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April 5, 2023

*“On ne change pas de programme”*: Using Congolese Literature for the Decolonizing Global Health Movement

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## Abstract

“*On ne change pas de programme*”: Using Congolese Literature for the Decolonizing Global Health Movement

By Abigail Rigole

This thesis aims to contribute to the growing scholarship of the Decolonizing Global Health Movement (DGHM) by conducting a critical discourse analysis of global health work, focusing on the Democratic Republic of Congo (DRC). The DRC has a long history of international occupation, including by global health agencies, and continues to receive foreign aid while being considered a humanitarian disaster. To address the calls of the DGHM to critically reflect upon global health in its historical context, the thesis constructs a timeline from colonial intervention to modern-day global health in the DRC.

The thesis begins with a literature review that looks at the colonial roots of European intervention in Congo and their transformation into modern-day global health and development work. It then analyzes four literary texts, including Congolese philosopher's Tchicaya u Tam'si's poem, *Sous le ciel de soi*, to qualitatively interpret the sociocultural effects and reception of global health intervention from an ontology that is separate from the biases of western science. The thesis addresses why literary texts are often excluded from the global health discourse, and the benefits of reconsidering this literature into global health theory.

The thesis will also conduct a brief qualitative case study of two Belgian NGOs working in the DRC. By centering Congolese voices that are structurally excluded from global health discourse yet have offered critiques and alternative methodologies in response to its intervention, the aim is to combat the ingrained imperialism within the field of global health and propose new ways of thinking about its role in the DRC.

Overall, this critical discourse analysis of global health work in the DRC aims to contribute to the growing scholarship of the Decolonizing Global Health Movement, and influence policy changes and practices at the individual and organizational levels. By centering Congolese voices and considering the historical context of global health intervention, this thesis offers a fresh perspective on the role of global health in the DRC and beyond.

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## CHAPTER 1: INTRODUCTION

- *Que fait-on des savanes ?*

- *Qu'on les lacère à sang !*

*On ne change pas de programme : / Demain, lever du soleil / à 6 heures 53' 01" ! / Et sur le  
pourtour de ma tête, / en étalon, / Le congo sera libre / d'émettre sur toutes les ondes : / Le  
mot d'ordre est de vivre / le cœur à gauche !*

*On ne change pas de programme / parce qu'il est venu. / Tous furent Hérode / à ne pas voir  
parmi les flamboyants /*

- *Quoi ? – L'étoile !*

- *Qu'on les lacère à sang*

Tchicaya u Tam'si, 1964

- *What are they doing with the savannahs?*

- *May them slash them bloody!*

*We won't change stations: / Tomorrow, sunrise / at 6 :53 and one second! / And round the  
circumference of my head, / as a kind of yardstick, / Congo will be free / to broadcast on all  
frequencies / The slogan is live / with your hard on the left!*

*No changing stations / because he has come. / All we once Herod / not seeing among the  
flamboyant trees /*

- *What? – The star!*

- *May they slash them bloody*

Translation by Peter Thompson, 2021



This is an extract from the Congolese philosopher, Tchicaya u Tam'si's poem, *Sous le ciel de soi*, a part of his collection, *Le Ventre: Le pain ou la cendre*. The entire book consists of poems which are written as an ode to his friend, former Congolese Prime Minister, Patrice Lumumba. Through each poem, u Tam'si constructs a framework for interpreting Congolese history and present through a temporality that challenges the hegemonic Western-Eurocentric vision of the Congo through the lens of colonization. As such, u Tam'si constructs an offensive literature of blood and corporality, woven with themes of birth, intimacy, and violence. This thesis emphasizes the repeated line, "on ne change pas de programme." In French, the word "programme" may hold various meanings, including a "routine," a "schedule," an "agenda," a "program" – thus, the direct translation from French to English is not so straightforward, and this sentence may be translated into English in several ways, including, "we don't change the routine," "we are not changing the program," "the agenda does not change," and more. In the English translation of *Le Ventre*, titled, *The Belly*, Peter Thompson (2021) chooses to translate program as "station."

*"We won't change stations / No changing stations"*

Although Thompson leans towards the translation of "station," and the various possible translations for this key sentence, I wish to consider this word in the context of the French meaning, as well as in the way that u Tam'si uses it. In the extract above, u Tam'si describes our "programme," not referring to an everyday routine. Rather, this "programme" refers to the "laceration of blood" – whether on the Star of Bethlehem or on the African savannahs. To fully understand what is this "programme" in the context of u Tam'si's book in honor of Patrice Lumumba, one must understand the bloody Congolese history at the hands of Western colonial intervention.

Since 2020, many global health scholars have been drawing attention to the unequal relationships in the field as part of the Decolonizing Global Health Movement (DGHM). Although there have been more calls to localize, democratize, and decolonize at the organizational, many concerned global health practitioners have expressed doubt on the continued power imbalances in spite of the language shift, leading to a more paradigmatic problem of the nature of global health as a field (Khan, 2021).

In this thesis, I aim to expand upon the research that has already emerged for the DGHM and offer recommendations for policy-level changes from an interdisciplinary foundation. I will focus on the concept of *intervention*, as it is used and deployed in the field of Global health. My interest in this term stems from its traceability to a colonial tradition, and I believe that questioning this word as used in current discourse and as an inherited colonial practice will be a good start to critically reflecting upon today's global health frameworks. To begin my reflection of global health and colonial intervention, which I will argue are very similar in nature, I will formulate a definition of the term using its etymological roots and then conduct a brief literature review of European interventionism Africa. Focusing on Western intervention in Africa will allow us to understand the lineage between global health intervention in Africa and European colonial interventionism in Africa and assess its implications on today's Global Public Health.

I will then turn to a historical archive of anticolonial literature to analyze themes in global health intervention to demonstrate how current discourse influences poor policy making. I have chosen four texts from the literary archive of the region known today as the Democratic Republic of

Congo (DRC). The texts are diverse in their styles, decades, and authors, but each one alludes to the concept of European intervention in Africa, and the DRC specifically, which will inform our understanding of intervention without the bias that I will prove is unavoidable when approaching these topics through a European epistemology. Although my hope is to formulate an understanding of global health and colonial intervention in all regional contexts, I have chosen to look at Congolese literature, as the DRC is a striking example of continued European intervention through global health and humanitarianism. The DRC has historically received much international attention due to the appeal of its natural resources and today, the country continues to experience occupation through the physical presence of international aid agencies and Non-Governmental Organizations (NGOs). Although the DRC receives enormous international attention and funding, it is still largely considered a country in humanitarian crisis. The United Nations High Council on Refugees (2022) describes the DRC in the following way:

*“Wracked by decades of conflict, the Democratic Republic of the Congo (DRC) is the most complex and long-standing humanitarian crisis in Africa and the fourth-largest IDP crisis in the world.”*

Issues of gender-based violence, poverty, and conflict plague humanitarian representations of the DRC. However, in many of these narratives, the colonial hand and influence is excluded, situating the West outside of the puzzling humanitarian crisis in this country. In terms of the country’s political context, the World Bank (2022) describes it as the following,

*“In 62 years of independence, DRC did not experience its first peaceful transition of power until January 2019.”*

The narrative of Congolese conflict and non-peaceful transitions of power is lacking, as this view of the country's political history camouflages the western forces that had a hand in instating and upholding authoritarian rule in the country. In 1960, the DRC became a sovereign and independent nation from Belgium, with Patrice Lumumba elected as the first Prime Minister. However, Lumumba's office was short-lived, as his office only lasted from June 1960 through September 1960, and he was assassinated by U.S. and Belgian forces in January 1961. The U.S. and Belgian forces who assassinated the first prime minister also orchestrated the rise of authoritarian leader Mobuto Sese Seko, who eventually took the position of presidency by coup in 1965. Thus, inconclusive portraits of the DRC as a country of political conflict and upheaval do not acknowledge the neocolonial political intervention of western powers that had a direct hand in ensuring continued crises in the country. This is an important consideration when looking at extensions of neocolonial occupation, as I aim to do in this thesis with the field of global health.

Due to the long history of Western intervention and conflict in the DRC during colonization, decolonization, and today in the postcolonial era, it is important to examine the perspectives of the people who have been on the receiving end of these political games. Congolese literature does not lack for brilliant artists, writers, and philosophers who hold a unique capability to subversively critique and reverse dominant structures of power within their work. Thus, by including Congolese literature that has been structurally excluded from scientific contribution in my analysis, I will be able to qualitatively investigate the diffusion of Eurocentric values and political dynamics that inherently accompany global health interventions.

My objective in this project is to situate global health discourse within its forgotten historical frameworks and I want to carefully acknowledge the stark distinctions between global health and colonialism as I aim not to conflate the two, but rather trace the genealogy of certain practices that may seem inherent to the field. From a psychoanalytical perspective, I suggest that we regard the relationship between colonization and global health as a familial relationship, looking at the emergence of global health as a descendent from its colonial (grand)parent. In situating the colonization as the ancestral grandparent, I am hoping to make space to acknowledge the evolution of global medicine, including moments of colonial biomedicine, tropical medicine, international health, and other distinguishing phases that have led to the current conception of global health. In creating this lineage from colonialism to global health, I aim to demonstrate that there are intrinsic inherited characteristics, but also a divergence, much like the one that the child takes to carve out her own existence, separate from her parental and ancestral roots. I am focusing on the inherited traits, specifically, the shared nature of intervention. It is my hope that in this lineage can act as a framework for us to consider the words of Tchicaya u Tam'si: "on ne change pas de programme."

As part of my research, I will include references to and conduct close readings of literary works from and about the Congo as they offer a prescient critique of interventionism that is too often missing in the field of global health. Poems by Congolese philosopher Tchicaya U Tam'si, a graphic novel by Belgian author Jean-Philippe Stassen, a play on the history of the Congo by Ivoirian playwright Bernard Dadié, and finally a play on Congolese history by the father of Négritude, Martiniquan Aimé Césaire will offer an alternate and much needed perspective on European interventionism from the perspective of Black Studies. In examining intervention

through a different epistemology, we will be able to better understand the notion of our “programme” and the extent to which the child-parent relationship continues itself. Ultimately, it is my hope, in pursuing an interdisciplinary approach to my topic of study, that I can better account for different readings of intervention, as motivated by human rights, global justice but also ongoing colonial ambitions in the DRC.

## CHAPTER 2: LITERATURE REVIEW

*Que fait-on des savanes ? Qu'on les lacère à sang !*

History has witnessed the spilling of blood upon African soil at the hands of European colonizers. However, in the above extract from *Sous le ciel de soi*, u Tam'si does not use the word, "spill" – or perhaps in French, "verser." Rather, instead of writing that we "on" have spilled blood, u Tam'si has chosen the word, "lacerate" (French: "lacérer"), to indicate that we have lacerated the African savannas with blood. To lacerate is a verb that can mean "to tear or rend roughly: wound jaggedly." It is most used to describe wounds to the flesh that make deep cuts. Laceration is different than simply stabbing or cutting, as it entails a deep entrenchment of the weapon into its victim. Laceration wounds are also easily infected from the bacteria of the weapon that are forced deep inside one's bloodstream. What does it mean then, that u Tam'si writes that "on ne change pas de programme" in the line below "qu'on les [les savanes] lacère à sang"? Could we interpret this word choice as a representation of what Frantz Fanon (1952) called a colonial trauma or wound? To lacerate is certainly to create a deep wound. I believe that this interpretation may be useful at a broad level – but looking more closely, perhaps we may understand laceration as connected to another tool of colonial violence, one which, even in the postcolonial state, has the power to create an intimate and entangled wound on the African savannahs and stars, according to u Tam'si. In the following section, I will turn to look at how the nature of intervention is connected to the deepness of u Tam'si's laceration wound and what political scientist Sankaran Krishna (1999) calls "postcolonial anxiety" in Africa.

