

From an Agency of Cultural Destruction to an Agency of Public Health

*Transformations in Catholic Missionary Medicine
in Post-Colonial Eastern Zambia, 1964–1982*

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Abstract

Most medical histories maintain that missionary doctors in imperial Africa were agents of Western cultural imperialism. This scholarship, informed by the writings of Michel Foucault, projects mission-based healers as agents of imperial power who played a major role in emasculating African therapeutic systems and in reinforcing colonial hegemony. This scholarship partly derives its support from the fact that across Africa, mission doctors and nurses cast themselves as cultural conquistadors whose ultimate goal was no less to undermine local medical culture than to supplant it with biomedical comprehensions of disease, healing and medicine. Convincing as this scholarship may be, it over-simplistically locks Christian medical missions in a distant/static past, erroneously portraying them as monolithic entities, and largely obscuring how missionary discourses and praxis surrounding disease and medicine metamorphosed in the aftermath of colonialism. This paper may be read as a corrective to such scholarship. The paper insists that, in conformity with the expectations and demands of the post-colonial regime in Zambia, Catholic medics reconfigured their medical discourse and practice. Consequently, their medicine lost its imperial/hegemonic pretensions and became an agency through which the newly-independent Zambian state implemented its public health reforms.

Résumé

La plupart des histoires de la médecine continuent de considérer les médecins missionnaires de l'Afrique coloniale comme des agents de l'impérialisme culturel occidental. Ces écrits, influencés par l'œuvre de Michel Foucault, identifient les membres des

missions médicales comme des agents du pouvoir colonial ayant fortement contribué à affaiblir les systèmes thérapeutiques africains et à renforcer la domination coloniale. Ces écrits s'appuient en partie sur le fait que partout en Afrique, les médecins et les infirmières missionnaires s'imaginaient lancés dans une conquête culturelle visant rien moins qu'à supplanter la culture médicale locale pour la remplacer par une compréhension biomédicale de la maladie, de la guérison et de la médecine. Ces analyses sont en partie fondées, mais elles enferment de manière beaucoup trop simpliste les missions médicales chrétiennes dans un passé lointain et statique, en les décrivant à tort comme des entités monolithiques et en occultant très largement la manière dont les discours et les pratiques missionnaires autour de la maladie et de la médecine se sont transformés au lendemain de l'époque coloniale. Cet article peut être lu comme un correctif à ces écrits. Il montre comment, en Zambie, les personnels médicaux catholiques ont reformulé leurs discours et leurs pratiques, conformément aux attentes et aux demandes du régime post-colonial. Leur médecine a ainsi perdu ses prétentions coloniales/hégémoniques et s'est mise au service du nouvel Etat indépendant de Zambie pour mettre en œuvre ses réformes de la santé publique.

Keywords

Catholic medicine – cultural imperialism – biomedical power – medical enthusiasts – public health

Mots-clés

médecine catholique – impérialisme culturel – biopouvoir – santé publique

Introduction

Neo-Foucauldian historiography has all-too-often imagined Western practitioners of medicine on the imperial periphery in the nineteenth and twentieth centuries as little more than agents of colonial control and cultural suppression. According to this interpretation, European medics in colonies were lynchpins in undermining local medical culture and knowledge and in the construction and maintenance of imperial power, culture, and hegemony.¹ Implicit

¹ See Andrew Cunningham and Bridie Andrews, "Introduction: Western Medicine as contested

in this assertion is the assumption that white doctors and nurses in extra-European settings were purveyors of an imperialistic system of medicine that denigrated all other forms of comprehending disease and treatment as its primitive Other. These medical practitioners are, therefore, said to have exported to colonial spaces European cultural trappings of allopathic medicine. They also allegedly deployed modern medicine to obliterate the "traditional" cosmologies of medicine and disease they encountered outside metropolitan contexts. At the centre-stage of this cultural destruction were reportedly medical missionaries. It is argued that missionary healers in imperial contexts were agents of agents of empire who played a key role in suppressing indigenous medicine and praxis. In this way, they were not just indispensable to undermining non-Western ideologies but also to sowing the seed of Christianity in "pagan" societies.

It is not difficult to comprehend why scholarship modelled on readings of Michel Foucault depicts missionary doctors as agents of medico-cultural imperialism. Even though relations between missionaries and colonial authorities were often fraught with conflicts sparked, *inter alia*, by differences of opinion over the application of scientific knowledge in colonies and beyond, Christian doctors generally worked closely with colonial regimes.² They jointly framed

Knowledge," in Andrew Cunningham and Bridie Andrews (eds.), *Western Medicine as Contested Knowledge* (Manchester and New York: Manchester University Press, 1997), pp. 1–23. Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991); John Farley, *Bilharzia: A Tropical Medicine* (Cambridge: Cambridge University Press, 1991); David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease* (Berkeley: University of California, 1993); Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900–1940* (Cambridge: Cambridge University Press, 1992); "The Power to Heal: African Auxiliaries in Colonial Belgian Congo and Uganda," in Dagmar Engels and Shula Marks (eds.), *Contesting Colonial Hegemony: State and Society in Africa and India* (London and New York: British Academic Press, 1994), 202–223; Roy MacLeod and Milton Lewis (eds.), *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London and New York: Routledge, 1988). For recent studies that question this interpretation, see Walima T. Kalusa "Language, Medical Auxiliaries, and the Reinterpretation of Missionary Medicine in Colonial Mwinilunga," *Journal of Eastern African Studies* 1, 1 (2007), pp. 53–72; Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham and London: Durham University Press, 1999); "Letter-Writing, Nursing Men and Bicycles in the Belgian Congo: Notes Towards the Social Identity of a Colonial Category," in R.W. Harms et al., *Paths Towards the Past: African Historical Essays in Honor of Jan Vansina* (Atlanta, GA.: African Studies Association Press, 1994), pp. 187–210.

