

Dekolonialisasi Kesehatan


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Kevin Aprilio





Decolonising global health in the time of COVID-19

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ABSTRACT

The persistent influence of coloniality both from external actors and from within threatens the response to COVID-19 in Africa. This essay presents historical context for the colonial inheritance of modern global health and analyses two controversies related to COVID-19 that illustrate facets of coloniality: comments made by French researchers regarding the testing of BCG vaccine in Africa, and the claims by Madagascar's president Andry Rajoelina that the country had developed an effective traditional remedy named Covid-Organics. Leveraging both historical sources and contemporary documentary sources, I demonstrate how the currents of exploitation, marginalisation, pathologisation and saviourism rooted in coloniality are manifested via these events. I also discuss responses to coloniality, focussing on the misuse and co-optation of pan-Africanist rhetoric. In particular, I argue that the scandal surrounding Covid-Organics is a reflection of endogenised coloniality,

ARTICLE HISTORY

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KEYWORDS

COVID-19; Africa;
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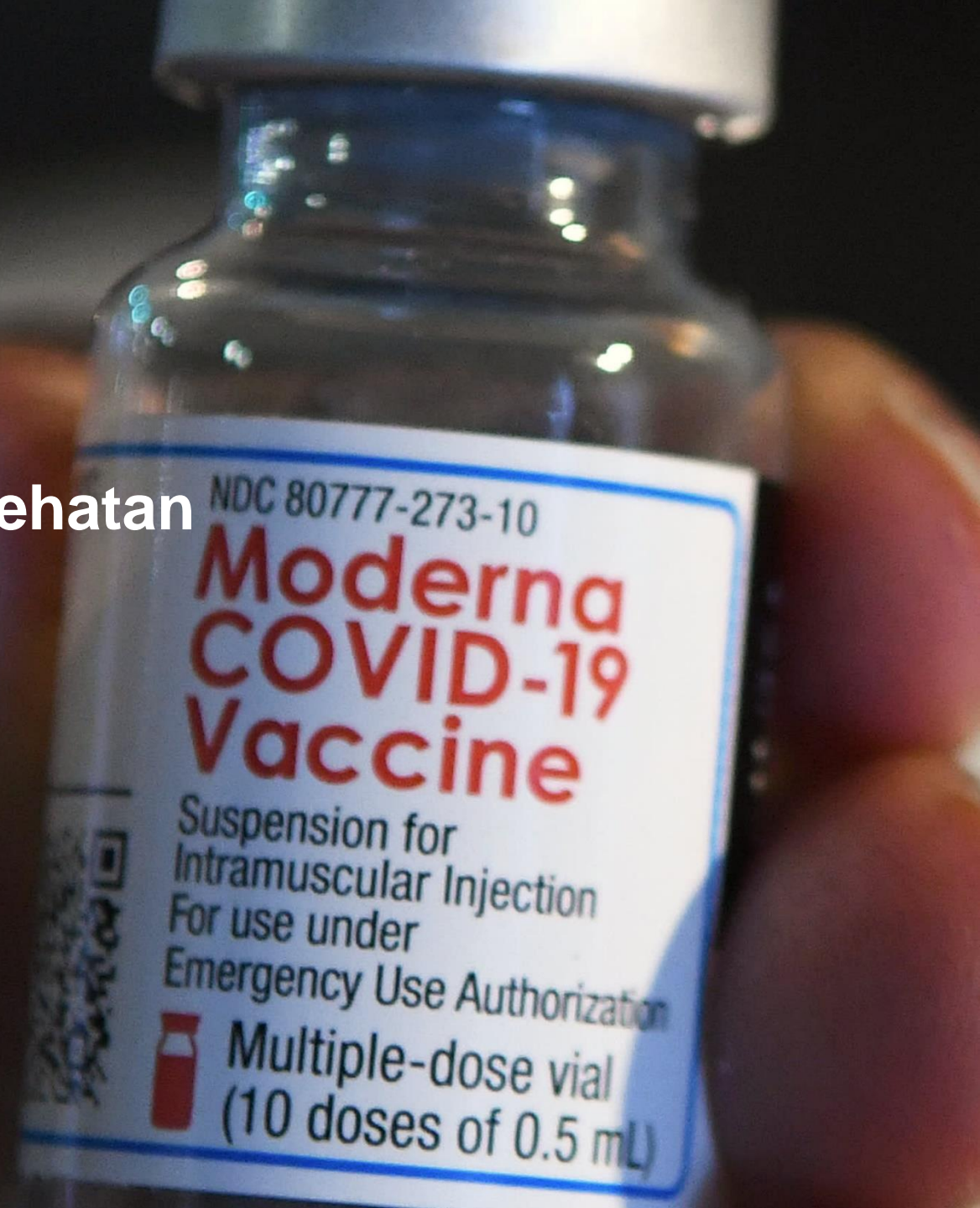
*Dengan sumber lain yang di-cite
di bagian bawah...*

Disclaimer!

