Decolonizing Medicine in Africa and its Diaspora

Abstracts

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What do business history and industrial strategy have to do with decolonizing medicine in Africa?

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How does local production of medicines in Africa interlink with decolonizing medicine? This paper argues first that local pharmaceutical manufacturing in Africa has a long history (contrary to many assertions). Second, locally owned pharmaceutical manufacturing, sustained through the economic crises of the 1980s and 1990s when most overseas multinationals pulled out, has been important in supplying low-cost essential medicines to the population. Third, the pandemic experience of supply chain breakdown (a vulnerability well predicted by African scholars) resulted in extensive local manufacturing innovation to produce essentials for Covid19. Fourth, partly as a result, industrialisation, including upgrading and expanding manufacturing of medicines, devices and other essential health commodities, is a key policy priority for improving local health systems. It follows that a decolonising health strategy must include an industrial strategy, and a relevant industrial strategy must build on current manufacturing trends and strategies and address health system needs. African industrial specialists, including those authoring this paper, are thinking through what decoloniality can mean in the pharmaceutical industry, including ownership, business strategy, foresight and working with scientists: this paper uses original research into pharmaceutical manufacturing in Eastern and Southern Africa to argue for a hearing for this case within medicine.

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Dwen Hwɛ Kan: Conceptions about public health and medicine as explored from Akan proverbs

by
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The hermeneutics of African epistemologies are subsumed in her classic folklore which comprises aphorisms, myths, legends, fables, proverbs and other oral traditions. Despite the eclipse and onslaught of colonialism on indigenous canons, proverbs as an instrument of agency remain quotidian in everyday African life including the Akans in both Africa and the diaspora. Although proverbs perdure in a wide array of studies, the arc of analysis persist in ritual dance with ethnography works, education, ethics, gender, feminism, law, engineering, music and sociocultural systems.
Beyond the nativist gaze, this paper analyses conceptions about Akan proverbs in public health and medicine. Through the speculum of the fecund Ghanaian Philosopher – Kwame Wiredu's ideation of conceptual decolonization and content analysis, we explore relevant themes in the expansive *Bu me bɛ: Proverbs of the Akans* corpus to leaven global and public health education and policies.

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Discussing Nigeria Medical Space Using Biographical Lens: Chief Jacob Saboyega Odulate and the Alabukun Medicine

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Abstract: Contrary to the scholarly focus on European medical practitioners and Christian missionaries in the development of Nigeria's medical space, the involvement of Nigerians during this period can be considered 'groundbreaking.' Nigerians in the medical space reacted to and resisted colonial claims that indigenous medical practices, processes, and drugs as backward. They also contended with the limited medical training available and pursued medical education wherever it was available. Chief Jacob Saboyega Odulate – a pharmacist of repute, contributed to medicine by combining his indigenous knowledge and Western methods. Odulate established the Alabukun Pharmaceutical industry around 1918 to produce the pharmaceutical product under the trademark of Alabunkun Mentholine (a soothing balm) and Alabukun A.P.C (now Alabunkun Powder), among other similar products. Apart from the indigenous trademark, two important themes are important in the study of Chief Jacob Odulate and Alabukun Pharmaceutical include that the drugs have remained the therapy of choice since 1918 for more than 105; Alabukun has continued to receive wide acceptance among Nigerians. The study historicizes the contribution of Chief Jacob Odulate and the Alabukun pharmaceutical industry. The article relies on primary sources and is set on the literature on Nigeria's medical history.
Keywords: Medical History, Chief Jacob Odulate, Alabukun, Nigeria

Prejudices among African Medical Professionals and West Africa Medical Staff (WAMS) in the Twentieth Century

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Scholars of the history of medicine have raised issues about the exclusion of African medical officers from the West African Medical Staff (WAMS) in 1902. They harped on the processes that led to the formation of WAMS, which was clearly intended to alienate West African medical officers from this unit and reduce their influence and participation in colonial medical establishments. This explains why the practice was an all-white institution with heightened informal racism that revealed distinct colonial customs and traditions, hinged on professional skills. Given the foregoing and adopting the context that the formation of WAMS is a tool of prejudice, I provide perspectives on how Nigerian medical doctors became a voice in colonial medical institutions in the twentieth century, in contestation against the European suppression of African doctors. This paper looks at and analyses how African medical professionals have been at the forefront of tropical medicine since the 1850s, competing professionally with their European counterparts in their various outposts. This paper underscores their relevance by focusing on some of their contributions to Nigeria's healthcare system since 1900.

The History, Career, and Afterlife of Drapetomania: The Mania that Caused Enslaved Blacks to Run away and the Man Behind It

Dann j. Broyld

"Drapetomania" was invented by Dr. Samuel Adolphus Cartwright to describe the psychological disorder that caused a phenomenon of enslaved Blacks to run away from bondage before the Civil War. The Virginian-native physician, Cartwright was born the same year the 1793 Fugitive Slave Act passed in the United States Congress. He was trained in medicine at Transylvania University, honored for his work on cholera and yellow fever, was well travelled and published, and practiced as a doctor in Alabama and Mississippi before settling in New Orleans. There, he was appointed by the Louisiana State Medical Convention to chair a committee commissioned to study and report on the diseases "peculiar to Negroes."

In 1851, after the 1850 Fugitive Slave Act was passed, he formally introduced to the public and medical world "Draptomania." He spent enormous energy to research, diagnose, and suggest corrective treatments to mitigate the deviant tendency of Blacks to escape. This article will address Drapetomania as "folk biology" propagated to the public and professionals by Cartwright, an authority in medicine, as truth and objective scientific inquiry. Of course, it was not. The article illuminates the ridiculous claims of Cartwright, offers constructive criticism of his harmful hypothesis, and it employs public history, literature, and popular culture to examine the afterlife of the running mania.

