The History of Health Care in Africa: Actors, Experiences and Perspectives in the 20th Century

Veranstalter: Patrick Harries / Brigit Obrist / Piet van Eeuwijk / Marcel Dreier / Pascal Schmid / Lukas Meier / Andrea Grolimund, Basel
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This conference provided a fitting conclusion to a three-year project comparing the history of medical services provided by various hospital complexes founded by Swiss missionaries in parts of rural sub-Saharan Africa. This was led by Patrick Harries and Brigit Obrist who provided a warm welcome to all delegates, and was supported by Piet van Eeuwijk as senior researcher, and research students Marcel Dreier, Pascal Schmid, Lukas Meier, and Andrea Grolimund (all Basel). The opening session at the University of Basel was followed by the Carl Schlettwein Lecture, given by NANCY ROSE HUNT (Michigan) at the Basler Afrika Bibliographien on 'Suturing new medical histories of Africa'. All the remaining papers were held at the Kloster Dornach. This was a well-attended conference, attracting an interdisciplinary mix of scholars from across sub-Saharan Africa, Europe, Scandinavia and the USA. The diversity of the papers reinforced the idea that our explanations for differences in healthcare provision and receipt need to take more into account factors from very different dimensions including the economic, socio-demographic, historical, ideological, national, denominational, geographical, biological and ecological.

Exploration of often unintended aspects of research and development within medical science can illuminate goals and agendas that are not always readily visible yet which can elicit profound consequences in sites of experimentation, with long-term, largely unforeseen reverberations. This was the outcome of the opening session, 'The history of medical research in Africa'. This was demonstrated by GUILLAUME LACHENAL's (Paris) opening presentation which was of his research on mass experimentations and accidents relating to Pentamidine, once marketed as a 'wonder drug' whose trypanocidal qualities sparked hopes of eliminating African sleeping sickness – a disease which preoccupied colonial governments and metropolitan scientists. Through his study Lachenal argued that the drug exposed ambiguities and metropolitan political agendas in late colonial health governance by showing that its deployment not only blurred distinctions between experimentation and implementation, prophylaxis and therapy, but also illustrated, reproduced and buttressed racist and racialized imaginations, classifications, and policies. This tied in well with MANUELA BAUCHE's (Leipzig) argument that German malaria researchers from East Frisia working in Tanzania, selectively experimented on populations they considered „filthy, diseased, uneducated and uncivilised" – a concept that complicates characterizations of colonial research as being motivated primarily by racist assumptions. Echoing Lachenal's observation that white people were exempt from mandatory Pentamidine injections, Bauche similarly notes that those white workers based in Dar es Salaam were not pursued systematically by malaria swat teams, as they were expected to self-treat with quinine, a common procedure in German and British colonial possessions.

KRISTEN GRAY JAFFLIN (Berkeley) also debated immunisation in Africa looking particularly at global advice versus local legacies and the development of integrated mobile health clinics in the late colonial era in Cameroon and Malawi which took place well before WHO began promoting its Primary Health Care approach to vaccination although with divergent historical trajectories. My only criticism here was that it would have been interesting to have heard more about the ways in which the Cameroonian officials reacted to and actually dealt with these WHO vaccinations and what made Malawians so much more compliant. Also in this panel, LUKAS MEIER (Basel) discussed the medical and nutritional research undertaken by Nestlé Foundation in the Ivory Coast during the 1970s aimed at addressing persistent protein deficiencies in low-income countries. Meier showed how the Foundation selected this re-

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gion because of its stability as a West African country yet that it was not well suited to their initial experimental objectives, as the villagers tended to be relatively healthy – hardly presenting any signs or symptoms of protein deficiency.

Day Two opened with two consecutive panels looking at changing healthcare strategies and development discourses – again taking us beyond the clinical institutional setting of biomedicine. OSWALD MASEBO (Dar es Salaam) began the first session with a view of negotiating medical interventions in colonial Tanzania, looking in particular at the case of infant welfare programmes (1920-1950) and the emphasis on maternal negligence by the colonial government. This paper gave the first real view of the colonised as active rather than passive participants in their own health care, with Africans withholding payment of taxes and lobbying government through their chiefs to implement their demands. GLEN NCUBE (Cape Town) then gave us a glimpse of social medicine from the perspective of rural Zimbabwe in the late colonial period (1932-59) looking specifically at the medical approach taken by Dr. James H. Kennedy in setting up a medical unit scheme. This contrasted with the paper given by SHULA MARKS (London) who also explored the topic of social medicine, but this time focussing on South Africa and asking whether the period 1940-55 represented 'common sense or utopian dream' when viewed from a transnational, administrative perspective. She described a move from social medicine's more holistic approach to health and social welfare as an alternative vision in the 1930s to one that was becoming more mainstream by mid-1940s. But the description of this as a transnational movement also presented its own problems and unanswered questions – for example, how did this compare with other slightly later experiments in the same region such as the Valley Trust, which survived apartheid when Pholela and other health centres did not. PASCAL SCHMID (Basel) then gave us a fascinating 'bottom-up' view of medical and nursing practice in post WW2 Ghana looking at the case of Agogo Hospital and its move towards independence and integration. Agogo's TB specialization typified the way in which mission hospitals sought a medical market place for themselves in colonial and early post-colonial environments in which the state's hand was generally light.