Pada tataran individu, protokol kesehatan

TIDAK

seharusnya jadi **pilihan politis**



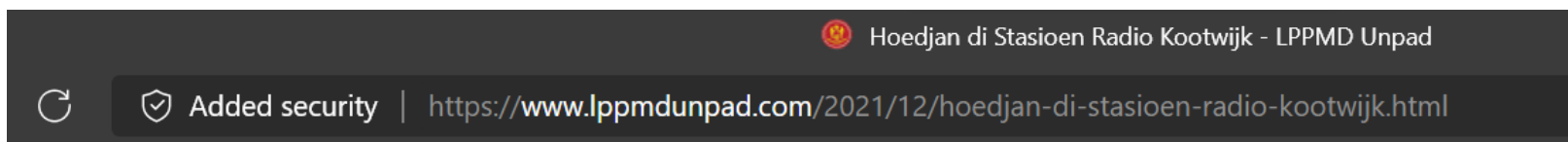
Dekolonialisasi?

- Kolonialisme merupakan proses opresi yang berjalan lama
- Kolonialisme meninggalkan dampak yang dapat dirasakan hingga saat ini dalam berbagai hal
- Dekolonialisasi merupakan proses untuk memperbaiki permasalahan tersebut



Proses yang lama dan berlapis!

Colonialism in Action



Djika memang itoe alasanja, saja tida tahoe haroes berperilakoe apa. Perloe pembatja ketahoei, saja tida setoedjoe apalagi mendoekoeng terdjadinja kolonialisme di boemi ini, bagi saja semoea manoesia jang ada di mana poen itoe meroepaken tjiptaan Sang Hjang Widhi atau Jang Toenggal jang berarti semoeanja setara—tida pedoeli apa warna koelitnja—penindasan adalah barang jang haram oentoek dikerdjaken.

Namoen patoet kita akoei djoega dengan hati lapang bahwasanja kedatangan kaoem koelit poetih—sedikitnja—membawa negri djadjahannja menoedjoe kemewahan moderenitas, seperti trem listerik jang ada di Hindia dan jang saban hari itoe saja naiki jang memoedahken saja pergi menoedjoe kantor telegraaf tanpa haroes djadi pajah. Pembatja jang boediman, patoet saja tegasken kembali bahwa apa-apa jang saja toeliskan ini tiadalah bertoedjoan oentoek membenarken perilakoe kaoem koelit poetih oentoek mendjadjah.

...but at what cost?

Alfarisy, M R. 2021. *Hoedjan di Stasioen Radio Kootwijk*. Diambil dari LPPMD Unpad di <https://www.lppmdunpad.com/2021/12/hoedjan-di-stasioen-radio-kootwijk.html> pada 24 Februari 2022
Mengutip pemikiran Wulandari, A R. dari pembicaraan pribadi.

Colonialism in Health


Significance and Capacity

As authors have elaborated before, it can be concluded that most problems arising from the use of herbal medicine in the present time are the social aspects that surround it; that is the problem revolves around how society perceives and treats its use in the context of contemporary knowledge. Therefore, change through regulation and education—to clinicians, patients, and people in general—should be able to shift the paradigm to bring herbal medicine use.