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Defining the Medical Herbalist in Postcolonial Ghana

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Since 2001, the Kwame Nkrumah University of Science and Technology has offered a degree program in herbal medicine, the graduates of which are eligible to become licensed medical herbalists in Ghana. Advocates of the program argue that it addresses the health-seeking behavior of Ghanaians and thus offers an appropriate form of national development that was not possible under colonial governance. While herbal medicine students and graduates work to promote state recognition and acceptance for some parts of traditional medicine, therapies are expected to be subject to biomedical authority that can guarantee their safety. Based on ethnographic research at the Kwame Nkrumah University of Science and Technology, I situate the development of medical herbalism as part of a racialized counterdiscourse to colonialism, opposing the coloniality of medicine while reproducing aspects of it. I argue that the graduates of the program are expected to adhere to the politics of respectability, which places them at odds

with herbal medicine's association with tradition, non-monotheistic spirituality, and the informal economy.

Author: Damien Droney is a visiting assistant professor of anthropology at Oberlin College. His book manuscript, *Weedy Science: The Professional Politics of Herbal Medicine in Postcolonial Ghana,* is an ethnographic study of the training of a new class of medical professionals who are intended to practice a form of herbal medicine backed by scientific research. Based on research in classrooms, laboratories, and clinics, the book argues that the vocation of science in Ghana has been shaped by a set of projects to transform the politics of class, race, and nation since independence.

Decolonising health and healthcare systems in Africa

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The quest to decolonise medicine in Africa is understood by unpacking the realities of health and healthcare systems that have not changed post-independence. The conceptualisation of health problems and the establishment of the structure of the medical services in the colonial era were both determined by the socio-political and economic realities and requirements of the colonial rulers rather than by the health needs of the African population. Supposedly 'new nations' merely inherited healthcare systems and structures from the colonial past with very minimal intervention and improvement to cater for the shifting demographics and realities. Such realities create a good platform for posing practical questions around the relevance and efficacy of these healthcare systems in a context of limited healthcare reform post-independence. The healthcare systems from the colonial encounter continue to perpetuate the political dominance of biomedicine irrespective of the widespread use of traditional medicine especially in the Global South. Hence the need to decolonise structures to ensure that the healthcare systems and approaches that Africa settles for speak to our own context and its realities. If not decolonised, healthcare systems and academic institutions and/or disciplines continue to operate under racialised colonial and pro-colonial circumstances. These circumstances are not only alien to the black and African experience, but they also sustain the colonial legacy in healthcare-related matters. Decolonising health and healthcare systems in Africa can be partly achieved by decolonising the curricula that currently perpetuates the dominance of theories and narratives deeply embedded in the colonial legacy and its misconception about Africa and Africans. Clinical sociologists, for example, strive to provide scholarly and practical frameworks for decolonising healthcare systems in Africa to ensure that the services that are offered are relevant to the context and its people.

Author: Kezia Batisai is a Professor of Sociology at the University of Johannesburg who holds a PhD in Gender Studies from the University of Cape Town. Kezia has written several journal articles, book chapters, technical reports and opinion pieces that expand her theory of marginality. The published work questions notions of marginality and the meaning of being different that expose the politics of nation-building in Africa. Kezia's work articulates these notions of marginality through an interdisciplinary approach to gender, sexuality, health, and migration studies, and interrogates how people marked by society as 'the minority' (based on intersecting positionalities) negotiate being different within various hierarchised zones of the everyday. Kezia is an active member of the International Sociological Association; South African Association for

Gender Studies; South African Sociological Association; and the Research Network Law, Gender, and Sexuality (LEX) International Steering Committee.

Towards Decolonizing Medicine and Healthcare: The Place of African Health and Healing Traditions

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Global health science needs to integrate the health traditions of local communities in Africa. African knowledge systems have for a long time been undervalued because of the dominance of Eurocentric mindsets and practices; but current research confirms that many of today's medicines are derived from tropical plants and have the same or similar uses in African traditional healthcare; that traditional medicine can provide a lead to scientific breakthrough in modern medicine and drug discovery.

With colonialism, modernization and globalization, traditional medicine has come under scrutiny because the practice does not always appear to conform with the scientific principles of modern medicine. But modern medicine, with it obvious merit, is not readily accessible and affordable to a large percentage of the rural population; and in cities most people combine traditional and modern medicines, especially during epidemics like HIV/AIDS EBOLA, COVID19 and other ailments for which Western medicine has not immediately provided ready cure. Thus, while we need more research on the contributions of individual African scientists and practitioners to global medicine, traditional medicine has the potential to contribute to the attainment of universal health coverage. As well, African doctors, nurses and other skilled health personnel are today migrating in large numbers to Europe, North America and the Middle East to contribute to global health, although this has implications for the health sector, and for the ongoing debates about the scientific and social costs and benefits of brain drain or brain gain.

While Africa seeks to contribute to and benefit from global science and international best practices, there is a need to promote comparative medicine, as well as collaboration between scientists and practitioners of Western/biomedicine on the one hand, and those who hold and use traditional medical knowledge, so that the traditional and the modern will complement and enrich each other, and thus advance the prospect of attaining universal health coverage. A few examples from Nigeria, Uganda and Senegal will be presented to illustrate the promising way forward in this regard.

Paper Title: Histories of Global Health in Africa: Recognizing African Healing Practices

Melissa Graboyes and Jennifer Tappan

This paper will offer historical examples drawn from across the continent providing evidence of the rich healing traditions and curative practices that existed on the African continent prior to colonial contact. We take an interdisciplinary approach to the topic, drawing on archival and oral sources collected during our own research in addition to integrating a substantial number of historical and anthropological texts published on this topic. Examples will include evidence of African practices that existed prior to colonization and how Africans actively rejected, adopted, and adapted particular medical tools, technologies, and ideas. These include cases of bioprospecting by multinational companies in West and South Africa; the transfer of healing knowledge and objects in the Indian Ocean and Atlantic worlds; and the movement of people, tools, and technologies as part of the Trans-Saharan trade.

This paper presents information drawn from a book in progress, Global Health Histories in Africa, which is under contract with Ohio University Press, as part of their "Africa in World History" series. One of the primary goals of our volume, and the series, is to center African perspectives, African forms of vernacular knowledge, and African expertise. In every chapter, we draw attention to African participants, local understandings, and the longer-term implications for individuals and communities.

