

THE POWER OF KNOWLEDGE 2022: A reflection

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“What a beautiful, beautiful building! Someone’s ancestors did a great job here,” was the opening line of Dr. Wanjiru Kamau-Rutenberg’s keynote speech at the Power of Knowledge (PoK) event held at the KIT Royal Tropical Institute this September 1st in Amsterdam. She smiled while looking up at the wood carvings of the beautiful, lavishly embellished *Raadzaal* at KIT, formerly known as the Colonial Museum. A gorgeous building that now hosts a museum that I, and many other people, adore, as well as conferences and courses that contribute greatly to our knowledge, understanding, and respect of faraway places. The same place that was built to display objects taken with force and violence by the Dutch from Indonesia, Suriname, and various Caribbean islands - the Dutch colonies. Today it was the location of the first edition of the PoK event: an attempt to talk about how sharing knowledge and collaborating in global health can be more equitable, sustainable, and decolonized when the participating partners find themselves on opposite ends of the equator, and on opposite ends of a history of colonization. How can institutions in the Global North and South work together on improving health care systems, while doing justice to the colonial heritage that we all carry with us, and which influences our actions even today?

Dr. Kamau-Rutenberg’s comment immediately stressed the painful irony of her, a Black African woman, standing on a stage amidst the visual representation of the Dutch colonial history. By praising ‘our’ pretty architecture while referring to the harm it caused others, her comment struck an uncomfortable chord (at least with me, and probably with most other Dutch people present), but Dr. Kamau-Rutenberg easily gets away with making people feel awkward. Speaking seems to come naturally to her (or maybe it’s her expansive experience), when in front of a large audience she radiates authority and friendliness at the same time, her speech full of wit and knowledge. She was invited to do just that: to make us scratch our heads, think critically, and ultimately foster the exchange of knowledge. Her job was to open a conversation that most of us don’t usually have. Decolonizing Global Health starts by talking about what is currently being colonized, and by whom. As Dr. Kamau-Rutenberg put it: *“I am here to tell the West, if you eat a meal, you must pay for it.”* The conversation that took place that day thanks to her and many others (from all corners of the world - the PoK event made outstanding use of today’s technological wonders) opened up my eyes and ears on what equity means when it comes to the exchange of knowledge between the Global

North and South (a semantic dichotomy that, for its simplicity, is both problematic and useful - and I apologize for not having a better alternative).

“No one is safe until everyone is safe” was one of the WHO’s most used slogans during the pandemic, stressing that vaccines must be shared globally - not just because of altruistic motives but because a virus is blind to borders. Nowadays there are many more causes of illness to which borders don’t mean much, like air pollution, acidification of waters, and the burning of forests or houses alike. Evidently, Global Health is tightly intertwined with global warming, which in turn is a highly political subject tied to national and international interests. In short, though the effects of global warming on our health may disregard borders, the countries that are defined by those borders play a key role in where and how these effects will manifest, and how detrimental the effects will be. Global Health therefore requires each country to acknowledge their strengths and weaknesses, and to take responsibility for their share in the matter. For example, buying electric cars or bicycles is seen as a sustainable choice in Europe because it decreases air pollution, but many consumers don’t realize that in order to obtain enough cobalt to produce these cars, Congo is suffering from both environmental as well as health-related problems like (drinking) water pollution¹. Essentially, considering one phenomenon as sustainable in one place (emissions of an electric car) while at the same time disregarding its effect in another place is a modern equivalent of what European countries did in the sixteenth century when they colonized much of the world. It means we (citizens of the Global North) take from others what we like, without thinking about the harm it causes them. And though historically we were colonizing land, one could argue that nowadays we colonize environmentalism, still taking what we need and disregarding the effects of our actions on the health and well-being of those living elsewhere. Many of us are quick to acknowledge the brutality of our ancestors' colonial deeds, but we are still ignorant about what colonization looks like today.

Besides environmentalism, the Global North is also occupying (colonizing!) most of today's knowledge (academia, science, education, research) – a realization that hit me hard during the PoK event. During one of the workshops, Emilie Koum Besson, a research fellow in humanitarian public health at the London School of Hygiene and Tropical Medicine who has worked in many countries in sub-Saharan Africa, stated during the PoK event that being an

African scholar will not get you a seat at the academic table unless you're affiliated with an institution from the Global North, or at least have credentials that match the Western system (which often comes down to the same thing). This is mainly because on an international level, the same yardstick will be applied to any researcher or research proposal - a standard that the Global North has set. One of the many examples she gave was the fact that in some countries, a PhD program is seven years – rather than the four-year program that is often found in Europe and the US. As a result, a person who has completed four years of their seven year program (and is thus arguably as far in their career as a person who completed a four year PhD program) will be turned away from grants as they haven't got the PhD title yet. Clearly, this favors Western applicants and inherently causes a bias in determining which research is carried out. She advocates for funding institutions to support more culturally grounded research as well as equitable (not equal) standards for applicants in order to decolonize knowledge partnerships in Global Health.

To me, these are all highly relevant insights to the question of how to decolonize knowledge partnerships and govern Global Health in a fairer way. Since I'm still in medical school and new to scientific research, I can only hope that professors in my institution will come to realize that these inequalities and inequities exist and will think about knowledge partnerships as currently imperfect and unequal – and the fact that we can change that. I believe that most students, scientists, and doctors from the Global North have the best intentions when it comes to collaborating with students, scientists, and doctors from the Global South, but I also think we carry wrong assumptions which may be harmful. In order to identify erroneous assumptions and beliefs, we should talk about them with those they might harm and listen to what makes us feel uncomfortable. We should strive for equitable knowledge partnerships and bring the world one step closer to high quality health care for all. If you are unsure of where to start, I suggest you attend next year's Power of Knowledge event!

1 <https://www.publicpolicyafrica.org/op-ed-articles/electric-cars-and-cobalt-mining-the-environmental-sustainability-of-the-privileged>