Colonial Pathology

Colonial Pathology:

The Experience of the Oromo People

By

Begna Dugassa

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DEDICATION AND ACKNOWLEDGEMENTS

I dedicate this book to my father, Fufa Dugassa (deceased), who believed in the power of education as a tool for resistance to colonialism. He encouraged me to go to school, seeing it as the means to claim the rights of the Oromo people and preserve their culture and identity. My grandmother, Ba'isee Biqilee (deceased), on the other hand, saw education as being used as a tool for assimilation and disapproved of attending the Ethiopian school system. My mother, Nagasse Dabala (alive), found the perfect balance, supporting my schooling while ensuring I did not lose sight of our heritage. Her harmonious approach was a guiding light. The three persons who shaped my early childhood and opened my eyes and soul, giving me the perspective I needed to see the world. Thank you for being deep and transformative thinkers. I also dedicate to my late wife, Romee Dame-Dugassa, who departed too early. When I was busy conducting the research and writing the thesis, she gave love and support to my family. She looked after our children, Ebbasa, Galaan, and Hiree, and at the same time, she searched for the whereabouts of her brother Dereje Dame, whom the TPLF government had abducted.

This book reflects the sorrow, pain and miseries the Oromo people endured for over a century. It would have been impossible to tell the stories and reveal lived realities if my informants had not volunteered to share their painful experiences with me. Your shared experiences have enriched this book and profoundly connected the Oromo people with others who have experienced colonialism. Thank you for sharing your deeply settled experiences with me.

I would also like to thank Prof. Linda Muzzin, my thesis advisor, for assisting me in synthesizing my arguments that connect social injustices with biological health issues.

CHAPTER ONE

INTRODUCTION

Introduction

The Ethiopian state emerged when Abyssinia[1], supported by European imperial powers, engaged in a prolonged war of attrition to conquer Oromia and various other indigenous African nations (Holcomb & Ibsa, 1990; Bulcha, 2002; Jalata, 2005). This act of conquest, which began in the 1880s, initiated a long history of injustice and adverse conditions for the Oromo people. They have been systematically deprived of the right to determine their social, economic, political, cultural, and environmental affairs. Fundamental Oromo institutions, such as the Gada, Siinqee, and Qaalu, were targeted following the conquest, representing clear violations of their rights across multiple dimensions. Humans require organization in their lives, including legal frameworks, security, management of human and natural resources, and intellectual developments, all of which are essential for survival. Unfortunately, the Oromo people have been denied these rights. For example, they are unable to shape their educational curricula (Dugassa, 2011), establish social policies, or collectively manage their resources.

Abyssinia aims to sustain a colonial power dynamic, resulting in extensive human rights violations in Oromia (Human Rights Watch, 2005). The colonial conquest has deprived the Oromo people of the opportunity to develop their institutions and leadership. Oromo individuals and communities are restricted from organizing, sharing information, and contributing to enhancing their social and environmental conditions. The policies originating from this colonial legacy have left Oromia and the Ethiopian

[1] Abyssinia played a significant role in the transcontinental slave trade. The Abyssinians procured advanced military weapons from European colonial powers. The financial resources necessary for these acquisitions were predominantly derived from the profits generated from the slave trade. This complex interplay highlights the economic motivations underlying Abyssinia's engagement with European imperial interests.

empire grappling with conflicts, famine, the HIV/AIDS crisis, malaria epidemics, iodine deficiency, and other avoidable public health challenges. Local and global health initiatives are formulated and executed with little regard for the underlying causes of these public health issues in Oromia, clearly disregarding the suffering of the Oromo people.

The way colonizers presented their colonial agenda as a civilizing mission indicates two critical points. Firstly, this position, often used to justify their actions, showed their intention to subjugate peoples with different worldviews and support others who shared a similar worldview to colonize others. This was an apparent injustice, as it disregarded and intended to erode the rich diversity of cultures and worldviews in Africa. Secondly, it served as an attempt to cover up their crimes under the mask of kindheartedness. A study of Africa's colonial history highlights that only Abyssinia and Liberia are the two countries that escaped colonization. This was not accidental but rather aligned with the colonizers' inclination to subjugate those with contrasting worldviews. Abyssinia and Liberia stood out among African nations due to their adoption of Christianity during European colonial expansion. These countries held a unique position in the European Christian world, which likely influenced the decision to spare them from colonization. This belief was deeply rooted in the idea that Christians were inherently civilized and culturally superior, as well as in the Semitic-Hamitic racist theory that influenced Europeans to support Abyssinia. As a result, this racist ideology of the European empire builders significantly influenced the support for Abyssinia's colonial agenda and determined the fate of the Oromo people (Dugassa, 2021).