Authors: Melissa Graboyes is an Associate Professor in the History Department at the University of Oregon, in addition to serving as the Director of the African Studies Program. She's the author of The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940-2014 (Ohio University Press, 2015) and a co-editor of the award-winning Africa Every Day: Fun, Leisure, and Expressive Culture on the Continent (Ohio University Press, 2019). Graboyes' current research focuses on the history of malaria elimination attempts in Africa over the last century and is funded by a 5-year US National Science Foundation grant, Graboyes received her Ph.D. in History and a Master's in Public Health with an emphasis on medical ethics from Boston University.

Jennifer Tappan is an Associate Professor in the History Department at Portland State University. She's the author of The Riddle of Malnutrition: The Long Arc of Biomedical and Public Health Interventions in Uganda (Ohio University Press, 2017). Her research focuses on the history of medicine and health in Africa, and her work has appeared in the edited volume, Global Health in Africa: Historical Perspectives on Disease Control, and in journals such as the International Journal of African Historical Studies, and Health and Place. Tappan received her Ph.D. in History from Columbia University.

"Re-echoing Active Voices from the Archives": Subordinate Medical Employees and Agency in Southwestern Nigeria, 1925-1945.

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Medical histories on colonial Africa have often represented the provision of biomedical services as a significant and generous aspect of colonialism, a perspective that has often celebrated the triumph of the state and missions in the provision of medicine to the indigenous population. Such thought has been revisited for self-understanding in contemporary Africa. With this, the impact of both colonial medical service and missionary medicine in Africa has been explored by such scholars, while also revealing the limitations that accompanied missionary works in interior areas in Africa. Although, there were several factors that inhibited the expansion of medicine into rural communities in southwestern Nigeria during the colonial period, such as a wide range of tropical diseases and a paucity of health facilities and medical personnel. Hence, the colonial medical service began to collaborate with the medical missions to extend services to the indigenous populations from 1925. By exploring the ways, the colonial government partnered with the medical missionaries to approach health and healing in southwestern Nigeria, this work examines healthcare services and the multifaceted roles played by the African medical auxiliaries within the medical missionaries in rural areas of southwestern Nigeria. It argues that the African medical staff of the missionary societies were not docile but were active agents in the promotion of medicine I ost interior spaces in southwestern Nigeria. Existing studies largely adopt a structuralist approach that sees these indigenous health agents as part of the colonial or missionary health structures without recognizing their agency, autonomy, resourcefulness, and adaptability in the colonial healthcare system that in many cases enabled them to effectively address the health needs of the ordinary people, particularly the rural dwellers who were not captured by the formal structures of the colonial medical system. By adopting a subaltern approach, my research promises to effectively capture the voices, activities, and agency of the largely unsung heroes of the colonial medical system in terms of providing various healthcare services to rural dwellers who were largely left out of the colonial medical system.

"Healing from the Source": Decolonising Primary Amenorrhea Treatment in Southwest Nigeria".

Tolulope Esther Fadeyi, Department of History, University of Basel, Switzerland.

The history of global reproductive health in post-colonial Africa has largely focused on responses of international organisations and medical discourses. African healers, healing techniques, cultural meanings, and 'spiritual' causes of primary amenorrhea in Africa have been largely ignored. Existing scholarship on female reproductive health effectively obscured the pattern, dynamism, and resilience of African medicine and approaches to meet the 'spiritual' needs of women. In contrast, this work argues that the treatment of primary amenorrhea in Africa goes beyond the abstracted element of Western care and reveals how the interconnectedness of culture and religious systems, shaped the health pattern of women. This paper examines "indigenous medical practices" in post-colonial Yorubaland: changes and continuities in the bodies of knowledge and practices of healers. I draw upon evidence from oral traditions, ethnographic writings and discussions with Yoruba healers, and other historical works to uncover the adoptions and adaptations of local knowledge on maternal mental disorder in Southwest Nigeria. Fragments of these "indigenous medical practices" are vital to engendering fertility and motherhood. The decolonisation of African medicine, which scholars have largely left unexamined, reinforces how local knowledge shaped the global field of medicine.

"All symptoms of illness": Race, Medicine, and Sanitation Inspections of Enslaved "Mozambiques" in Buenos Aires, *c.*1800-1810.

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The proposed paper will focus on reconstructing aspects of the experiences and life trajectories of enslaved "Mozambique" persons who forcibly undertook the voyage from southeastern Africa to the city-port of Buenos Aires in the first decade of the nineteenth century, emphasizing their health conditions. This includes the relation between displacement, enslavement, and sickness in southeastern Africa, their principal diceases and their treatment, the medical measures that were taken to reduce mortality of the enslaved persons during the intra-oceanic voyage, the role of the ship surgeon, and the sanitation inspections when they arrived at Buenos Aires. The proposed paper will pay particular attention to a case study about the complicated interactions between enslaved "Mozambiques" with "all symptoms of illness" and the local physicians based in Buenos Aires, as shown in archival records, memoirs and historical narratives. While doing so, we interrogate the complex relation between race, public health measures, and cultural sanitary practices.

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Title On Medical Sovereignty: Therapeutic Self-Sufficiency as Anti-Colonial Resistance in Madagascar

Gabrielle Robbins

Two therapeutic substances to mitigate Covid-19's threat circulates widely through Madagascar. In contrast to imported vaccines, both treatments are vita Gasy, made in Madagascar: CVO+ is a pharmaceutical manufactured in a new state-owned factory; ranomena is a cattle bone distillation long produced by specialist members of the Betsileo ethnic group in the island's central highlands. As domestic medical resources, both substances are freighted with potent capacities to resist the workings of imperial power. CVO+, developed and manufactured by the Malagasy state, repudiates Euro-American pharmaceutical industries that are both enduringly colonial and exceptionally fragile in favor of national medical self-sufficiency. But highland Betsileo spurn CVO+ as "eating politics" and disavow its distribution through the countryside – as well as other government projects – as "colonialism by the state." Ranomena-making on village hillsides thus mobilizes Betsileo medicinal expertise toward community therapeutic self-sufficiency amid deep resistance to state power. Drawing on more than 26 months of research with state pharmaceutical scientists, Betsileo ranomena experts, and highland communities, this paper unravels how these two "homegrown" therapies condense complex contestations of freedom – negotiations of medical sovereignty – in pandemic-era Madagascar.