One example is the view of herbal medicine exclusively as complementary medicine, which hinders its research and leads to a loose regulation of its use. As of now, with most jurisdictions classifying herbal preparations as supplements, manufacturers can make claims that are not as rigorously proven as its conventional medicine counterparts.¹¹⁵ Societal view towards herbal medicine as the superior counterparts of conventional medicine also leads to reliance on subjective claims among its users.¹¹²

***Asumsi modernitas
adalah yang paling baik.***

Colonialism in Health cont'd

4  M. O. FOFANA

Yet, despite its seemingly more inclusive appellation, the intellectual, financial, and political centres of global health remain firmly ensconced in the First World. For instance, analyses of authorship in health research have found patterns that mimic old colonial relationships and perpetuate the marginalisation of African voices. A bibliographical analysis of ‘collaborative’ health research conducted in Africa found that, of over 7000 articles, the first author was affiliated with an institution in the country where the research was conducted in only 52.9% of cases. That is, even in a subset of publications based on collaborative projects in Africa, barely half give primary scientific credit to African researchers. This representation was lower when the research was conducted in collaboration with authors from the USA, Canada or Europe, compared with collaboration with authors from other African countries. The authors conclude that authors from African institutions often ended up ‘stuck in the middle’, getting neither the credit for primary intellectual input that comes with first authorship, nor the credit for intellectual leadership and supervision that is associated with senior (last) authorship. As many as 13.5% of papers had no authors with affiliations in the country of research focus (Hedt-Gauthier et al., 2019). Similarly, in a systematic review of authorship in infectious disease research conducted in African countries, the authors found that less than half of the nearly 1200 articles had an African first or last author, and 85 had no African author at all (Mbaye et al., 2019). This phenomenon has been summed up by Reidpath and Allotey (2019) as ‘trickle-down science’, directed by the Global North and conducted in the Global South, but sometimes poorly aligned with the purported beneficiaries’ needs and priorities.

In short, while being *exploited* as a source of research subjects and data, Africa remains *marginalised* as a source of knowledge and innovation. The raw materials for research are extracted from Africa but the resulting academic wealth (in the form of authorship, recognition, awards, and funding) flows disproportionately to institutions in the colonial powers of old, in a stark parallel to other extractive industries that sustain economic colonialism decades after the formal end of juridical colonisation. Global health has remained largely, as Packard (2016) suggests in the title of his book, about ‘interventions into the lives of other people’.

***Eksplorasi baru
yang lebih “halus”***

Colonialism in Health cont'd

Penuhanan: Menganggap tindakan yang dilakukan semerta-merta baik dan membantu

What is remarkable about this conversation is that in just a few sentences, it manages to illustrate several key features and accepted norms of medical colonialism. When Mira suggests that the study should be conducted in Africa, he exhibits the same *exploitative* drive of colonial-era physicians who saw Africa and Africans as a source of raw material for research that would further their careers. The familiar refrain of *saviourism* is evident in Mira's assertion that the rationale for conducting a study in Africa is that the continent is devoid of resources—'no masks, no intensive care'—such that any intervention should be viewed as a charitable and commendable act. Mira then compares the situation of Africans facing the COVID epidemic to sex workers and the HIV epidemic, implying that both groups 'do not protect themselves'. Again, this framing that *pathologises* the actions and habits of the target population, positing that the susceptibility to illness derives from a behavioural failing, harkens back to the attitudes of colonial physicians who looked with contempt upon the people on whom they imposed their interventions. This tendency to pathologise the culture and/or behaviours of a group is what Ibram Kendi describes as 'cultural racism', the creation of a cultural hierarchy among racial groups (Kendi, 2019, pp. 82–91).

Eksplorasi: Menggunakan sumber daya pihak lain

Patologisasi: Menganggap sebuah kondisi sebagai akibat dari kesalahan individu

Colonialism in Health cont'd

Apakah ini dekolonialisasi?
Fofana: NO.



Colonialism in Health cont'd

Amílcar Cabral, leader of the independence movement in Guinea-Bissau and Cape Verde, warned against the perpetuation of colonialism after African countries achieved political independence. Cabral recognised that Africans who were among the elite of their countries derived benefits from the colonial structure entrenched within newly decolonised states and societies. Rather than pursuing the struggle to dismantle these structures, elites have often been tempted to 'endogenise' them, that is, recast them in national(ist) trappings, to consolidate their power and privileges. In many countries, the ruling classes maintained and enforced colonial laws that had been used to repress activities and practices deemed threatening to the colonial state. In this way, colonial censorship statutes, laws on sedition and the repression of sexual practices viewed as deviant were all redeployed to defend the honour and stability of the newly independent states and their ruling class (Oyèwùmí, 1997, pp. 121–156; Prempeh, 2013; Rodriguez, 2017). In Cabral's view, the 'petite bourgeoisie [...] assimilate[d] the colonizer's mentality', and in seeking to consolidate its social privileges, failed to advance the liberation of the majority of the population over whom they would come to rule (Cabral, 1974). Cabral thus makes evident that coloniality exists beyond the temporal bounds of colonisation, and that (formerly) colonised subjects can in fact be crucial agents in the reproduction of colonial power structures. In effect, a local elite class that works to entrench intersubjective power dynamics and inequities, even as they may appear to rebuke such power dynamics at the trans-national level, traffic in a covert form of coloniality.