The colonialists, convinced of the cultural/racial superiority of Semitic over Hamitic, provided the necessary support to make Abyssinia a colonial state. King Menelik II of Abyssinia utilized the European racist ideology and military technology to conquer independent peoples like the Oromos, Afars, Sidamas, and others who resided nearby. Additionally, it is important to note that Abyssinia was actively involved in the slave trade and was a trade partner with the empire builders. The Abyssinians used the resources from the slave trade to pay for the machine guns they acquired from the European empire builders in order to conquer Oromia and other regions with enslaved people and resources (Bulcua, 2002).

Colonialism entails collective violence aimed at controlling the colonized population's social, economic, political, cultural, and environmental aspects. Under colonial rule, the social fabric of the Oromo people was deliberately attacked; the Oromo people were denied the right to develop

their social and political institutions under which they could improve access to the determinants of health. This control and exploitation hinder the development of safety networks and impede the establishment of healthy social conditions. In the context of Oromia, it is essential to recognize the social nature of the Oromo people and their evolved societal institutions, such as Gada, Sinqee and Qaalu, and structures, including families, communities, subclans, and clans. Public health[2] conditions in Oromia can only be discussed, understood or acted upon by recognizing this fact.

In order to better understand the social conditions of the Oromo people, it is probably necessary to start with the name "Ethiopia." The term "Ethiopia," derived from Greek, holds a meaningful social connotation. It combines the Greek words 'aitho,' meaning to burn, and 'ope,' meaning face or appearance. This combination was used by the Greeks to refer to black people as "burned-face people." The term has been a part of the Greek language for over three thousand years. Ethiopia is also mentioned in the Bible over two dozen times, highlighting its enduring significance and historical importance in the Christian world. For that reason, Abyssinia's adoption of the name 'Ethiopia' was significantly influenced by Christian evangelists, a factor that has played a pivotal role in shaping its identity and history (Dugassa, 2006). Despite the irony of adopting a European name for an African state, it is presented as desirable and a symbol of civilization. A society that values liberty can understand that an imposed identity can distort one's identity, delegitimize experiences, erode self-esteem, hinder problem-solving skills, and condition individuals to poverty, pain, and misery. However, because of its colonial nature, when people colonized by Abyssinia resist colonial policies and reject the imposed European identity of 'Ethiopia,' they are often depicted as criminals, sinners, and backward thinkers.

The Ethiopian identity is being imposed upon the Oromo people, and resisting the imposition is criminalized and sinned; this necessitates raising questions about the intent and social impacts of this imposition. Fricker (2007) and Anderson (2012) have extensively studied epistemic injustice and offer insights into these questions. Their research reveals testimonial

[2] In Oromia, public health conditions are deteriorating. In this region, the prevalence of HIV/AIDS, malaria, and other contagious infections is unacceptably high. Although Oromia is a fertile land, millions of children and adults suffer from protein-energy malnutrition and other nutritional deficiencies in this region. In addition, the availability of clean water and access to improved sanitation is very low.

and hegemonic injustices at the epistemic level. Testimonial injustice occurs when groups of people are portrayed as ignorant, their experiences discredited, and their contributions to meaning making is hindered. Discounted credibility means legitimizing the colonizer's narratives and the unfair distribution of power, wealth and services. Hegemonic injustice operates at individual and institutional levels, legitimizing unfair distributions of power, wealth, and services. From a public health perspective, such injustice contributes to compromised access to social determinants of health and neglect of social service needs. It is crucial for public health professionals to approach this issue with empathy and concern, recognizing the importance of these invisible acts in understanding and addressing social problems. The field of public health has a protracted and progressive history. Public health, as it was initially conceived and widely practiced for over a century, has primarily been assigned to state activities. Consequently, public health status has been closely linked with safeguarding and advancing national interests, a connection crucial to understanding the broader context of this research. The advancement of public health intertwines with the establishment of sound social policies. When a group of people lacks authority over their sovereignty, their social conditions deteriorate and hinder public health advancement. In the context of the Oromo people, any policies, legal frameworks, or military tactics intended to subjugate them and stifle their ambitions will inevitably adversely affect their well-being. Since the incursion into Oromia, the policies of Abyssinians have been explicitly devised to assert dominance over the social, economic, political, cultural, and environmental affairs of the Oromo people, intentionally targeting their social fabric. This social fabric, crucial for addressing epidemic diseases, natural calamities, internal social unrest, and external threats, has been systematically dismantled under colonial rule.

