

SEYE ABIMBOLA
Inaugural Lecture

Love, Justice and Global Health

Crafting Rules for Working Together



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Prince Claus Chair

equity and development



Utrecht University

**Erasmus
University
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Love, Justice and Global Health

Crafting Rules for Working Together

Inaugural lecture by

SEYE ABIMBOLA

.....
upon the acceptance of the Prince Claus Chair in Equity and Development.
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Her Majesty Queen Máxima, Rectors, Members of the Curatorium of the Prince Claus Chair in Equity and Development, Excellencies, ladies and gentlemen

PART I – INTRODUCTION: ON COLONIAL LOVE

Let me start by acknowledging the traditional owners of the land from which I speak to you today – the Gadigal people of the Eora nation. As we share knowledge in this virtual space today, I recognise their longstanding scientific knowledge practices, and pay my respect to their Elders, past and present.

There is something else I must acknowledge – my difficult relationship with global health. What we know as global health today began as a strategic enabler of European colonisation of much of the rest of the world¹ – as colonial medicine, missionary medicine, tropical medicine, and even military medicine.

Unfortunately, global health is yet to shed its colonial origins. My work as Prince Claus Chair, is one way in which I am trying to make peace with global health. Can we rescue global health from its origins?

In the first part of this lecture, I will talk about colonial love. In the second part, I will explore three quotes about love and justice. In the third part, I will conclude by highlighting the need for rules, even in love.

There is a well-known saying that ‘all is fair in love and war’. It speaks to the notion that anything goes when one’s goals are pure. That you can wreak havoc all you want in the pursuit of something worthy – true love, winning a war, being kind, being generous.

No matter how appealing the sentiment may be, or how useful it is as an excuse for bad behaviour, we know that it is not true. All is not fair in love and war.

I brought up the saying because colonialism was and continues to be very much a combination of love and war; perhaps more war than love. But love manages to show up.

In the midst of all the war – the invasion, the pillage, the theft, the dispossession, the horrors, the racism, the disrespect, the torture, the terror, the killings... In the midst of all that, there was also love.

Think of missionary medicine, or colonial medicine. Looking after the natives. Civilising the natives. Many colonisers believed it was love. But it was the kind of love that made war palatable. Instead of justice, colonial love served to justify pillage and dispossession.

One of the greatest evils of colonisation is the evil of gaslighting. In the name of colonial love, people were made to question their own thoughts, memories, and knowledge.

Gaslighting is easier in the context of love, however perverse.² It made people doubt the validity of their own conceptual tools for making sense of the world. It made the colonised unable to function fully in their capacity as knowers – as holders, producers, and users of knowledge.

This gaslighting, this injustice that stems from colonial love, is known as epistemic injustice.³ And people are asking ever more stridently – to what extent is academic global health a grand exercise in gaslighting?

To what extent does global health remain an expression of colonial love? And if it is, then what is the war of dispossession that it serves to excuse and justify?

I was born, raised, educated in Nigeria, a country that did not exist before European invasion. With deep inequities between social and ethnic groups,⁴ Nigeria continues to struggle to exist as a nation.

I currently live and work in Australia, a settler colony, whose Indigenous peoples continue to suffer profound oppression and inequities due to European invasion.⁵

In both Australia and Nigeria, as in most other countries around the world, the mission of global health research is to use knowledge to achieve equity in health.

But for global health research to deliver on this mission, there must be justice in all its processes, principles, values, and procedures. Getting there is a long journey.

What I want to share with you today is the wisdom that guides my thinking on this journey – three quotes which I carry in my head constantly as I think about ‘Justice in Global Health Research’.

PART II – THREE QUOTES ON LOVE AND JUSTICE

JUSTICE AND LOVE

The first quote is by Cornel West, an African American writer, activist, academic, and philosopher. This quote is how I define justice. In his words, “Justice is what love looks like in public”.

It speaks to an idea of love that contrasts very sharply with what I described earlier as ‘colonial love’. In public policy, in health policy, in global health – there cannot be love without justice.

Contrast love as justice with colonial love. Colonial love is the kind of love that is content with maintaining existing relations of power.