## Defining Intervention

The word, “*intervention*” has Latin roots in the 15<sup>th</sup> century. It stems from the word “*intervencioun*” of the verb *intervenire*, which means to “*to come between, interrupt.*” The Latin prefix, *inter*, means “*between,*” which is closely related to the French word, *entre* (*between*). The Latin suffix *venire* means “*to come,*” which is also similar to the French verb *venir* “*to come.*” Cambridge Dictionary defines the Latin verb, *intervenire*, as “*to intervene, to cut/butt in.*” Thus, *intervention* (noun) from *intervene* (verb) which stems from the Latin root verb, *intervenire*, refers to “*coming between*” something. Collins Dictionary offers one definition of *intervention* as, “*any interference in the affairs of others, especially by one country in the affairs of another.*”

I would like to understand *intervention* as an action that is taken by an outsider, who comes *between* another entity’s structures, to interrupt the status quo and alter existing systems and structures. A key word in this definition of *intervention* is “*between,*” or in French, “*entre.*” By entering between existing systems, the outsider becomes entangled (*enchevêtré*) within the structures that it enters, and, if present for long, may remove clear distinctions between the outside intruder and the existing entity *pre-intervention*. Thus, as a result of the entanglement of the two systems, an altered entity should emerge *post-intervention*, with symbols from both the outsider influence and the existing structures embedded within the new, hybrid version. Notably, in accordance with this understanding of *intervention*, the action of entering is one-sided by the outsider, and only the entity that is being intervened upon is changed. Further, due to its one-sided nature, *intervention* may be consensual or non-consensual depending on the context.



In mainstream global health discourse, the word *intervention* is used in reference to health-related campaigns and activities. In their “toolbox” for field trial health interventions, public health leaders Peter Smith, Richard Morrow, and David Ross (2015) define intervention as “any activity undertaken with the objective of improving human health by preventing disease, by curing or reducing the severity or duration of an existing disease, or by restoring function lost through disease or injury.” The Minnesota Department of Public Health (2001) defines intervention as, “actions that public health nurses take on behalf of individuals/families, communities, and systems, to improve or protect health status.” Thus, intervention as used in public health can refer to an outside party – the health promoter – who enters a population to interrupt negative health behaviors in favor for healthier alternatives. However, in accordance with the definition of intervention I formulated earlier, there must be a sort of entanglement of the health promoter within the population to achieve the targeted outcomes of the intervention. The nature of “between-ness” of intervention would entail a partial insertion of the health organization within the target community to create a healthier population and result in a hybrid form of the population post-intervention. In the case of public health, this may look like a population that has adopted handwashing practices or healthy dietary measures – thus, the population is now marked by the practices that were embedded by the intervening health organization, whereas the systems of the health organization remain unaltered.

## **A Brief History of Colonial Intervention and Colonial Medicine in Africa**

### 1. Colonial Intervention

I will now situate the events of European colonization and the resulting postcolonial African state within this understanding of intervention through a brief historical review of European imperialism in Africa. Because this thesis is not for a Department of History, the entire archival

review that is necessary for this type of work is out of the scope of this project. However, my thesis, which I will argue here, is that colonization is an example of a very intentional process of intervention.

European colonizers entered Africa and forcibly assimilated peoples to Eurocentric ideals, politics, and systems to propagate a progressive agenda founded on European notions of science, modernity, and “civilization” (Parashar and Schulz, 2021). Western thinkers in the 19<sup>th</sup> century supported the colonial agenda and theorized that “civilization” was the final stage of a process that all human societies had to undergo. In this formulation, there were three different stages of cultures: “savagery”, “barbarism”, and “civilization.” In his book, *Ancient Societies* (1877), the American anthropologist Lewis Henry Morgan explains this theory,

*“The latest investigations respecting the early condition of the human race are tending to the conclusion that mankind commenced their career at the bottom of the scale and worked their way up from savagery to civilization... it seems equally that these three distinct conditions [savagery, barbarism, and civilization] are connected with each other in a natural as well as necessary sequence of progress.”*

On this ladder to civilization, the “savage” and “barbarous” nations had not yet undergone the process of modernization that the “civilized” societies had. Viewing civilization as a developmental process justified western intervention in non-western countries, as it assumes that all of humankind had undergone this process, and so the civilized nations bore a duty to aid the barbarous and savage nations in their development. This logic fed into a global racialized hierarchy, as the civilized nations were white European nations, who assumed the duty to help the non-white, and thus non-civilized nations. Rudyard Kipling (1899) famously termed this phenomenon as the “white man’s burden.”

*“Take up the White Man's burden-- Send forth the best ye breed-- Go bind your sons to exile To serve your captives' need; To wait in heavy harness, On fluttered folk and wild-- Your new-caught, sullen peoples, Half-devil and half-child.”*

This rhetoric supported the assumption that colonization was constitutive of civilization and created a false narrative of European charitability and superiority (Mignolo, 2007). Essentially, this type of discourse surrounding colonization enabled the “West to exercise power over the Rest,” as sociologist Alf Gunvald Nilsen (2016) phrases it, allowing European white supremacy to persist through its claim of the right to choose for others, established in the name of a false moral and intellectual superiority. Marxists in the 19<sup>th</sup> century identified this behavior of intervention as “Eurocentric diffusionism,” which held several critical tenants during the era of imperialism, including:

- “(1) Europe naturally develops and progresses;*
  - (2) Non-Europe naturally remains stagnant, traditional;*
  - (3) The main reason for Europe's progress is some intellectual or spiritual quality, some sort of rationality, which leads to technological and social invention and innovation;*
  - (4) The main reason for non-Europe's non-progress is a lack of this **rational quality**”*
- (Blaut, 1989)*

This theoretical formulation creates a hierarchy on the basis of a perceived rationality, which is a stage that one must reach. Professors of Public Health, China Mills and Brenda LeFrançois (2018) use Critical Child Development Studies to prove show how the Western formulation of the dependent, underdeveloped, irrational, and economically unproductive child in western ontology served European diffusionism, as colonized peoples were constructed as permanently childlike and unable to develop towards “civilization” on their own,

*“The history of the development of Western countries is imagined as a linear trajectory of progress that all countries must pass through in order to ‘develop.’” (Mills and LeFrançois, 2018)*

By creating a seemingly inherent world order of European civilization, colonizing powers were able to invade, murder, and destroy societies under the guise of a moral obligation to help.

While colonization can be tangibly remembered from its pillaging, destruction, and exploitation, subversive forms of intervention also had to take place to establish a seemingly natural hegemonic colonial hierarchy. These forms of European intervention were woven between African systems to create and perpetuate a colonial authority. To serve the interests of the empire, the colonizing power needed to spread its control and access resources, labor, and money native to other regions. To claim access to these resources, the colonizer had to expand its control and also create a hierarchy to distinguish who did and did not have access to the glory of the empire. This was a very subtle hierarchal construction that happened through linguistic, educational, and non-physical interventions, as the theorist and postcolonial scholar Homi Bhabha writes, *“to be Anglicized is emphatically not to be English,”* in the same way that to be Francophone is to not be French. The terms, Francophone, Germanophone, Anglican, etc., are distinct signifiers that these subjects are not French, German, or English – yet are subject to the colonial imaginary of their assigned country. According to Bhabha, the formation and success of the colony is attributed to the omnipresent partialness of the colonizer within the new country, the “part-object of presence.” To create an accepted colonial discursive authority, Bhabha proposed that it needed to be camouflaged, concealed, uttered between the lines – and in many

ways, fragmented. This camouflage has been noted by decolonial scholars when describing colonialism – notably, Suzanne Roussi-Césaire, who wrote an essay that she titled, “Le Grand Camouflage” in her seven *Tropiques* essays that participated in early Négritude literature. Bhabha gives the example of the partialness of the Christian colonial mission in India, which, in its partialness, infiltrated, or *came between*, the existing systems through a process of mimicry and hybridization. This partial presence demonstrates the “between-ness” of intervention, the sneaky introduction of one entity into another, until a new, hybridized form emerged. An example of this was the colonial strategy to choose certain locals to rule over the colonies, which professor of global development, Philip McMichael, explains (1996):

*“Collaboration with colonial rule by indigenous elites was inevitable following the colonists’ practice of cultivating local elites as go-betweens to facilitate rule over subject populations... African elites reproduced arbitrary forms of authority, relying on their position in the state to accumulate wealth.”*

This practice described by McMichael refers to how the colonizers created internal ethnic conflict by promoting certain Africans to enforce colonial rule in the colonies, namely through policing and government positions. These positions allotted Africans a level of perceived higher status within the colonial system, creating a class of “elites.” This strategy created African caricatures of their western colonizers and disguised their secondary role in their own exploitation. The implications of this subversive strategy and its continued implications will be discussed later in the textual analysis.

## 2. Colonial Medicine

In the section above, I discussed how the Empire created and maintained a colonial authority through various physical and subversive forms of intervention. In this section, I will look at how

colonial powers employed health and biomedical fields to further exploit colonial subjects through their bodies. This section will be a foundation for us to investigate the colonial genealogy of global health practices.

On one hand, colonization was justified with development logic as a mission to aid non-European nations progress towards civilization. Namely, this mission entailed the spread of the Christian religion, with a focus on “saving” African souls (Lyons, 1994). In hindsight, we can recognize that Europe conquered African societies to exploit their natural resources and human labor for manufacturing. Although under the guise of a civilizing mission, colonization was a way to gain power and money. However, to justify the horrific strategies employed by the empire, it was necessary to espouse the idea of development as the natural path towards salvation and civilization (McMichael, 1996). Notably, the formulation of this idea of development as civilization happened alongside the growth of capitalism in the Western world in the nineteenth and twentieth centuries (Sachs, 1999). As such, capitalism and development become conflated, as economic productivity was equated with civilization. The English philosopher John Stuart Mills exemplifies this logic in his essay titled *Civilization* (1836), which directly correlates growth, expansion, and capital with civilization,

*“In savage life there is no commerce, no manufactures, no agriculture, or next to none: a country rich in the fruits of agriculture, commerce, and manufactures, we call civilized.”*

Expansion of power through capital was very important to the Empire, and it was done off of the backs of the colonized people through torturous means of forced labor. However, these inhumane conditions put colonized peoples’ lives at risk, which paradoxically became a threat to the success of the Empire, which heavily relied on human labor. Disease outbreaks were

common around the globe during colonization, as interactions between Indigenous peoples and European colonizers often led to epidemics of huge public health concern, such as plague, cholera, and yellow fever (White, 2020). Lacking immunity against the diseases native to regions across the globe, both colonizers and colonies were put at risk. Moreover, due to rapid urbanization in the colonies to increase economic productivity, living conditions were prone to become crowded and unsafe, making these colonial cities hotspots for disease outbreaks (Packard, 1990). The historian Maryinez Lyons (1994) found that colonizers quickly realized that their source of labor – the Africans – was put at risk through the outbreaks of epidemics from the presence of Europeans. The health and fertility of Africans was vital to the wealth of the colony, as this was their supply of labor. If colonized peoples died out, the Empire lost its supply of human capital, and this realization stirred a new concern over the health of Africans. Lyons notes that this is when the rhetoric of saving souls changed to one of saving bodies.

