



## **Distracted and captured by decolonialism**

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In their article "Caught in the crossfires: the Virchow Prize, its inaugural winner, and the quest to decolonise global health",<sup>1</sup> Anand Bhopal, Fentabil Getnet and Selene Manga critique the inadequate assessment of the Virchow Prize and especially the first laureate as presumably presented in our earlier article "The Virchow prize: Cementing Commodification, Coloniality and Biomedical Reductionism in global health?".<sup>2</sup> We are gratified to have initiated a discourse on salient issues in the extensive domain of global health. However, we must acknowledge our astonishment at the trajectory of the discourse in the ensuing response to our article.

he surprising nature of the title is attributable not only to its alarmingly bellicose language, but also to a series of statements made by the authors. Of particular note is the extent to which the title inflates an issue that, in reality, represents nothing more than a sideshow to the arguments presented in the text. We acknowledge the authors' ostensible acknowledgement of our primary objective, as evidenced by their admission that "the motives of the Virchow Prize founders, as well as their legitimacy in adopting the name of Rudolf Virchow, are the main target of their critique, ...". Nevertheless, their evaluation of our critical evaluation of the Virchow Prize is, regrettably, significantly distorted. This is due to the fact that they are guided by the unfounded notion that we are "including its first laureate" in our criticism of the Virchow Prize.

The initial bullet point in the "summary box" of Bhopal et al.'s response to our article is noteworthy: "We examine the authors' analysis of the first recipient of the Virchow Prize, the scientist, scholar, diplomat and founding director of the Africa CDC, Dr John Nkengasong". We have never professed to analyse him, and we do not believe we have done so. The insinuation made by Bhopal et al. reveals an unacceptable conflation of person and role, and wrongly transfers criticism of the awarding institution to the recipient. We reject the diversion and misdirection of our key arguments.

In order to support their selective and biased criticism, Bhopal et al. have taken statements out of context, as illustrated by the following: "...the idea that a renowned African scientist, scholar, diplomat and inaugural leader of the African CDC, would make any part of Rudolf Virchow turn in his grave". This is a misleading insinuation and a distorted interpretation of the meaning, which is absurd. The incriminated part of our paper is easily identifiable as a criticism of the misuse of Virchow's name by people and interest groups whose aims are at odds with his legacy; it is only in such a prejudiced frame of mind that one could imagine that this sentence refers to the laureate.

Notwithstanding the critique of Bhopal et al., concerns remain regarding the potential of the Virchow Prize to fulfil its assertion of being "the path to inclusive global health that is also systemic and interdisciplinary".<sup>3</sup> and, in particular, to acknowledge and honour "innovations with significant impact on the broad health challenges we face as a global community honouring" and "lifetime achievements towards 'Health for All'".<sup>4</sup> It is imperative to reiterate the fundamental principle at this juncture: the objective of Health for All is to establish the necessary conditions for individuals across the globe to access the fundamental human right to health. In essence, this entails the elimination of barriers to health, including poverty, social injustice, malnutrition, inadequate sanitation and housing, and other non-medical determinants of ill health, that are prevalent in various settings and require redress. The

realisation of Health for All necessitates the implementation of health-in-all policies, which extend beyond the mere improvement of access to healthcare, medical prevention, better institutions, and strengthened health systems.

It is evident that no centre for disease control, no surveillance programme, and no vertical health project or policy, however excellent, can adequately address such a complex task and the demands associated with health for and in all. This assertion is also applicable to the first Virchow Laureate, whose primary focus lay in these areas, and who is widely regarded as a representative of the prevailing biomedical strand of global health, with its primary focus on disease, especially infectious disease. It is important to emphasise that this evaluation is not intended to be a critique of Dr Nkengasong, who has made significant contributions in his field from a comprehensive perspective. However, from our perspective, his work appears to align with the principles of 'old public health', albeit in an international context.<sup>5</sup> Notwithstanding the quality, relevance and merits of the laureate's lifetime work, it is expected that a prize named after Rudolf Virchow will recognise outstanding achievements in the context of 'the new public health' on a global scale.<sup>6</sup> The reason for this is that there is an increasing tendency for global health to be diverted towards biomedicine and biotechnology, and thus to selected global health initiatives, which are believed to be inadequate in addressing the current global health challenges. The call for adequate attention to the non-medical determinants of health – especially the social, economic, environmental, commercial and other factors that influence health – is not shared by many global health experts, and evidently not by Bhopal and colleagues either. This is not surprising, as all three are medical doctors specialising in epidemiology – a crucial part of 'old public health' or International Health, a post-colonial concept focused on disease control in low-income countries.<sup>7</sup> Contrary to international health, which is rooted in conventional tropical medicine and thus has a colonial legacy,<sup>8</sup> global health encompasses all local and international factors influencing health, extending beyond the global effort to combat diseases and health hazards. It encompasses upstream conditions that contribute to poor health, such as poverty, indecent work, deprivation, inequity, food insecurity, migration, and climate change, among others. These factors are often underestimated or neglected.<sup>9</sup>

