

# SMALLTALK WITH STEPHEN SMALL: REPARATIONS FOR LIVERPOOL IMPERIALISM AND WEST AFRICA

LIVERPOOL SCHOOL OF TROPICAL MEDICINE



STEPHEN SMALL

**As the British Empire expanded its control of West Africa territories it faced a number of problems, including sustained resistance from Africans and competition from other European nations eager to colonise as well.**

A more durable problem was tropical disease, which killed the British in staggering numbers. For example, in 1832, when Macgregor Laird of Birkenhead navigated the River Niger, only nine of the forty-eight Europeans survived the voyage. That's why West Africa earned the name 'the white man's grave'.

What is the white man's grave in West Africa? It is an image of primitive tribes, burning heat, fever-laden swamps, swarming insects and miles of trackless jungle. Most of this image is of course quite false (Phillip Curtin).

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The introduction of quinine reduced levels of British mortality, but they remained very high.

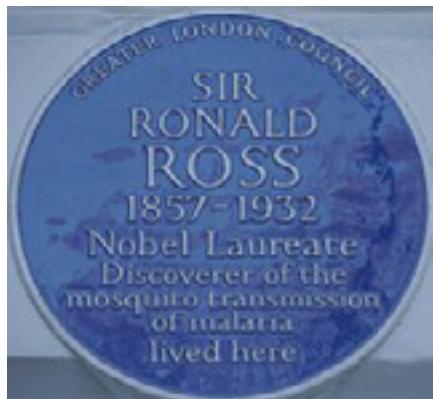
In came the medical solution in the form of the Liverpool School of Tropical Medicine (LSTM) [https://en.wikipedia.org/wiki/Liverpool\\_School\\_of\\_Tropical\\_Medicine](https://en.wikipedia.org/wiki/Liverpool_School_of_Tropical_Medicine).

LSTM – and the London School of Tropical Medicine just after it – were initiatives of the then-Colonial Secretary, Joseph Chamberlain. They were part of his strategy to dramatically increase the economic benefits that could be extracted from West Africa for the people of Great Britain. Liverpool shipping owners and businessmen collaborated with him. For example, more than one hundred and twenty-five contributions were made to LSTM to get it going. Contributors included Alfred Jones, William Lever, John Holt, Mrs. George and Miss Emma Holt, Alfred Booth and Company, Lever Brothers, and Messrs. Lamport and Holt (Shipping Line). Edward Durning Lawrence donated £1,000. James Coates of Glasgow donated £2000 and offered to help fund an expedition to Sierra Leone. Max Muspratt provided concrete to fill in mosquito pools in West Africa. By 1904 the Colonial Office was giving LSTM £750 a year, and it increased funding in 1912. Between 1899 and 1905, LSTM received donations of approximately £48,000 and funded sixteen expeditions at a cost of around £11,000.

Alfred Jones gave more than anyone else beginning with an initial contribution of £350 per year over the first three years. His contributions continued over the following 10 years. He also persuaded members of the business community to donate more than £120,000. Jones talked frequently with Chamberlain and a range of local politicians about the school. He was chairman of LSTM until he died in 1909 (William Lever then became chairman). And when he died, he bequeathed another £80,000 to LSTM. Professor Rupert Boyce became the first dean of LSTM and Ronald Ross was awarded a professorship in Tropical Medicine endowed by Alfred Jones. The school began research, teaching, and expeditions with an emphasis on tropical diseases and a geographical focus on West Africa. And it continued ever since – it can still be found near Liverpool city centre.

The goal of LSTM was to turn the white man's grave in West Africa into the white man's garden, for the production of raw materials with cheap and expendable African labour. And they succeeded. Rates of morbidity and mortality among whites dropped dramatically, trade and economic activity rose substantially. Most profits went to Liverpool and regional companies, and Jones got the lion's share. The institutional infrastructure of roads and rail, banks and business, were vastly expanded. And the medical men at the school discovered treatments and cures and won national and international prizes and awards. One of the early deans of the school, Ronald Ross, was awarded the Nobel Prize in 1902 for his work on the transmission of malaria.

