts of HIV, TB, Malaria etc funding'
  - Individual billionaires 'humanitarians' e.g. Bill Gates
  - Who influence policy (hence: decolonise global health)
- What kind of patients? resilient patients; use a variety of theoretical systems including 'traditional' African medical systems
- Hence the need to understand African's understanding of public health, medical care.

Images Justice Mulyagonja experience at the National referral hospital (above), Winnie Byanyima, Executive Director of UNAIDS explaining the impact of debt, exploitation of African resources by western actors etc on the health sector (middle), A report about Sam Kutesa, former UN General Assembly who after being treated for cancer in German (Uganda Cancer institute is ill-equipped), he returned and built a church, leading to public backlash

We were admitted in Ward 6B, which is supposed to be the very best but from what I saw and experienced, there is nothing specialised or referral about what remains of Mulago. The so-called national specialised referral hospital couldn't even provide a shot of insulin when my husband needed it most." I'm a Judge and there is no way I was going to keep moving from one place to another begging for [financial] contributions. That was too much indignity." Justice Irene Mulyagonja, High Court judge in Uganda