Author: Gabrielle Robbins is a PhD candidate in the History/Anthropology/Science, Technology & Society program at the Massachusetts Institute of Technology. She blends historical and ethnographic research in central Madagascar to understand how pursuit of the therapeutic reshapes in an uncertain 21st century. Current work focuses on highland Betsileo communities navigating the Malagasy state's pandemic response in contexts marked both by

legacies of internal subjugation and worsening climate change destabilization. Grounded in the Betsileo agricultural heartland, this work considers frictions between multiple anticolonial struggles, pandemic politicization, pharmaceutical industrial change, and ecological breakdown to radically expand approaches to medicine's environmental politics and liberatory potentials.

"Xhosa Nurses Shaping Health Care in Xhosa Communities (1960s-1980s South Africa)"

Leslie Anne Hadfield

Abstract: African nurses trained in biomedicine have played significant roles in the expansion and development of medicine on the African continent. They have occupied both the frontlines of biomedicine and the middle ground between biomedicine and African communities. Based on original oral history and archival work conducted for the book, *A Bold Profession* (UWP 2021), this paper argues that Xhosa nurses working in rural South Africa during apartheid contributed to the continued co-existence and adaption of both biomedicine and Xhosa medical practices and beliefs. The particularities of rural apartheid health care meant that many Xhosa nurses worked autonomously in the rural Eastern Cape, in a system that granted them some leadership. They discovered that respecting Xhosa medical systems and encouraging patients to draw on both systems led to greater success in delivering health care. This demonstrates what other historians have more recently emphasized: Africans have not simply been passive recipients of colonial medical campaigns or European visions of health and healing but have engaged biomedicine with their own objectives in a way that has shaped health care in their own communities (Digby and Sweet 2002, David Gordon 2003, Digby 2006, Karen Flint 2008, David Baranov 2008, Prince and Marsland 2014, Wall 2015).

Author: Leslie Anne Hadfield is a professor of history and the Africana Studies program coordinator at Brigham Young University (Provo, Utah, USA). She primarily studies South African contemporary social and political history. Oral history is an important part of her work. Extensive interviews formed the basis for her books, *Liberation and Development: Black Consciousness Community Programs in South Africa* (2016) and *A Bold Profession: African Nurses in Rural Apartheid South Africa* (2021).

Healthy Futures with Dhaqan: Alternative Frameworks to Harm Reduction

Hanah Alli, Cornell University

Dhaqan is a Somali philosophy of life (Ilmi, 2012, 2015). The ethics of dhaqan prioritizes family, community relations, accountability, elderly wisdom, and memories of the land (Ilmi,2012, 2015). The Somali Canadian diaspora also employs dhaqan to ground Indigenous-Islamic frameworks to navigate social exclusion. Since the late 1980s, Somalis have faced systemic barriers contributing to a housing crisis and poverty (Mohamed, 1999). In 202-2023, my three-month digital ethnography revealed that Somali families turn to indigenous-religious frameworks of care, accountability, and support to create healthy futures. The Somali Canadians I interviewed established community support networks that aided community members. However, these forms of health eclipsed community well-being with individual agency. In the wake of the fentanyl epidemic, my paper builds on my previous ethnography to examine how Somalis use indigenous-religious care modules to negotiate addiction, drug use, and drug and youth futures. The rise of opioid-related death and overdoses among Somali youth poses concerns for the community (Glover, 2020). In recent years, community-based organizations and rehab facilities have emerged in Minnesota and Toronto. I follow these community innovations to examine how they respond to the limitations of harm-reduction services. At large, harm reduction empathy principles grounded in individual use dismiss communities' histories with systemic racism (Meng et al., 2022). I consider how the Somali community's responses to the fentanyl epidemic parallel Somalia's history of exclusion with discriminatory harm-reduction policies. In particular, I investigate how Somalis defining community health with youth futures reshapes individual models of risk and recovery. At large, my project grounds Somalis' use of indigenous modules of care develops a framework of traditional healing that decolonizes secular constructions of recovery. My project also considers how Somalis' indigenous-religious care economies reshape the parameters of our understanding of how diasporas use traditional healing and medicine in the face of health epidemics.

Making Oncology in the Ivory Coast:
A Genealogy of an African National Cancer Control Programme

David Reubi (King’s College London) & Kéassemaé Koui (Université Félix-Houphouët-Boigny, Abidjan)

Over the last fifteen years, health experts have repeatedly warned about the growing cancer epidemic facing sub-Saharan Africa. As they point out, cancer is one of the three leading causes of death on the continent, with over half a million deaths per year, a number that is expected to double over the next 20 years (Bray et al. 2020). This rising cancer burden, these experts also point out, is part of a wider epidemiological transition from infectious to chronic diseases fuelled by changes in lifestyles linked with Africa’s urbanization and economic development. The warnings of these experts have led to a multiplication of efforts to address this growing epidemic both internationally, as with the WHO’s Cervical Cancer Elimination Initiative, and nationally, with ever more African countries adopting cancer control programmes. In this paper, we contribute to the growing historical and anthropological literature on cancer in Africa (e.g. Livingstone 2011; Mika 2022; Cochrane and Reubi 2023) by tracing the genealogy of one of these national tobacco

control programmes – the Ivory Coast's *Programme National de Lutte contre le Cancer* set up at the end of the civil war that ravaged the country in the 2000s. Inspired by John Illife's (1998) history of East African doctors, we articulate our genealogy around the figure of Ivorian surgeon Antoine Kouassi Echimane and the oncologists he trained. We outline how, in 1992, Echimane opened the country's first 'Service de Cancérologie' at one of Abidjan's largest public hospitals, the Centre Hospitalier Universitaire de Treichville built by the late French colonial government. We show how Echimane and the 'Service de Cancérologie' were the product of the efforts to build the nation and Africanise the medical profession pursued by Félix Houphouët-Boigny, the country's first president and a doctor himself, during the first decades of independence. We also show how Echimane relied on nascent oncological networks of expertise across francophone Africa to train a team of oncologists to run his fledging Service, sending many of his protégés to study in Brazzaville with Professor Charles Gombé, one of the region's first specialist in the field of oncology. We further describe Echimane's hopes and ambitions to build a modern, comprehensive oncological infrastructure for his country, from epidemiological surveillance and health education campaigns to treatment facilities. We show how, after the interruption and destruction of the civil war, Echimane's protégés were finally able to realise his vision of a national cancer programme. We also show how, more recently, his protégés have succeeded in building innovative alliances with international organisations, philanthropists and the pharmaceutical industry to accelerate the making of Ivorian oncology, from access to cutting-edge diagnostic tests and immunotherapies to the creation of specialist degrees in oncology and new dedicated cancerology centres.

