

**Decolonizing Medicine in Africa and its Diaspora**

**Abstracts**

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## **Dwen Hw 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 b : 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 “Drapetomania.” 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 lice anB-2 (i)oeextee relevm151.27 (d pos)-1 ((ar)-0.9 Tw 19.43 0 Td(-)Tj0.17 Tw 0.33 0

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**

Geoffrey Nwaka, Abia State University, Uturu, Nigeria

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 its obvious merit, is not readily accessed

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**“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 in most 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-



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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

**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-

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.

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## **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, Eu3 (e)4 ( ( m)-2 ( R)-3 (okhi)-2 (d (e)-6 (e)4 )4 (r)3 (s)-1 (i) T

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



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**Title: Heal**



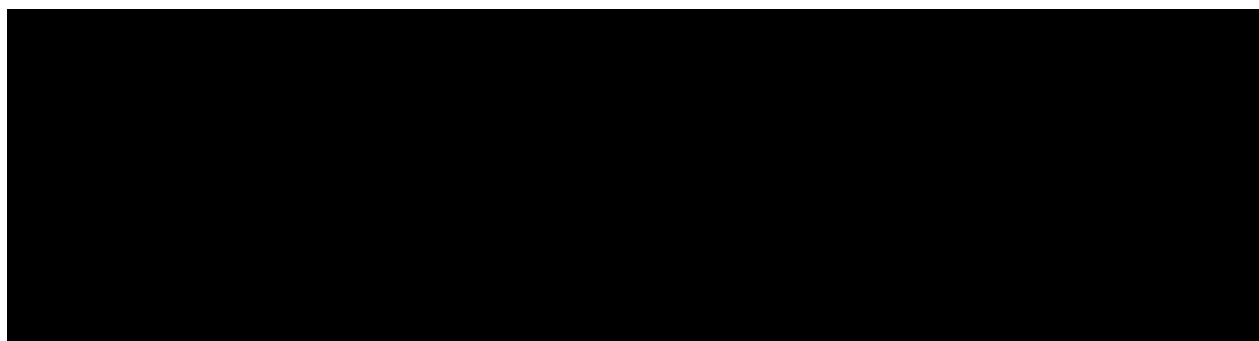


African African. Moreover, to the extent that medical practice has its goal in securing and promoting human health, ultimately, in African African medical practice, the goal is to secure and promote the health of the African. This is also the goal that ought to guide African African decolonization process.

**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, (H)-2 H tsBDC /TT2 1 Tf0.72 g disDD(er)-0 Tf0.(o)-1



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

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### **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