2 On the nature of such conflicts between medical missionaries, on the one hand, and colonial

imperial medical policies, legitimated unpopular health measures in colonies, and together dismissed local medical knowledge and practices as no more than “fetish remedies”. From the 1920s, most mission-run health facilities in Africa further received fiscal support from colonial regimes, with Christian medics openly supporting colonialism. It is unsurprising, then, that some scholars conclude that missionary healers were agents of medical and cultural imperialism. In that capacity, medical evangelists, we are told, not only reinforced colonial hegemony but also contributed to constructing the subjects of empire as the governable Other.³

This conclusion is supported by the fact that missionary doctors and nurses frequently cast themselves as cultural conquistadors. In colonial Africa particularly, they routinely denounced local healing practices and underlying belief systems as the citadel of paganism. To such medics, “traditional” therapeutics and praxis were irrational, unscientific and effete and therefore the most critical source of African moral inadequacy, sloth, and degradation.⁴ It is not surprising, then, that their discourse legitimised European medical interventions in Africa. Such interventions were calculated to supplant “heathen” medicine with modern therapeutics, which Christian evangelists across the continent saw as more effective, objective, and rational. In this vein, missionary medicine was as a means by which Christian doctors could uproot “pagan” culture and beliefs from the African society. They would consequently pave way for planting their own version of biomedicine, civilization, and modernity in the “Dark Continent”, effectively refashioning it in their own image.

Convincing as these perspectives of missionary medicine may be, they, nonetheless, are not beyond reproach. Apart from over-simplistically locking Christian missions in a distant/static past, they erroneously portray them as

and metropolitan authorities, on the other hand, see James H. Mills, “Colonialism, Cannabis and the Christians: Mission Medical Knowledge and Indian Hemp Drugs Commission of 1893–1894,” in David Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam and New York, NY: Rodopi B.V., 2006), pp. 169–192.

3 Megan Vaughan, “Health and Hegemony: Representations of Disease and the Creation of the Colonial Subject in Nyasaland,” in Engels and Marks (eds.), *Contesting Colonial Hegemony*, pp. 173–201; *Curing their Ills*. For studies that emphasise differences between missionary and colonial medicine, see Michael Jennings, “‘A Matter of Vital Importance’: The Place of the Medical Mission in Maternal and Child Healthcare in Tanganyika, 1919–1939,” in Hardiman (ed.), *Healing Bodies, Saving Souls*, pp. 227–248.

4 See, for example, William Singleton Fisher and Julian Hoyte, *Ndotolo: The Life Stories of Walter and Anna Fisher of Central Africa* (Ikelenge: Lunda-Ndembu Publications, 1992, first published in 1948).

monolithic entities whose approaches to evangelisation in colonial Africa were homogeneous. This academic discourse thus obscures how missionary medical thought and praxis evolved over time. It similarly masks the fundamental differences of opinion that marked mission therapeutics in colonial spaces, pitting medical enthusiasts against those opposed to the use of medicine in the evangelical crusade and deepening the wedge between Christian healers and colonial authorities.⁵ Nor does the discourse in question shed light on the ways in which colonised bodies and indigenous practitioners of modern medicine debated, translated, used or comprehended missionary medicine. As Nancy Rose Hunt has convincingly argued, the colonised in fact re-authored missionary medicine not just to come to terms with disease or to manage new and old socio-cultural concerns but also to create their own power and elevate their social status.⁶ Most importantly, scholarship that caricatures Christian medics and paramedics as mere agents of cultural domination scarcely explains how they sustained their medical practice in extra-European contexts once imperial flags were lowered after the Second World War.

The last criticism is of crucial import. For the demise of colonial power and the consequent rise of newly independent African states and beyond after the war radically transformed the political and socio-economic landscape within which European medics plied their trade.⁷ To ensure the stability of their

5 For a captivating analysis of tensions of empire, see John L. Comaroff, "Images of Empire, Images of Conscience: Models of Colonial Domination in South Africa," in Frederick Cooper and Ann Laura Stoler (eds.), *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley, Los Angeles and London: University of California Press, 1997), pp. 163–197. For a study that stresses that missionaries seldom collaborated with colonial authorities against Africans, see At Ipenberg, *'All Good Men': The Development of Lubwa Mission, Chinsali, Zambia, 1905–1967* (Frankfurt and Main, Berlin, Bern, New York: Peter Lang, 1991).

6 Hunt, *Colonial Lexicon*. See also Walima T. Kalusa, "Medical Training, African Auxiliaries, and Social Healing in Colonial Mwinilunga, Northern Rhodesia (Zambia)," in Ryan Johnson and Amna Khalid (eds.), *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850–1960* (New York: Routledge, 2012), pp. 154–170; in same volume see Ryan Johnson, "Mantsemei, Interpreters, and the Successful Eradication of Plague: The 1908 Plague Epidemic in Colonial Accra," in Johnson and Khalid (eds.), *Public Health*, pp. 135–153. Other useful studies that shed light on this topic are Heather Bell, "Midwifery Training and Female Circumcision in the Inter-War Anglo-Egyptian Sudan," *Journal of African History* 39 (1998), pp. 293–312; Glen Ncube, "The Making of Rural Healthcare in Colonial Zimbabwe: A History of the Ndanga Medical Unit, Fort Victoria, 1930–1960s," PhD dissertation: University of Cape Town, 2012.

7 See John Illiffe, *East African Doctors: A History of a Modern Profession* (Cambridge: Cambridge University Press, 1998).

medical entrepreneurship in post-colonial spaces, missionaries could ill-afford to remain indifferent to the profound constitutional and socio-economic transformations that inevitably followed the collapse of European hegemony.⁸ This was especially true in most newly independent African countries ruled by cultural nationalists not slow to denounce missionaries of nearly all persuasions as purveyors of Western cultural imperialism.⁹ Undyingly committed to preserving indigenous culture, these leaders sought to purge what they regarded as hegemonic elements in mission-based medicine. To such rulers, the crusade to undo the colonising agenda of missionary medicine and the preservation of indigenous culture was as intrinsic to the restoration African dignity as it was essential to the success of political and socio-economic policies after independence.¹⁰

In view of the enduring commitment of African leaders to preserving local cultural heritage, coupled with their antipathy to the colonising overtones of Christian medicine, it is pertinent to ask how missionary doctors carved out a niche for their medicine in independent Africa. Without rejecting the view that mission medicine was an arm of cultural imperialism during the colonial era, this paper, focusing on Catholic medicine in Zambia's Eastern Province between 1964 and 1982, postulates that Christian medics in post-colonial Africa transformed their medical discourse and practice to make them more amenable to independent African regimes. The paper asserts that, in response to the post-colonial state's desire to expand public healthcare and to preserve local culture, Catholic clerics in the Eastern Province both jettisoned their cultural colonising agenda and transformed their medicine into an agency for promoting public health. Catholic mission medicine in the province hence became an instrument through which Zambian authorities implemented their health policies, expanded public healthcare, trained local medical personnel, and, ultimately, "Zambianised" the health sector. From this perspective,

8 This point is informed by John Manton, "Administering Leprosy Control in Ogoja Province, Nigeria, 1945–1967: A Case Study in Government-Mission Relations," in Hardiman (ed.), *Healing Bodies, Saving Souls*, pp. 307–331.