The final, three paper panel of the day focused on 'Health professionals, medical institutions and politics', beginning with a case study of Baragwanath Hospital, in Soweto by SIMONNE HORWITZ (Saskatchewan). This paper tied in closely to VANESSA NOBLE's (Natal) paper which looked at memory production and the University of Natal's medical school. In both establishments a strong sense of pride, identity and ownership of the respective training schools emerged with memories of being part of a 'happy' or 'harmonious' institutional 'family' contrasting sharply with the violence, distrust and insurgency born of the struggle against apartheid and experienced with all its horrors at both institutions. At Baragwanath, doctors working with inadequate resources through the violence and malnutrition of Soweto who petitioned against the government were threatened with sacking, whilst at Durban's first successful black medical school, students and staff were under constant surveillance by the authorities. MARGUNN BECH (Bergen) gave quite a contrasting Tanzanian government health worker's perspective of changing policies and their influence on the interaction between health workers and patients over the period of Independence in 1961 and the subsequent rise and fall of socialism, but this again showed the way politics impacts upon the hospital experience from the viewpoint of patients and staff alike.

The final day began with a panel looking at 'the spiritual and the secular in faith-based health care'. Discussant Walter Bruchhausen (Bonn) declared that he was, 'glad that we had a special session on faith-based health care, as I always found this somewhat different from general colonial medicine and development co-operation in health.' The opening paper was by MARKKU HOKKANEN (Jyväskylä) who convincingly demonstrated the conflicts, the changes and the results in this relationship between the secular and the spiritual in health care in colonial Malawi and for their influence on the local practices thus proving

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that faith-based health care was and still is different compared to governmental health services, both in shaping and in excluding local healing practices. Bruchhausen commented: 'The final conclusion, that African traditional medicine and mission medicine were similar in empowering natural remedies by the spiritual is a brilliant observation.' This idea held resonance with several other papers in the conference and perhaps deserves further consideration elsewhere.

JULIE PARLE and VANESSA NOBLE (Natal) reported on some of their findings from the Durban McCord Hospital project, questioning the quote 'The hospital was just like a home' – a statement loaded not only with nostalgia but with ambiguities including perhaps the affinity of the medical missionaries to racial equality and their mainly silent, but visible opposition against the apartheid system within which they were nevertheless forced to operate. Taking this paper with BARBARA MANN WALL's (Pennsylvania) discussion of her research into Catholic nursing sisters in sub-Saharan Africa (1940-2000), exposes some interesting issues. The question might be what difference health care by a mission society made? The missions and churches were deeply divided on the question of autonomy and government takeover – some handed over their mission hospitals to the State, whilst others such as McCord, struggled to keep them as an alternative to the governmental hospitals. ELIZABETH HULL (London) looked at the workplace hierarchy and moral debate through the lens of 'born-again' Christianity at work in a South African hospital. Her account once again revealed ambiguities presented by religious groups providing healthcare, including the moral integrity and potential for conflict between health professionals.

The final session was on 'Medical cultures and the political economy of biomedicine.' Julie Parle as discussant, noted that all three papers shared 'the great merit of refusing narrative orthodoxies and in linking the histories of health, medicine and the state with African history, and vice versa.' MARCEL DREIER (Basel) took us back to rural Tanzania and looked at 'Development' and the reconfigurations of rural health care in the 20th century. He presented a view of a fragile biomedical service provided by nurses trained elsewhere in southern Africa and locally trained dressers and a thirty-year period of painful reshaping of the institutions. ROSA WILLIAMS (Chicago) followed this with a paper on the moral work of Portuguese 'sleeping sickness doctors' doctors and Swiss medical missionaries and administrators in early 20th century Mozambique and especially in the years around WW1. Again this revealed an uncomfortable picture of relationships – this time migrant and forced labour, Portuguese colonisers and medical missionaries in the middle attempting to address resultant tensions within healthcare provision where patients were understandably distrustful about motives and methods of treatment. The final presentation came from KODJO SENAH (Ghana), exploring the influence of colonisation using Ghana as his example and tracing indigenous medicine as contested cultural heritage – a topic with interesting resonances with the earlier paper of Markku Hokkanen. Julie Parle noted Senah's paper 'went the furthest in flipping the axis around which most of the conference papers have turned in asking us to think not so much about the development of western-initiated biomedicine in Africa (Africa as laboratory; Africa as experiment; Africa as battleground or playground; biomedicine as antithesis of local therapeutics) in the 19th and 20th century, but about its intersections with indigenous medicines and practitioners in present post-colonial Ghana.'[1]

With many presentations based on case studies of hospital services in Africa this conference has taken up the call from M. Harrison, M. Jones and H. Sweet to extend the study of the history of hospitals beyond the west.[2] It has even enlarged this scope by bringing together research that highlighted a broad range of actors, policies and practices in African health care beyond the hospital. The conference testified to the development of new approaches. The publication of the pa-

[1] My sincere thanks to discussants Rene Gerrets, Howard Phillips, Walter Bruchhausen and Julie Parle for their very generous contributions to this report in sharing their notes for inclusion here.

