

Podcast 1: Decolonization in Global Health.

Proochista and Caesar discuss the key features of colonization and how decolonization is trying to roll back the negative effects of colonization, to create fair and equal global health for today.

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Transcript

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00:00:10,460 --> 00:00:19,970

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

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00:00:21,830 --> 00:00:29,930

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

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

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00:00:36,380 --> 00:00:39,020

Caesar.

Thank you very much Proochista.

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00:00:40,130 --> 00:00:47,540

Yes, I am, Caesar Atuire, and I lead the Ethics and Governance module in the Master's in International Health and Tropical medicine.

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00:00:48,020 --> 00:00:53,569

And I'm really looking forward to this conversation on decolonisation, because it is, yes.

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

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

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

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00:01:11,760 --> 00:01:15,840

But what is it? What is decolonisation?

You're right.

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00:01:17,190 --> 00:01:23,310

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

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00:01:23,340 --> 00:01:27,540

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

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00:01:28,170 --> 00:01:30,960

However, I think we need to.

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

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because decolonisation is to roll back colonisation.

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

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00:01:54,590 --> 00:01:57,770

The word we use today comes from the Latin.

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

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

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

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00:02:28,360 --> 00:02:31,150

In a way that will serve the interests of Rome.

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00:02:32,020 --> 00:02:41,140

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.

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00:02:41,680 --> 00:02:52,930

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.

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Now, historically, if you think about the world up until mid-last century.

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A large part of the population of this planet lived in what we call colonies.

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00:03:09,560 --> 00:03:18,120

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

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00:03:18,140 --> 00:03:24,980

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

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

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

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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,

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00:03:54,920 --> 00:04:00,979

the wrongs that we had done during the colonial period and how are these being

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perpetuated today and what can we do to roll back the negative effects of these?

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

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00:04:13,430 --> 00:04:16,100

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

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00:04:17,690 --> 00:04:27,680

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

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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.

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00:04:38,700 --> 00:04:46,310

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

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00:04:47,420 --> 00:04:53,239

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

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

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00:05:01,160 --> 00:05:08,390

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

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

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00:05:16,300 --> 00:05:25,180

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

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

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

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And you see, the thing about coloniality is that it no longer requires the presence of the

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coloniser because it is a system that continues moving and to some extent,

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00:06:02,160 --> 00:06:08,760

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

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00:06:08,760 --> 00:06:18,210

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,

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00:06:18,780 --> 00:06:26,010

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

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00:06:26,340 --> 00:06:34,150

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

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00:06:34,170 --> 00:06:39,090

Why has this become a buzzword?

It has become a buzzword because.

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00:06:40,160 --> 00:06:50,150

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

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00:06:51,390 --> 00:07:01,890

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

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00:07:01,890 --> 00:07:07,690

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

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00:07:07,710 --> 00:07:14,490

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

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00:07:15,030 --> 00:07:19,739

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

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00:07:19,740 --> 00:07:24,360

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

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00:07:24,870 --> 00:07:31,100

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

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00:07:31,110 --> 00:07:39,600

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

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

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But international health too,

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

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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

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00:08:07,920 --> 00:08:16,500

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

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00:08:17,770 --> 00:08:24,690

The problem is that we've been talking about this for over three decades now, and COVID,

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00:08:25,290 --> 00:08:31,739

the COVID 19 pandemic showed this, that lives do not matter in the same way across the world.

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00:08:31,740 --> 00:08:40,740

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

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00:08:42,600 --> 00:08:47,669

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

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00:08:47,670 --> 00:08:56,340

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

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00:08:56,340 --> 00:09:05,400

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

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00:09:06,180 --> 00:09:11,790

So this means that, that colonial structure.

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00:09:13,240 --> 00:09:23,170

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

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00:09:24,660 --> 00:09:36,780

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

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00:09:37,080 --> 00:09:39,570

And that is why decolonisation is important.

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00:09:40,380 --> 00:09:50,610

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,

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00:09:50,850 --> 00:09:57,780

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

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00:09:58,110 --> 00:10:01,980

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

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00:10:02,490 --> 00:10:04,490

It is a question of justice as well.

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00:10:05,130 --> 00:10:17,580

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

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00:10:18,510 --> 00:10:24,750

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

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00:10:25,620 --> 00:10:30,449

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

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00:10:30,450 --> 00:10:37,870

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

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00:10:38,930 --> 00:10:50,629

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.

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00:10:50,630 --> 00:10:53,750

There are ways of knowing and being illegal.