9 A good example of African nationalists opposed to the missionary cultural crusade in Africa is Robison M. Nabulyato, *African Realities: A Memoir* (Lusaka: The Lembani Trust, 2008), pp. 17–18. Nabulyato became the first Speaker of National Assembly in Zambia after independence.

10 See for example, Republic of Zambia, *His Excellency the President's Address to Parliament on the Opening of the Second Session of the Second National Assembly, 7 July 1970* (Lusaka: Government Printer, 1970).

Catholic medical practitioners became agents of the post-colonial state, their medicine consequently shedding off its imperial pretensions and its religious aura.

Missionaries as Agents of Medical and Cultural Imperialism

Even though some missionaries within and outside Catholic circles dismissed medical evangelism as a devil-inspired strategy of converting non-Western societies to Christianity bound to produce converts with skin-deep faith,¹¹ most European clergymen operating in colonial Zambia and central Africa as a whole were medical enthusiasts.¹² Medical enthusiasts believed that, thanks to advances in scientific medicine in nineteenth-century Europe and North America, only Western doctors possessed a rational and objective means to overcome human affliction irrespective of the social and cultural context in which affliction occurred. As John Farley and Rajanarayan Chandavarkar aptly observe individually, this attitude spawned Western contempt for and intolerance of non-European ways of coping with disease.¹³ Among those who shared this perception within the Catholic movement included Bishop Joseph Dupont of the French Society of Missionaries to Africa (White Fathers), who planted the Christian faith among the Bemba towards the end of the nineteenth century.¹⁴ Like the founder of the White Fathers, Cardinal Lavigerie, Dupont held

- 11 See National Archives of Zambia (hereafter NAZ)/HM8/F1/2/1/1, Walter Fisher to Singleton Darling, 5 June 1915; Megan Vaughan, *Curing the Ills: Colonial Power and African Illness* (Stanford: Stanford University Press), p. 58; Walima T. Kalusa, "Disease and the Remaking of Missionary Medicine in Colonial North-Western Zambia: A Case Study of Mwinilunga District," Ph.D. Dissertation: Johns Hopkins University, 2003, 94; Linda Beer, "The Development of Medical Missions: The Brethren in Kasempa District, Northern Rhodesia, 1906–1954," Working Paper No. 2 presented in Basel, Basler Africa on 24 October 1995.
- 12 For a fuller examination of this topic, see Charles M. Good Jr., *The Steam Paris: The Rise and Fall of Missionary Medicine on an African Frontier* (Chicago and London: The University of Chicago Press, 2004).
- 13 Farley, *Bilharzia*, pp. 13–30; see also Rajanarayan Chandavarkar, "Plague and epidemic politics in India, 1894–1914," in Terence Ranger and Paul Slack (eds.), *Epidemics and Ideas: Essays on the historical perceptions of pestilence* (Cambridge: Cambridge University Press, 1992).
- 14 For an interesting analysis of Mgr. Dupont's role in opening up Bemba territory to Christianity, see Brian Garvey, "Bemba Chiefs and Catholic Missions, 1898–1935," *Journal of African History* 18, 3 (1977), pp. 411–426. As Garvey points out, the missionary earned a high

that modern medicine was an effective weapon missionaries could wield to undermine indigenous medical belief systems in Africa. Bishop Dupont, who regarded African healing cosmologies and practices as major barriers to evangelisation, believed that through successful treatment of important African rulers particularly, he could both undermine their "pagan" epistemologies of disease and convert their followers to Christianity.¹⁵

Mgr. Dupont's faith in the transformative power of the Christian version of biomedicine was passionately shared by Dr Walter Fisher, a missionary surgeon *par excellence* in the Christian Missions to Many Lands.¹⁶ Fisher, who established his medical mission among the Lunda-speaking people in colonial north-western Zambia in the early twentieth century, held that the highest barrier European missionaries to Africa had to cross in their evangelical crusade were pre-existing medical beliefs and practices. The surgeon believed that practical demonstration of biomedical power over disease to sceptical Africans would convince them to jettison their "heathen" healing culture. In this way, they would make "a clean cut with everything connected with superstition," thereby advancing "all round, not only mentally but also spiritually".¹⁷ Dr Walter Fisher was convinced that this conceptual change would be occasioned as Africans treated successfully with missionary medicine could come to appreciate its efficacy and rationality, as well as its superiority over local therapeutic systems.¹⁸

Clearly, medical evangelism was loaded with undeniable hegemonic intentions. African patients seeking treatment in mission-controlled clinics and hospitals were to follow a linear progression from accepting Christian medicine to abandoning their therapeutic systems and underlying beliefs. Persuaded by missionaries to see the mission medicine as superior to their own medicine, patients cured at mission hospitals would not only convert to the religious ideology associated with Christian medicine but also commend their new faith to their brethren upon returning to their villages. In missionary phraseology,

reputation as a healer among the Bemba after he successfully treated chief Mwamba, the second most important ruler in the Bemba political hierarchy.

15 Garvey, "Bemba Chiefs".

16 For a detailed study of Fisher's medical mission, see Kalusa, "Disease and Remaking Missionary Medicine". See also, Fisher and Hoyte, *Ndotolo: The Life Stories of Walter and Anna Fisher*.