It is the difference between charity and redistributive justice. It is the difference between donating Covid-19 vaccines – and ensuring that countries around the world have access to the knowledge and resources that will enable them to produce said vaccines.

Global health requires acting at a distance; the distance between the helper and the helped. The distance is not always physical. It is also a distance of power across divides of class, income, status, gender, race, caste, ethnicity. It cuts across geographies. It exists inside and between countries.

Justice is about reducing that distance. To love you, I must respect you. I cannot love you on my terms. I have to love you on your own terms; how you want to be loved. So, colonial love is no love at all. Justice is what love looks like in public.

In global health research, it is colonial love when the knowledge of marginalised people is not taken seriously, when their needs and perspectives are not what define our research questions, when they are not the primary audience of the knowledge that we produce.

It is colonial love when our work does not begin from an emancipatory place; when instead of solving the structural and systemic problems that create inequity, we are content with tinkering on the edges.

JUSTICE AND RULES

When colonial love persists, as it does in global health, the aggrieved cries for justice. And this brings me to the second quote. If justice is the solution, then how does justice work?

The second quote comes from the Ifa verses, which is a central element of the belief system of my ancestors, the Yoruba people of West Africa. The version that I use was distilled and translated by Wole Soyinka, a Nigerian writer, activist, playwright, and philosopher.

My ancestors said: “Justice is the mortar that kneads the dwelling-place of man”
They asked: “Can mere brick on brick withstand the bloodied cries of wrong from the aggrieved?”

Listen to their answer: “No more than dark withstands the flare of lightning... or roofs of straw the path of thunderbolts. Sango [the Yoruba god of justice] restores.”
My ancestors saw justice as fundamentally restorative; as a path to healing. Restoring the house of knowledge that the colonisers destroyed.

By this they mean there cannot be peace without justice; they say the dwelling place of man is weak in the absence of justice; they say, “justice is the mortar that kneads the dwelling-place of man”.

We cannot live together without justice. We cannot work together without justice. We cannot love each other without justice.

More and more people, from every corner of the world, are adding their voices to calls to decolonise global health; to redress persisting injustices in how we use and produce knowledge in global health.

These calls have been directed at us researchers – what we study, how we study, and how we value and use different kinds of knowledge, and the choices we make, about who is recognised as an author and how research is framed.

The only meaningful response to these calls is justice. Justice means rethinking all the assumptions that underpin knowledge production and use in global health. It means reversing the power asymmetries in whose knowledge is seen, used, and valued.

Justice requires rules. What is allowed. What is allowable. What is prohibited. The rules of engagement. All is not fair in love and war. The question then is what are the rules? On what basis might they be crafted?

JUSTICE AND LIBERATION

I have come to think that the most important norm is mutual liberation or emancipation. By this, I mean the recognition that we both need each other; the helper and the helped need each other.

This leads me to the third and final quote, which is credited to Lilla Watson, an Indigenous Australian elder, artist, activist, and philosopher.

Here it is: “If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.”

What Lilla Watson is offering is an invitation to a form of enlightened self-interest. But the self-interest here is not the material kind. The self-interest here is liberation, emancipation.

Why do you want to help me? Is it because you recognise a certain pain or something missing in yourself? What is it? Can you own up to it?

It is like being in love. You both need each other. In a very deep way. Each of you knows that there is something in yourself that is missing, something the other person fulfils. It is a two-way need. The helping is two-way. It is not charity. It is two people liberating each other. It is justice.

Each person, group, organisation, or country with power will have to confront their own brokenness, the pain, the weaknesses that they are most desperate to ignore.

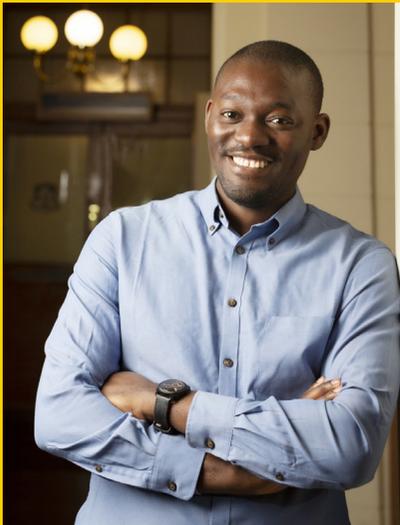
When we say that global health research remains colonial, what we are saying is that it is a system of people, groups, organisations, and countries that are too afraid to admit to themselves that they need help.