Privilege!

Indeed, Rajoelina's actions fit a pattern of entrenching the marginalisation of those at the bottom of societal hierarchies. By selling the illusion of protection, Rajoelina likely lulled the consumers of Covid-Organics into a false sense of security, and implicitly relieved the government of its responsibility to implement adequate screening, treatment, and distancing measures that could slow the spread of the epidemic. Those who are most likely to not only contract COVID-19 but also suffer the most morbidity and mortality from it are the poor who lack adequate access to care. If Rajoelina were to be stricken with COVID-19, he, unlike ordinary citizens, would likely have access not only to the best medical facilities and experts available within Madagascar, but could even jet away to receive treatment abroad as so many other African presidents and politicians have, even despite extensive travel restrictions (FRANCE 24, 2020; Jeune Afrique, 2020; Olaniyi, 2020).

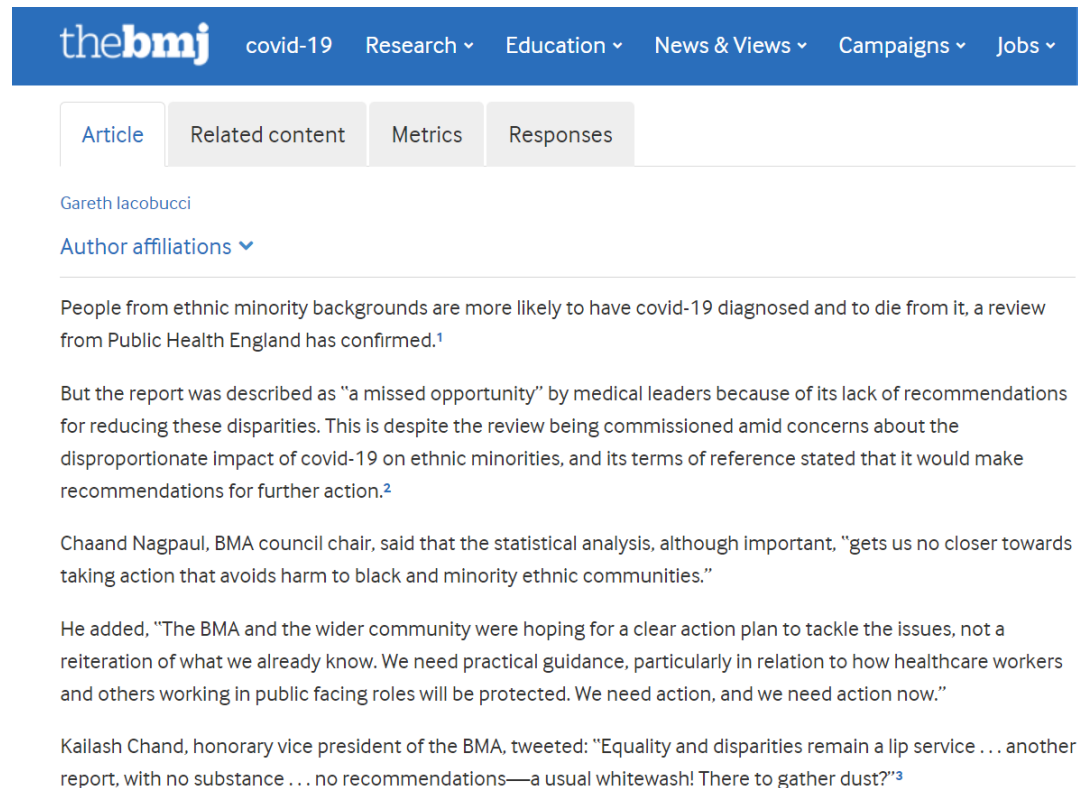
...masih bekerja dalam konstruksi kolonialistik

...tidak bisa lepas dari aspek kelas masyarakat

...menjadi tindakan performative, menghilangkan tanggung jawab pemerintah

Colonialism in Health cont'd

Dampak nyata...