17 NAZ/HM/F1/2/2/1, Extracts from Ann and Walter Fisher's diaries No. 17 (undated, but written between 1887 and 1935). See also Kalusa, "Disease and Remaking Missionary Medicine," p. 95 and Fisher and Hoyte, *Ndotolo*, p. 75 and pp. 176–182.

18 NAZ/HM/F1/2/2/1, Walter Fisher to Singleton Darling, 22 September 1922.

patients-cum-converts would thus become "lights in dark places," assisting European missionaries in spreading the Christianity beyond mission hospital enclaves.¹⁹ Needless to say, this discourse left no room for cultural exchange between missionaries and their local interlocutors. Convinced that they were purveyors of the most effective system of healing and of the only true religion, missionary medical enthusiasts dismissed out of hand African healing beliefs and ordeals. And throughout the colonial era, they relentlessly sought to supplant them with their own version of medicine.²⁰

Catholic Medicine in Eastern Zambia Prior to Independence

Most of the Catholic and Protestant missionaries who pioneered modern medicine and Christianity in colonial Zambia as a whole at the end of the 19th century shared this hegemonic missionary discourse. But it was not until the first decades of the 20th century that medical enthusiasts entered the eastern part of the colony.²¹ From the outset, these clerics, the majority of whom were evangelists in the French Society of Missionaries to Africa (White Fathers), offered some rudimentary medical care to the sick and to the African converts they encountered during their frequent village itineraries. However, the birth of formal missionary medical work in colonial eastern Zambia was slow and tortuous. Indeed, medical evangelism in the region did not take a firmer form until after well after the Second World War, when more Protestant societies and Catholic nursing orders began to evangelise in the area.²²

The painful birth pangs of Catholic medical work in Zambia's Eastern Province issued from several factors, administrative and fiscal. Until 1937 when Rome created the Fort Jameson (now Chipata) prefecture in the province, Catholic mission posts there fell under the vicariate of Nyasaland (Malawi), whose successive bishops and priests evidently exhibited little or no interest in medical work in the nearby eastern Zambia. This was partly due to their heavy evangelical commitments in colonial Malawi, where their work was reportedly hampered by lack of personnel and funds.²³ The establishment of the Fort James prefecture did little to ameliorate the situation. For one thing, its first

19 NAZ/HM8/F1/2/1/2, Extract from Walter and Anna Fisher's diaries (undated).

20 This analysis is informed by Kalusa, "Disease and Remaking Missionary Medicine".

21 For a detailed study of the history of the Catholic Church in Zambia, see Hugo Hinfelaar, *History of the Catholic Church in Zambia* (Lusaka: Bookworld Publishers, 2004).

22 Hinfelaar, *History of Catholic Church*.

23 Hinfelaar, *History of the Catholic Church*, p. 125.

Bishop, Mgr. Ferdinand Martin, seems to have been under intense pressure from the Curia Office of the Propagation of Faith in the Vatican to place a premium on education, rather than medicine, as a tool of evangelisation. Catholic authorities in Rome apparently perceived the former as a more effective means of drawing Africans to Christianity. Unsurprisingly, the new and vast prefecture, which included present-day districts of Petauke, Chama, Lundazi and Chipata, and later Nyimba and Chadiza districts and other parts of north-eastern Zambia, was chronically short of funds for medical evangelisation. Until well after the Second World War, the prefecture's bishop and his priests therefore could ill-afford to expand existing clinics/dispensaries, let alone establish new ones or staff them with sufficient qualified doctors and nurses.²⁴

By the time Mgr. Ferdinand Martin was replaced by Mgr. Bishop Firmin Courtemanche in 1946, there were no more than four struggling Catholic health centres in the whole prefecture. These facilities were staffed by only about six nursing sisters, whose onerous responsibilities included teaching African pupils in mission schools, itinerating, and evangelising in villages.²⁵ The arrival of Bishop Courtemanche in 1946, however, marked the inception of more serious medical efforts by Catholic medics in eastern Zambia. A medical enthusiast himself, the new bishop regarded scientific medicine as a useful weapon that European evangelists could wield to lure Africans away from their unchristian beliefs around disease and religion. Like Bishop Dupont and Dr Walter Fisher before him, Mgr. Courtemanche held that Africans could easily abandon their "heathen" medical culture when medical missionaries demonstrated that they were more effective healers than local medical practitioners. By weakening indigenous medical culture with its underpinning belief systems, the bishop hoped to remove what he perceived as the most difficult barrier Catholic priests had to overcome to plant the seeds of Christianity in the province. He held that through medical practice, missionaries would also play a cardinal role in disseminating in the area the benefits of European rule, civilization, and modernity. To the French clergyman, therefore, mission-based medicine was a double-edged sword: it could be deployed to undermine African culture and to demonstrate to colonial subjects the value of what he called "benevolent colonialism".²⁶ Courtemanche hoped that once

²⁴ Interview with Father Andrew Peterson, Cambridge, 2 March 2008.

²⁵ See Archives of the Missionaries of Africa (hereinafter AMA, un-catalogued), K. Hannecart, "From Fort-Jameson to Chipata: Some Historical Notes," unpublished manuscript, Antwerp, 1962.

²⁶ See Walima T. Kalusa, *Kalonga Gawa Undi Undi x: a Biography of an African Chief and Nationalist* (Lusaka: Lembani Trust, 2010).

Africans appreciated the supposed benefits of colonialism, they could more readily acquiescence to foreign rule.²⁷

From the Catholic bishop's standpoint, then, evangelical medicine constituted an integral element of the hegemonic project and vision that underscored the imperial crusade in eastern Zambia in particular and Africa in general from the nineteenth century onward. In attacking local systems of healing, which he saw as rival sites of authority and power, the clergyman more than wanted to undermine existing cultural beliefs and forms. He was thus an agent of empire to whom the practice of Christian medicine in extra-European spaces justified imperial rule and control over the colonised. The provision of missionary medicine to Africans was, to the French cleric, a practical manifestation of benevolent colonialism. Through such practice, imperial intentions and aspirations could be fulfilled, African customs undermined, and, as we shall see, indigenous political ambitions thwarted.