*“The extraction of profit, however, depended upon the uninterrupted supply of African labour. Thus in spite of the lack of medical staff, quite early on, the topics of African health and fertility became major colonial concerns. This was especially true when labour appeared to be under threat of extinction through the increased morbidity and mortality resulting from epidemic diseases.”*

Initially, medical attention in the colonies focused on protecting the colonizers from diseases, but with the increased interest in the health of Africans, Colonial Tropical Medicine became a popular field amongst medical professionals in Europe (Hewa, 1995). Particularly in Britain, the Colonial Medical Service was the second largest recruiter for the Colonial Service and employed many graduates from the London School of Tropical Medicine and Hygiene (Crozier, 2007). During this time, colonial medical intervention shifted from being the work of Christian missionaries, who provided much of the early health interventions in colonies, to certified medical practitioners (Jennings, 2008). Colonial medicine was regarded highly amongst the

scientific community in Europe and contributed to the Empire's false narrative of charitability and "duty" (Bump and Aniebo, 2022). Doctors and medical professionals were drawn to work in Africa due to a sense of excitement around having a perceived adventure while simultaneously performing "good" work for a cause (Crozier, 2007).

With the rising popularity of colonial medicine, the field became a strong tool for imperialism, and was backed by political forces (Farley, 1991). Besides the often disregard for ethics in the colonies, colonial medicine created an epistemological divide between Indigenous and Western conceptions of health. During the introduction of European medicine in the colonies, "local" and "traditional" sciences were often dismissed (Lyons, 1994). This disregard was found to have resulted in either a non-acceptance by locals of colonial medicine, as historian David Arnold (1993) demonstrates in India, or, inversely, the traditional medicine adopted some of the characteristics of European medicine, thus embedding it with colonial signifiers, as historian of the Congo, Florence Bernault (2013) found in the case of Gabon's interaction between the religious and secular sciences.

Jamaican philosopher Sylvia Wynter (2003) argued that notions of intellect and the Human itself are self-defined and stem from a coloniality of power to serve the "central ethnoclass," which she defines as the Western bourgeois. Wynter discusses that this conception of the Human happened through a discursive creation of a Human Other, which consisted of all non-European modes of knowledge, and was placed as an irrational inferior to the Eurocentric conception of the Human. By excluding non-European science and knowledge in medicine, Wynter proposes that the Human used in modern science is one that was constructed out of a western epistemology to



promote a universality of Eurocentric ideals during colonization. This epistemology transforms human differences into deficiencies, and reinforces the false narrative of European superiority, with the backing of biomedicine. Understanding the Human as a politically motivated creation removes the perceived neutrality of the sciences and instead suggests that modern medicine and science is more closely tied to the greater colonial authority that Homi Bhabha proposed. It is clear then that medicine has sociopolitical implications, as David Arnold writes:

*“The history of medicine in European and North American societies over the past two hundred years has been a history of growing intervention and a quest for monopolistic rights over the body.” (Arnold, 1993)*

Achille Mbembe describes this practice in his *Nécropolitique* as a State’s power to decide how certain people can live and others must die. According to Mbembe, this “right to kill” all those who threaten the state is the most powerful expression of sovereignty. Colonizers hid criminal atrocities behind the narrative of European charitability, superiority, and the perceived “white man’s burden.” Similarly, the implications of colonial biomedicine – i.e., the physical occupation of colonies, disregard of non-European sciences, and human rights abuses through non-ethical practices – were hidden behind the rhetoric of adventure, altruism, and humanitarianism.

Thus, capitalism, development, and medicine became discursive pillars that formed the infiltrating partial presence of the colonizer within African systems. Through medicine, European powers took a corporal approach to colonization, destroying bodies through invasion and forced labor, and subsequently “saving” them through medicine to continue to serve colonial

interests. In the next section, I will look at the implications of this colonial history on modern global health work.

## **Intervention in Global Health**

### 1. Postcolonial Anxiety

Considering colonization as a case of intervention creates a theoretical framework to identify continued patterns of unequal power dynamics within global health today. To briefly restate the thesis that I have formulated of “colonization-as-intervention,” the colonizing power, conducted the one-sided action of intervening, interrupted the systems of the colony and embedded colonial signifiers between the existing structures, which resulted in a hybridized version of the colony post-colonial intervention. I would like to now look at this hybrid postcolonial state in the framework of what scholars have called a “postcolonial anxiety” (Krishna, 1999; O’Riley, 2007; Parashar, 2018). Sankaran Krishna originated the discourse of this phenomenon in reference to “postcolonial insecurities” in South Asia. Krishna writes about the South Asian postcolonial state that is fragmented and anxious to emulate western hierarchies.

*“By postcolonial anxiety, I refer to the fact that the social constructions of past, present, and future for state elites and educated middle classes in the third world are mimetic constructions of what has supposedly already happened elsewhere: namely, Europe, or the west.” (Krishna, 1999)*

Krishna points out that this anxiety stems from an ingrained mimicry, as Homi Bhabha theorized with colonial India. By presenting itself as the hegemonic narrative of a successful and developed nation, the West then places itself as a benchmark to be reached. However, this

postcolonial anxiety to replicate their European counterparts paradoxically undermines the sovereignty of nations. Swati Parashar (2018) uses the term “postcolonial anxiety” to refer to the vulnerable condition of the former colony nation-state that allows for intervention at the military and humanitarian levels. This high level of humanitarian intervention is evident, as many African countries are the recipients of tons of international aid and attention. In the United Nations 2030 Agenda, Africa is listed ten times among the categories of vulnerable areas where special attention is needed.

*“... particularly African countries, least developed countries, landlocked developing countries, small island developing States and middle-income countries...”* (UN 2030 Agenda)

In a review of foreign aid in Africa, the activist and scholar, Imrana Alhaji Buba (2018) concludes that foreign interventions designed to develop Africa have paradoxically contributed to its underdevelopment by promoting authoritarianism, reducing the efficiency of state institutions, and exacerbating poverty. To situate these discursive patterns of intervention, I will now offer some definitions of neocolonialism.

## 2. Neocolonialism

The first Prime Minister of Ghana, Kwame Nkrumah defines “neocolonialism” in *The Last Stage of Imperialism* (1965),

*“Neocolonialism is defined as the continuation of external control over [African] territories by newer and subtle methods than that exercised under formal empire... Where neo-colonialism exists, the power exercising control is often the State which formerly ruled the territory in question, but this is not necessarily so. It is possible that neo-colonial control may be exercised by a consortium of financial interests which are not specifically identifiable with any particular State. The control of the Congo by great international financial concerns is a case in point.”*

Nkrumah specifically points to the DRC as an example of neocolonialism, specifically, the control of the Congo. Nkrumah wrote this book five years after the Congo's independence from Belgium, so he is not referring to control under an empire, but rather by "*a consortium of financial interests*" and notably, where "the power exercising control is often the State which formerly ruled the territory in question." Haitian linguist, Michel DeGraff (2019) describes neocolonialism as "the efforts to maintain influence in and domination of former colonial areas through alternative means." According to DeGraff, these efforts are subversive, such as the continued use of colonial languages as the languages of administration and education in former colonies.

I would like to focus specifically on how Nkrumah defined neocolonialism as the "*continuation of external control over [African] territories by newer and subtle methods than that exercised under formal empire.*" This extract seems very relevant for global health, specifically in situating this within the short historical frameworks from the previous sections. By seeing how biomedicine was a colonial strategy, we may now critically reflect on the genealogy of global health's inherited traits and how these contribute to the "postcolonial anxiety" felt in former colonies through neocolonialism.

### 3. Implications for Global Health

In recent years, many global health scholars have more deeply questioned inequities within global health, raising attention to the power relationships between countries that are former colonies and former colonizers. The entanglement of colonialism and global health is clear, as many of the early learnings that shape the field of global health took place in colonial territories

during the eras of colonial medicine and international health (Packard, 2016). As a response, there have been increased calls to “decolonize” global health (Khan et. al, 2021; Chaudhuri et. al, 2021). However, alongside the growing momentum of the DGHM, there have also been sensitivities and pushback. There are no longer colonies under an Empire, so how is it that African colonies can still be colonized, and still need to be decolonized? This is where I will interject to state my issue with the term, “decolonize,” because, although in good intentions, this language simultaneously removes agency from sovereign nation-states and reinforces a colonial power dynamic. I propose that in moving forward with this movement, global health practitioners reconsider the language used, and it is my hope that this paper will demonstrate the role of discourse in camouflaging and disguising hidden authority powers. This will be addressed further in my conclusion.

The narrative of Western superiority is still entrenched in humanitarian discourse today, as shown in ideal-oriented language and global commitments (Franczak, 2018). The Western duty to “help” is similar to Kipling’s concept of the “white man’s burden” and is the backbone of current humanitarian language and action. As professor of political science, Iliia Xypolia (2022) argues, the idea of protection assumes that the “civilized” nations have a mission in the world, and that the “uncivilized” nations aspire to progress towards the more advanced stages of civilization. In her analysis of the theatricality of humanitarian celebrities, notably Angelina Jolie and Audrey Hepburn, the linguist Lilie Chouliakari criticizes the charitable view of development work and links it to capitalism.

*“This tendency towards self-recognition lies at the heart of the conditional altruism of the entrepreneurial spirit of capitalism, insofar as it implicitly promotes a utilitarian ethos that can*

*only recognize the value of doing good to others in light of the emotions, and interests, of those like ‘us.’” (Chouliakari, 2010)*

These feelings of self-recognition and altruism are similar to what the historian Ann Crozier (2007) found to be motivations for joining the Colonial Medical Service. By providing a sense of gratification to the Western audience, colonial occupation and hierarchies are maintained and camouflaged as “good work.” The historian Richard Keller (2006) explains this well, writing that,

*“Important historical precedents provide a critical framework for interpreting biomedicine’s expansion. Whereas modern medicine has couched its global interventions in the language of relief, it has operated in a colonial syntax.”*

In this extract from Keller, we see that the rhetoric of relief and humanitarianism with global health allows for colonial patterns of occupation to continue. Notions of development and progress are parallel to the ideas espoused during the time of colonization by Kipling, Mills, and Morgan. Ilia Xypolia (2022) further argues that current humanitarian discourse is a “successor to a much longer contentious genealogy of imperial Eurocentric discourses about non-Western societies.” However, as many Global health students should know, the field has acknowledged its paternalistic roots, and accordingly shifted its language to one from “uncivilized,” and “Third World,” to “developing/undeveloped,” and “low-income country/middle-income country.” Global health discourse today is axed around concepts such as “equitable partnerships,” “localization,” and “democratization.” However, despite the language shifts, decolonial scholars have expressed concerns over who is allowed to determine what changes should be made to “decolonize” and where these conversations are happening. (Abimbola and Pai, 2020; Pai, 2021).

