PMAC PRINCE MAHIDOL AWARD CONFERENCE 2024

PS3.2

DECOLONIZING KNOWLEDGE PRODUCTION AND UTILIZATION

| BACKGROUND

Knowledge production was an essential part of the colonial project, setting patterns that remain prominent in global health today. Inequalities in these current processes take many forms with today's global health research, such as in authorship and publishing, the dominance of western methods and practitioners, the silencing of other peoples and traditions, and pathologizing or appropriating indigenous knowledge. This had, and has, many consequences for health and development in LMICs, which has diverged substantially from the processes observed in wealthy countries.

The historical trajectory of these inequalities is easily traced. The most obvious colonial legacy in this respect is "tropical medicine," a field that emerged around 1900 in all major colonizing nations of Europe, and in the US in connection with its imperial ambitions. This academic specialty served business and national interests by studying health obstacles to military and commercial conquest. Tropical medicine was concerned with health threats to metropolitan interests, and later evolved a secondary purpose in serving indigenous or native people in ways that were transactional or extractive. This tradition of tropical medicine evolved as colonial medicine and later international health. The Liverpool School of Tropical Medicine and the London School of Tropical Medicine were the first two such schools and remain prominent today. This legacy is further exemplified by other European institutions, including the Netherlands' KIT Royal Tropical Institute, which was founded in 1910 as the Colonial Institute, or the Institute of Tropical Medicine in Antwerp, founded in 1906 to address the threat of trypanosomiasis in King Leopold II's Congo Free State, or the School of Tropical Medicine in Lisbon, founded along with the Colonial Hospital in 1902 to assist Portugal's colonial ambitions. A parallel story unfolded in the United States, with the emergence of the American Society of Tropical Medicine in 1902 and specialized departments at Tulane, Harvard, and other US medical schools around the same time.

In this way, the institutional roots of global health were established in international agencies and Western academia, both of which were closely tied to national governments, their militaries, and the private sector businesses that led the economic extraction at the core of colonialism. The processes of economic extraction required new knowledge, which the academic specialty emerged to provide. This is why the private sector helped to establish the academic specialty of tropical medicine, e.g., the Elder Dempster shipping company was closely tied to the establishment of the Liverpool School, and the Firestone Rubber Company supported prominent research trips by Harvard faculty to assist in the exploitation of African resources. The Rockefeller Foundation, the result of capital accumulated by Standard Oil, was particularly influential, both by funding leading schools, including Johns Hopkins (1916), Harvard (1922), and the London School of Tropical Medicine (1924), and through its own activities in its International Health Division, established in 1914.

| OBJECTIVES

The objectives of this session include clarifying some of the major definitions and concepts that inform calls to decolonize knowledge production in global health. The session will feature speakers who will draw attention to specific problems and experiences that inform their interest in decolonizing global health.

Speaker

Maria Mison

Spiritual Guide

and Community Advocate
Philippines

Maria Mison since 2016, has been initiated into indigenous-folk healing practices by the matrilineal line of her grandmother, who also practiced catholic folk-techniques to pray for and guide her community to wellness and faith. Maria practices, a non-sectarian version of what her lineage has taught her, preferring to translate this ancestral wisdom for the urban context, and cross-culturally for clients and communities belonging to different sects, faiths and contexts.

Maria Mison is also a multi-disciplinary artist from Quezon City, Philippines with a focus on transcendent play for healing and education. Their experience ranges from theater (Philippine Educational Theater Association) to game pedagogy, with extensive experience in indie story-game design, essentially gaming the way shamans (or say, psychotherapy) simultaneously teach and guide one to one's own discovery and healing. They've been published in multiple titles as a "lyric" game designer, and also works as an independent artist engaged in several dance communities, ranging from contemporary indigenous (Kontemporaryong Gamelan Pilipino), somatic healing to afro-latin social dances.

Currently, Maria has been focusing on keeping integrated spiritual practices legible and accessible especially for neuro-divergent, younger and "modern" populations, who can be typically misdiagnosed as having psychotic breaks/"possessed" when undergoing through energetic changes or spiritual initiations of the body.

Holistic models of medicine, that include traditional medicine in the likes of Chinese and Ayuverdic, are more synergistic to filipino local beliefs and cultures of spirituality, land affinity, and community healing (Eg: hilot, lamig, magtawas etc.) Continued acknowledgement and collaboration between healing cultures, local and "conventional" is crucial, to leverage the already existing wisdom and capacities of local populations. In many ways, us local healers are systematically discredited and deprioritized by conventional medicine and more "modern" filipinos.

For a truly integrated and equitable future, we need every people's full capacity and wholeness, so we can face any crisis not from a place of panic but reclamation, richness and wisdom being practiced and truly known.