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Ronald Ross Plaque

LSTM has been held up as the epitome of British initiative and innovation and a clear example of British beneficence. It has also been seen – both then and now – as an example of the British shouldering their superior racial responsibility in helping Africans survive diseases, modernise, and join the civilised nations of the West. That's the story we've been told. But it's a lie, plain and simple. Another imperial hallucination.

For example, it was claimed that LSTM and tropical medicine was for the health of everyone. In reality it was primarily for white people and to maintain white superiority. Cohorts of white British civil servants, military personnel, and workers for mining, fruit companies, and shipping companies had to be kept alive, healthy, and fit. The health of Africans was secondary or irrelevant – unless their diseases and ill-health impeded profits. Otherwise, their health was left to the Christian missionaries, and occasionally, to the government, when British imperial policy saw fit. Yes, LSTM also saved some African lives, but to paraphrase George Orwell in a different context – all lives are equal, but some lives are more equal than others. That's how the resources were targeted – as a matter of policy and practice.

Many of the white men involved in these activities made this clear. For example, William Lever looked forward to turning West Africa into 'a white man's country'. John Todd went on several Liverpool expeditions to West Africa. He was impressed with its glorious climate and the opportunities to crowd the land 'with white-skinned people'. Joseph Chamberlain played the biggest and most decisive role, and he sang the same song across Britain in speech after speech. For him, improving white health was an end in itself and it was also a means to an end – which was money and political power.



Joseph Chamberlain

To achieve its goals LSTM also practiced racial segregation. The British government decided that, until they could find effective treatment and cures for local diseases, whites and Africans had to be kept strictly apart. Fences, barriers, and bars were put into place, especially in living spaces. Segregation began as customary practice and in 1913 became official policy in British West Africa. It wasn't called Jim Crow, like racial segregation in the United States; it wasn't called Apartheid like in South Africa, and it wasn't even called a Colour Bar like in Great Britain. But it was intentional, deliberate, government-sponsored racism designed to protect the health and wellbeing, lives and livelihoods, of white people over Africans. However, it didn't always work. That's because white men, especially senior military and civil servants, required Africans in close proximity – cooks, cleaners, servants – to do the dirty work. And they often set up shop with African women.

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Africans with the least resources – typically called 'natives' – were encouraged or pressured into working for the British. They were put to the worst and most laborious jobs. For LSTM this meant cleaning and filling in nasty and putrid water holes where mosquitoes were located, as well as scavenging and other kinds of dirty work. Working-class African men on ships got lower pay, the worst jobs, and absolutely no jobs supervising white people. And they only got jobs on ships if white men had died, and the ship's crew was below capacity. Once in Liverpool many of them were abandoned to their own devices.

Not all whites in West Africa agreed with these policies and some actually opposed them, at least in principle. But most acquiesced or condoned what happened. Some did not have the power to change them. Some said there was no other way. And some told themselves that if they could keep white men alive, then that would give them more time to discover the causes and treatments of the diseases and later keep Africans alive too. A comforting self-deception. Over and beyond enforced racial segregation, institutional racism was rife – it was practiced every day – in jobs, housing, medicine, the judicial and military systems, and shipping. And fully qualified African doctors – most of whom had been educated in England – were legally disallowed by the British government from working in any senior positions in the African Medical Service, in Africa. Plain and simple.

Africans did not accept this passively – they objected openly and consistently to confiscation of their land; to exploitative labour regimes; to taxes being used to create luxury houses for Europeans, rather than improved overall facilities; to racial segregation and its enforcement. But they did not have the power or the resources to successfully challenge the British and win.