The screenshot shows the top navigation bar of the BMJ website with links for covid-19, Research, Education, News & Views, Campaigns, and Jobs. Below the navigation bar are tabs for Article, Related content, Metrics, and Responses. The article is by Gareth Iacobucci, with a link to Author affiliations. The main text discusses a review from Public Health England on ethnic disparities in COVID-19, which was criticized as a 'missed opportunity' for its lack of recommendations. It quotes Chaand Nagpaul, BMA council chair, and Kailash Chand, honorary vice president of the BMA, both expressing disappointment in the review's findings.

thebmj covid-19 Research ▾ Education ▾ News & Views ▾ Campaigns ▾ Jobs ▾

Article Related content Metrics Responses

Gareth Iacobucci

[Author affiliations ▾](#)

People from ethnic minority backgrounds are more likely to have covid-19 diagnosed and to die from it, a review from Public Health England has confirmed.¹

But the report was described as “a missed opportunity” by medical leaders because of its lack of recommendations for reducing these disparities. This is despite the review being commissioned amid concerns about the disproportionate impact of covid-19 on ethnic minorities, and its terms of reference stated that it would make recommendations for further action.²

Chaand Nagpaul, BMA council chair, said that the statistical analysis, although important, “gets us no closer towards taking action that avoids harm to black and minority ethnic communities.”

He added, “The BMA and the wider community were hoping for a clear action plan to tackle the issues, not a reiteration of what we already know. We need practical guidance, particularly in relation to how healthcare workers and others working in public facing roles will be protected. We need action, and we need action now.”

Kailash Chand, honorary vice president of the BMA, tweeted: “Equality and disparities remain a lip service . . . another report, with no substance . . . no recommendations—a usual whitewash! There to gather dust?”³

Iacobucci G. Covid-19: Review of ethnic disparities is labelled “whitewash” for lack of recommendations. *BMJ* 2020; 369 :m2208 doi:10.1136/bmj.m2208

Kesehatan Terdekolonialisasi(?)

Bandingkan dengan pemikiran “NGO-isasi” dalam: Kusumo, P S. 2022. *Rancaekek Melawan Racun:....* Unpublished thesis.

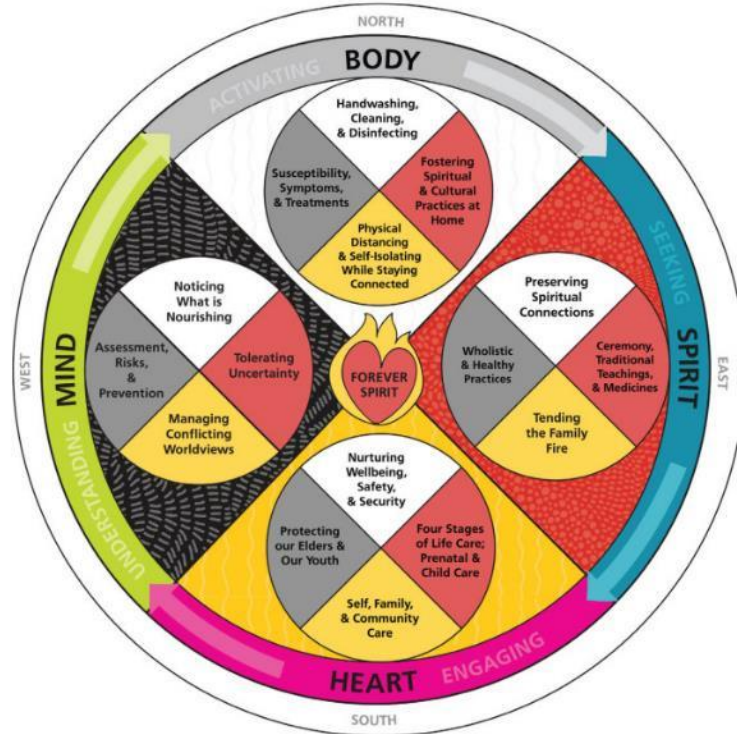
In his work exploring the manifestations of coloniality in scientific inquiry in Africa, the philosopher Paulin Hountondji (2013, pp. 198–227) laments the continued dependence on external funding and institutions, the primacy of exchanges (sometimes highly asymmetric) along a Global North/South axis over South-South collaborations, and the promotion of scientific questions appealing to a Western audience, with a concomitant intellectual marginalisation of African initiatives. He advocates for a process of ‘reappropriation’, of dismantling of the subaltern relationship between the periphery (consisting of nations and people who were formerly colonised or currently in the grips of neo-colonialism) and the seats of power located in the metropolitan centres of the (neo)-colonial powers. Part of this process involves the revalorisation of indigenous or traditional knowledge, and the development of evaluation methods to confirm or refute these ideas, which of course requires investment in local infrastructure and human resources. I would add to Hountondji’s prescription a call to centre equity in efforts to confront coloniality.