Courtemanche began to invigorate medical evangelism in the Fort Jameson prefecture as soon as he took over from his predecessor. Taking advantage of his considerable connections with various Catholic mission boards in Europe and the Vatican, the bishop secured funds, expanded struggling mission stations, and established a chain of new ones across the prefecture: Lumimba in 1950, Chikungu in 1951, Vubwi and Nyimba in 1952, Kanyanga in 1954 and Katete in 1960.²⁸ The indefatigable cleric opened clinics and dispensaries at nearly all these and other mission stations. By the early 1960s, there were no less than twenty Catholic healthcare centres in what had now become the diocese of Fort Jameson, a major accomplishment given that there were only four such centres in 1946.²⁹ To beef up the efforts of White Sisters, who had been providing health care before his arrival, the bishop saturated these health centres with Catholic nursing sisters from various orders that he invited into the diocese. Most prominent among them were the Canadian Sisters of the Immaculate Conception, who settled at Chipata in 1954, Kanyanga in 1957, and Chikungu in 1962.³⁰ By 1971, when Bishop Courtemanche was replaced by a Zambian bishop, the dispensaries at Minga in Petauke and Kanyanga in Lundazi had, thanks to his efforts, also turned into full-blown hospitals eligible for grants-in-aid from the Zambian state.

27 AMA, Hannecart, "From Fort-James to Chipata".

28 Hinfelaar, *History of the Catholic Church*, p. 173.

29 See AMA, Hannecart, "From Fort-Jameson to Chipata".

30 See Hinfelaar, *History of the Catholic Church*, p. 172.

Many Catholic missionaries in eastern Zambia after the Second World War shared their superior's perception that reclaiming the fallen souls of Africans for Christ through bio-medical practice was their primary priority. Consequently, their medicine across the province was essentially more curative than preventive. Since these medics located disease in the human body, they deployed medicine to cure and convert to Christianity each individual patient, rather than the society as whole, a point that Megan Vaughan makes poignantly in her sophisticated exploration of colonial medicine in central and southern Africa.³¹ Patients cured of their ills would, as earlier noted, abandon pre-existing therapies in favour of mission-based medicine and its religious ideology. Within this medico-religious discourse, there was little or no scope for public health.

In eastern Zambia, the association between missionary medicine and Christian conversion received a shot in the arm post-1945 from the iconography, symbolism, and rituals Catholic evangelists introduced at mission medical facilities. For example, the Sisters of Our Lady of Africa in Lundazi district who staffed the clinic at Lumezi routinely placed in its wards Bibles, crucifixes, and paintings depicting Jesus Christ healing the afflicted. The sister-in-charge at Lumimba clinic followed suit, as did her counterparts at most other mission-run health facilities in the prefecture. Moreover, at all these mission facilities, patients were endlessly subjected to Christian preaching during daily morning and evening prayers and at Mass every Sunday.³² It is no surprise, then, that some African patients allegedly came to associate Catholic iconography and prayers with healing, insisting that it was missionaries' healing prayers that cured their illnesses, rather than the medicine they received at mission stations.³³

In stressing the evangelising potential of Western medicine, Catholic nuns and doctors in eastern Zambia endorsed Courtemanche's dream to emasculate pre-existing culture, and unwittingly accepted the legitimacy of "benevolent colonialism". Indeed, as African nationalism gathered momentum in the colony against the settler-dominated Federation of Rhodesia and Nyasaland in the 1950s,³⁴ they welcomed his statutes distancing Christianity from nationalist

31 Vaughan, *Curing their Ills*.

32 Interviews with Jackson Mwale, former medical orderly, Chipata, 29 March 2008; Birthwell Zulu, former medical assistant, Chipata, 30 March 2008; Isaac Banda, ex-Medical assistant, Nyimba, 28 March 2008; Mary Phiri, retired nurse, Katete, 1 April 2008. See also, Vaughan, *Curing their Ills*.

33 Isaac Banda, interview cited.

34 For details on the Federation of Rhodesia and Nyasaland, see Goodwin Mwangilwa,

politics, which the bishop denounced as heavily tainted with communist leanings and, therefore, ungodly.³⁵ With their superior, Catholic missionaries in the province repeatedly implored their African converts not to support the African National Congress and the United National Independence Party, both of which spearheaded the crusade against colonial rule after the Second World War.³⁶ In the 1950s and 1960s, missionary anti-nationalist posture indeed provoked the wrath of some leading African nationalists, including Kenneth Kaunda, Zambia's future President, who denounced the missionaries' support for colonial rule and their anti-nationalist rhetoric as inimical to the tenets of the Christian faith.³⁷

The close identification of Catholic missionaries with colonialism and their refusal to endorse the struggle for freedom turned their medicine into a ripe arena for counter-hegemonic African nationalist propaganda in the 1950s and early 1960s.³⁸ Eager to dismantle foreign rule, nationalists were not slow to rebuke missionaries' endorsement of colonialism. Although most of such leaders were themselves mission graduates who had embraced Christianity, their rhetoric roundly condemned settler power as imperialistic and a gross violation of the Christian principles of racial equality and of the dignity of man.³⁹

Harry Mwaanga Nkumbula: A Biography of the 'Old Lion' of Zambia (Lusaka: Multimedia Publications, 1982) and David C. Mulford, *Zambia: The Politics of Independence, 1957–1964* (London: Oxford University Press, 1967).

