

## Conclusion

~~The policies of Sleeping Sickness policies in~~ the late nineteenth and early ~~20th twentieth~~ centuries in British Uganda and Belgian Congo ~~regarding Sleeping Sickness~~ act as a case study ~~for as to~~ how Colonial Medicine ~~has tried been used as a to~~ justification for horrible and largely ineffective interventions. ~~Stupid, stupid people! Colonial officials,~~ ~~Through their~~ extreme emphasis on population control and chemotherapies as preventative measures, Colonial officials blinded themselves to the more pressing socioeconomic and cultural factors surrounding disease prevalence~~!!~~. The idea that disease is a social and environmental malady (as ~~it was more or less~~ understood during the miasma theory days) is one that is slowly, ~~and rightfully,~~ re-emerging ~~in today's era~~. However, ~~not only is it is~~ not a new idea, ~~it's not even~~ a solely Western one. Many African societies understood that there was a causal link between disturbed social relations and disease or misfortune, and ~~in that way so~~ it should come as no surprise that, in the context of Colonial Medicine's massive social disruptions, Africans rightly concluded that ~~it was~~ the Europeans ~~who~~ were to blame for the spread and intensity of Sleeping Sickness outbreaks (Lyons, 1992, 167). Their fears and suspicions were warranted, and to this day massive swathes of fertile land in Uganda remain uninhabited due to the negligence of colonial officials in maintaining tsetse eradication protocols. The parasite continues to circulate even today (Soffe, 1968, 256).

The response to ~~the disease~~ Bilharzia is further proof of European apathy towards diseases that did not directly threaten their imperial domination. ~~Unlike with Sleeping Sickness,~~ ~~there is was~~ no reason to resettle or isolate infected individuals ~~as was the policy for those suffering from Sleeping Sickness—since~~ —the parasite ~~is~~

Commented [HP1]: This was 50 years ago; still relevant?

~~was~~ simply too common and too tied with agriculture ~~for there to be for~~ any tangible benefits ~~to be~~ gained by utilizing ~~Sleeping Sickness~~~~those~~ policies. Instead, colonial researchers of the disease admitted early on that the “essentials for the prevention of [Bilharzia] are a higher standard of health, a better physique, and a greater power of resistance as well as a focus on the medical aspect of social policies.” (Farley, 1991, 176). Therefore, the general well-being of the African population needed improvement ~~for to diminish cases of~~ Bilharzia ~~to diminish~~, but since the disease did not immediately threaten European lives or livelihood—nor did it drastically reduce their labor force—there was little to no effort put into controlling it.

Commented [HP2]: Reference?

~~Colonial Medicine, as~~ ~~Although claiming to be~~ a European tool for improving and strengthening the overall health and lives of hundreds of millions of African peoples, ~~Colonial Medicine~~ was a sham. ~~It's~~ success was defined ~~not by African but~~ by European ~~health~~~~standards~~, and by its effectiveness in stabilizing labor forces in colonial states, ~~not by African health~~. In the process of establishing European ~~heterogeneity~~ in colonies throughout the globe, disease appeared and spread rapidly. ~~Colonial action~~ ~~fostered an environment in which~~ ~~l~~ local ways of life were dismantled and replaced with an oppressive ~~and extractive~~ existence ~~fostered by colonial action~~. ~~Deterioration of~~ ~~H~~health ~~deterioration~~ was just one of its many ramifications.

Commented [HP3]: How about *diversity* or *variety*?

## Bibliography

1. Farley, John. *Bilharzia: A History of Imperial Tropical Medicine*. (Cambridge: University Press, 1991).
2. Fevre, E.M. et al. "Reanalyzing the 1900-1920 Sleeping Sickness Epidemic in Uganda." *Emerging Infectious Diseases* Volume-10, Numberno. 4 (April 2004).
3. Ford, J. *The ~~role~~ Role of the Trypanosomiasis in African ~~E~~ecology: ~~a~~ study ~~Study~~ of the Tsetse Fly Problem*. (Oxford: Clarendon Press, 1971).
4. Headrick, Daniel. "Sleeping Sickness Epidemics and Colonial Responses in East and Central Africa, 1900–1940." *Neglected Tropical Diseases* Volume-8, (2014).
5. Lyons, ~~Martinez~~. *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900–1940*. (Cambridge: University Press, 1992).
6. Rossiter, P.B., ~~G.R.~~ Thomson-~~GR~~, and ~~R.C.~~ Tustin-~~RC~~, editors. *Infectious Diseases ~~Of~~ Livestock: With Special Reference ~~To~~ Southern Africa*. (Cape Town: Oxford University Press, 1994).
7. Segerstrom, Suzanne, and Gregory Miller. "Psychological Stress and the Humane Immune System: A Meta-Analytic Study of 30 Years of Inquiry." *American Psychological Association* Volume-130 (July-2004).
8. Soffe, Harvey G. "Sleeping Sickness in the Lake Victoria Region of British East Africa, 1900–1915." ~~Issue 46 of Occasional paper~~, Maxwell Graduate School of Citizenship and Public Affairs Program of Eastern African Studies 46, (July 1968).
9. Steverding, Dietmar. "The History of African Trypanosomiasis." *Parasites & Vectors* 1: ~~no.~~ 3 (2008).

