THE LEGACIES OF COLONIALISM IN AFRICAN MEDICINE

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SCOPE OF PRESENTATION

PART I:

- THE CULTURO-IDEOLOGICAL CLASH (EUROPEAN Vs AFRICAN):
  - THE RE-DEFINITION OF DISEASE & ILLNESS – Cultural Explanatory Models

- EURO-CENTRICISM & THE NEW MEDICAL CULTURE

- THE FORMATIVE YEARS......SEEDING THE LEGACIES

PART II

- COLONIAL MEDICINE

- POST-COLONIAL MEDICINE

- THE FUTURE CHALLENGE
COLONIAL MEDICINE:  
A) EARLY EUROPEAN INCURSIONS

3 Purposes:

- To open up Africa for trade (Exploitation)
  - Dr David Livingstone
  - Emin Pasha

- To conquer & occupy Africa (Colonisation)

- To civilise Africa (Christian evangelism)

Early spread of Western Medicine in Africa was in the service of the above interests and at the centre of the colonial imperative
THE HISTORICAL PERSPECTIVE

- THE SLAVE TRADE: 1400s-1800s
- COLONISING AFRICA: 1800s-1900
- TROPICAL MEDICINE: 1900-1960s
- INTERNATIONAL HEALTH: 1960s-1990s
- GLOBAL HEALTH: 1990s-
Early European Doctors

3 Functions:

- To offer medical treatment to European explorers, missionaries, colonial administrators and their families.
  - Dr Albert Cook
  - Dr Mitchell

- To fight in the wars of colonization & / or in the religious wars.

- To use Medicine to help spread the word of God (Medical evangelism)

Thus to every colonial post, there was established a church, a school and a hospital.
Four Later Additions

- A Teacher Training College,
- A Nurse Training School,
- A Theological College
- Recently: a University (Nkozi, Mukono, Mbale)
- This entrenched early colonial (Western) medicine in Africa
Medicine At the Seat Of European Colonial Power

- Medicine at the seat of colonial establishments;
  - Mengo Hospital In Uganda

- Medicine at the Native Ruler’s court: Treating Native Nobility
  - Dr Albert Cook

- Medicine & Colonial Administrators: Treating Colonial masters
  - The scourge of Black water fever
Centralising Medical Care

- The Building Of The Central Hospital-
  - Heroics, European power, Conversion
- The (Catholic) Mission Hospitals
- The Regional Hospitals
Professionalisation, Sexual & Racial Segregation

- The Male Medical Doctor & Medical Assistant- Training
  - Training; Black doctor, white patient

- The Female Nurse & Midwife

- The Male Hospital Security Guards

- The Hospital Orderly : Mixed Gender

- The Female Hospital Cook & Cleaner

- Living Quarters
Lack Of Public Health Initiatives

- Emphasis on Curative Measures
- No Primary Health Care
- No Family Medical Personnel
- Campaigns To Control Epidemics:
  - Small Pox, Polio, Bubonic Plague, Yaws, TB
- The Urban slum: Workers Quarters
- The Problem Of Deculturalised Women
Neglect Of Some Disciplines/Diseases

- Emphasis on the 4:
  - Internal Medicine, Surgery, Obstetrics, Paediatrics

- Neglect Of:
  - Mental Health, Public Health, Preventive Medicine, Pharmacy, Dentistry

- Malaria Control Programs
Insistence On Infections -

- The Story Of Syphilis & Yaws
- Pre-occupation with African Sexuality
- Biased Reporting Of African Diseases
- The Story Of Makerere Medical School
  - 1922 : A post to treat Venereal Infections

NO HEALTH EDUCATION - HEALTH PROMOTION
Colonial Views of African Traditional Medicine

- Observed, not Studied
  - Mental Illness, Caeserian Sections, Penicillin Fungus
- Ridiculed
- Banned
- Satanised/Demonised
- The African continuity of Religion, Medicine, Reproduction & Dance
- The African Cultural Explanatory Model Of Disease & Illness
PRESENT LEGACIES:
Centralised Medical Care

- Mulago Hospital & High Tech Medicine: Eliticism
- One Psychiatric Hospital
- Doctors In Urban Areas…None in the Rural
- Cure Vs Prevention
Lack Of Public Health Initiatives

- Mental Health In Conflict/Post Conflict Areas
- Prevention: War & Disease.....Epidemics
- Knee-jerk response in Epidemics...Ebola, Cholera
- A Public Health Strategy:
  - Clean Water, Hygiene, Human Rights & Health (Peace), Family & Urban Violence, Pollution, The Environment
Medicine For the Powerful : None For The Poor

- The Role Of Poverty In Disease
- The Health Budget
- Attitudes Of The Medical Profession
- Rural Medicine
- Prevention Vs Cure : Malaria Control – The DDT controversy
- Refugees & IDPs
Today’s African Medicine Challenges

- How do you develop a Medical curriculum to address today’s African Health Needs?
- How do you deal with Global Health Challenges?
- How do you improve the health of the rural majority amidst poverty?
- How do we eradicate Africa’s Endemics…..Malaria?
- How do you incorporate Traditional Medicine in Modern Health Care Delivery?
The Future

- Training Medical Personnel responsive to the public……Curriculum review
- Training Lower Cadres….Barefoot doctors
- Decentralising Medical Care Provision
- Removing Gender barriers
- Preventative Drives & Health promotion
- Addressing changing disease patterns
- Global Health threats: SARS, BIRD FLU, BIOTERRORISM
- Protection Of Our People Against Exploitation
  - Research, Pharmaceuticals, Traditional Medicine
THANK YOU