In their essay about “indigenizing” global health, two professors of development, Suzanne Hindmarch and Sean Hillier (2022) argue that the use of western methodologies, including data-driven methods and notions of progress, are “tactics that have been and are used by colonizers to assert violence.” Public Health training programs teach students to create checklists, quantifiable metrics, and solutions-focused approaches to health issues. However, the application of these practices, which are based upon a European scientific methodology, is problematic, as it is not possible to “decolonize” using the same systems that were used to colonize. This should not imply that public health methodologies are inherently tools of neocolonialism, but rather, the prioritization of western science recalls the patterns of Eurocentric diffusion that served the creation of a colonial authority during European imperialism. It is in this way that I would like to be exploring global health as an extension of neocolonial power. Today, the fields of global health and development sit together, and are understood in accordance with the United Nations 2030 Agenda for Sustainable Development. The 2030 agenda is a fifteen-year plan, created after the conclusion of the 2015 development agenda. It is a “plan of action for people, planet and prosperity” and entails seventeen Sustainable Development Goals (SDGs) which are “integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental” (UN 2030 Agenda). This approach to development recognizes poverty as the greatest global challenge to sustainable development. The SDGs, which succeed the UN’s Millennium Development Goals, acknowledge a more connected ecology of the world with a focus on social inequalities and environmental challenges as global concerns. However, the SDGs are still heavily conflated with notions of economic growth and progress as development. Professors of education, Eleanor Brown and Tristan McCowan (2018), term the 2030 agenda a

“compromise with capitalism.” In his textbook chapter on Development, Philip McMichael supports this connection between capitalism, development, and colonialism, writing that,

*“The development project arose in a specific historical context in which the West represented itself as a model for the future of economic growth. The idea of development emerged during the colonial era, even though it contradicted the practice of colonialism.”*

Professors Swati Parashar and Michael Schulz (2021) argue that the metrics set forth in today’s UN SDGs “are nothing less than the discursive practices of Eurocentric power relations.” During European colonization, the benchmark for civilization was an arbitrary notion concocted by Western nations and imposed upon colonized territories through strategies of physical and mental domination (DeGraff, 2019). Due to the colonial practices of using quantifications and measures to violently assert a world order, we see that the very field of global health, including its methodologies and archive, is not isolated from historical colonial practices, as it continues to draw from and prioritize Eurocentric knowledge and conceptions of health and the Human built during the era of colonization. Therefore, many researchers question if it is even possible to change the colonial nature of global health using the frameworks of global health (Hirsch, 2021). As Clara Affun-Adegbulu and Opemiposi Adegbulu (2020) write,

*“Global health, as currently conceptualised, is based on and inextricably linked to the Eurocentric conception of the (hu)man. Global health, thus, inevitably (re)produces the processes of othering and dehumanisation which are inherent to this conceptualisation of the (hu)man.”*



Recalling Sylvia Wynter's work on the conception of the European Human, if we understand the scientific conception of the human as based upon European standards to serve colonial purposes, then we can better start to reconsider Global Public Health as an entirely western construct (Wynter, 2003; Secaira, 2019). The Eurocentric conception of the Human has contributed to the construction of a global racialized hierarchy, where White European lives sit at the top, and proximity to Whiteness moves one higher up on the scale (Christian, 2019). Discourse and intervention "between the lines" maintain this racial hierarchy, much in the way that Homi Bhabha writes that the discursive colonial authority is maintained.

Daniel Hammett (2019) demonstrates how discourse is upheld through labeling in today's humanitarian language surrounding "developing" nations, which "manufactures a truth about places perceived as 'destitute' and legitimizes the global hegemonic system." Labels of who is "developed" or "in need of development" are justified through humanitarian discourse, similarly to the colonial rhetoric of civilization and salvation. This labeling can happen through subversive strategies, through reproduction of hegemonic narratives and education (Robinson, 2022). While discourse maintains a separation between the hegemonically "developed" regions and the non-developed "Other," it also camouflages the distinguishing hand. The Haitian anthropologist, Michel-Rolph Trouillot wrote about this phenomenon of labeling and camouflage in reference to Haiti,

*"The more Haiti appears weird, the easier it is to forget that it represents the longest neocolonial experiment in the history of the West."*

What Trouillot means by "weird" here is the constructed narrative of Haiti as a case of a humanitarian disaster, for which there seems to be no easy explanation. By making Haiti an

exceptional and “weird” case of a country that is perceived to be in perpetual poverty and disaster, the nations who have had a hand in ensuring its state of instability are able to separate themselves from responsibility and thereby cast any of the country’s difficulties onto its status of bizarreness. However, this narrative of Haiti is purposefully incomplete, much like the disaster narratives of the DRC.

In this chapter, I hope to have questioned if the use of European science and epistemologies will allow global health to break away from the colonial patterns from which the field arose. I argue that it will not, and that by continuing to use global health practices in “decolonizing” global health efforts, organizations will continue to reproduce colonial patterns. My aim is, then, to reconsider the genealogy of global health within its history and then explore alternatives that are separated from its neocolonial inheritance.

### CHAPTER 3: INTERVENTION IN CONGOLESE LITERATURE

*Le congo sera libre / d'émettre sur toutes les ondes : / Le mot d'ordre est de vivre / le cœur à gauche !*

In these lines from *Sous le ciel de soi*, u Tam'si refers to the declaration of the free Congo, where the commanding word is “vivre” (to live). This line is written in the style of a news announcement, or an order to be broadcast “sur toutes les ondes” (on all the radio waves). At the time of Congo's independence from Belgium, the newly chosen Prime Minister, Patrice Lumumba gave his *discours de l'indépendance* (independence speech) which was famously recorded and broadcasted on the radio. In his speech, Lumumba commemorates all of the Congolese people who had suffered at the hands of colonization by weaving a language of freedom, beginnings, and independence. This speech was to become the foundation of the Free Congo.

In the extract above, u Tam'si refers to “le cœur à gauche” alongside these notions of freedom and living. Having the heart on the left side is a natural aspect of an anatomically correct body, so by situating this biological fact with notions of freedom and living, he seems to reference a world order that is correct and right. Yet, some feel that in the history of the Congo, the excitement and hope of an independent Congo was killed with Lumumba, as conflict and authoritarian rule at the hands of Western powers ensued soon after. In the context of the historical events, we then see the fragility of the radio waves on which Lumumba's independence speech was broadcasted. Radio, much like newspapers, is often a site of

ensorship, and can be used as a tool that serves an authoritative agenda. Therefore, when u Tam'si references the broadcasting of Congolese freedom on the radio waves, we may recall that many media and other sites of information are not isolated from political agendas. The radio waves that broadcasted Lumumba's powerful words were not strong enough to resist the assassination of his vision of freedom. Interpreting this in the context of my thesis, I would like to use this as a justification for my choice of methodology. Literature largely sits outside of the scientific archive, even though the pieces I have chosen all contribute to global health discourse. Although literature can also surely be a site of censorship as well, the work of decolonial and anticolonial authors can offer alternative epistemologies that are not inherently entrenched in Eurocentric values, and thus can offer more prescient critiques that we may not find within a Public Health journal. Thus, by choosing to analyze global health intervention from a literary perspective, I am attempting to reduce the bias that is inherent to working within the frameworks of European science and access a new world vision by including voices who could shape and lead the future of global health.

### **Methodology**

This thesis is a qualitative study examining the colonial genealogy of the global health intervention. To take a decolonial approach to my research, I have chosen to qualitatively analyze four literary texts that sit outside of the Public Health archive. To select these texts, I conducted a thorough review of Congolese and decolonial literature, including poems, theoretical texts, plays, novels, and films. I have chosen four texts from Tchicaya u Tam'si, Jean-Philippe Stassen, Bernard Dadié, and Aimé Césaire, as these pieces vary in time period, style, and region, but each one speaks to a theme of intervention in the DRC.

I have chosen to take an interdisciplinary approach that is informed by literary and public health methods. For my qualitative analysis, I used a literary approach of conducting close readings to interpret brief passages of each text. After I finished the close readings, I used these interpretations to find qualitative themes within the texts. I then investigated common themes from each textual analysis and put these themes in the context of the theoretical frameworks that I developed in my literature review. Finally, I practically applied these themes uncovered from the close readings to conduct a short discourse analysis of two Belgian NGOs working in the DRC. Using the results from the close readings and the discourse analysis, I have formulated several recommendations to inform policy change and potential future for the DGHM.

### **Congolese Literature for Decolonization**

I concluded Chapter 2 with the argument that the field's efforts to "decolonize" global health will never be truly successful by continuing to use strategies that are formulated within a European science. For this reason, truly decolonial scholars in global health must be prepared to make a somewhat uncomfortable shift towards other ways of being and knowing. Indigenous activist Taiaiake Alfred (2005) succinctly illustrates this point:

*"Structural change negotiated in a colonized cultural context will only achieve the further entrenchment of the social and political foundations of injustice, leading to reforms that are mere modifications to the pre-existing structures of domination."*

Further, the anthropologist Arturo Escobar (1994) notes that decision-making in development work often happens at the international and national levels:

*"The local level must reproduce the world as the top sees it. This does not take into consideration the local struggles, or that their worldview, of how they see problems and life, may*

*differ. What instead emerges is 'a view of the 'malnourished' or 'illiterate peasant' as a problem to be rid of through effective development.'*"

I am using these two points to introduce my turn towards the humanities to understand and critically reflect upon global health. Global health scholars who are writing about the DGHM have already begun citing more and more theory from decolonial scholars, such as Franz Fanon and Achille Mbembe (Chaudhuri et. al, 2021; Hirsch, 2021). I agree with these steps of looking towards theoreticians outside of the global health space, as within these ideas, we will be able to uncover an epistemology that is more removed from the biases of colonial medicine. I moreover propose to build on this by incorporating literature into the global health archive. Literary voices participate in and contribute to the fields of humanitarianism, by offering critique and analysis from an alternative disciplinary view. However, similarly to the way in which Indigenous and “local” medicine and methodologies have been structurally excluded from global health knowledge, literature has too, for not being “scientific” enough. However, this is what distinguishes Public Health from medicine science. Public Health practitioners have found enormous value in the use of qualitative research in understanding sociocultural contexts and norms (Stickley et. al, 2022). The field of Behavioral, Social, and Education Sciences relies heavily on looking at structural determinants and history to understand health behaviors and outcomes. In a similar way, I am aiming to take these practices further by reaching outside of the Global Public Health archive, to enrich our understanding of the field and offer future directions for the DGHM. Moreover, by drawing on voices that are often structurally excluded, I am hoping to challenge continued power dynamics that prioritize European knowledge sources.

While this paper speaks to the nature of intervention globally, I am focusing on the DRC, as this is a country that continues to experience massive and normalized international occupation. As a consequence of its natural riches, the DRC has been occupied and exploited for centuries by international actors. A prominent occupying actor in the DRC that is directly linked to European imperialism but risks being overlooked is the global health agency. In this section, I will consider the current conception of global health as a neocolonial extension that helps maintain a colonial authority.

The DRC has received much humanitarian attention since the Leopold II era, which marked the construction of the first European human rights campaign (Hochschild, 1998). Today, the DRC receives large amounts of foreign aid and is physically occupied by international aid offices but is paradoxically still largely considered a humanitarian disaster. As a response to the calls of the DGHM to critically reflect upon global health in the context of its colonial history, I am choosing to investigate the inherited colonialism in western global health organizations in the DRC and propose changes at the policy level.

I will now provide close readings of three Congolese literary pieces. The first text I will look at is from the graphic comic novel, *I comb Jesus et autres reportages africains* (2015) written by the Belgian author and artist, Jean-Philippe Stassen. The second piece I will look at is *Béatrice du Congo* (1970), a play by Ivorian playwright, Bernard Dadié. Finally, I will offer an analysis of an extract from *Une Saison au Congo* (1966), another theatrical piece, written by the father of Négritude, Aimé Césaire.

## 1. Author Biographies

The texts I have chosen are all different in their styles, publication dates, and authors, yet all contribute to the Congolese literary archive that is concerned with Western intervention. I will begin by sharing a brief background of each of the authors to justify how their lived experiences have shaped their portrayal of intervention in their work. I will start with Tchicaya u Tam'si, whose poem *Sous le ciel de soi* has shaped the theoretical framework for this thesis.

Tchicaya u Tam'si is the pen name for Gérard-Félix Tchicaya, a Congolese poet who lived from 1931 to 1988. Although his life was more short-lived than the other authors included in this thesis, his work is not lacking in theory, critical reflection, and international implications. He deals with the colonial African past and the influences who had a hand in the destruction of Congolese structures. His father held a high position in the Congolese French National Assembly, and similarly, Tchicaya had arranged to work for the office of Patrice Lumumba, until his upheaval. His book, *Le Ventre*, is a passionate reconsideration of the life and death of Lumumba, as well as of the Congo itself.