- 35 Catholic Bishops, "Pastoral Letter Addressed to Catholic Missionaries and Members of the African Clergy in Northern Rhodesia, 1953," in J. Komakoma (ed.), *The Social Teaching of the Catholic Bishops and other Christian Leaders in Zambia: Major Pastoral Letters and Statements, 1953–2001* (Ndola: Mission Press, 2003), pp. 32–62; AMA, Hannecart, "From Fort-Jameson to Chipata," pp. 122–123.
- 36 Studies on the nationalist struggle in colonial Zambia are legion. See, for example, Mulford, *Zambia*; Thomas Rasmussen, "The popular basis of anti-colonial protest," in William Tordoff (ed.), *Politics in Zambia* (Manchester: Manchester University Press, 1975). For more recent works on this issue, see include Giacomo Macola, *Liberal Nationalism in Central Africa: A Biography of Harry Mwaanga Nkumbula* (New York: Palgrave Macmillan, 2010); Bizeck Jube Phiri, *A Political History of Zambia: From the Colonial Period to the 3rd Republic* (Trenton, NJ and Asmara: African World Press, 2004); Kalusa, *Kalonga Gawa Undi x*.
- 37 See Kenneth Kaunda, *Zambia Shall Be Free* (London: Longman, 1962), pp. 148–150
- 38 Kaunda, *Zambia Shall Be Free*; also Arnold, "Public Health".
- 39 Kaunda, *Zambia Shall Be Free*.

politics, which the bishop denounced as heavily tainted with communist leanings and, therefore, ungodly.³⁵ With their superior, Catholic missionaries in the province repeatedly implored their African converts not to support the African National Congress and the United National Independence Party, both of which spearheaded the crusade against colonial rule after the Second World War.³⁶ In the 1950s and 1960s, missionary anti-nationalist posture indeed provoked the wrath of some leading African nationalists, including Kenneth Kaunda, Zambia's future President, who denounced the missionaries' support for colonial rule and their anti-nationalist rhetoric as inimical to the tenets of the Christian faith.³⁷

The close identification of Catholic missionaries with colonialism and their refusal to endorse the struggle for freedom turned their medicine into a ripe arena for counter-hegemonic African nationalist propaganda in the 1950s and early 1960s.³⁸ Eager to dismantle foreign rule, nationalists were not slow to rebuke missionaries' endorsement of colonialism. Although most of such leaders were themselves mission graduates who had embraced Christianity, their rhetoric roundly condemned settler power as imperialistic and a gross violation of the Christian principles of racial equality and of the dignity of man.³⁹

Harry Mwaanga Nkumbula: A Biography of the 'Old Lion' of Zambia (Lusaka: Multimedia Publications, 1982) and David C. Mulford, *Zambia: The Politics of Independence, 1957–1964* (London: Oxford University Press, 1967).

- 35 Catholic Bishops, "Pastoral Letter Addressed to Catholic Missionaries and Members of the African Clergy in Northern Rhodesia, 1953," in J. Komakoma (ed.), *The Social Teaching of the Catholic Bishops and other Christian Leaders in Zambia: Major Pastoral Letters and Statements, 1953–2001* (Ndola: Mission Press, 2003), pp. 32–62; AMA, Hannecart, "From Fort-Jameson to Chipata," pp. 122–123.
- 36 Studies on the nationalist struggle in colonial Zambia are legion. See, for example, Mulford, *Zambia*; Thomas Rasmussen, "The popular basis of anti-colonial protest," in William Tordoff (ed.), *Politics in Zambia* (Manchester: Manchester University Press, 1975). For more recent works on this issue, see include Giacomo Macola, *Liberal Nationalism in Central Africa: A Biography of Harry Mwaanga Nkumbula* (New York: Palgrave Macmillan, 2010); Bizeck Jube Phiri, *A Political History of Zambia: From the Colonial Period to the 3rd Republic* (Trenton, NJ and Asmara: African World Press, 2004); Kalusa, *Kalonga Gawa Undi x*.
- 37 See Kenneth Kaunda, *Zambia Shall Be Free* (London: Longman, 1962), pp. 148–150
- 38 Kaunda, *Zambia Shall Be Free*; also Arnold, "Public Health".
- 39 Kaunda, *Zambia Shall Be Free*.

Missionary Medicine as an Agency of Public Health in Independent Zambia

Given the mutual distrust between missionaries and nationalists during the struggle for independence, relations between them were far from cordial when Zambia attained independence in 1964. This was aggravated by the fact that the newly independent state in the country perceived medical missions as a rival system of authority and power. It thus quickly introduced health reforms under which it integrated missionary medicine into the emerging national health system, abolishing all charges that medical missions had hitherto levied on communities for the use of their health services.⁴⁰ Eager to expand public health across the country, the post-colonial state also committed itself to deploying and paying qualified medical staff in mission-owned health institutions. For the same reason, it devoted itself to providing seventy-five per cent of the funding to establish and maintain missionary hospitals and clinics. In return, missionary healers themselves were required to source the remaining twenty-five per cent through voluntary donations from overseas or church-related fund-raising ventures.⁴¹

But state funding to medical missions came with stringent conditions. Hardly four years after independence in 1964, Kenneth Kaunda, Zambia's first President, remarked that his government would continue to subsidise missionary medicine only if missionaries strictly operated within guidelines and adhered to high health standards reportedly set by his government.⁴² At the same, the post-colonial regime made it abundantly clear that hospitals staffed by Christian clergymen unwilling to respect African culture would be ineligible for state subsidies. For instance, in 1968, D.C. Mwiinga, Kaunda's Minister of Health, withdrew grants-in-aid from the Catholic-owned Monze Teaching Hospital in Southern Province over allegations that some European nuns at the hospital disrespected African culture and insulted local trainee nurses.⁴³ The centrality of indigenous culture to the newly independent state was succinctly expressed by the president himself two years later:

40 Catholic Secretariat Archives (hereinafter CSA)/HEA 2/1, Christian Health Association of Zambia (hereafter CHAZ) v, Health Desk, 2000; *Northern News*, 19 December 1964; *Northern News*, 11 January 1965.

41 CSA Medical files, CHAZ Constitution (undated).

42 *Zambia Mail*, 20 February 1968.

43 *Times of Zambia*, 8 January 1968.

My Government attaches great importance to the revival and development of our cultural heritage which was sadly neglected during the colonial era ... Zambia's identity as a member of the family of Nations is assured provided vigorous action is taken now to entrench cultural development. By giving the Vice-President responsibility for cultural services, I have demonstrated my Government's determination not only to revive and develop our culture but also to act as custodian of tradition ... [W]e should realise that if we lose the grip now on our cultural values, we shall be like floating weeds without roots.⁴⁴

The Zambian state's unflinching stand to preserve indigenous culture, its commitment to funding to mission institutions to foster public health, and its desire to maintain high standards in healthcare in both public and mission institutions marked the space in which missionary medics had to dispense their medicine after independence. Within this context, Christian doctors could hardly justify their medical work as a mere handmaiden to evangelisation. Nor could they continue to subvert African culture, as they did in the pre-independent era.