Commented [HP4]: No page numbers for any reference?

Commented [HP5]: First name or second author?

Commented [HP6]: Correct?

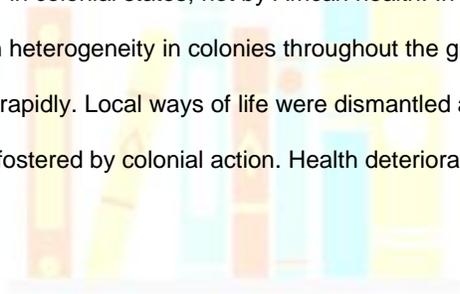
## Conclusion

Sleeping Sickness policies in the late nineteenth and early twentieth centuries in British Uganda and Belgian Congo act as a case study as to how Colonial Medicine tried to justify horrible and largely ineffective interventions. Through extreme emphasis on population control and chemotherapies as preventative measures, Colonial officials blinded themselves to the more pressing socioeconomic and cultural factors surrounding disease prevalence. The idea that disease is a social and environmental malady (as understood during the miasma theory days) is one that is slowly re-emerging today. However, it is not a new idea nor a solely Western one. Many African societies understood that there was a causal link between disturbed social relations and disease or misfortune, and so it should come as no surprise that, in the context of Colonial Medicine's massive social disruptions, Africans rightly concluded that the Europeans were to blame for the spread and intensity of Sleeping Sickness outbreaks (Lyons 1992, 167). Their fears and suspicions were warranted, and to this day massive swathes of fertile land in Uganda remain uninhabited due to the negligence of colonial officials in maintaining tsetse eradication protocols. The parasite continues to circulate even today (Soffe 1968, 256).

The response to Bilharzia is further proof of European apathy toward diseases that did not directly threaten their imperial domination. There was no reason to resettle or isolate infected individuals—as was the policy for those suffering from Sleeping Sickness—since the parasite was simply too common and too tied with agriculture for any tangible benefits to be gained by utilizing those policies. Instead, colonial researchers of the disease admitted early on that the “essentials for the prevention of

[Bilharzia] are a higher standard of health, a better physique, and a greater power of resistance as well as a focus on the medical aspect of social policies.” (Farley 1991, 176). Therefore, the general well-being of the African population needed improvement to diminish cases of Bilharzia, but since the disease did not immediately threaten European lives or livelihood—nor did it drastically reduce their labor force—there was little to no effort put into controlling it.

Although claiming to be a European tool for improving and strengthening the overall health and lives of hundreds of millions of African peoples, Colonial Medicine was a sham. Its success was defined by European standards and by its effectiveness in stabilizing labor forces in colonial states, not by African health. In the process of establishing European heterogeneity in colonies throughout the globe, disease appeared and spread rapidly. Local ways of life were dismantled and replaced with an oppressive existence fostered by colonial action. Health deterioration was just one of its many ramifications.



## Bibliography

1. Farley, John. *Bilharzia: A History of Imperial Tropical Medicine*. (Cambridge: University Press, 1991).
2. Fevre, E.M. et al. "Reanalyzing the 1900-1920 Sleeping Sickness Epidemic in Uganda." *Emerging Infectious Diseases* 10, no. 4 (2004).
3. Ford, J. *The Role of the Trypanosomiases in African Ecology: A Study of the Tsetse Fly Problem*. (Oxford: Clarendon Press, 1971).
4. Headrick, Daniel. "Sleeping Sickness Epidemics and Colonial Responses in East and Central Africa, 1900–1940." *Neglected Tropical Diseases* 8, (2014).
5. Lyons, Martinez. *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900–1940*. (Cambridge: University Press, 1992).
6. Rossiter, P.B., G.R. Thomson, and R.C. Tustin, eds. *Infectious Diseases of Livestock: With Special Reference to Southern Africa*. (Cape Town: Oxford University Press, 1994).
7. Segerstrom, Suzanne, and Gregory Miller. "Psychological Stress and the Humane Immune System: A Meta-Analytic Study of 30 Years of Inquiry." *American Psychological Association* 130 (2004).
8. Soffe, Harvey G. "Sleeping Sickness in the Lake Victoria Region of British East Africa, 1900–1915." *Maxwell Graduate School of Citizenship and Public Affairs Program of Eastern African Studies* 46, (1968).
9. Steverding, Dietmar. "The History of African Trypanosomiasis." *Parasites & Vectors* 1 no. 3 (2008).