The first textual analysis I conduct in this section is from Jean-Philippe Stassen, a Belgian cartoonist born in Liège in 1966. Stassen traveled extensively through Africa growing up, which, perhaps influenced his work by seeing the newly independent African nations in the wake of postcolonialism. He married a Rwandan woman, which may have also influenced his configuration and representation of Rwandan and Congolese relationships.



The second author that I include is the Ivorian playwright, Bernard Dadié, who lived from 1916 to 2019. He worked at the Institut Français d’Afrique Noire for nearly a decade in Senegal, and then returned to the Ivory Coast where he took up a position in the Ministry of Culture. Dadié’s literary work concerns the past and present of colonization, probably influenced from his own experience of working for both the French and Ivorian governments and witnessing the Ivory Coast’s independence from France in 1960.

The third close reading I will conduct in this chapter is from Aimé Césaire, an author, politician, and Négritude leader from Martinique who lived from 1913 to 2008. Although from the French Caribbean, Aimé Césaire traveled extensively and a lot of his writing suggests the interconnectedness of all Francophone colonies through their shared ancestry and experiences.

It should be noted that each of these authors vary in region, background, and time period. Yet Césaire recalls in his *Cahier d’un retour au pays natal* that there is a connection among people in former colonies through shared experiences and ancestral roots, namely in Congo, writing,

*"... à force de penser au Congo je suis devenu un Congo..."*

In this extract, Césaire situates himself within a colonial legacy by becoming “un” Congo. By using the pronoun “un,” he implies a replicability, as if the Congo is something to become. The colonized Congo when Césaire was writing is something that was created by external forces, a product of colonial intervention. Thus, due to the “produced” state of the postcolonial Congo and the shared trauma of colonization, it is not entirely necessary to be born in the Congo to take part

in its literary archive, as all of these authors have their unique contributions that were formed through access to an alternative epistemology that is separate from, but still interactive with, the colonial imaginary. It is through an alternative epistemology that I would like for us to experience these literary texts, in order to better inform our understanding of global health from a place situated outside of the boundaries of European science.

## 2. Matonge à Ixelles

The first literary text I have chosen is *Matonge à Ixelles*, in Jean-Philippe Stassen's graphic novel, *I Comb Jesus et autres reportages africains*. I have chosen to commence with this text, as it appears commendably light-hearted in its nature as a graphic novel. However, its style paradoxes the dialogue. In the form of a graphic novel, Stassen illustrates a perspective of intervention that directly contradicts and critiques the western rhetoric of humanitarian aid. In the book, readers follow the character Kalonji, a Congolese immigrant living in Brussels who acts as a guide of Congolese history for two Belgian children in the Royal Museum for Central Africa. In the chapter I have chosen, *Matonge à Ixelles*, Kalonji is no longer at the museum, but has met up with his old friend, M. Ngaka in a Belgian café in Matonge, a Congolese neighborhood in the

city of Ixelles, Belgium. The following vignette shows a conversation between the two friends.



*« Le problème, vois-tu, Kalonji, c'est que les gens qui parlent de notre pays dans les médias occidentaux n'y connaissent rien du tout. Je parie qu'il y a même des soi-disant experts qui n'y ont jamais mis les pieds ! » - M. Ngaka*

This extract firstly comments on the narratives of the DRC presented in the Western media. Secondly, I'd like to look at this extract as a critique of the nature of humanitarian programming, of how western-educated professionals make decisions and work in populations and countries that they may know little about.

Western depictions of the DRC are almost consistently narratives of disaster – this is especially common in the realm of global health. The representation of the Congo is founded on a narrative of destitution, a narrative of exceptionalism, and a narrative of responsibility – all of which are critical ingredients to appeal to the western emotional ethos. International aid agencies have

public relations departments whose jobs entail the concoction of devastating narratives of suffering. Stories of suffering and destitution highlight grave issues in countries, such as domestic violence or extreme poverty, and serve to prompt western audiences to act. This action is typically in the form of giving a monetary donation to the aid organization.

In media portrayals of humanitarian crises in the DRC, the country appears alien and dissimilar to the Global Northern audience. This portrayal of difference is what Daniel Hammett (2020) calls a spatial duality of the “us” (the developed) and the distant suffering “out there” (the developing/underdeveloped). The word, disaster, in French, *désastre*, has Latin origins: *des* (meaning “from”, “away”) / *astre* (referring to the cosmic celestial body of the universe) translates to a separation from the cosmic universe. In applying this etymological logic to the representation of the humanitarian disaster, the implication is that the western Eurocentric existence is the natural existence in the universe, and those who are outside of this existence are separated from this cosmological order. Thus, in global health discourse, the portrayal of disaster is crucial to the ontological separation and duality of “us” and “them,” which supports the dominant global hierarchy and continues to justify the intervention of the “developed” countries within the “developing” countries. This duality recalls the process of exceptionalism described by Michel Rolph-Trouillot, as the label of disaster removes attention away from the reasons for national instability by making the country appear weird and distant. The narrative of DRC as a disaster allows for the actors who have caused, and continue to contribute to its instability, to separate themselves. The historian Laurent Dubois echoes how narratives of disaster are used to erase the historical influences that shaped current world situation writing that,

*“And when people wanted to know how Haiti had come to be so poor, and why its government barely functioned... Many seemed all too ready to believe that the fault must lie with the Haitians themselves.”*

This recalls the inconclusive portraits of history of the DRC, such as the one offered by the UNHCR (2022), which leaves out the historical factors that have caused the country to be “wracked by decades of conflict.”

The media can use representations of people in “developing” countries to appeal to an emotional ethos through the lens of inspirational stories, i.e., the portrayal of program beneficiaries who have been able to carve out new opportunities thanks to the western intervention. Usually, these stories of hope are paired with images of smiling beneficiaries from the target population, expressing their gratitude to the aid agency and all those who have financially supported the intervention. Portraying gratitude to western audiences contributes to the belief that people in the “developed” countries have the individual capacity to better the lives of people in the Global South. The individual sense of altruism is important to the western motivation to intervene, similar to how Colonial Medical Practitioners felt working in Africa. In both themes of representation, the people experiencing “disaster” do not control how they are being portrayed. To serve fundraising purposes, their lives are watered-down and transformed into a single-minded concept that is comprehensible to the West, which, in this way, can only perceive the Other (the “developing” world) in extremes: extreme suffering or immense gratitude. These narratives, however, are incomplete and grounded within a colonial ontology (Ulysse, 2015).

In the conversation between M. Ngaka and Kalonji, Stassen critiques these narratives as foolish and arrogant. “Les gens qui parlent de notre pays,” in Western media, “n’y connaissent rien du tout. Je parie qu’il y a même des soi-disant experts qui n’y ont jamais mis les pieds !” Reading this extract for global health, interventions are typically designed and led by a small group of western-educated professionals, who have gone through intensive training programs to learn to create sustainable and scalable interventions, signaling a power imbalance in the flow of resources, knowledge, and methods from institutions in the “Global North” to “Global South” (Abimbola, 2021). One of the most prestigious schools that has prepared medical professionals to work in Africa since the colonial period is the London School of Hygiene and Tropical Medicine in England.

A common term used in global health discourse is the “field expert.” This term implies an expertise of a certain geographic region. In many global health organizations, it is not necessary for employees to speak the native languages of the country where they are working, be familiar with the culture of the country, or even go to the country. Although many global health professionals do end up visiting the regions that they work in, the context may remain constrained and defined by a view of what has been taught outside of the country, due to their lodging in more “western” areas that are often segregated from other parts of the country and were specifically constructed for the colonizers to live in (Bump and Aniebo, 2020).

In another vignette, Stassen sets the scene in Goma, the capital of the North Kivu province, where he imagines an interaction between UN peacekeepers and humanitarian workers in a bar. He satirizes the presence of western humanitarian workers in the DRC by illustrating two

peacekeepers, still dressed in their uniform and with sunglasses lazily sitting on their heads, as they sip on wine and converse about the accommodations they were provided with.



*“...non à la maison 8, il n’a même plus de sofa sur le balcon, mais à la base 6, tu as le balcon privé qui donne sur le lac et tu as les toilettes dans la chambre...”*

*Oui... à mon humble avis, le sofa, vous ne le reverrez pas de sitôt.”*

There is a massive international presence in the DRC composed of transnational organizations, INGOs, and the United Nations. The characters in this vignette are discussing the UN base where they are stationed, giving a nod towards an established and widespread UN presence that is able to accommodate the peacekeepers who come and go over the years. In the text, the Congolese

narrator, Faustin, comments on the hypocrisy of such expensive accommodations for the international community to stay in the country.

*“Ces expatriés et ces soldats de l’ONU, tu crois qu’ils mangent avec quel argent ? C’est avec l’argent du monde, le tien et le mien ! Ils le mangent et ils le boivent, l’argent que le monde donne au Congo.”*

Here, Stassen refers to the presence of UN peacekeepers and expatriates, critiquing the international presence as touristic and exploitative, rather than professional. Asking, “tu crois qu’ils mangent avec quel argent ? Le tien et le mien !” Stassen even casts the UN workers as thieves, suggesting that they use the money that is donated to the Congo to buy their food and drinks. Historically, at least, it is a relevant critique, as the region known as the DRC has been stolen from by outside influences for centuries. In the nineteenth century, Belgium produced rubber from the Congo under horrific circumstances, using the money to build its monuments and castles. Today, China mines for cobalt. The Congo, rich in its natural resources, is no stranger to exploitation.





In these following vignettes, maintaining the theme of external exploitation, Stassen then illustrates humanitarian workers drinking and chatting in a bar. The expat workers wear cocktail dresses and collared shirts as they discuss the programs they work on in the DRC.

« La bonne a dû le rapporter chez elle !... Ha ! ha ! »

« Oui, leur programme de la prostitution est vraiment passionnant. Et c'est un travail qui correspond réellement à tes compétences. »

Stassen's characters discuss their humanitarian programs with pride, slipping their work talk in between lighthearted conversation, in this case, joking about their maid. I would like to read these two sentences of dialogue in alignment with the "between-ness" of intervention that I formulated in the previous chapter. Homi Bhabha suggests that intervention has subtle and camouflaged forms that are read "between the lines." By combining the humanitarian talk with topics of nonchalance and privilege (having a maid), Stassen is cleverly showing how international aid and presence does not occur in a silo. These are not simply expatriates living in

the Congo, they are working and thus maintaining a certain level of privilege. In addition to their program work, the expatriates also bring with them their sociocultural attitudes and norms. Moreover, as an expatriate living in Congo, although one might be a field expert, “soi-disant expert,” Stassen is clearly critiquing the divide between the workers and the Congolese people through his illustration of Faustin overlaying this vignette, chin in his hand, reinforcing this divide, and adding a layer of cynicism.

The last vignette shows an interaction between the humanitarian workers and a Congolese child, Jean de Dieu. While they sip on martinis, the expatriates explain to him what an olive is, and laugh as he crunches on the inside pit. The olive functions as a symbolization of development, as it is something “new” and foreign, served in martinis that are associated with cosmopolitan lifestyles. The presence of a child with the humanitarians in this setting recalls the infantilization of the “developing” Global South from the lens of Critical Child Development Studies.

### 3. Béatrice du Congo

Béatrice du Congo is a play from Bernard Dadié that imagines the very first instances of colonization in Congo by the Bitandais, who portray the Portugese. This theatrical piece is the “mise en scene” of the first interactions between the Bitandais and Congolese, including private conversations between leaders and the subtle domination of Congo to colonial rule. It provides a critical look into Congo’s colonial origin story.