[2] M. Harrison, M. Jones and H. Sweet (eds): From Western Medicine to Global Medicine (Orient-Blackswan, 2009).

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pers will certainly aid in disseminating this research beyond the network of medical historians of Africa assembled at the conference.

Conference overview:

Welcome-address and introduction: Patrick Harries and Brigit Obrist, University of Basel

Panel 1: The history of medical research in Africa
Chair: Martin Lengwiler, University of Basel

Guillaume Lachenal, Université Paris Diderot: The sad and embarrassing life of the Pentamidine. Mass experimentations, accidents and the biography of a colonial wonder drug

Kristen Gray Jafflin, University of California, Berkeley: Immunization and Africa: Global advice versus local legacies

Lukas Meier, University of Basel: Nourishing green hopes: The Nestlé Foundation and Côte d'Ivoire, 1969-1979

Manuela Bauche, Universität Leipzig: What is peculiar to medical research in Africa? Antimalaria experiments in East Africa and East Frisia (Germany), c. 1900-1914

Discussant: René Gerrets, Amsterdam International School of Social Science Research

Carl Schlettwein Lecture
Nancy Rose Hunt, University of Michigan: Suturing new medical histories of Africa

Panel 2a: Changing health care strategies and development discourses
Chair: Veit Arlt, University of Basel

Oswald Masebo, University of Dar es Salaam: Negotiating medical interventions in colonial Tanzania: The case of infant welfare programs, 1920-1950

Glen Ncube, University of Cape Town: 'A special brand of social medicine': The medical approach of Dr. James H. Kennedy in rural colonial Fort Victoria, Zimbabwe, 1932-1959

Mari Webel, Emory University, Atlanta: Gland-feelers and sleeping sickness camps: Politics and disease prevention in the Great Lakes Region before WWI

Discussant: Nancy Rose Hunt, University of Michigan

Panel 2b: Changing health care strategies and development discourses
Chair: Brigit Obrist, University of Basel

Shula Marks, School of Oriental and African Studies, London: Common sense or utopian dream? Part I: South Africa's practice of social medicine between 1940 and 1955 in transnational perspective

Pascal Schmid, University of Basel: Independence and Integration: Medical practice and nurses training at Agogo Hospital, Ghana, ca. 1945-1975

Socrates Litsios, private researcher: District Health Systems - Is this WHO initiative still a viable concept?

Discussant: Howard Phillips, University of Cape Town

Panel 3: Health professionals, medical institutions and politics
Chair: Patrick Harries, University of Basel

Simonne Horwitz, University of Saskatchewan: Apartheid health care: A case study of Baragwanath Hospital in Soweto

Margunn Bech, Bergen University College: Changing policies and their influence on the interaction between health workers and patients – a government health worker perspective from rural Mbulu District, Tanzania

Vanessa Noble, University of KwaZulu/Natal: 'It's amazing … How we remember things and places': Memory production and the University of Natal's Medical School

Discussant: Frederick Kaijage, University of Dar es Salaam

Panel 4: The spiritual and the secular in faith-based health care
Chair: Elisio Macamo, University of Basel

Markku Hokkanen, University of Jyväskylä: The spiritual and the secular in faith-based healthcare: The case of missionary medicine in colonial Malawi

Julie Parle and Vanessa Noble, University of KwaZulu/Natal: 'The hospital was just like a

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home': Self, service and the 'McCord Hospital Family'

Barbra Mann Wall, University of Pennsylvania: Knowledge translation and the construction of global modernity; Catholic sisters in sub-Saharan Africa, 1940-2000

Elizabeth Hull, School of Oriental and African Studies, London: Workplace hierarchy and moral debate: Born-again Christianity at work in a South African hospital

Discussant: Walter Bruchhausen, University of Bonn

Panel 5: Medical cultures and the political economy of biomedicine
Chair: Piet van Eeuwijk, University of Basel

Marcel Dreier, University of Basel: 'Development' and the reconfigurations of rural health care in Ulanga/Tanzania in the 20th century

Rosa Williams, University of Chicago: Assistencia médica ao indigena: The moral work of doctors and missionaries in early twentieth century Mozambique

Kodjo Senah, University of Ghana: Indigenous healing as contested cultural heritage in Ghana: The influence of colonization

Discussant: Julie Parle, University of KwaZulu/Natal

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