The deliberate/negligent introduction of the cattle disease Rinderpest into Oromia by Abyssinian colonial forces resulted in the loss of cattle, essential for farming, meat, and milk production, subsequently leading to malnutrition, starvation, and widespread fatalities among the Oromo people (Dugassa, 2008). Moreover, the Abyssinians inadvertently brought several contagious diseases into Oromia, exacerbating public health challenges. The Ethiopian colonial power dynamic created pathogenic social conditions for the Oromo people, manifesting in the prevalent health issues in the region, such as high rates of HIV/AIDS, malaria, and other infectious diseases, as well as widespread protein-energy malnutrition and inadequate access to clean water and improved sanitation. In Oromia, despite the region's fertility, the population continues to grapple with a multitude of health-related challenges, underscoring the complex interplay between colonial

legacies, socio-economic disparities, and public health conditions in the region. For the Oromo people, the Abyssinian/Ethiopian colonial power relationship created a pathogenic social condition.

Public health uses several tools to understand health problems and develop intervention methods. Among them assessment, intervention, analyses, evaluation, empowerment, and advocacy are the major ones. For example, advocacy entails speaking, writing or acting in favor of a particular social issue or cause, a policy or a group of people. In addition, in order to select the best course of action, public health uses analyses and assessments (Bury and Gabe, 2004). However, for colonial governments, advocacy that is intended to enhance the health conditions of colonized groups, or any effort to take a critical look at colonial social policies that impact public health problems are considered to be against the colonial agenda- such actions are criminalized. Under colonial rule, most public health tools mentioned above are underutilized. As a result, the Oromo people are forced to wait for the goodwill of the Ethiopian government and international biomedical interventions.

The ability to improve public health conditions is socially distributed. In public health development, community participation is essential to help identify priorities, set strategies, and design culturally appropriate, financially feasible actions. Indeed, the core principles of health promotion entail enabling people to increase control over their destinies, widen their choices, and strengthen the skills and capabilities of individuals and groups. This includes healthy public policy intended to create a supportive environment, enable people to lead healthy lives, and facilitate actions toward changing the social, environmental, political and economic conditions that impact public health. Understanding why social conditions in Oromia continue to deteriorate and stagnate necessitates taking a close look at the colonial agenda. In the Ethiopian Empire, poor public health conditions such as food insecurity, infectious diseases, and environmental pollution, as well as degenerative diseases, remain a long-standing problem. The support of Euro-American states in providing food relief and in financing the Ethiopian government's military and security policies did not provide desirable results. Oromos constitute half of the people in the Ethiopian Empire (Jalata, 2005), and framing and analyzing public health issues from their perspective would provide a broader and deeper understanding of the social conditions that contribute to the public health problems of Ethiopia. Understanding these complex issues should enable policy makers to understand the situation and strengthen their efforts to develop pragmatic policies on multiple levels. The knowledge and skills

that will come from this project will help us to understand the ways in which colonial social policies have incapacitated indigenous people and annihilated them; it will also help us to understand the ways in which we can reduce health disparities and promote equity in health. In addition, this will allow us to better understand and analyze the ways in which multi-ethnic states function and can help shape their public health conditions.

Research can provide new knowledge and evidence of the most effective approaches that can empower people, decrease risks, prevent diseases, promote health and improve the quality of life in a given population. Policy makers define what is considered important and guide choices. Under Ethiopian colonial rule, the Oromo people are denied the right to develop their own leaders and the right to identify their problems and find their own solutions. If the Oromo people continue to live under colonial rule and denied the right to define their destiny and forced to wait on the good will of the Abyssinians, their needs will continue to be compromised.

Epistemology guides our reasoning and directs our actions or inactions (Bishop and Trout, 2003). Public health is oriented to solve the health problems of the present with a view to preventing future health problems. Public health leadership is fundamentally about vision (Rowitz, 2001). In its turn, vision is a mindset which is guided by social epistemology (Maltz, 2009). In public health, critical reasoning and judgment are important, because our beliefs play a decisive role in the ways we understand social problems, inform us about the need to intervene- and when- and what intervention measures to take. Indeed, that is why colonizers justify their colonial agenda as a "civilizing mission". For the colonized people on the other hand, colonialism is clearly de-civilizing. For example, from the perspective of the Oromo people, colonialism extensively damaged their ways of life and their social relations. Colonialism distorted their image, incapacitated them, uprooted them from their homes, denied them the right to decide on their affairs, and prevented them developing their own institutions. In doing so, it conditioned them to famine and starvation, as well as exposing them to several preventable diseases. For the Oromo people, colonialism is de-civilizing; it is a disease or disease-causing agent. Fanon (1996) discussed the disease- causing effect of colonialism from the perspective of psychiatry. To Fanon, colonial ideology and colonial knowledge have been used to categorize, dehumanize and indoctrinate the indigenous people of the world. Colonialism denies the social, economic, political, cultural and environmental rights of the colonized people to fundamentally control the underlying determinants of health (Report on Indigenous, 2007). To improve public health conditions of the colonized

people, the colonial power relation should be recognized as an obstacle to the development of public health.

