Colonial Medicine and Global Health.
110 Years of NVTG

Dear Ladies and Gentlemen

The moment I saw the program of this undoubtedly fascinating day, I could not help myself thinking back to the words an angry colleague of mine once spoke, after having been invited to give a likewise lecture. 'This is what we medical historians are good for', he said. 'There is a conference of a group of certain medical specialists. They start very relaxed with a coffee and a cookie and an opening speech about the days of old. After that they go over to the real stuff, the serious stuff.' Well, in case you recognize yourself, what I'm going to say will be very real and serious stuff as well.

As some of you will probably know, I am a medical historian mainly focussing on war and medicine and tropical medicine. Because of this ten years ago I was asked to write a book on the first 100 years of the NVTG, the Dutch Society for Tropical Medicine and International Health and one year ago to write an article on the last ten years, and deliver a speech on the topic at this conference. I was happy to do all of them, because international healthcare is an interesting historical field as well as a humanitarian necessity.
At the beginning the NVTG, working in a colonial setting, focused on battling certain diseases framed as 'tropical'. Now, 110 years later, it holds international healthcare, health for all, global health in high esteem, often focusing more on improving social-economic conditions in low- and middle-income countries than battling actual diseases. In the colonial days of old doctors especially worked in what then was called the Dutch-East Indies. They often stayed there for years at a scratch. The Indies were there home. During the Second World War and the following war of decolonisation they got displaced; often literary because of Japanese internment.

The erection of tropical societies around 1900 in the Western World, has often been called a consequence of a spirit of internationalism. Looking back on the first ten years one of the founders, A.W. Nieuwenhuis, said: 'There was a spirit of international fraternisation, in many fields, but certainly in the field of science.' When he said this the hell called First World War was raging for three years already, and so with some understatement he added that at the moment internationalism was hard to find. But without any doubt it would return as soon as the war was over, certainly in science.

However, it rather was nationalism than internationalism that motivated the strong development of tropical medicine around 1900. One simply wanted to avoid other countries having better tropical medical facilities. As in 1912 the British physician A.C. Crobie, of the Indian Medical Service, said: 'We have allowed a Frenchman to find for us the amoeba of *our* malarial fevers, and a German the bacillus of cholera which is surely *our own disease*. Shall we wait till someone comes to discover for us the secrets of the continued fevers which are *our* daily study, or shall we be up and doing it for *ourselves*?' Or to put it in modern words. Our tropical medicine is the best tropical medicine. Very good tropical medicine.

According to many tropical doctors colonialism was a force of civilization. One of the fathers of tropical medicine, Ronald Ross, proved the superiority of the British by stating that it where they who in backward countries had introduced 'honesty, law, justice, order, roads, posts, railways, irrigation, hospitals […] and what was necessary for civilisation, a final superior authority'. This for instance means that European schools for tropical medicine, also set up around 1900, mainly focused on 'endemic and epidemic diseases *that threatened the political and economic health of the empire*.' Or, as medical historian Mark Harrison said, they were an integral part of a politics of 'constructive imperialism' as set up by the ministry of colonial affairs. This was no different in the Dutch empire and certainly not in the Dutch East-Indies were medical care around 1900 was almost completely military medical care, which by definition holds a keen eye on state interests.

This raises questions on the much heard view that, whatever went wrong in the Dutch colonies, medical care was a blessing to all. For instance in the book celebrating 90 years of NVTG it was said that the Dutch East-Indies had been the sole colonial territory in which, thanks to systematic vaccination, smallpox had been eradicated already before World War II. The fight against plague on Java had been tremendous and efficient, while regarding food and malaria certain doctors had reached world fame. This is, however, a picture that can only be embraced, when solely judging medical care by looking at improved life expectancy. And even then, Western medicine was but one of the factors contributing to this.

But let us now turn to the society itself. It was, as you probably know, put to life in December 1907 as part of an unsuccessful attempt to set up an international society on tropical medicine. But the national society was set up anyway. First of all, an international society was at best a welcome support for the official Dutch target: promoting research on and education of tropical medicine in the Netherlands. Therefore, also from a historical point of view, it is an enormous success that at last the international health course for medical students has been acknowledged. For the unofficial target an international society was even completely useless – getting together in a cosy atmosphere to keep contacts warm between Dutch doctors who had worked in the tropics or were planning to do so.