'Family Health' in Africa in the age of *The Population Bomb*, 1968-1973

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When the Association of Medical Schools in Africa (AMSA) gathered in Lagos, Nigeria, in 1968, it was the first time its membership discussed family planning. The topic was timely. The neo-Malthusian 'population problem' rose in prominence during the 1960s. A recent re-programming of USAID funds toward population goals threatened the modest technical assistance AMSA received from the Association of American Medical Colleges.

Population control was especially controversial in Africa. AMSA delegates in Lagos nevertheless resolved to seek funding "to promote teaching and research in the field of family planning." The association's resulting activities promoted a loosely sketched concept of "Family Health." Was family health a palatable euphemism for family planning? Or did it signal something more?

This paper uses archives of the Association of American Medical Colleges and Rockefeller Foundation to argue that the leadership of AMSA—president Joseph Lutwama most prominently—skillfully leveraged population control funding to push for broader transformations of the sparse and inequitable health systems inherited from colonial administrations. AMSA's early 1970s articulation of 'family health' prefigured both the insistence of 'third world' delegates at 1974 World Population Conference that "development is the best contraception" and the World Health Organization's 1978 endorsement of primary health care.

Reclaiming the Medical Heritage of Ebola: The Role of Dr. Muyembe and Congolese Health Experts

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This paper seeks to inform ongoing discussions on the decolonization of global health and medicine by examining the origins of the Ebola virus with a focus on Congolese health expertise, research, and praxis. Despite decades of Congolese-led research, multiple successful outbreak responses, and ground-breaking experimental treatments, professionals in DR Congo are repeatedly excluded from the medical heritage, discovery, and scholarship on the Ebola Virus Disease (EVD). Sixteen years after Congo's independence, Dr. Jean-Jacques Muyembe and his team investigated the first known case of EVD in the Belgian missionary hospital of Yambuku (Breman, Muyembe, et al. 2016). One year later, European and American scientists claimed credit for their roles in the discovery of a new deadly virus in the March 1977 publication of the *Lancet* with Dr. Muyembe and his colleagues written out (Harris 2019). After amassing four decades of medical and public health expertise on EVD, Congolese health professionals still face a long and continued Eurocentric hegemony and are sidelined during every Ebola outbreak, while their American and European counterparts are parachuted in as 'experts' to led emergency response efforts under the auspices of the WHO, CDC, and NGOs while claiming both funding and publication credits. The marginalization of African voices and expertise continues to be perpetuated through scholarship and R&D funding that disproportionately favor Western institutions and researchers (Bump and Aniebo 2022). These exclusionary practices raise important questions about how the politics of knowledge production plays out on the African continent and considers who is deemed an expert. Unpacking the contentious history of Ebola and placing Congolese expertise at the center of scholarship and interventions are critical first steps towards decolonizing medicine and countering hegemonic and racist processes that continue today.

Author: Maryam Rokhideh is a researcher specializing in the links between health, security, and development. She has conducted extensive research in the Democratic Republic of Congo, Rwanda, Uganda, Burundi, and Cameroon. She has dedicated most of her research to understanding African ways of knowing and approaches to complex emergencies. She holds dual Ph.D. degrees in Anthropology and Peace & Conflict Studies from the University of Notre Dame.

Animal Medicine: Treatment as Decolonial Project in the Volta Basin, 1950s to 1970s

Ryan Carty PhD Candidate History Department Michigan State University

This paper investigates the treatments used in the middle of the twentieth century by animal healers in the Volta Basin, including the modern-day countries of Burkina Faso and Ghana. During the colonial period, animal healing led by colonial veterinary departments privileged cattle along the trade routes from French West Africa to the Gold Coast. The development of an infrastructure of animal healing closely aligned with this preoccupation to the neglect of indigenous ruminants, including cattle, sheep, and goats, present in the colonies. Beginning in the 1950s, animal healers--a category that includes veterinarians and caretakers--adapted the

techniques used to care for ruminants and the materials on which those techniques depended. In this way, animal healing in the early independence era became part of decolonial and national projects, which valorized indigenous ruminants whose meat contained the protein necessary for the development of a healthy citizenry. The sources for this paper come from previously unexplored collections housed at the Veterinary Services Directorate in Ghana and the Ministry of Animal Resources and Fisheries in Burkina Faso. The textual sources are read against the insights of retired veterinarians and livestock caretakers interviewed for the project.

Author: Ryan Carty is a PhD Candidate in the History Department at Michigan State University. His research investigates the history of livestock systems in West Africa by leveraging MSU's strengths in animal science and African studies. His research is funded by a Fulbright-Hays DDRA, a WARA Pre-doctoral Dissertation Fellowship, FLAS Fellowships in African Studies, the MSU College of Social Science, and the MSU History Department.

The decolonization of African medicine. Example of the biography of contemporary Algerian doctors.

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French colonialism in Algeria (1830-1962) had decimated all the components of national identity. Then, it is necessary to return to the classic colonial narcissism of self-celebration: there is the desolate pre-1830 and the radiant post-1830. Colonial history exalts the contribution of civilization, medicine, education, the construction of railways and roads, the building of modern cities that bear a resolutely French stamp. Yet the racist medical coverage shows: 'in 1914, Algeria, which had been colonized for 84 years, had 77 colonial doctors' (Meynier, 2014).

Orientalists such as the historian Williams (1872-1957) preached the nullity of Algerians in medicine, while Lucien (1816-1893) appreciated the pharmacopoeia (symbols) of the Algerian physician Ibn Hamadouche (1695) (Lucien, 1874).

The Algerian medical diaspora continued to shine after independence. The example of the biography of Pr. Zerhouni Ilias (1951), a native of the Algiers Faculty of Medicine in radiology, who held key responsibilities in medical research in the United States (Director of the National Institutes of Health).