The colonizers' concept of a civilizing mission emerged from a narrow epistemological perception of the world. The colonizers assumed that they alone possessed valid knowledge. The European colonizers provided racist theoretical reasoning for the Abyssinian conquerors and encouraged them to present themselves as if they were culturally, epistemologically and racially superior to the Oromo people and therefore entitled to colonize them (Dugassa,2008). When famine and starvation occur, and HIV/AIDS and malaria epidemics kill millions of Oromo children and adults and iodine deficiency causes mental retardation (Dugassa, 2013), the reaction of the global community is to provide relief food rather than addressing the root causes of the problem. Bringing about change in public health conditions in Oromia and surrounding regions requires a paradigm shift in thinking.

What is health?

Our understanding of "health" varies from one culture to the other. In the Oromo worldview, nagaa (peace) and fayya (health) are interwoven. The concept of peace is not separable from haaqa (social justice), tasgabbi (social order) and having harmony with divine power. In the Oromo worldview, to be at peace with neighbors and having a stable social order are essential conditions for the health of individuals, community, and the environment (Dugassa, 2020; 2022). The Oromo people deeply value these conditions and consider any covert and overt assaults on these conditions as an attack on their health (Dugassa, 2022). However, when the Oromo people are destabilized, individuals and groups rights are violated they are denied the right to determine their affairs; they are denied the right to live up to their potential, the contemporary public health theories are practices remain in different.

In its constitution, the WHO defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). The WHO goes on to state that health is "a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector" (WHO, 1978). These definitions suggest that health does not exist independent of physical, social, economic and political environments. Despite that, the biomedical model dominates contemporary public health, and the social aspect of public health is considered secondary. This reality

necessitates examining the health impacts of the colonial power relation and the denial of the right of people to self-determination.

Definition underpins how we must understand, approach, and respond to issues. The contemporary definition of health and diseases is synthesized from the Euro-American perspectives and focused on the deficit model. Developing relevant, practical, timely public health policies necessitates giving attention to the experiences of people from the global south in health discourse. To effectively promote health, prevent diseases and reduce health disparities, we need to widen our way of thinking about health, depart from the Eurocentric ideas and provide theoretical rationales that foster the "upstream" public health approach. From the Oromo perspective, health and peace are intertwined. For them, personal health/peace is intertwined with the peace/health of the family, community and natural world as well as divine power. Consistent with the core ideas of planetary health, social and environmental justice are integrated. The peace and health of the current generation impact the future generation, and advancing transformative change makes our world a healthier place.

There is overwhelming evidence that social realities more clearly determine health and illnesses than individual factors. For example, the theory and practice of social medicine introduced by Rudolph Virchow (Lange, 2021) involves investigating the relationships between social conditions and health and diseases advocated public institutions to develop healthy social policies that benefit the whole society. When Virchow said, "politics should be a social medicine," he highlighted that politicians and health professionals should think upstream level, act for the public good and foster social justice. Social science provides the tools to analyze the social causes of health and diseases, and it is essential to integrate this knowledge systematically into social medicine. Understanding the social causes of health and diseases is crucial for developing practical solutions to promote health and prevent diseases. Social medicine combines the knowledge and skills of medicine and social science to achieve this goal. This means that the illnesses we get tell us what is going wrong in our social world. That is why public health is seen as a public good, the pursuit of which is only possible with ground rules for coordinated action and the participation of the members. Colonial social policies, which include denying the rights of the Oromo people to decide on their social, economic, political, cultural and environmental affairs, have limited their choices in life and hindered their capacity to solve their problems. The Abyssinian colonial government has deliberately dismantled the Oromo social, economic, political and cultural institutions. This has not only limited the choices of the Oromo people in

life; it has denied them the right to develop their institutions and leadership that can identify risks and set up strategic plans for disease prevention and health promotion. In short, the Ethiopian government has prevented the Oromo people from finding solutions to their public health problems.

What is Public Health?