That the atmosphere was planned to be cosy, is not to say that it always was. Especially when for the first time the plan was raised to set up a tropical medical training course. First there was a dispute if this course was to be lectured in the Netherlands or in the Dutch East-Indies. This dispute was won by the Netherlands, but then the question was raised whether it should be Leiden or Amsterdam where it had to be taught. Again, discord was severe and even deepened as it turned out that the Dutch government was only willing to subsidize the Amsterdam plans, focusing on hygiene, but not the more clinical medical Leiden plans. Positive was that in the end a settlement was agreed upon. Apparently, the NVTG could serve as a platform discussing fierce contradictory opinions without them leading to eternal animosity.

But, the leading question in my book and also in the recent article on the NVTG, was not if there had been quarrels and disputes. Of course there were. After all, they were and are doctors. The main questions were: could one, in the first four decades of existence indeed say that it was tropical medicine that determined the doctors' work, or that also in the Netherlands and their colonies it should be called colonial medicine, a medical care first and for all pointed at strengthening colonial sovereignty; militarily as well as economically. The answer to this was that, on several levels, the latter had been the case.

First of all the NVTG physicians, and certainly the military and plantation doctors among them, were not researching tropical disease in itself, but those diseases typical for Dutch colonies, especially the Dutch East-Indies; diseases who could threaten colonial rule or economic gain. Secondly, the organisation of colonial healthcare was tailored to colonial circumstances. This organisational form was seen by the tropical doctors as the best, or better: even as the only one possible. And thirdly, the thinking of the physicians was dominated by the certainty of white supremacy. Western civilization was leading and this certainly was true for western medicine. Dutch doctors knew what was best for the autochthonous populations and autochthonous patients could better obey them. If not, measures of force were not avoided. And last but not least, they fully subscribed the Dutch colonial enterprise and considered it their duty to pull their weight. In short: health care was of imminent importance for the colonial system to stay intact.

Typical for this period was that medical care completely focused on the battle against or the prevention of certain diseases. Protest against or combating underlying conditions of disease - the political system, poverty, over-population - were not considered to belong to the doctor's domain. Doctors, so it was said, should stay away from politics but by doing so they only strengthened the political status-quo, responsible for a certain amount of the diseases they went to war against. This attitude is still visible in for instance the refusal of a number of medical organisations to speak out against certain weaponry, most notably nuclear weapons, although the

medical outcome of their use, be it on purpose or accidental, is horrendous. This too, they say, is politics and therefore contradicting medical neutrality. In the NVTG, however, this would certainly change after the colonial period, culminating in a huge interest in social-economic aspects of healthcare. It would not be the only change.

Although the main target of the society was to enhance research and education in the Netherlands, in the first fifty years of its existence the core business had been exchanging experiences of physicians who had for years worked in tropical areas, as said, mainly in the Dutch East-Indies. As a consequence, it only had a fistful of members. But post-colonial circumstances forced the society to change its character, also leading to question former convictions on medicine and healthcare in tropical areas. The first sings of this became visible during the fifties, as well leading to, as backed by growing membership. As a consequence of repatriation after the Indonesian independence, the numbers rapidly almost doubled from about 100 to 180. And also the nevertheless remaining fear that in time, decolonisation would mean the end of the NVTG, was falsified. For the next three decades the numbers would keep rising.

However, the most important change was that, because of the loss of the South East-Asian colony, the tropical doctors had to look for a new place to work, certainly after New-Guinee was lost as well at the beginning of the nineteen sixties. They hived off all over the world, and by doing so they build the foundation for a society for international healthcare. A new kind of doctor began to visit the NVTG. He no longer stayed at one place for a long time but travelled from place to place, mainly in Africa, staying at one place for a couple of years at best. The home called Dutch East-Indies had been replaced by the hotel called Earth. Some of them kept on going back, others decided after a while to stay in the Netherlands. Consequently the number of doctors with tropical experience was raised. Many of them remained interested in the topic, even if they were not keen to go away once more. It resulted in a drastic decline of

the average age and a further growth of members, reaching more than eight hundred.