**...hubungan
neokolonialistik antara
Global North (sebagai
donor) dan Global South**

Fofana, M. O. (2020). Decolonising global health in the time of COVID-19. *Global Public Health*, 16(8-9), 1155–1166. doi:10.1080/17441692.2020.1864754

Kesehatan Terdekolonialisasi(?) cont'd

INDIGENOUS WELLBEING in the Times of COVID-19: Four Directions Virtual Support Hub



Bandingkan dengan model bio-psiko-sosial dewasa ini.

Richardson L, Crawford A. COVID-19 and the decolonization of Indigenous public health. CMAJ. 2020;192(38):E1098-E1100. doi:10.1503/cmaj.200852

Baca juga: Borrell-Carrió F, Suchman AL, Epstein RM. The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. Ann Fam Med. 2004;2(6):576-582. doi:10.1370/afm.245



Four Directions
Concept Application
Banakonda Kennedy
Kish (Bell),
ShoShona Kish

Overall
Collaboration
Diane Longboat, Dr. Chase Everett McMurren,
Elisa Levi, Lindsey Fedtzig, Dr. Lisa Richardson,
Rosary (Spence) Pawica, Selena Mills,
Bryn Ludlow (Graphic Design)



Kesehatan Terdekolonialisasi(?) cont'd

Whitewashing? Kooptasi budaya?

DRUGS: EDUCATION, PREVENTION AND POLICY
2021, VOL. 28, NO. 3, 211–214
<https://doi.org/10.1080/09687637.2021.1897331>



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EDITORIAL

Whitewashing psychedelics: racial equity in the emerging field of psychedelic-assisted mental health research and treatment

Introduction

Growing research on potential therapeutic applications of highly restricted Schedule I hallucinogens, including the 'classic psychedelic' psilocybin, and the entactogen 3, 4-Methylenedioxymethamphetamine (MDMA¹), has demonstrated notable promise for a range of mental health conditions (Garcia-Romeu et al., 2016; Reiff et al., 2020). Preliminary findings suggest substantial benefits of psilocybin-assisted treatment in major depression (Carhart-Harris et al., 2016; Davis et al., 2020), alcohol and tobacco dependence (Bogenschutz et al., 2015; Johnson et al., 2014), and cancer-related existential distress (Griffiths et al., 2016; Grob et al., 2011; Ross et al., 2016). Similarly, MDMA-assisted therapy has demonstrated persisting improvements in symptoms of post-traumatic stress disorder (PTSD) (Mithoefer et al., 2019). As such, both

greatest prevalence of lifetime and past-year use among Native American and white respondents, with lower prevalence among Hispanic, Black, and Asian individuals (Shalit et al., 2019). The disparities in substance use patterns and clinical trial enrollment, coupled with Williams et al. (2020) findings on psychedelics' impact on race-based trauma, raise important questions regarding the sociocultural status of psychedelics, systemic reasons for the underrepresentation of BIPOC in this research, and the potential role of psychedelic-assisted treatments in ameliorating mental health disparities among diverse populations.

Systemic reasons for underrepresentation of minorities in psychedelic research

The timeliness of Williams et al. (2020) findings cannot be

Threl, J., & Garcia-Romeu, A. (2021). Whitewashing psychedelics: racial equity in the emerging field of psychedelic-assisted mental health research and treatment. *Drugs: Education, Prevention and Policy*, 28(3), 211–214.
doi:10.1080/09687637.2021.1897331

Kesehatan Terdekolonialisasi(?) cont'd



Marketing, not medicine: Gwyneth Paltrow's The Goop Lab whitewashes traditional health therapies for profit

Diterbitkan: Januari 29, 2020 2.00am WIB

Netflix's new show fails to critically explore the alternative therapies it promotes. Adam Rose/Netflix

✉ Surel

🐦 Twitter 7

📘 Facebook 568

🌐 LinkedIn

🖨️ Cetak

In Gwyneth Paltrow's new Netflix series, The Goop Lab, Paltrow explores a variety of wellness management approaches, from “energy healing” to psychedelic psychotherapy.