The re-reading of colonial medicine is a step towards readjusting false prejudices by valorizing the biographical history of the African diaspora in modern contemporary medicine. The History is a bridge to the peace.

Author: Hamid is Professor in the faculty of medicine, University of Oran, Algeria. He specializes on mental health and Psychopathology**.** Author of more than 20 books, he is the Chief researcher for Algeria's national agency for research **www.atrss.dz.**

Title: Healing Narratives

Dr Kenneth Kaplan

My PhD research focused on film narratives set around the figure of the medical doctor in African conflict zones. Mostly produced in the commercial film centres of the West, these films encode certain therapeutic modes of control and exclusion which echo those often found in films set in colonial Africa centred on the European doctor. As is common in these narrative settings, this central figure is enlisted as a defender of Eurocentric knowledge in a grand contestation with African therapeutics and the perceived threat represented by the figure of the traditional healer. Cameroonian filmmaker Bassek Ba Kobhio's Le grand blanc de Lambaréné (1995) tackles these enduring racist tropes by challenging overly simplistic narrative binaries that tend to define the therapeutic dominance of Western scientific knowledge as everything that African healing systems are not. Ba Kobhio's provocation is understood as a 'decolonial' one, not only in reclaiming Schweitzer's legacy for Africans, but in its invitation for a wider critical engagement with the assumed moral and medical superiority accompanying Western medical interventions in contemporary African crises.

This presentation offers a unique interdisciplinary approach which extends beyond the theoretical representational issues mentioned. While undertaking the writing of a feature screenplay about South African doctors during their year of compulsory community service in remote rural hospitals, I had the opportunity to join a range of projects facilitated through the University of the Witwatersrand in Johannesburg involving traditional healers in Mpumalanga Province near the border with Mozambique. This experience steered my writing towards an exploration of a plurality of healing practices which I offer as a 'decolonial' activity that destabilises the often-damaging binary of 'Western' and 'traditional' medicine which accompany stories set around the African medical encounter.

Author: Kenneth is credited as producer on various narrative feature films that have screened at the world's leading international film festivals. He also created a series of TV programs focusing on youth and health issues in sub-Saharan Africa that broadcast across 31 African countries. As part of the mass democratic movement in South Africa in the early 1990s, he was active in organising media workers and developing skills for marginalised filmmakers in Alexander Township in Johannesburg. When his work was restricted and banned under the Apartheid government's State of Emergency, he continued producing for international broadcasters covering political and cultural events in the country. He completed his doctoral research around the filmed representation of medical doctors in African conflict zones while teaching in the Film and TV Department at the University of Witwatersrand.

Nursing from the Diaspora, medical dominance and the emerging decolonising debate

Dr Radha Adhikari, Lecturer, University of the West of Scotland, Scotland, and Professor Pam Smith, Professor Emerita, University of Edinburgh, Scotland

Globally, international migration and recruitment from former colonies have intensified over two decades to deal with nursing shortages in the rich countries of the global North, such as the USA, Canada, UK, Netherlands and Germany. This type of recruitment has created further inequality in health service provision, when there is increased need for more health workers to deal with global emergencies, such as the Covid-19 pandemic and the rise of non-communicable diseases (NCD) in their home countries in Africa and other low-income countries. Further, more nurses are urgently needed worldwide, to meet the Sustainable Development Goals (SDG) and Universal Health Coverage (UHC) by 2030. We examine how and what contribution migrant nurses make from the Diaspora to address these challenges. We present three key global health debates: 1) shortages of global healthcare workers and international recruitment based on colonial and post-colonial relations 2) the rise of NCDs, such as Diabetes and Hypertension in Africa and the deficit created by the migration of health workers' contribution to the Diaspora; and 3) prospects for 'decolonising' nursing and global health. We contextualise these debates within the medical division of labour and the interface with the nursing workforce in two fieldwork sites: Malawi and Tanzania.

Biography: Pam Smith PhD, MSc, BNurs, RN is Professor Emerita at the School of Health in Social Science, University of Edinburg. She is the Trustee and former President of International Collaboration for Community Health Nursing Research info@icchnr.org

Radha Adhikari is a Lecturer in School of Health and Life Sciences, at the University of the West of Scotland. She is interested in international migration of healthcare professionals, global healthcare labour market, migrants' rights, migration governance, gender and global health inequality, and has published extensively on international nurse migration and global health workforce challenges. Her latest research monograph, *Migrant health professionals and the global labour market: the dreams and traps of Nepali nurses,* was published in 2019, by *Routledge,* and an *co-edited volume* on *Nurse Migration in Asia: emerging patterns and policy responses* is currently in press, scheduled to be available in May 2023.

Decolonizing Medicine in Uganda by building an institutional framework for capacity building, research, and product development in traditional medicine

Anke Weisheit

In Uganda the allopathic health care systems is formally not recognizing the traditional medicine system. Collaboration between the two health care systems rarely exist and when, then collaboration is informally. Research and development of Traditional Medicine (TM) is highly underfunded and human resources sparingly available. Only few Herbal/ plant based medicine producers exist.

60-80% of Ugandans use TM as primary health care for reason of cultural appropriate, accessible and known from generations of been effective. Its also used when the allopathic health approach fails as last resort medicine. Pharm-Bio Technology and Traditional Medicine Center (PHARMBIOTRAC) at Mbarara University of Science and Technology, Mbarara Uganda to offer PhD, Masters and professional short courses for Traditional Health Practitioners. PHARMBIOTAC is conducting research on various herbal medicines, and running an innovation incubator for small scale enterprises in TM, natural cosmetics, nutraceuticals, beverages etc.

With the establishment of the centre in 2017, 15 PhD and 46 Masters where graduated and over 300 persons received short professional training. This enables developing human resources for expanding TM small enterprises, teaching staff, as well as technocrats required in various fields of economy. Investment is now attracted to establish a contract manufacturing mentoring, product development and is conducting project and proposal evaluations, strategic planning, feasibility studies, and organisation development. Anke is also an External Expert to the European Commission Horizon 2020, a Member of the Governing Council of the Sub Saharan Open University (SSOU), and serving on the WHO Regional Expert Advisory Committee on Traditional Medicine for COCID-19 Response (REACT). Anke had previously lead teams for evaluations, need assessments and feasibility studies. Before she served on the Board of Trustees of THETA Uganda as the Chairperson Programmes and Research Committee and the Uganda Forum for Agricultural Advisory Services (UFAAS) board as a founding team member and has researched and consulted for the United Nations Development Programme, World Bank, World Health Organization, World Agroforestry Centre, and German Agency for International Cooperation among others.