The new context in which medical missionaries operated after independence called for a critical re-appraisal of their medical discourse and of what role they would play in independent Zambia. Within the Catholic fraternity, the need to re-evaluate the role of medical missions in light of the new political dispensation across Africa was reinforced by the declaration of the Vatican II in Rome in 1962 that called for the adaptation of Christianity to African culture.⁴⁵ In Zambia, the task to re-examine the work of Catholic medical missions fell on the shoulders of the newly-constituted Catholic Medical Missions Board. Established by local Catholic bishops barely a year after Zambia's independence, the board was charged with three main responsibilities. Firstly, it was required to reformulate the Catholic Church's priorities so that social and preventive medicine would henceforth take preference over medical evangelisation.⁴⁶ Secondly, the board was asked to coordinate and improve Catholic medical services. Thirdly, and most crucially for this paper, it called for greater understanding between Catholic medical missions and the post-colonial state. To this end, the board recommended greater cooperation between medical

44 Republic of Zambia, *His Excellency the President's Address to Parliament on the Opening of the Second Session of the Second National Assembly*, 7 July 1970 (Lusaka: Government Printer, 1970).

45 See AMA, Hannecart, "From Fort Jameson to Chipata".

46 See CSA/HEA 2/1, CMAZ, "Church Health Policy," 2001.

missions and the post-colonial state and implored medical missionaries to operate within the state's health policy. Under this policy, Christian medicine was henceforth incorporated into the emerging wider national health structure that conferred attention upon improving the quality and quantity of public health services.⁴⁷

This re-appraisal of the Catholic missionary discourse met mixed feelings from within and outside the Catholic fraternity. Evidence suggests that some Catholic clerics were reluctant to abandon the hegemonic discourse that had earlier underpinned Christian medical practice since its inception in the colony.⁴⁸ But the re-appraisal also earned its own enthusiastic supporters. Thus, for example, in 1969 Father James Cairns, a leading Catholic priest in the Eastern Province, argued that with the incorporation of medical missions into the public health system controlled by the post-colonial regime, there would be "no essential difference between Church and Government [health] institutions." This development, the clergyman added, was desirable as it would encourage the expansion of medical services across the country as whole.⁴⁹

Father Cairns' approval was endorsed a year later by the Churches Medical Association of Zambia (CMAZ). An organisation formed by Catholic and Protestant missions in 1970 to provide technical and logistical services to Church-owned medical missions and to foster greater cooperation between them, CMAZ became the missions' mouthpiece to the Zambian Ministry of Health, and, from the onset, an ardent advocate of public health.⁵⁰ Its drive to bolster public health in the country as a whole further enjoyed the blessings of the continent-wide Christian Medical Commission (CMC) in the mid-1970s. At its 1975 inaugural conference in Kenya, the CMC implored missionaries in Africa to restructure their medical organs so that they could become the vanguard of public health. The CMC stressed that medical missions in Africa were suitably qualified to act as agencies of public health provided they Africanised the medical sector.⁵¹ Its call was in keeping with the world-wide trend of that decade.

In accepting to operate within a national health system controlled by the post-colonial state in Zambia, Catholic medics and paramedics practically transformed their medical missions into instruments of the regime. This observation finds irrefutable evidence in the declaration made by the Catholic

47 See CSA/HEA 2/1, CMAZ, "Church Health Policy," 2001.

48 See Hinfelaar, *History of the Catholic Church*, pp. 317–318.

49 *Times of Zambia*, 26 July 1969.

50 CSA/HEA 2/1, CHAZ, "Church Health Policy," 2001.

51 CSA/HEA 2/1, Christian Medical Commission, Position Paper: Declaration of the Coordinators' Conference, Mombasa, Kenya, 18–21 February 1975.

bishops in the country in 1975, namely that the “main aim of [the church medical work] would henceforth be public Health Care,” and not evangelising.⁵² This astonishing pronouncement was echoed in the same year by the Chairman of CMAZ at the annual meeting of the mission-controlled organ. “We are delighted,” the chairman told Zambia’s health minister who attended the meeting, “to see that the Government is emphasising basic health care and preventive medicine ... We hope to help [it] in its plans for the health care for the people ... We want to be at your disposal to aid the [ruling] Party and Government plans for Rural Reconstruction as it affects health.”⁵³ Evidently, therefore, Catholic clergymen had by the mid-1970s supplanted their earlier hegemonic medical discourse with a more collaborationist discourse that practically transformed their medicine into an instrument of the post-colonial state in Zambia. Through Catholic medical missions, the state could execute its health reforms calculated to enhance public health care.

In eastern Zambia, missionary devotion to public health in the aftermath of the country’s independence became visible in the unprecedented expansion in child and maternal welfare services at Catholic medical facilities between the 1960s and the early 1980s. This was particularly so at Minga Mission Hospital in Petauke District. As fiscal support from the state rose in the late 1960s and early 1970s,⁵⁴ the hospital not only increased its maternity wards but also opened a medical training school to churn out Zambian enrolled midwives and nurses.⁵⁵ In 1971, the hospital’s resident doctor further buttressed these efforts by initiating a mobile under-five-clinic. Under this scheme, the doctor and Minga-trained medical auxiliaries regularly visited outlying villages in the district to spell out the advantages of giving birth at modern hospitals and to foster child health. Consequently, the number of babies delivered at the

52 CSA/HEA 2/1, Report on the Declaration of the Episcopal Conference on the future of Health Care by the Catholic Church 14 August 1975. Six of the eight bishops who made this declaration were Zambians.

53 CSA/HEA 2/1, Speech made by the Chairman [of CMAZ] in reply to the address of Minister of Health to the Sixth Annual Meeting of the CMAZ, 14 August 1975.

54 For increases in government funding to mission hospitals, see *Northern News*, 19 December 1964; Republic of Zambia, *Budget Address by His Honour S.M. Kapwepwe* (Lusaka: Government Printer, 1969). By the late 1960s, Zambia was spending more per head on health than any other country in the developing world. See Hinfelaar, *History of the Catholic Church*, p. 213.