Racial discrimination, injustice, inequality, and its accompanying indignities were not just pragmatic matters for white people. They were based on widespread racist beliefs that Africans were barbaric, inferior, and incapable of civilization. That they carried diseases but had resistance to the diseases so didn't need medical assistance like the white British. Many British imperialists believed at the time that Africans would need to be looked after forever. And remember this was the period when new beliefs in social Darwinism, eugenics, and phrenology as the rationale for racism emerged to join long-established Christian beliefs. Many tropical medicine practitioners believed exactly the same things. For example, before spending time in Africa, Patrick Manson, who was at the forefront of discoveries in tropical medicine, had spent time in China and believed that Chinese would not change their 'unsanitary habits'. He said that giving the Chinese the opportunity to improve sanitation 'was like giving a monkey a fiddle'. He probably said similar things about Africans. Probably certainly said similar things. More research will tell us the truth, research that I am doing over the rest of the year.

Beyond the political and economic goals in tropical medicine were the personal goals and ambitions of individual white men. Many of them were not interested in the field primarily for altruistic or humanitarian reasons but rather were stimulated by the scientific opportunities presented by the tropics. They were determined to leave their mark in history, make discoveries, earn incomes, and achieve high status, prestige, and knighthoods. And even a Nobel prize or two. All while apparently doing God's work for the benefit of mankind. For example, early in his career, Manson found it too difficult to get ahead against the competition in England and went abroad because it offered more opportunities.

Overall, then, LSTM and imperial medicine operated on the same principles as British imperialism – medical problems and solutions were imposed on West Africa, based on white British priorities and benefits, and on racist assumptions (John Farley). And they were imposed without involving the local population and

without reference to the prevailing culture or social milieu that existed. They claimed to be there for the benefit of Africans and yet they caused everlasting damage for Africans. Again, I'm not saying every last one of them was a scoundrel, a wretch, or a murderer. There were no doubt good and decent people working for the betterment of humankind. But far more of them were scoundrels than our colonised British education has ever told us.

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Many demands for reparations, reparatory justice, and decolonising education and knowledge need to be made about LSTM. We need far more information and insights into how tropical medicine worked on the ground in West Africa. What was LSTM's role in the subjugation, exploitation, and discrimination of West Africans? What treatment was meted out to Africans – including segregation and forced labour – to enable medical practitioners to make their discoveries and earn their awards? What compensation should be paid for the Africans that suffered and died in West Africa because they did not get the same medical treatment as whites? In order to correct the distorted history that exists, it's imperative that we find out far more about African resistance to imperialism and medical domination – how did they challenge racism, racial segregation, and subjugation? And with what results?

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Stephen Small is a Professor in the Department of African American Studies and African Diaspora Studies where he has taught since 1995; and he is Director of the Institute for the Study of Societal Issues (since June 2020). He earned his Ph.D. in Sociology at the University of California, Berkeley (1989); his M.Sc in Social Sciences from the University of Bristol (1983); and his B.A. (honours) in Economics and Sociology from the University of Kent at Canterbury (1979). He researches the history and sociology of Black people across the diaspora, including the United States, Western Europe, the Caribbean and Brazil. He has held visiting positions at universities in Great Britain, the Netherlands, France, Spain, Brazil, Japan and Zimbabwe.

His most recent book is *20 Questions and Answers on Black Europe* published in January 2018. His next book is tentatively entitled: *Inside the Shadows of the Big House: 21st Century Antebellum Slave Cabins and Heritage Tourism in Louisiana*, to be published in 2022. He is currently writing a book on

Slavery, Imperialism and their legacies in Black Liverpool. As part of that project, he's investigating the voices and visions of Black men and women from across Africa and the diaspora in anti-colonial movements for self-determination. He is co-editor of *Black Europe and the African Diaspora*, 2009.

Stephen is a child of the Windrush Generation, his dad having arrived in England from Jamaica in 1947. He was born and raised in Liverpool – the city with the nation's longest-standing Black population. He was a member of several Black and multi-racial organisations across England, and in the 1990s was research assistant to the Right Honourable Bernie Grant, MP, researching and lecturing on reparations and museums. He was a member of the Consortium of Black Organisations and the Federation of Black Liverpool Organisations, both in Liverpool, in the early 1990s. And he was a Guest Curator at the Atlantic Slave Trade Gallery at the Merseyside Maritime Museum (which became the International Slavery Museum in 2007).