Author: Eng. (Ms.) Anke Weisheit is Co-Founder and Chair, Innovation & Business Management, Pharm-Bio Technology and Traditional Medicine Centre (PHARMBIOTRAC) Mbarara University of Science and Technology (MUST), Uganda.

Decolonization of Medical Education in Africa

Murungi, John, Towson University

In post-colonial Africa, it is important to embark on colonial studies to clear a post-colonial path for the present and the future of African Africans. We cannot fully understand or move forward intelligently without an understanding of the African past – a past that, in part, must investigate colonized Africa. Decolonization of medical education in Africa calls attention to African African history. There are many African histories -they include African African history and non-African African histories. For example, there is European African history that must be distinguished from Africa African History. Regarding medical education in Africa, there is African African medical education and there is European African medical education.

In this presentation, I call attention to African African medical education -an education that was undermined by European colonialist medical educators. I call for decolonization of medical education today -a process that clears a path for African African medical practice. Malcolm X, a diaspora African, once said noted that if you do not know your history you do not know yourself. In the light of this claim, I argue that African African medical education is essentially about African African self-knowledge, and that African African medical practice is the practice of being

African African. Moreover, to the extent that medical practice has its goal in securing and promoting human health, ultimately, in African African medical practice, the goal is to secure and promote the health of the African. This is also the goal that ought to guide African African decolonization process.

From discouraging the use of fire to asserting that the "judicious use of fire is a valuable secondary weapon in the hands of the tsetse reclamation officer": Changes in colonial perceptions of African disease prevention and control methods

Francis Dube Morgan State University

In colonial Zimbabwe, colonial officials initially dismissed African ideas and innovation related to the use of fire in the prevention of disease such as trypanosomiasis and tickborne livestock disease such as Theileriosis/East Coast Fever. However, as the disease environment worsened, these colonial authorities began to embrace this practice, albeit without the other environmental modification practices used by African villagers in the precolonial period. Many pre-colonial African societies had maintained control over livestock diseases through environmental modification because the relationships among vectors, hosts, human populations, and the habitat influenced the outbreak of diseases. By 1954, colonial veterinarians were going as far as arguing that the "judicious use of fire is a valuable secondary weapon in the hands of the tsetse reclamation officer." Using archival sources, this paper traces these changes relating to how colonial authorities embraced African medical ideas and innovations without giving much credit to the Africans themselves. By chronicling this history of the use of fire in colonial Zimbabwe and by highlighting the agency of African villagers, this paper attempts to demonstrate how medicine might be deracialized and decolonized.

Medical Ideas and Innovations Credited to People of African Descent: The achievements by Africans in medicine on the continent and in the Diaspora

Odimegwu Onwumere, Independent Scholar, Nigeria

Numerous fields within the medical industry have been transformed by the exceptional healthcare contributions of individuals of African origin. African physicians, researchers, and other healthcare professionals have made significant strides in the field.

My research has shown that people of African descent have been instrumental in developing groundbreaking medical technologies and practices, ranging from cardiology to endoscopy to blood transfusions. This has led to the formation of new partnerships, highlighting the collaborative efforts aimed at improving global healthcare and promoting the biopharmaceutical workforce in the coming years.

Examining the medical innovations and ideas of individuals of African descent has highlighted a cultural deficiency in the representation of these individuals in the larger medical community. African traditional medicine, which encompasses divination, spiritualism, and herbalism, has been overlooked in favor of Western medicine. However, it is essential to recognize the contributions of Africans to medicine, as their knowledge and history could serve as vital foundations for the global healthcare system.

People of African descent are seeking a comprehensive historical account that acknowledges their place in the history of global medicine. My research indicates that the current management of medical innovations tends to favor individuals who are not of African descent, despite the significant impact of Africans in the field. Addressing these stereotypes is crucial to promoting inclusivity in the medical industry.

Author: Odimegwu Onwumere is an independent scholar who has gained considerable experience in the communication industry. He meticulously documents his thoughts, with a profound interest in growth-oriented journalism. Onwumere is a renowned poet and writer, as well as a journalist who has won multiple media awards. He provides constructive feedback that challenges those in power. As a pan-African, he has written for The Nigerian Voice in Nigeria, ThisDay Newspapers in Nigeria (as a columnist/special correspondent), and the Africa Review of Business and Technology in London (as a contributor from 2015 to 2017). He has authored over five books, some of which are available on Amazon. His works have been published in all significant print and online media outlets in Nigeria. Furthermore, his work has been so widely recognized in international media that that a simple Google search will suffice.

The Unsung Heroes: A Social History of Sanitary Inspectors and Public Health in the *Cinderella* Territory of Anglophone Cameroon, 1916-1980s

Flavius M. Mokake Washington University in St. Louis

The orthodox narrative and imagery of the colonial and immediate postcolonial medical encounters in Africa beam race and gender disparities, one in which men in white coats (often Europeans) attended the public health needs of destitute African patients and rural communities, however, it was essentially non- European intermediaries - chaps like dressers, dispensers, and sanitary inspectors, with varying degree of training - that were at the forefront of sanitation and public health services delivery on behalf of the colonial state and its postcolonial counterpart. The dominant historiography on the medical history of Africa has not accorded adequate credit

to these African public health personnel even though they were the first line of defense in the colonial health system. This paper is an effort to recenter their indispensability from their current marginality in the historiography. Using essentially primary data (archival and oral sources), this paper will argue that sanitary inspectors were the fulcrum of the success of public health initiatives, epidemic control, and disease prevention, but also instigators of controversies in some communities. I argue that present challenges to environmental sanitation and health could be averted with recourse to this important element in the chain of public health services of former West Cameroon and its colonial antecedent. The paper also challenges the dominant analytical framework which perceives Africans as mere liveried auxiliaries of the colonial medical community in particular and colonial administration in general. With the current increase in environmental sanitation-related challenges across Cameroon in particular and Africa in general, it is important to understand the cultural exchanges, technological transfer, and power relations that transpired in the preventive area of healthcare. Lastly, the paper suggests that if municipal and state authorities could reintroduce or reengage sanitary inspectors, this would give preference to the cost-effectiveness of preventive medicine, but also generate revenue at a time when the government is in the process of devolving some of its power and responsibilities to local councils.