Beyond the biomedical reductionism that is deeply rooted in many global health scholars, this and other reactions to our critical assessment of the Virchow Prize, awarded for the first time to Dr Nkengasong, suggest that academic decolonisers are under the illusion that awarding a prize to a Cameroonian scholar is a step towards overcoming the historical marginalisation of the Global South and the decolonisation of Global Health. This assertion is regarded as a manifestation of wishful thinking, and it is observed that decolonisers appear to be readily influenced by such forms of recognition. However, the Virchow Foundation's eponymous prize has been critiqued for its alleged perpetuation of the illusion of contributing to the decolonisation of global health. Nevertheless, the predominantly identitarian interpretation of colonialism put forward by Bhopal et al. is regarded as both misleading and politically superficial. Consequently, the Virchow Prize, a prestigious accolade, perpetuates a depoliticised interpretation of decolonisation, one that is promoted by influential organisations in the Global North. The pursuit of decolonising global health demands more than mere symbolic gestures; it necessitates a comprehensive consideration of social and economic factors, as well as the deeply inequitable trade relations, the migration of talent and capital, the exploitative business practices of transnational corporations, and technological dependencies. It is therefore the view of the present author that a truly "systemic and interdisciplinary" award such as the Virchow Prize should have taken these aspects into account.

Moreover, it is surprising that the criticism of the misuse of Rudolf Virchow by the eponymous foundation does not delve into the depths of this complex historical figure. A closer examination would have cast doubt on his suitability as a promoter of decolonisation. As an anthropologist, he participated in the search for bio-racial characteristics, for example by measuring skulls, but could not identify any typical differences in the physiognomy of "Jews" and "Aryans". Furthermore, as a friend of Heinrich

Schliemann, the discoverer of Troy, he supported the theft of ancient artefacts that can still be seen today, including in the Pergamon Museum in Berlin.

In a similar vein to the apparent lack of concern regarding Virchow's previous association with an African scientist, there seems to be minimal disturbance regarding Dr Nkengasong's current employment at the Centre for Disease Control in the United States of America and with the US President's Emergency Plan for AIDS Relief (PEPFAR). His transition from the former colonies to the global North is perceived as embodying a post-colonial continuity of the brain drain from the colonial peripheries to the centres. Furthermore, the inaugural Virchow Prize laureate has been selected to lead the newly established US Bureau for Global Health Security. Serving as a virologist and the White House's global AIDS coordinator, he is currently engaged in efforts to safeguard the world's most imperialistic nation against health threats.<sup>10</sup> Accordingly, the Foundation's contributions to both global health and decolonisation are likely to be modest. This is not, however, a problem for the Virchow Foundation, as decolonisation of global health has not yet been declared a Foundation objective. Nevertheless, it is anticipated that the Foundation's actions will provide a basis for discussion among those advocating for decolonisation.

