



Such a Time of It They Had - Global Health Pioneers in Africa, **by Raymond Downing, Manqa Books, Nairobi, 2018**

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The book under review here is written by a seasoned global health care worker (of apparently Mennonite background [p. 2;80]) stationed in Kenya, adamantly advocating genuine solidarity with the people with whom one engages to secure the success of any such venture.

Downing, now in his seventies, is an American family practitioner who, together with his wife (a family practitioner, too, but also a pediatrician [p. 118]) has spent his entire professional career in serving underprivileged communities in the US (Appalachia; Indian Reservations in Arizona) and Africa (Sudan, Tanzania, and Kenya). While writing this book, his sixth, he served as Senior Lecturer in the Department of Family Medicine at Moi University Medical School, Eldoret, Kenya (p. 309).

Contrary to its subtitle and the writer's explicit intention to present "a window into the time our forbearers had... in Africa" so to provide "a biopsy of the past" and "a sampling of what global health was like in the beginning" (p. 7) insinuating biographical sketches of noteworthy individuals, the book is anything but just that. It, rather, is a complex, multi-layered composition of well told stories of things past (in plain print) interspersed with autobiographical snap-shots of the author's own life (in bold) while at the same time pondering issues of principle regarding global health and questioning not only today's practices but biomedicine, too. There is rigorous self-examination and frank sharing of personal failures (p. 92f; pp. 152–154) though not in

an exhibitory fashion but owed to the resolve to deconstruct the hero image medical missionaries often garner (Dedication; p. 183) and the author's conviction that one does not "really feel the hypocrisy until it becomes personal" (p. 40). Every bit of this paperback is carefully considered: the African publisher, the title (taken from a poem by Malawian David Rubadiri [given in full in the front matter]), and the design of the yellow cover, which shows a pith helmet in the upper right margin as an acronym for global health in times gone by, and an upwards pointing syringe replacing the I of the "It" in the center of the book's title, referencing not only biomedicine but indicating also pricks one should be prepared to receive when reading.

The Introduction (pp. 1–9) is preceded by 6 unpaginated leaves of front matter (Dedication, 3 murky maps of "Africa as seen by Europe" in 1880, 1900, and 1950, and the poem *Stanley meets Mutesa* by D. Rubadiri), while the Conclusion (pp. 298–310) is followed by Acknowledgements (pp. 311–312), Chapter Notes (pp. 311–318), and Bibliography (pp. 319–333). The Introduction and Conclusion bracket nineteen chapters of chronologically arranged historical vignettes beginning in the early nineteenth up to the middle of the twentieth century with the Dutch physician T. van der Kemp (1747–1811) who worked in South Africa (chap. 1), and A. Schweitzer (1875–1965) stationed in Gabon (chap. 19) as "bookends" (p. 284). In between these unfolds a plethora of stories about foreign "global health



heroes"/heroines and foreign “global health villains” (Dedication) who worked in Africa, including an account of the development of tropical medicine in America (chap. 12) and of the work of philanthropic agencies engaged in programs on that very continent (chap. 14). However, the stories are not “a random sample.” They, rather, “provide mirrors to us of our own global health” attitudes (p. 9) since they illustrate the drive for exploration and adventure (D. Livingstone, chap. 3 & 4), for pursuing one’s own or a donor driven agenda (chap. 5), for dwelling “like gods” (chap. 10), and for “Making A Name” (chap. 13). Other chapters feature the craving for promoting science (chap. 11), for “Winning Hearts and Minds” (chap. 15), and for “Slaying Superstition” (chap. 17).

Exposing these and like motives subtly at work in many global health care programs, Downing persuasively drives his point home: while almost everyone engaged in global health honestly wants to solidarize with the disadvantaged through sharing of resources and volunteering time and expertise, it is a lack of discourse about the meaning of solidarity which causes what “we often get... wrong” (p. 16). The “legacy” of misconceived solidarity with “Africa is a thundering silence” (p. 297), which so enrages the passionate author that he bursts out decreeing, “As long as solidarity remains unexamined, we will continue to try to marry Africa and end up f[...] it” (p. 303), that is: to abuse and mistreat it. He does not leave it there, though. In the Conclusion, presumably that part of the book where readers will experience several uncomfortable pricks, he finally examines solidarity in more detail.

The reason that “dreams of public health and social medicine... often fail” (p. 301) has, first, to do with not really grasping the impact of scientific biomedicine on which such dreams are based. Biomedicine is an effective “means of *control*” (p. 299; original emphasis), be it in designing and monitoring health programs, in treating patients, or when conducting research. Since controlling all the

variables makes for biomedicine’s success, “God and ritual and ancient wisdom” must be excluded (p. 59), an aspect not realized by many medical missionaries who carried on the work without losing their faith because “they simply fenced it off” (p. 299), a no-go for Downing. Claiming to know what the issues are and how to resolve them effectively makes “expatriate do-gooders” (p. 5) every so often to “fight the wrong battle” (p. 300), and when they set priorities, which are not such for indigenous local populations, “the massive power of biomedicine” becomes “either dangerous or reduced to smoke and mirrors” (p. 300).

However, the actual reason for the failure of many well-intending global health programs is a rampant misconception of solidarity, which “now in the secular humanitarian nongovernmental organization world” stands for “compassionate feelings” (p. 307) producing an infuriating attitude “that reaches down or imitates” instead of being “close enough to people and powerless enough to be infuriated” (p. 298). While being fully aware that “attempts... at solidarity can be pathetic” and that “solidarity with Africans does not fix things,” Downing still holds on to it because it is “a start” (p. 303) even though “today in global health our self-imposed mandate does not include living *with* people, sharing their lives and problems” (p. 301f; original emphasis). Living with people is not confined to learning the local language or riding local buses, but requires full immersion into “the reality that is there, and allowing that reality to inform our response” (p. 298), which might also “mean working in a corrupt government agency... or watching an acquaintance die because the local hospital doesn’t have enough IV fluids or nurses.” Hence, solidarity “implies ‘suffering with,’” as well, which, in fact, is “the literal meaning of compassion” (p. 304). Solidarity thus lived not only clarifies the perception of reality “as much *for us* as . . . *for them*” (p. 303f; original emphasis). Such “suffering of solidarity,” which “doesn’t try to explain itself,

doesn't seek results, does not vaunt itself" (p. 26) can also "be redemptive" for all (p. 307). Failure-doomed compassionate feelings attempt to fix problems "by some secular alchemy," biomedicine, without the "pain of solidarity." Even though this makes the "old painful suffering solidarity," which according to "classic Christianity... is redemptive" and looks "outdated" (p. 307), "true solidarity" (p. 26) does not get achieved otherwise.

Such a Time of It They Had is a worthwhile, stimulating reading, and it is a very entertaining one, too. Its author delights in telling stories in an

easygoing style. Sometimes, however, he gets carried away, occasionally at the expense of historical accuracy or drawing unwarranted conclusions like speaking of the "bellicose inauguration of tropical medicine" as "the beginning of ... global health" (p. 8) and "we like wars because they are defining moments" (p. 94), to name only two. Yet, the reviewer strongly recommends this book to all engaged in global health for clarifying their personal motivations and purifying their commitment to solidarity for the benefit of global health.

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