The play begins with the Bitandais – the Portugese – who have successfully rebelled against their Arab oppressors and are now a free people. In this opening act, Dadié demonstrates a critical

ideological shift as the Bitandais warriors transition from expressing their joy for gaining independence toward a desperation to spread their national power by means of conquering other territories. This is the colonial ideology – one that is born from the minds of formerly dominated peoples and emerges out of a fear of returning to oppression. This scene is incredibly important in re-imagining the Congo. In discussions about postcolonialism and neocolonialism, it is helpful to consider the colonial ontology of domination as something that is born, rather than simply accepting this framework as inherent to human nature. In this act, Dadié’s audience observes how quickly the two brave Bitandais independence fighters, Diogo and Henri transform into colonizers. Colonization becomes then, not just an event, but is presented as a way of existing in the world.

*“La liberté reconquise... Tous ces biens à nous, sans partage. La terre... Nôtre. Le ciel... Nôtre. Enfin travailler pour soi, peiner pour les siens et non plus pour d’autres et leurs enfants... Danser pour soi, pour les siens et non plus pour distraire un occupant ; planter des fleurs pour notre plaisir et non plus pour celui d’un maître. Enfin, travailler, souffrir, et même mourir pour son pays et non plus pour la fortune d’autres pays!”*

This a beautiful dialogue that recalls the relief and hope of a newly independent people who have won the fight to live for themselves rather than a master. However, in presenting colonization as a framework for existence, Dadié does not end their story with their independence. Under the framework of colonization, dominating other nations is necessary to ensure freedom and independence for the newly sovereign nation. Dadié shows the ideological shift that occurs from

“colonized” to “colonizer” through a conversation between multiple Bitandais characters.

Stylistically, it’s a brainstorming session, as each character offers a line, which is then picked up by another, finishing each other’s thoughts as they formulate their colonial strategy. Through their collective contribution and increased rapidity in dialogue, we see a growing excitement and thirst for power as possibilities for diamonds and riches are discussed. They conclude by stating that their colonization will be in the name of God.

*"Diogo : Je pars...*

*Henri : N’oubliez pas mon message.*

*Diogo : Pour l’amour de Dieu.*

*Premier financier : Et de par la grâce...*

*Tous les financiers : De Dieu.*

*Second financier : Le Bitanda a abordé...*

*Troisième financier : Cette terre...*

*Les financiers : Pour le plus grand bonheur des hommes."*

The Bitandais characters justify their invasion of other lands under the declaration of spreading Christianity, yet Dadié shows that this is a masquerade covering their true motive, which is the extraction of riches. Before even declaring their civilizing mission, after seeing the Congo, the Bitandais become overjoyed about all of the riches there and envision how these may benefit their own nation.

*“Des flottes charges d’or et de pierres précieuses encore inconnues... qui attendent...  
impatiemment... d’être exploitées..."*

To “civilize” the Congo, the Bitandais recognized a need to deconstruct existing Congolese sociocultural and political frameworks. This deconstruction of frameworks recalls our definition of intervention, which goes in between existing structures to change and assimilate them to those of the intervener.

*“Comment vivent-ils?*

*Par des tribus liées les unes aux autres.*

*Une vie de fourmis.*

*L’individu à la merci de la collectivité...”*

The Bitandais were struck by the community structures they witnessed in the Congo. This conception of community was so inconceivable to the Bitandais, as it contrasts the individualism of European culture. By presenting European culture as civilization, this then becomes the benchmark that all other nations must reach, which make the collapse of contrasting structures necessary to the mission of civilization. This justifies the destruction of sociocultural norms such as the community structure, building European-like cities and enforcing western values.

*“Que votre peuple souffre de la faim importe peu, mais que le Zaïre ai une capitale à visage misérable serait un grand déshonneur.”*

The initial presence of the Bitandais in the Congo was resisted at first. The Congolese people expressed skepticism as to why these foreigners would come so far to Congo.

*“Les Bitandais n’ont rien à faire ici.*

*Dites-leur de repartir. Ne se sont-ils pas trompés de chemin ?*

*Il faut leur déclarer la guerre.*

*Sommes-nous jamais allés chez eux ?*

*Les Bitandais n’ont rien à faire au Congo !”*

However, the Bitandais justified their presence as an intervention to help the Congolese with their societal problems.

*“Nous avons passé des jours et des nuits à **examiner** les problèmes qui se posent à votre Majesté. **L’analyse** précise que nous en avons faite, démontre qu’ils sont, non seulement nombreux et multiformes, mais d’une **urgence** exceptionnelle... et partant doivent avoir la **priorité** sur toutes les priorités.”*

The language used to present their case of intervention resembles discourse surrounding humanitarian intervention today.

**Examiner / l’analyse:** Humanitarians conduct situational analyses to identify problems within a community and then create strategies tailored to the issue and the cultural context.

**Urgence:** The Bitandais present their case for intervention with a sense of urgency, which is at the heart of all humanitarian campaigns and interventions, as it means a call to action.

**Priorité** : The axes of intervention identified by the Bitandais (La santé, l'éducation, l'agriculture, l'économie) are the same axes of intervention in today's humanitarian work, outlined as priorities in the UN 2030 agenda: Health, Education, Agriculture, Economy. These are today's markers of development, which formerly were markers of a civilized nation – particularly the axe of economy. After the Bitandais professionally present the Congolese societal “problems” that are inhibiting Congolese development, the community members start to believe them, recalling subversive colonial strategies. *“Tout ça... des problèmes que nous ignorions. Dieu bénisse les Bitandais qui nous ouvrent les yeux sur nos vrais problèmes.”*

Most global health organizations today present themselves as “partners” of the communities they work. Ideals of equitable partnership and mutual respect have been espoused by organizations; however the majority of decision-making continues to happen outside of the target community, just as how a lot of the conversations of “decolonizing” have occurred in former colonizing countries. Global health organizations still largely control the representation (and narratives) of populations, which often portrays communities as grateful for intervention. On most Global health websites, it would not be difficult to locate stories from community members on how intervention changed their life. By insisting upon the narrative of the global health “expert” who has helped development through strategies formulated within a European science, and the “grateful” community member to have been introduced to these structures, the colonial world order is maintained. In the play though, Dadié renegotiates and reappropriates the narrative of colonial intervention in a Foucauldian sense from a place of marginalization. This play is moreover relevant to the field of Global health, as it outlines clear parallels between early

instances of colonial intervention and modern international aid, helping us in our mission to trace the genealogy of Global health practices.

#### 4. Une Saison au Congo

Aimé Césaire's play, *Une Saison au Congo*, offers an interpretation of the first Congolese Prime Minister, Patrice Lumumba. In this final textual analysis, I hope to demonstrate how Césaire's interpretation is important in understanding Western influence and intervention in Congo, from the very first moments of the country's independence from Belgium.

In Act 1, the play begins with the Congolese independence ceremony in 1960, where both Belgian officials and the newly chosen Congolese government were present. Césaire reinterprets the western rationale for colonization with a speech from a Belgian official, who describes the Belgian colonial influence in Congo:

*“Ce peuple barbare, jadis terrassé par la rude poigne de Boula Matari nous l'avons pris en charge... Si nos efforts ont pu vaincre leur nature, si nos peines reçoivent salaire, par cette indépendance qu'aujourd'hui je leur apporte, nous allons l'éprouver. Qu'ils fassent donc l'essai de leur liberté... Léopold, le fondateur qui est venu ici non pour prendre ou dominer, mais pour donner et civiliser. Il est aussi pour dire notre reconnaissance à tous ceux qui jour après jour et au prix de quelles peines ont construit et bâti de pays. Gloire aux fondateurs !”*

It is arrogant and ironic that Belgium should claim itself as the founder of Congo, and celebrate King Léopold II, claiming to have constructed and built the country, when Belgium is



responsible for massacres, disruption of life, and the implementation of a Eurocentric hierarchy that permeates life today. Belgian King Léopold II is among those most responsible for Congo's bloody history, having implemented murderous practices in the country to exploit Congolese people and extract rubber. However, the speech captures the reasoning for colonial intervention, claiming that Belgium presents an example of "*peuple uni, décent, laborieux*," values which it claims to have implemented in Congo. This speech is also heavily doted in development discourse, suggesting that Belgians entered Congo not to exploit, but to civilize. This idea of civilization impregnates colonial and development discourse by alluding to a scale that nations must climb. In recognizing independence, Belgium declares that the DRC had reached a new rung on the developmental ladder, indicating that it no longer required Belgian occupation. This recalls today's development discourse, that the goal of humanitarian intervention is to protect, to change, to develop. Reaching this development equates with getting closer towards civilization, and although colonization was no longer required from Belgium, their intervention would still be needed to ensure the development of the DRC as a now sovereign nation.

Césaire focuses a lot of the play on the relationship between the Congo and the United Nations. The United Nations is a transnational organization because it operates outside of and across borders. However, although the United Nations comprises countries of the Global North and Global South, the UN SDGs are largely based on a Eurocentric foundation. To claim the hypocrisy of being a transnational organization but supporting one world order, Césaire shows Patrice Lumumba's faith that the UN would help Congo in the face of internal fighting. "*Je verrai Hammarskjöld...L'O.N.U a pour mission de nous aider.*"

However, when meeting with the UN Secretary General at the time, Dag Hammarskjöld, Lumumba is met with indifference and unwillingness to get involved. Although Lumumba's character appeals for help against the horrible infighting within the DRC from rebels in Kasanga, Hammarskjöld denies him, describing himself as neutral party.

*"Homme neutre, je suis moi-même entouré d'hommes neutres qui font passer l'intérêt international avant toute considération dérivant de leur appartenance nationale !"*

In response, Lumumba rebukes the claimed neutrality, *"La voilà, l'impartialité de l'O.N.U. Les voilà, les hommes neutres ! Les armes belges et les mercenaires affluent au Congo ! Ils en débarque tous les jours, et vous laissez faire !"*

In Lumumba's frustration, Césaire suggests that the United Nations is serving an alternate agenda in the decision to not provide aid to the Prime Minister but rather deploy their own UN peacekeepers in the DRC. This deployment marks another external occupation in the newly sovereign Congo, suggesting that the UN's hand in maintain the colonial order by continuing to exert control over the country. Intervention in this sense now refers to a neocolonial order that is meant to maintain the colonial hierarchy between Congo and the West.

## CHAPTER 4: ANALYSIS OF QUALITATIVE THEMES AND PRACTICAL IMPLICATIONS FOR ORGANIZATIONS

### Qualitative Themes

I have qualitatively identified five themes using the literature review and textual analyses using a critical discourse analysis method, namely drawing on the framework from Ernesto Laclau and Chantal Mouffe (1985), which situates discourse within a social and political economy. I am also continuing to use the theory of a discursive colonial authority, as set forth by Homi Bhabha (1984). These will be discussed below:

**Theme 1:** Humanitarian discourse centers the development and priorities of the global health professional and organization for sustained intervention.

*“Oui, leur programme de la prostitution est vraiment passionnant. Et c’est un travail qui correspond réellement à tes compétences”*

*[“Yes, their prostitution program is really exciting. And it's a job that really fits your skills.”]*

- Matonge à Ixelles, Stassen

A humanitarian industry ensures the survival of organizations and continued influence within countries through the presence of country offices, training programs for global health professionals, and deployment of volunteers and workers from institutions in the “Global North” to the “Global South.” Moreover, this industry is focused on the professional development of

global health workers, whose career is centered around international interventions. Opportunities of voluntourism and Peace Corps (as was with colonial medical practitioners) are highly regarded and are key steppingstones in young professionals' career paths. Moreover, these global health workers are getting a perceived sense of adventure and self-discovery. However, Humanitarianism should not be philanthropic or focused on the self, it should be a political undertaking of reparations. An example from my textual analysis would be Aimé Césaire's interpretation of when Prime Minister Lumumba sought aid from the UN to negotiate the internal conflict in Katanga, but the decision was instead to deploy UN peacekeepers. This is an example of intervention that undermined the sovereignty of the DRC.