55 Similar expansion in maternity and child healthcare occurred at many other Catholic owned hospitals in other parts of the country. See for example, MAA L/76, Chilonga Mission Diary Vol. iii, 1962–1974.

mission hospital alone continued to grow, jumping from 202 in 1971 to 378 in 1975, 436 in 1979, and 503 in 1982.⁵⁶

Extending public healthcare to a wider community required training an equally expanding cadre of local medical personnel. To this end, Catholic missions in the Chipata diocese endorsed the government's policy predicated on the assumption that the provision of efficient public health services would only succeed if the expansion of health facilities went hand-in-hand with training more indigenous medical assistants, health inspectors, nurses and doctors.⁵⁷ With monetary support for medical training schemes flowing from the state, both Minga and Kanyanga hospitals thus broadened their medical training schemes, originally designed to produce only medical evangelists. Under the new and more aggressive training programmes at both hospitals, missionaries placed emphasis on producing midwives and enrolled nurses well steeped in the germ theory. Most of the trainees at the two hospitals were in fact sponsored by the state. They were therefore not necessarily required to be Christians in order to undertake their training, nor were they to work as medical evangelists after graduation.⁵⁸ It was such men and women who eventually filled mission- and state-run dispensaries, clinics and hospitals in the province and beyond.

Mission medical training schemes in the Chipata diocese became an integral element in the post-colonial state's efforts to expand the number local medical personnel, demand for whom shot up due to the rapidly growing population in the country after independence.⁵⁹ Combined, mission and state training programmes across the country increased the number of qualified nurses alone from a meagre twenty-three in 1963 to more than 100 registered nurses barely six years after the attainment of independence.⁶⁰ These nurses, like other qualified staff, were employed either in state- or mission-controlled health institutions, the majority of them drawing salaries from the Zambian state.⁶¹

The employment of an increasing number of Zambian health workers in mission and state institutions in the country had significant implications. This

56 AMA, Hannecart, "From Fort-Jameson to Chipata," p. 69. Figures of expectant mothers who continued to give birth at home are not available.

57 See Republic of Zambia, *First National Development Plan 1966–1970* (Lusaka: Office of National Planning, 1966), p. 63.

58 Birthwell Zulu, interview cited.

59 Zambia Information Services (ZIS), *Zambia: Six Years After* (Ndola: Falcon Press, 1970), pp. 10–11.

60 ZIS, *Zambia*.

61 ZIS, *Zambia*.

enabled the post-colonial regime to implement in the health sector the "Zambianisation" policy through which post-colonial rulers sought to replace European medical expatriates with indigenes and on whom they placed a high premium.⁶² Thus, although by 1966 most of the medical tutors in hospital training schools, for instance, were still mostly of European extraction, fifty-seven per cent of senior positions in the health services in the country as a whole were in Zambian hands.⁶³ Indeed, as local medical personnel took up positions in missionary health centres, Catholic medics in the Chipata diocese and elsewhere increasingly assumed supervisory roles.⁶⁴ They thus became less visible to African patients than indigenous nurses and doctors.

With the replacement of foreign medics by Zambian employees in most health institutions, Christian medicine inevitably came to be expressed more and more in ways that were locally familiar and culturally meaningful.⁶⁵ Proficient in their patients' own languages and better attuned to patients' cultural sensibilities, local medical workers, as argued at length elsewhere, appropriated terms and concepts from local ritual and secular vocabulary associated with African medicine to express biomedical terms and scientific technologies.⁶⁶ They thus filtered missionary medicine through pre-existing cultural logic through which Africans comprehended their own medicine. In this manner, local dispensers of mission therapeutics familiarised evangelical medicine, and it thus came to be comprehended as if it was a variation of pre-existing medicine. This subverted the hegemonic ambitions of missionary medicine, eroding its capacity as an instrument of cultural suppression.⁶⁷

The rising employment of indigenous Zambians in Catholic health institutions who were not Christians and the ever mounting involvement of Catholic missionaries in public healthcare led to the secularisation of their medicine. By the early 1980s, it was not uncommon for in-patients to spend weeks or even months convalescing at Catholic health facilities in the Chipata diocese without being subjected to Christian instruction, or required to attend Mass on Sunday.⁶⁸ Within that context, missionary medicine increasingly became an impotent tool of Christian evangelisation. By the end of the period covered

62 See *Central African Mail* 8 January 1965, p. 1 and *Central African Mail* 23 April 1965.

63 See Republic of Zambia, *First National Development Plan*.

64 This point is inspired by Hinfelaar, *History of the Catholic Church*.

65 This paragraph draws on Kalusa, "Reinterpretation of Missionary Medicine".

66 Kalusa, "Reinterpretation of Missionary Medicine".

67 Kalusa, "Reinterpretation of Missionary Medicine".

68 Birthwell Zulu, Interview cited.

in this paper, saving bodies had indeed taken preference over saving souls, and European missionaries in Zambia had turned into agents of public health.⁶⁹

Conclusion

Academic scholarship modelled on neo-Foucauldian paradigms depicts missionary medicine as an instrument that European missionaries deployed to bolster imperial hegemony and to undercut “traditional” medical knowledge and practices in extra-Western settings in the nineteenth and twentieth centuries. Admittedly, there is much to commend this interpretation. For medical missionaries often cast themselves and acted as agents of empire throughout the colonial period. Yet it cannot be denied that this interpretation falls short of illuminating how their medicine survived the disintegration of colonial power and the rise of independent states governed by cultural nationalists devoted to preserving indigenous culture. This paper serves as a corrective to this limitation in neo-Foucauldian studies. With specific reference to Catholic missionary medicine in post-colonial eastern Zambia, the paper argues that with the dissolution of the Western empire, mission medical practitioners were impelled to reconfigure their medical discourse and praxis in order to make them acceptable to independent states. This transformed their missions into agencies via which the post-colonial regime in Zambia championed public health and trained local medical personnel to staff both mission and public health institutions. As agents of the Zambian state, medical missions not only shed their earlier hegemonic trappings but also lost their religious flavour.

69 See also John R. Stanley, “Professionalising the Rural Medical Mission in Weixian, China, 1890–1925,” in Hardiman (ed.), *Healing Bodies*, pp. 125–136.