Goop has long been criticised for making unsubstantiated health claims and advancing pseudoscience, but the brand is incredibly popular. It was valued at over US\$250 million (A\$370 million) in 2019.

The alternative health industry is worth A\$4.1 billion in Australia alone – and projected to grow.

Penulis



Nadia Zainuddin

Senior Lecturer, University of Wollongong

Pengungkapan

Nadia Zainuddin tidak bekerja, menjadi konsultan, memiliki saham, atau menerima dana dari perusahaan atau organisasi mana pun yang akan mengambil untung dari artikel ini, dan telah mengungkapkan bahwa ia tidak memiliki afiliasi selain yang telah disebut di atas.

Zainuddin, N. (2020). *Marketing, not medicine:....* Diambil dari The Conversation di <https://theconversation.com/marketing-not-medicine-gwyneth-paltrows-the-goop-lab-whitewashes-traditional-health-therapies-for-profit-130287> pada 24 Februari 2022.

Menilik Kesehatan

Theory	Model of Society	Cause of Disease	Role of the Medical Profession
Marxist	Conflictual and exploitative	Putting profit ahead of health	To discipline and control the working class; and provide individualized explanations of disease
Parsonian	Basically harmonious and stable set of interlinked social roles and structures	Social strain caused by meeting the demands of social roles	Rehabilitate individuals to carry out their social roles
Foucauldian	A net of power relations, with no one dominant source – administered surveillance	'Diseases' are labels used to sort and segregate the population to make it easier to control	To enforce compliance with 'normal' social roles; and to ensure that we internalize these norms
Feminist	Exploitative and repressive of women through patriarchy	Carrying out the social role enforced on women by patriarchal men; the medicalization of a woman around her reproductive life cycle	To enforce conformity with patriarchal norms of femininity and motherhood

Menilik Kesehatan cont'd

Jangan jatuh pada *slippery slope*!

Agamben's pandemic outbursts are extreme but also exemplary of this wider failure. Philosophy and the Humanities failed the pandemic because they are bound too tightly to an untenable set of formulas, reflexively suspicious of purposeful quantification, and unable to account for the epidemiological reality of mutual contagion or to articulate an ethics of an immunological commons. Why? Partially because the available language of ethics is monopolized by emphasis on subjective moral intentionality and a self-regarding *protagonism* for which "I" am the piloting moral agent of outcomes.

The pandemic forced another kind of ethics. The Idealist distinction between *zoē* and *bios* as modes of "life" around which Agamben builds his biopolitical critique is a conceit that snaps like a twig in the face of the epidemiological view of society. Why did we wear masks? Because of a sense that our inner thoughts would manifest externally and protect us? Or was it because we recognize ourselves as biological organisms among others capable of harming and being harmed as such?



Epilog

**Untuk apa?
Seperti apa?**

At its core, decoloniality seeks to interrogate rather than entrench power, and to abrogate structures that perpetuate exploitation and dispossession. As such, equity must be a guiding principle in the application of decolonial practice in global health. Such an approach should aim to dismantle structural vulnerability of both individual citizens and nations. We must be wary of and denounce those who advance or profit from such structural vulnerabilities yet wield accusations of coloniality as a shield against legitimate critiques and demands. With equity in mind, the nations of the Global South can invest in health systems that address the needs of the most vulnerable and diminish reliance on external systems, thus rendering them more resilient. Such systems can integrate local knowledge and value systems to benefit the health of the public. With equity in mind, those in the developed world who seek to practice medicine or conduct research in poorer nations will be driven to examine their own motives, recognise power dynamics, and empower the intended beneficiaries of their efforts, while in the long term supporting the independence of local initiatives. I am heartened to see ever increasing calls to, at long last, decolonise global health (Büyüm et al., 2020; Pai, 2020). I am hopeful that, in spite of the terrible toll it has inflicted, this crisis will also serve as an opportunity to establish more equitable partnerships and invest in local infrastructure and human resources to respond to this pandemic and the ones yet to come.

Bagaimana?

A close-up photograph of a grey tabby cat looking towards the camera. The cat has bright yellow eyes and is wearing a pink leash with a silver buckle. A small green tag is visible on the leash. The background is a textured, light-colored surface, possibly concrete or stone.

Terima Kasih!

Kocheng Refreshing