**Theme 2:** Global health professionals lead studies to “understand” the needs of communities, which prioritizes western science and thus transforms alternative lifestyles into a western categorization.

*“Nous avons passé des jours et des nuits à examiner les problèmes qui se posent à votre Majesté. L'analyse précise que nous en avons faite, démontre qu'ils sont, non seulement nombreux et multifformes, mais d'une urgence exceptionnelle... et partant doivent avoir la priorité sur toutes les priorités.”*

*[“We have spent days and nights examining the problems facing Your Majesty. The precise analysis we have made of them shows that they are not only numerous and multifaceted, but of exceptional urgency... and therefore must take precedence over all priorities.”]*

- Béatrice du Congo, Dadié

This promotes the diffusion of Eurocentric science and medical beliefs by making other cultures conform to the limits of European understandings. This disregards other understandings of medicine and assumes that European global health strategies can and should be implemented in non-European areas. Another implication of this is that it can lead to a non-acceptance of the health intervention by the “local” populations.

**Theme 3:** Global health discourse centers capitalist values as development.

*“Le roi : Que les hommes construisent tous les forts qui seront demandés... C’est pour le prestige du Zaïre, et que les hommes qui mouraient sans travailler, désormais travaillent et meurent en attachant leur nom au renom du Zaïre.”*

[“The King: Let men build all the forts that will be asked for... It is for the prestige of Zaire, and let men who used to die without working, from now on work and die attaching their names to the renown of Zaire.”]

- Béatrice du Congo, Dadié

By associating development with capitalist practices, global health interventions are promoting a Eurocentric worldview and individualism, which contrasts the sociocultural practices of many non-European cultures. Moreover, capitalism has many harmful effects, including the destruction of the natural environment, and the mental and physical detriments to humans.

**Theme 4:** Neocolonial occupation: international organizations from former colonizers physically occupy space in the former colonies through humanitarian work

*“Les armes belges et les mercenaires affluent au Congo ! Ils en débarquent tous les jours, et vous laissez faire”*

["Belgian weapons and mercenaries are pouring into the Congo! They come in every day, and you let it happen"]

- Une Saison au Congo, Césaire

Countries that are former colonies are stuck in this postcolonial anxiety due to the international influence in the country. Additionally, by taking up physical space with country offices and work on the ground, this is taking away space and opportunity for national and grassroots organizations to form and act.

**Theme 5:** Global health representations of the DRC are often narratives of disaster.

*“Les gens qui parlent de notre pays...”*

["The people who speak about our country..."]

- Matonge à Ixelles, Stassen

Labeling certain countries as “developed” and others as “undeveloped/underdeveloped” supports a certain world order that recalls the benchmarks of civilization and modernity that were used

during European colonization. These labels support Hammett's dual spatiality of the developed "us" and the distanced "other." This separation is created by and allows for incomplete narratives about geographic regions, which ultimately support the world order by casting certain countries, (such as Haiti and the DRC) as exceptional. These narratives further camouflage neocolonial action through the belief that development is a necessary process that all countries should undergo.

### **Case Study: Belgian NGOs working in the DRC**

I will now provide a short case study of two Belgian organizations working in the DRC using a critical discourse analysis method to understand the extent to which their language, programs, and missions mirror or contrast the qualitative themes uncovered in the textual analyses of the previous chapter. For this case study, I will conduct a discourse analysis using information from the two organizations' websites, as these are forward-facing platforms that give overviews of the organizational mission, work, and programs. I am specifically focusing on the language in their mission statements and programs in the DRC. I will be maintaining the understanding of intervention and development that I have formulated in previous chapters.

#### Enabel

The first organization I will look at is Enabel, the Belgian government's development agency. Enabel's mission statement includes carrying out public service assignments in Belgium and abroad under the UN 2030 Agenda for Sustainable Development. Enabel provides "customized expertise, including Belgian public expertise, we promote the involvement of all partners and we pursue top-level partnerships" and "enhances the impact of Belgium in international

development by carrying out assignments for Belgian and international third-party commissioners.” Enabel works in African countries, including Uganda, Tanzania, and the DRC. Their work with the DRC started in 1960, the year that the DRC was declared a sovereign nation no longer under colonial Belgian rule, with a period of suspension between 1991 and 2001. In their *Programme transitoire de coopération gouvernementale Belgique – RD Congo 2020-2022*, Enabel outlines five priorities for their *programme de coopération* in the DRC. These priorities are as follows: 1) réduction du déficit alimentaire et de la pauvreté, 2) formation professionnelle et emploi, 3) santé, 4) accès à l’eau et assainissement, and 5) énergie. The formulation of these priorities and the descriptions that accompany them create a narrative of the DRC, recalling Theme 5. In this narrative, the DRC is a country in need of development, on these axes presented by the Belgian agency. This narrative justifies the Theme 4 of neocolonial occupation, which contributes to the postcolonial anxiety felt in former colonies. Notably, the Enabel DR Congo country website displays many images of Africans, which I will look at first. In terms of visual representations, the images do not show suffering or poverty, which Enabel describes as problems within the country, but rather, the photographed subjects are smiling, working, and dressed nicely. There are also beautiful photos of the environment and the landscape, such as in Picture 1, which captures a man riding bike next to a sign painted with imagery of the DRC flag. The inclusion of the country’s flag in this photo supports the sovereignty of the nation, which is important in rejecting neocolonial ties.





Picture 1



Picture 2

Picture 2 is the second photo on the DRC Enabel country page, and shows the forested landscape of the Congo, nestling houses and factories. This photo has a calm affect due to the natural greenery it captures, and it is the image for the section on Agricultural and Rural Development, which has the following description.

*“Almost 80% of the population live in rural areas. Agriculture is the principal sector of the economy. Congo aims to re-boost its rural areas by developing modern production entities and by strengthening small businesses.*

*We support this vision by intervening in family businesses following three axes: first, we aim to improve the volume and quality of farm production; second, we support processing, storage and marketing activities; and third, we help improve access to production areas by rehabilitating rural roads and river ferries.”*

This is an interesting description. The language in the first paragraph sets the background for the DRC’s rural areas and situates development as an objective from the country, by writing, “Congo aims to...” This phrasing is important, as it shifts development from something that is externally imposed to something that is formulated and worked towards internally. This framing then allows for Enabel to situate itself as a support mechanism, which is demonstrated linguistically in this description through the language of “Congo aims... We support...” This situation of acting as a support mechanism to support a country’s goals seems to be the decolonial approach to global health, humanitarian aid, and development. However, although it is a support mechanism, Enabel allows the Belgian government to profit off of Congolese development as a business, as well as maintain a presence within the DRC post-colonization. The implications of Belgian presence entail a Eurocentric diffusion of western science, strategies, and values, and

most importantly, undermines Congolese sovereignty to determine how and in what ways they would like to develop their country.



Picture 3



*Picture 4*

In the last two images, Pictures 3 and 4, on the Enabel DRC country page, I would like to notice the contrast of these images to common portrayals of disaster in the DRC. It is too often that organizations use pictures of starving women and children to represent the Congo. However, in these, we see grown, adult women in their respective professions. These representations are starkly different to representations of disaster and are important in portraying the sovereignty of the country.

I would now like to reference the Theme 2, which refers to the tendency of global health to understand and then label needs of populations. Enabel has identified five axes, aligned with the UN SDGs, which Bernard Dadié criticized in his play by showing the Bitandais colonizers who presented the priorities of the Congo: health, education, and economy. It is a common practice in

global health to create priorities of action, yet the limitation of this is that these are being formulated and presented by the Enabel development team. The Enabel DRC country office director is Philippe Serge Degernier, a White Belgian man who received his master's education in Development Economics and International Development from the Université Libre de Bruxelles. I note that the country director is of Belgian nationality with European training, as this indicates how intervention will be informed by western science. In our definition of intervention, this may look like the infusion of European science into Congolese ontologies through the influence of a Belgian-born and trained Country Director. If we recall Sylvia Wynter, if European science is founded on a European understanding of the Human for colonial purposes, we must question the implications of using Western science in non-European former colonies. Moreover, the physical presence of Belgium through Enabel's country office and country director in the DRC recalls the neocolonial occupation of Theme 4. This is particularly relevant given that Enabel began working in the DRC in 1960, the year the DRC became free from colonial rule.

Enabel's presentation of their work in the DRC recalls certain similarities to colonial medicine, specifically in Belgian's continued influence within the Congo through this organization. However, it is important to note that the language has shifted greatly. They call their program a *belgo-congolais* partnership, thereby linguistically presenting the DRC as a partner. Interestingly, the linguistic formation always situates the cote "Belgian" first, rather than a "Congolese-Belgian" partnership.

*“DR Congo is one of the most important partners of the Belgian Development Cooperation. In line with the country’s policy priorities we focus on education, health, economic growth and the reduction of poverty.”*

However, the weight of this partnership is heavily doted in a colonial history, given the year that this Belgian agency began to work on Congolese development, which has contributed to a continuous Belgian presence in the DRC even after independence.

### Viva Salud

I will now look at the second organization, Viva Salud, a Belgian NGO that works in the Philippines, Palestine, the DRC, and Cuba to promote access to healthcare when it is “threatened by poverty, inequality, exploitation and war.” This organization is not a governmental agency, like Enabel, and so will offer a view into how grassroots organizations in Congo mirror or contrast colonial history. The organization was founded in the late 1980s by Belgian doctors on their return from working in refugee camps in Lebanon. The organization has activities in the DRC, where they “have helped local organizations implement basic health care programs in poor neighborhoods of Kinshasa, with other cities following suit later.” The organization has four values key values: Social Justice, Solidarity, Activism, and Sovereignty.

Viva Salud is not a government agency, therefore its approach to programming and intervention has more flexibility to separate itself from the Belgian government. On its website, Viva Salud describes its work in the DRC as the following:

*“In Congo we support the developing of a strong movement in favour of the right to a good health which struggles for healthy life conditions and social justice and can weigh on the local and national policy.”*

In this mission statement for their work in the DRC, Viva Salud demonstrates its commitment to ensuring good health through social justice and policy. This emphasis on advocacy is important to public health, as it shifts the focus away from blaming the individual for poor health, and instead looks to sociocultural and political factors. Another important factor to look at is the historical piece, to understand why there are current sociocultural and political factors that are inhibiting quality health.

In their most recent annual report from 2021, Viva Salud lists their priority in the Congo as “Access to Water and Capacity Building.” They include a description of their successful mobilization of a water committee in the cities of Goma and Bukavu to set up a water fountain that provides clean water and is less expensive than in the stores. There is a testimonial quote included in the report from a young woman named Gracia,

*“We now know how to claim our rights. We won’t give up until the entire population has access to drinking water.”*

Viva Salud partners with local organizations. For this project in the DRC, their partners were Etoile du Sud and the Collectif de Développement Intégré au Congo, both with headquarters in Kinshasa. Local partnerships are also important to public health strategies currently and is a step that many global health organizations are prioritizing in accordance with the DGHM. To reduce global health power imbalances, notions of capacity building, capacity sharing, and localization are increasingly popular, as the ultimate objective would be an equitable relationship between the Global Northern and Global Southern institutions. However, despite the local partnerships, in

accordance with the Theme 4 of neocolonial occupation, Viva Salud is a Belgian agency that is working within the Congo, and thus entails a Belgian influence that is intimately involved with the health and affairs of this former colony.