Finally, Bhopal and colleagues claim to represent voices from the Global South, despite their affiliation with the Harvard School of Public Health in the USA. This self-positioning reflects an intriguing simplistic concept of the 'Global South': while the terms are often used interchangeably with 'low-income countries', 'developing countries' or even 'third world', they are not strictly geographical and apply both to countries and to different socio-economic groups within countries. According to an updated and more appropriate concept developed by Anne Garland Mahler, the term refers to "spaces and peoples adversely affected by contemporary capitalist globalisation".<sup>11</sup> It is evident that the 'Global South' is not merely a geographical concept; rather, it encompasses a socio-economic division that is characterised by marginalisation, underprivilege, disadvantage, and poverty. This perspective challenges the conventional geographical division, highlighting the presence of economic Souths in the geographical North and Norths in 'developing countries'. In light of this, it can be posited that authors who self-identify as representatives of the Global South may, in fact, be from the Global North, situated in the geographical South. This does not detract from the validity of their position, but rather serves to reinforce and extend Krugman's analysis, which demonstrates the successful capture of decolonisation by elites not only in high-income countries<sup>12</sup> but also in developing and emerging economies. Consequently, this re-evaluation prompts us to reconsider the anticipated contribution of academics educated in the Global South and currently employed in global health institutions in high-income countries to facilitate the decolonisation of Global Health.<sup>13</sup>

The (de)coloniality debate in contemporary academic discourse is frequently concerned with culture, identity and the production or control of knowledge, while often neglecting the political economy of present-day capitalist policies and their consequences. Identitarian approaches challenge an open-minded epistemology, and the introduction of identity-based biases into the peer-review process will not enhance scientific progress.<sup>14</sup> Instead, the fundamental issue is the jeopardy of the critical examination of social determinants, which are crucial to understand. However, as long as social and health inequalities persist in low-income regions, as they do in high-income regions, any serious attempt to decolonise global health is doomed to fail if it ignores the challenges posed by the inadequate engagement with local elites who ascended to power after the withdrawal of colonial powers.<sup>15</sup> To summarise, the Virchow Prize is regarded as one of the "numerous and innumerable minor and major decisions that are being made repeatedly" for elite capture and depoliticised decolonisation, according to Krugman. However, decolonisation cannot be separated from "anti-capitalist, anti-imperialist and anti-colonial social movements around the world".<sup>12</sup>

Colonialism has invariably been a constituent element of imperialism, which can be defined as the policy of imposing political control over distant and foreign societies. Imperialism has undergone considerable change since the inception of European colonisation. The contemporary form of imperialism

is not defined by colonial rule but by the global capitalist market, with the United States of America as the dominant power in this new imperialism without colonies. The contemporary manifestation of imperialism must encompass the prevailing power structure and the intricate internal articulation of global capitalism, with neo-liberal globalisation representing a new imperialist stage in the evolution of capitalist development. Despite the evident differences between "new imperialism" in the contemporary era and its traditional features during the period of European colonialism, it can be regarded as a persistent arrangement, spanning from the initial years of the empire-colonies to the prevailing pattern of dispossession by the powerful against the weak. If decolonisation is not to be exclusively retrospective, it must be understood in the context of imperialism, capitalism and neo-liberal globalisation. A predominantly identitarian focus on decolonisation is unlikely to reflect the complexity of today's challenges and to provide an adequate response to the global societal problems of post-capitalism. The mobilisation of philanthropists and academics from the Global North to reward the institutionalisation of centres and outstanding academics who grew up in the Global South, without addressing power asymmetries and the root causes of domination and inferiority, is unlikely to contribute to the decolonisation of global health. Rather, it consolidates the contemporary form of colonialism in the context of transnational corporate imperialism, led by the financial aristocracy and flanked by philanthropic feudalism.

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<sup>1</sup> Bhopal A, Getnet F, Manga S. Caught in the crossfires: the Virchow Prize, its inaugural winner, and the quest to decolonise global health. *BMJ Glob Health* 2023 (online). DOI: 10.1136/bmjgh-2023-013272. <https://gh.bmj.com/content/bmjgh/8/7/e013272.full.pdf>.

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<sup>3</sup> Kickbusch I, Ihekweazu C. At last, a prestigious prize for global health. *BMJ* 2022;379, bmj.o2446.

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<sup>5</sup> Goraya A, Scambler G (1998). From old to new public health: Role tensions and contradictions. *Critical Public Health*, 8(2), 141–151. doi:10.1080/09581599808402901

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<sup>12</sup> Krugman D (2023). Global health and the elite capture of decolonization: On reformism and the possibilities of alternate paths. *PLoS Global Public Health* (online). DOI: 10.1371/journal.pgph.0002103.

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