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00:10:54,770 --> 00:11:04,580

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

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00:11:05,210 --> 00:11:09,110

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

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00:11:09,500 --> 00:11:16,370

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

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00:11:17,570 --> 00:11:21,680

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

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00:11:22,580 --> 00:11:29,899

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

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00:11:29,900 --> 00:11:34,610

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

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00:11:34,880 --> 00:11:38,570

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

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00:11:38,810 --> 00:11:43,880

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

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

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00:11:49,800 --> 00:12:02,220

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.

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00:12:03,810 --> 00:12:07,500

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

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00:12:09,480 --> 00:12:19,740

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.

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00:12:21,110 --> 00:12:30,830

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

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00:12:30,860 --> 00:12:32,520

you know, the main theme.

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00:12:33,710 --> 00:12:43,370

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.

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00:12:44,480 --> 00:12:52,670

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

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00:12:52,730 --> 00:12:59,480

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.

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00:13:00,380 --> 00:13:07,910

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

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00:13:07,910 --> 00:13:10,940

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

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00:13:12,240 --> 00:13:17,219

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

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00:13:17,220 --> 00:13:24,240

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

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00:13:24,660 --> 00:13:30,750

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

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00:13:31,050 --> 00:13:32,340

That would be relativism.

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00:13:32,790 --> 00:13:40,950

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.

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00:13:41,550 --> 00:13:43,800

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

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00:13:43,800 --> 00:13:51,480

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

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00:13:51,480 --> 00:13:57,540

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

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00:13:57,540 --> 00:14:00,749

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

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00:14:00,750 --> 00:14:09,800

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

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00:14:09,810 --> 00:14:16,580

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

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00:14:16,580 --> 00:14:25,980

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

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00:14:26,850 --> 00:14:32,219

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

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00:14:32,220 --> 00:14:37,020

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

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00:14:37,620 --> 00:14:42,450

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

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00:14:43,530 --> 00:14:47,730

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

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00:14:48,450 --> 00:14:55,169

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

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00:14:55,170 --> 00:15:06,360

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

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00:15:06,930 --> 00:15:18,930

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

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00:15:19,560 --> 00:15:29,129

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

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00:15:29,130 --> 00:15:33,750

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

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00:15:34,320 --> 00:15:40,080

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

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00:15:40,770 --> 00:15:47,909

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

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00:15:47,910 --> 00:15:55,890

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

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00:15:56,460 --> 00:16:08,610

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.

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00:16:09,780 --> 00:16:18,030

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

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00:16:18,810 --> 00:16:25,500

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

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00:16:25,680 --> 00:16:29,910

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

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00:16:30,210 --> 00:16:34,360

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

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00:16:34,360 --> 00:16:37,900

Just imagine that the next pandemic.

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00:16:39,430 --> 00:16:43,510

Just using the pandemic as a hypothetical case comes out.

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00:16:44,260 --> 00:16:46,329

And the country where it comes out,

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00:16:46,330 --> 00:16:55,150

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.

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00:16:56,520 --> 00:17:05,840

Too. Instead of having 8 billion people in the world depend on five or six producers of a vaccine,

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00:17:06,650 --> 00:17:10,670

we have a thousand vaccines because people can create solutions.

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00:17:11,960 --> 00:17:17,680

A wealth of knowledge. A situation whereby.

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00:17:18,920 --> 00:17:26,070

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

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00:17:27,570 --> 00:17:34,230

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

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00:17:34,890 --> 00:17:42,510

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

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00:17:42,510 --> 00:17:47,160

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

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00:17:48,180 --> 00:17:52,830

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

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00:17:54,120 --> 00:18:03,000

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

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00:18:03,510 --> 00:18:06,780

Who actually controls this? Do we have power centres?

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00:18:07,620 --> 00:18:13,170

So imagining a decolonised world is a world in which there is a plurality of knowledge,

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00:18:13,260 --> 00:18:20,250

is a world in which the way we look for solutions respects the environment within which we live,

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00:18:21,120 --> 00:18:26,790

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

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00:18:27,330 --> 00:18:35,400

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.

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00:18:36,540 --> 00:18:44,730

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.

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00:18:45,450 --> 00:18:54,599

Firstly, thinking about knowledge and who constructs this knowledge and how we may be thinking differently about knowledge,

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00:18:54,600 --> 00:18:58,620

constructions and the value different knowledge systems have.

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00:18:59,720 --> 00:19:10,520

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.

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00:19:10,910 --> 00:19:18,020

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

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00:19:18,980 --> 00:19:22,490

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

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00:19:22,610 --> 00:19:24,380

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