Author: Flavius Mokake is a Donald Hopkins Scholar in Global Health at Washington University in St. Louis where he is finalizing an MPH in Global Health. He holds a Ph.D. in Interdisciplinary Studies and an MA in African Studies from Ohio University where he held the prestigious Osteopathic Heritage Foundation Fellowship from the Ohio University Heritage College of Osteopathic Medicine (2013-2018). Upon the completion of his doctoral studies, he held an adjunct faculty position with the Global Studies program at the same university.

Decolonizing Medical Surveillance: Colonial and Postcolonial Continuities in the History of Antimicrobial Research in Nigeria and South Africa

Adedamola Adetiba

One of the recent developments in antimicrobial resistance (AMR) research is the strong collaboration between large funding agencies in High-Income Countries (HICs) and partner institutions and researchers in Low- and Middle-Income Countries (LMICs). Such an initiative has brought colleagues in the United Kingdom and other countries together to foster knowledge about antimicrobial resistance by facilitating surveillance research that recognises the value of the economic, cultural, and ethnic diversity of Africa communities. On paper, it is clearly stated that there will be fair and equitable sharing of the benefits of any new drugs arising from the research with communities from LMICs. It would be interesting to see how such an arrangement was decided, as to the extent to which it was negotiated by both partners. Were local collaborators in African institutions treated simply as recipients of an already finalised initiative? In this paper, I explore continuities in antibiotic and post-antibiotic episodes in the history of medical research in Africa. In another dimension, the paper also reveals links between colonial and postcolonial medical research agendas; how mindsets of foreign donor agencies and metropolitan collaborators remain unwavering regarding local scientists, patients, and institutions on the continent.

Author: Adedamola Adetiba is a research fellow at the Department of History, University of Huddersfield. He is currently researching the history of medical research in selected institutions in Nigeria and South Africa. He was a fellow at the Rhodes University African Studies Centre. He worked on Open Society of Southern Africa and German Research Foundation-sponsored projects. His current work explores the positionality of African actors and institutions in global and national health frameworks by revealing the diverse modes of Western medical discourses in local contexts. His research leads him to engage with a corpus of archival materials and anthropology on African conversations and identities in Western medicine.

The Social Dimensions of the diagnosis and treatment of illness among Cokwe of the DRC.

P. Stanley Yoder

This paper discusses the role of social relations in the causes and treatment of dramatic or chronic illnesses among the Cokwe people of the DRC. For generations, Cokwe have lived in small villages in Northern Angola, and in west Katanga, and south Bandundu provinces of the DRC. Acute illnesses and parasitic diseases from contaminated food or water were all too familiar. Such illnesses had natural causes, in that they occurred commonly to everyone from time to time.
Illnesses that have a dramatic manifestation or that become chronic are feared, since they occur out of the ordinary. In such cases, families seek explanations in the realm of social relations, for they assume that the illness may be caused by a person or spirit who has been wronged, and is thus seeking to harm them. The sick person must be put into the care of a local healer who is able to identify the person or spirit causing the illness. While biomedical drugs might be sought to relieve symptoms, healing cannot occur without addressing the social cause of the illness.
The healers with whom I worked in south Bandundu thus fulfilled several functions. One, they took over the care of a patient, which provides reassurance to the patient. Two, in the cases of sorcery, they perform cleansing rituals to remove the traces of sorcery from the body so healing can occur. Three, they guide the process of identifying the person or spirit causing the illness so the patient can take measures to pacify the offended individual. Healing cannot occur without the patient seeking to make amends.

Author: P. Stanley Yoder is a social and medical anthropologist who has spent his career designing and directing research on health-related issues in African countries. In graduate school at UCLA, he earned a Masters in African Studies, an MPH, and a PhD in anthropology. His dissertation research was conducted in the Democratic Republic of the Congo, where he lived in small Cokwe villages to serve as an apprentice to local healers in order to understand the basis of their medical

practice. Yoder's focus on the study of local knowledge of illness, and the methods he used to understand local decision-making, served him well in his career as consultant and research director working in west, east, central, and southern Africa. He spent 17 years working as the qualitative research specialist with the Demographic and Health Survey (DHS) group of Macro International Based in Silver Spring, MD. DHS has had a USAID contract since 1984 to conduct nationally representative surveys related to morbidity, mortality, family planning, HIV/AIDS, and related topics in Asia, Africa, and Latin America. Yoder was asked to design and direct research projects related to local understanding of survey issues, or HIV/AIDS, or taking antiretrovirals for HIV infection, or family planning, or child health.in African countries

Yoder has worked mostly in French and English, but he has also worked in German, in Portuguese, in Swahili, and in Cokwe (Kichokwe, Quioco). Many of his publications and technical reports can be found in ResearchGate. By the time he retired a few years ago, he had become a specialist in research design, in training interviewers, in textual analysis, and in communicating research results.

AFRICAN AUXILIARIES AND THE "ILLEGAL PRACTICE OF WESTERN MEDICINE" IN COLONIAL NIGERIA

Uyilawa Usuanlele, SUNY, Oswego

A not-so-clandestine development that occurred in the provision of health care in Colonial Nigeria was what the colonial government termed the "illegal practice of medicine." This was the practice of Western medicine by Africans without formal training in medicine and operated in most especially the rural communities where colonial health services availability was at best sporadic. The practitioners included some African auxiliaries trained as dispensers, dressers, and sanitary inspectors. Based on their training and close observations of medical doctors, some of these auxiliaries ventured into the practice of "medicine," trained apprentices, and were acclaimed" as "Doctors," particularly among the rural populace. This paper argues that the nature of services provided by the colonial government and training given to Africans at the early stages of colonialism encouraged the development of this "illegal practice of medicine." It also argues that their practice was not outright quackery but another level of practice necessitated by demand. It will be substantiated with archival and oral sources.