It is a system that was set up to extract knowledge; to disregard and destroy local and Indigenous knowledge. It is a system that harms even while it is trying to help. It is colonial love.

We must get to a place where we both acknowledge that we need each other to be made whole. That the sin of dispossession harms the coloniser and the colonised; the oppressor and the oppressed; the master and the enslaved; the rich and the poor.

We cannot legislate love. We cannot compel love. But we can craft rules that govern our relationships, what we do, how we do it, the kind of knowledge we produce, whose needs and whose knowledge takes precedence, and how knowledge is used, produced, and circulated.

“More and more people, from every corner of the world, are adding their voices to calls to decolonise global health; to redress persisting injustices in how we use and produce knowledge in global health.”



PROFESSOR SEYE ABIMBOLA
PRINCE CLAUS CHAIR HOLDER 2020-2022

PART III – CONCLUSION: ON CRAFTING RULES

So, let us return to where we started. I began by evoking the saying ‘all is fair in love and war’. What ties love and war together, is desire. That deep-seated need for which one is willing to make sacrifices.

But even in war, we humans have, over millennia, developed moral principles for what is just and fair. We must now do the same for love in global health.

The people who are most difficult to make rules for, are those people who believe very deeply that they are acting for the good of another or for the greater good. But empathy is not enough. Good intentions are not enough.

We cannot truly help people without seeing the world through their eyes, and seeing ourselves as they see us. That requires humility and respect. The very antithesis of colonial love.

Even then, crafting rules to promote justice must be a continuous activity. Relations between the helper and the helped shift continuously, and so must the rules that govern their engagement.⁶

Justice is not an outcome. It is a process; a moving target. A new set of rules creates a new state of affairs, which must be unjust in new ways.⁶ The current oppressors are very often the previously oppressed.

I am not exempt from responsibility myself. I too enjoy many privileges. In my life and in my work, I move between spaces. In some spaces, my status is high, and in some others, my status is low. My shifting positions give me the benefit of perspective. With that benefit comes great responsibility.

But I can only do a tiny bit. I have many fellow travellers on this journey; people I learn from in classrooms, on Twitter, in books, and on Podcasts. I am grateful for the opportunity to learn from and with them.

I first learnt about equity in health as a child, watching my mother, a nurse-midwife. She often broke rules, or craft new rules, so that many women and children would not need her clinical help in the first place. I am forever grateful for her example.

I also thank my family and friends and especially my wife, Oine, and our two lovely daughters, Erin and Kori, who continue to indulge my excesses and support my work. I will forever repay their love and loyalty.

In my research in Nigeria, I have learnt a lot from studying how ordinary people work in groups to improve their own health and care services.⁷ I see the same among Indigenous peoples in Australia.

Their knowledge of what is good for them, is far superior to what I read in research papers. The knowledge infrastructure of global health must learn to serve their knowledge needs, first and foremost.

The journey to decolonise global health is long. I am convinced, reading his 23 propositions on development and equity, that His Royal Highness Prince Claus himself was on such a journey. I am grateful for the opportunity to spend time thinking about these issues in his name.

I am also grateful for the new friends, colleagues, and fellow travellers that I have gathered due to this appointment, this honour, as Prince Claus Chair.

Together, we are exploring how to make visible instances of epistemic injustice in global health, so that we can find avenues to promote justice in how we produce, use, and circulate knowledge in global health.

Underpinning the work we are doing are the three set of ideas that I have talked about in this lecture. The idea that justice is what love looks like in public, that justice is the only way to decolonise academic global health, and that although we cannot legislate love, we need to craft rules for working together.

Our mission to achieve equity in health, globally, demands no less.

Thank you all very much.

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