There are many ways in which these Belgian organizations contradict the themes found from the qualitative analysis, very notably in terms of Theme 5 of representation. However, the concept of intervention nevertheless entails the presence of Western countries in former colonies. This recalls a quote from Bernard Dadié's play, which questioned the motivations of the Bitandais in the development of Congo:

*"Pourquoi le Bitandais veut-il à tout prix nous faire gagner le ciel ? N'est-ce pas une duperie ?"*

*["Why does the Bitandese want to win the sky for us at all costs? Is it not a deception?"]*

Why is it that western countries are so interested in the development of other countries, so much so that they must maintain a presence in former colonies? It is important to look at the motivations for global health, as it currently is conceived, but this cannot be done without also looking at political and historical motivations. This is where the DGHM must question the nature of the field and reconsider a new paradigm.



## CHAPTER 5: DISCUSSION, CONCLUSION, RECOMMENDATIONS

*“Is it possible to free contemporary thought – whether in daily life or in the academy – from the constraints under which it currently thinks, to enable it to think otherwise?” (Escobar, 2021)*

The DGHM cannot solve problems using the same methods that instigated their creation. Instead of using the strategies that were created to serve a colonial agenda, modes of thinking must be radically transformed and unearthed. Thus, for global health professionals trying to create a healthier world, no matter the intentions, just the impact of the field as currently conceptualized risks the perpetuation of colonial power structures. Therefore, I propose that there is a need to create a new framework within which global health must act in the world.

### **Onto-Epistemic Formulations**

Fortunately, there are already alternative ways to rethink global health, with many ideas rooted in anticolonial scholarship and indigenous knowledge. However, it is not a coincidence that the voices who propose an alternative way of existing are the ones that are suppressed and deemed as illegitimate by the discursive authority. Arturo Escobar is a Columbian American anthropologist and post-development thinker who has written prolifically on this subject. In his article, *Reframing Civilization(s): from critique to transitions* (2021) Escobar uses the term, “terricide,” coined from the organization, *South American Movement of Indigenous Women for Buen Vivir*. Terricide refers to the current dominant world system that kills tangible ecosystems, the spiritual ecosystem, and that of the peoples. The dominant world system, in which our concept of development is rooted, is founded upon western, colonial, and capitalist structures.

This system rejects the community subject and centers the individual, serving a capitalist (entrepreneurial) agenda, in convincing individuals that each person is responsible for their own wellbeing. If the world order established during colonization acts as the dominant world vision, this framework disables the option for alternative practices and policies. Thus, Escobar further argues that we must stop accepting this dominant system as commonsense, but rather consider it a cosmivision, an onto-epistemic formation, which is a “*constellation of fundamental premises about life, knowledge, and the world that indelibly shape practices and structures.*” We create a reality from which all other senses of the real are excluded, thus turning other “possibles” into “impossibles.” Escobar calls this domination of the Eurocentric model an ontological occupation, which is a process where a “historically specific way of worlding occupies the imaginative space of other peoples and places.” In other words, by accepting and repeating one system and vision, we are shaping this system as the only possible way to exist. Therefore, to decolonize global health, we must speak of other possible realities to rethink our everyday practices and reject the constatation that imagining outside of this ontology is unfeasible, impossible, or utopian.

By reconsidering global health as one of many onto-epistemic formulations, we can open space where alternative views, modes of existence, and beings can emerge. For the DGHM to reject the dominant colonial world order that informs global health practices, we can start by accepting multiple realities and possibilities. Escobar largely calls for the existence of a pluriverse: a multiplicity of models, a world where many thought frameworks fit.

## Multiplicity and Edouard Glissant's Tout-Monde

Multiplicity is not an idea unique to Arturo Escobar. Martinican philosopher, Edouard Glissant writes of similar ideas of multiplicity in his book, *Poétique de la Relation* (1990), where he theorizes relationality. One of Glissant's theories of relationality, Tout-Monde, is of relevance here. Tout-Monde (all world) refers to the globalized phenomenon of cultural contact and transformation. It is a sense of connection between all living beings, where every person's identity is born and built through their connection to the Other. For the context of global health, it is helpful to understand this interconnectedness within the frameworks of another of Glissant's concepts: le droit à l'opacité (the right to opacity). The right to opacity contends that every being has a right to exist and interact with other beings, without a need to diminish the other in the process of understanding and contextualizing, nor to change or to be changed. Thus, no identity must be "watered down" to be understood on a scale formulated by the Other, but rather, has the right to remain untouched from outside comprehension. I argue that for the future of the DGHM, global health should begin to implement a new framework of existing without contextualizing. International intervention strives to meet development markers on a western-derived scale: for example, the UN SDGs. Yet, in implementing interventions based on a European science and world order, global health perpetuates a hegemonic world system and supports that there is one way to function correctly in the world.

A similar concept to terricide is articulated by China Mills and Brenda LeFrançois (2018), who use the term, epistemicide, which refers to a form of epistemic injustice that excludes knowledge produced by the "ontological other." Dismissing alternative experiences of reality and alternative cognitions by marking them as incompetent or irrational is a form of cognitive injustice. Mills

and LeFrançois give the example of the eradication of indigenous knowledge systems. Western adultist notions define children as inherently irrational, lacking reason, ruled by passion, and lacking contribution as productive members of (capitalist) society, and thus, the knowledge production of the child is not counted as knowledge. In terms of colonization and development, the metaphor for “developing” countries as childlike, not fully developed, is used to justify intervention from western, “developed” countries who then take on the role of the parent to protect.

### **Moving Towards a Pluriverse**

By deconstructing the current framework of global health, the DGHM may open space for meaning making beyond the dominant worldview that was born from colonization. How to accomplish this? For Escobar and Glissant, it is the allowance of a multiplicity of worlds and ideas. The multiplicity, or *pluriverse* that Escobar writes about in his book, *Designs for the Pluriverse: Radical Interdependence, Autonomy, and the Making of Worlds*, (2018) does not totally reject the western dominant ontological framework. Rather, the pluriverse holds space for all worlds, including these formulated in the west. In finding a multiplicity and interdependence amongst thoughts and beings, we can now consider alternatives to our way of existence. This is careful not to refer to hybridized versions of our world and how we interact in it, but rather multiple, complete, independent, and different worlds and ontologies that each stand on their own but in equal measure.

Moving towards a coexistence of multiple realities is not an easy task, and is one that requires much intellectual burden. It must entail a personal process, and each individual must consciously

work to undo the dominant world vision that influences our very mental frameworks, biases, and beliefs. Some call this a process of a decolonization of the Self. To decolonize our Self, we must step into a place of discomfort.

This thesis invites global health professionals to step into discomfort through the incorporation of literature as data sources. In this thesis, I have used a qualitative analysis method to look at critiques of global health. In using global health and non-global health methods, I have conducted an experiment with a miniature pluriverse within the margins of these pages by allowing each method to exist and stand valid on its own. The pragmatic themes and action statements that I have identified are influenced by and are complementary to the theoretical and literary components of this paper.

### **Recommendations**

As currently conceptualized, global health supports the colonial agenda that originally created a global hierarchy of races and cultures (Quijano and Ennis, 2000). By investigating the genealogy of global health discourse, I hope to have shown its relation to colonial notions of modernity and civilization. Development is considered a process, much as civilization was, and in the sense of intervention, it is related to ideas of economic growth, neocolonialism, and Western idealism. The DRC is an ideal location to observe this relationship, as the country has been plagued with international interventions from its very independence. Through the textual analyses and case studies of Belgian organizations in the DRC, I have identified five themes that mirror colonial intervention:

1. Humanitarian discourse centers the development of the global health professional and organization for sustained intervention.
2. Global health professionals lead studies to “understand” the needs of communities, which prioritizes western science and thus transforms alternative lifestyles into a western categorization.
3. Global health discourse centers capitalist values as development.
4. Neocolonial occupation: international organizations from former colonizers physically occupy space in the former colonies through humanitarian work.
5. Global health representations of the DRC are often narratives of disaster.

The literary texts I chose all contribute to global health discourse through their commentary and critique of Western intervention. Moreover, the texts provide insight into worldviews that are not directly informed by a European epistemology and differ from frameworks often presented in the public health archive. Using the textual analyses, case studies, and theory, I recommend the following for the future directions of the DGHM:

1. Each individual must commit to a decolonization of their Self. Decolonization requires both practical action and personal reflexivity, which requires a commitment to becoming uncomfortable and noticing ways in which our ontology is grounded in colonial frameworks.
2. Individuals and organizations should turn to knowledge sources outside of the public health archive. In this thesis, I propose an avenue to do that is through the literary archive of marginalized groups.

3. Global health should not try and understand the needs of communities. Recalling Edouard Glissant's *droit à l'opacité*, global health should refrain from categorizing other cultures on a European development scale and reduce the use of European-formulated strategies. Instead, organizations can advocate for the funding of Indigenous science research institutions to train researchers and scholars in Indigenous methodologies and epistemologies.
4. Global health organizations should refrain from opening country offices in the Global South and sending Western Europeans to live and work in these areas. Rather, we should refrain from a one-way transfer of knowledge, and invite researchers from the Global South to take leadership positions and offer trainings in the Global North. By reducing the number of international country offices, local grassroots organizations will have more physical space to work.
5. The DRC and Africa are not disasters. Western portrayals of DRC and Africa should not convey a vision of corruption, exceptionalism, or as Michel-Rolph calls it, weirdness. Media portrayals should acknowledge the role of the West in Africa's "underdevelopment," and respect the sovereignty of African countries and their people.
6. Global Health should move away from a focus on intervention, and more towards a stance of advocacy and monetary reparations at the governmental level. After the Haiti earthquake, Paul Farmer, the co-founder of Partners in Health, illustrated how international intervention can do more harm than good by undermining government authority and sovereignty, "*I have witnessed the limitations and the frustrations of a government that saw billions of aid dollars bypass its institutions following the earthquake. Public institutions were often and usually inadvertently sidelined by well-*

*meaning organizations that rushed in to provide emergency services; many set up costly temporary clinics while the public sectors did not and do not have enough funds to pay the salaries of its doctors and nurses... Our experience in Haiti has reminded us that when it comes to aid dollars, how and where we spend them is often as important as how much we spend... In the context of international development assistance, accompaniment means supporting a society on its own path toward less dependence on outside aid.”*



## Conclusion

« Le ventre tremble,  
le deluge approche :  
Suis-je bon à brader  
Noé ! Noé !  
certain brandon n'éclipse point l'aube  
qui point dans mon chant  
C'est moi qui tire  
sur les viscères  
de ce ventre qui tremble  
pour mon pardon. »

Tchicaya u Tam'si, 1964

"The belly trembles,  
the deluge nears:  
Am I worth selling off  
Noah! Noah!  
A certain torch  
can hardly eclipse the dawn  
missing from my song  
I am the one pulling  
at the guts of this stomach that trembles  
for my pardon."

Translation by Peter Thompson, 2021

This is another extract from Tchicaya u Tam'si's *Sous le Ciel de Soi*. Throughout the poem, u Tam'si makes reference to a metaphorical biblical flood, constructing a violent illustration through corporal imagery of wiping away all conception of what we perceive as commonsense and return to the very roots of what it is to be human, simultaneously destroying our human and building a new, healthy, and fully ecologically integrated humanity.

In this thesis, I have proposed the theory of multiplicity, which I propose should be a cornerstone of postdevelopment and anticolonial social movements moving forward. To bridge the gap between theory and practice, it is necessary to actively include voices and thoughts that are often marginalized or dismissed. We need to create a social environment where a plurality of world imaginaries can exist, where each one is connected to the other, but feels no need to change or influence. Looking at the genealogy of the global health intervention, I argue that Tchicaya u Tam'si was correct when he wrote “on ne change pas de programme.” No matter how the language may change, or if we even put “decolonizing” in front of the names of movements, the entire paradigm of global health must work towards an eventual shift, which can be done through a commitment to decoloniality.

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