But also on another level decolonisation helped working towards internationalisation. Except that the former colonies were replaced by the entire tropical and sub-tropical world, the NVTG also began to contact former colonial powers, struggling with the same problem of having lost their natural habitat. On top, the decolonisation process coincided with a still ongoing period of rapid and spectacular improvement of means of communication and transport, decreasing the relative distances between countries and continents. And rapidly a time followed in which inhabitants of poor or violence ridden tropical or sub-tropical countries tried to find a better or safer life, nowadays especially in nearby Europe. As a consequence one could no longer speak of a one way direction of Western doctors moving South. The immigrants and refugees, with their specific health problems, came to visit the Western doctor; a development strengthened by more and more Westerners visiting tropical countries for instance for vacation, taking typical diseases back with them and in the end turning international health into global health.

The fact that more physicians got involved with the NVTG and stayed involved even if they had chosen a Dutch career, has for sure been a consequence of setting up specialist working groups as well, zooming in on certain aspects of international healthcare. The younger doctors could not get used to the atmosphere of rest and cosiness, that had kept on typifying the older, repatriated physicians. Making contact in small circles with colleagues with a shared specialist interest, they could get away from this sphere of Indies-nostalgia; a sphere that in time of course faded away by natural causes.

But the new members were not only different by age and background. The physician who had had his home in the Indies and longed for the good old days in which medically spoken so many beautiful things had been accomplished, was gradually supplanted by doctors who clearly had a more critical view on colonialism. And they

did not shy away from putting medical care under a microscope as well. On top they looked critically at the role Western countries kept on playing in countries that had become independent. In their eyes self-interest kept on dominating aid, an attitude completely back on the agenda since about a year or ten, in which cut backs on developmental aid are accompanied by the wish to keep the interests of Dutch companies at heart and in which governmental aid more and more is replaced by so called private-public partnerships.

The critical doctors argued that an attitude like this sustained poverty, instead of eradicating it. And it was exactly poverty that lay at the heart of the problems in developmental countries, who not for nothing after a while were called LICs and MICs. In their eyes, colonialism had not disappeared, it had only changed form from a political-military one into an economical one. It had to be prevented above all, that again medicine would play a supporting role in this. It were these doctors who, also because of the wars in Vietnam and Nigeria, began to say that doctors should play a role in politics and that they should take sides.

It resulted in a change of character, for instance expressed by Medicus Tropicus turning from a kind of family-magazine into a discussion platform. It were the years preceding the Alma Ata-declarations on *primary health care* and *health for all*, declarations designed by, among others, the World Health Organization. It therefore was not a standalone change of the Netherlands, but it certainly was a change fully subscribed by the NVTG.

The awareness had come to life that without attention for underlying causes of illness, such as poverty or violent, political suppression, in itself fighting disease would remain sensible and necessary, but also everlasting. It had to be accompanied by addressing social-economic and political problems, although changing them would certainly take a while and when changed as certainly not all medical problems would have disappeared.

Nature and content of medical developmental cooperation – the term that had replaced developmental aid – shifted alongside the shift in ideas. But exactly in the

days underlying factors were about to be tackled, the days in which looking at underlying causes had reached the medical agenda, this was set aside by politics and society who shifted their attention to the conflicts emerging from the end of the Cold War era. The number of trouble spots grew rapidly and with that the attention for emergency aid, replacing interest in long term - and dull - developmental aid. Direct aid to visible victims of hunger and war, threatened to go at the expense of structural aid, certainly if it was focused on not very television friendly themes as poverty or over-population. And on top this was accompanied by a new phenomenon in the world of illness: the HIV/AIDS-epidemic, causing thousands of victims especially in Africa.

The NVTG kept on emphasizing the importance of structural aid against the governmental call for - for that same government cheaper - emergency aid. Earlier on the government had seized the opportunity of primary health care to bridle the rather expensive sending out of medical, curative specialists. Also then the NVTG had raised its voice. Therefore, in a certain way the HIV/AIDS-epidemic came in handy because it clearly showed how important it was not to cut back curative work too harshly. General prevention can or must never become the enemy off, can or must never become a substitute of trying to assist, help, cure actual ill. Therefore, although the NVTG has said goodbye to all economic and political arguments behind the medical care during the days of colonialism, of the feeling of superiority backing it and the measures of force by which it sometimes was implemented, it has never seized to emphasize the importance of curation and prevention, of drug and vaccine. Beside the argument of tradition it therefore is justified also out of substantive reasons that it never got rid of the 'tropical medicine' in its name. I am not sure if international healthcare will share this fortunate fate. Maybe that in fifteen years, when celebrating its 125th anniversary, we will visit a conference of the Dutch Society for Tropical Medicine and Global Health.

I wish you all a fruitful and interesting day.