The WHO (1998) defines public health as a social and political concept aimed at the improving health, prolonging life and improving the *quality of life* among whole populations through *health promotion, disease prevention* and other forms of health intervention. The Institute of Medicine, (1988) defines it as the art and science of dealing with the protection and improvement of community health by organized community efforts. Public health is based on the understanding that health is a process, which involves social, mental, spiritual and physical well-being. The guiding principles of public health are rooted in the idea of social justice. The association between public health and social justice is strong; to improve public health conditions requires social reform. Therefore, to clearly understand the public health problems in Oromia we need to understand the underlying social conditions in which the Oromo people live. Indeed, strategies designed to improve public health conditions in Oromia should begin with research that will help us to understand underlying social conditions, and challenge or de-legitimize the colonial power relations between Abyssinians and the Oromo people.

Good public health requires coordination or collective actions in addressing the needs of the society. Public health operates on the principles of disease prevention, health promotion, protection and healthy public policy. Analyzing the relationships between colonialism, denial of the right to self-determination and public health and the role of epistemology in understanding social problems is essential in reducing the burden of illness and injuries, prolonging life and improving the quality of life, as well as developing the capacity to respond to disasters and epidemics. Improvement in population health does not happen by chance. It results from creative vision, strategic decision making and a thoughtful implementation of knowledge of population health and carefully addressing the needs of people. This happens by design- through intentional allocation of human and natural resources, building appropriate infra-structure, programs and services having in mind the wellbeing of people.

The World Health Organization`s (WHO) Commission on social determinants of health report states,

> Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness and their risk of premature death. . . . A girl born today can expect to live for more than 80 years if she is born in some countries – but less than 45 years if she is born in others. (WHO, 2008)

The Commission's report states that health inequalities exist within and between countries; these inequalities are caused by the unfair distributions of power and wealth. It makes clear that health and illness go with a social gradient- the lower the socioeconomic status, the worse the health. The report underlines the idea that social and economic policies determine whether or not a child can grow and develop to his or her full potential or die prematurely. The Commission notes the need to take appropriate measures with regard to the social determinants of health. Although power is used to distribute privileges and risks, the report fails to mention what to do about the unfair distribution of power between states and within states. The report does not mention illegitimate states where certain ethnic/national/racial groups monopolize power and deny marginalized groups access to the determinants of health.

According to Ruohotie and Grimmett (1996), the competitiveness of a society depends on seven separate and intermingled conditions. The first identified condition is systematic thinking and actions by members of that society. The second is the permanent striving of society for renewal and for improvement of past and present practices. The third is the flow of information among the members. The fourth is the use of the knowledge and skills in the community, and a constant search for alternatives to current habits and routines. The fifth is a shared and clearly expressed vision of the future, which acts as a touchstone for coordination and decision-making and as a driving-force behind the redirection of decisions and actions within society. The sixth condition is acceptance and use of a transactional process such as adhering to their own institution, symbolism and metaphor as a basis for creativity innovation and redirection of resources. The last condition is encouraging creativity among the members and self-regulation of the society. Colonial power relations take away social, economic, political, cultural and environmental rights; such conditions and actions impair the competitiveness of people.

What is Colonial Pathology?

The Webster's New World™ Medical Dictionary (2008) suggests that the word pathology is derived from two Greek words -pathos and logy. The

word pathos stands for sorrow, sadness, suffering, tragedy, misery, harm, and grief. The word logy stands for study or knowledge. Pathology therefore is the study of the causes of disease, their developments as well as the structural and functional changes that result from diseases (Simpson & Weiner, 1989). In clinical medicine, pathology is the study of the etiologies, mechanisms, and the manifestations of disease. In other words, pathology refers to the conditions that endanger or cause disturbances in the normal function of the cells, tissues, organs, and the body and ultimately result in disease. The term pathology represents the understanding of the functional and structural changes that occur in diseases, from the molecular level to the effects on the individual.

In clinical medicine, pathology is the science that establishes the biological process or deals with the causes of diseases. It is based on the knowledge gained from anatomy, physiology, microbiology, biochemistry, histology and other disciplines. Recently a new area of pathology- environmental- has emerged; it deals with disease processes resulting from exposure to physical and chemical agents. The principles of environmental pathology are based on the understanding that many diseases are produced in response to biotic agents and that they can be brought under control by environmental modification.

In social medicine, the term social pathology is the study of the relationships between diseases and social conditions. It explores the relationships between social life and diseases and examines how social life affects morbidity and mortality. Social pathology involves the social conditions that are responsible for poverty, crime, addiction, and circumstances that contribute to increase in social disorganization and inhibit personal adjustment. Social pathology is the study of the social conditions and the social disorders that have contributed to illness. Furthermore, social pathology deals with the social problems that result from dysfunctions of the social structure. An ideal society is one where all the processes function in harmony, where all the structures are perfectly coordinated. However, there is no such thing as an ideal society. The difference between real societies that are never perfect, and whose structures never work in harmony, and a society under colonial rule, is that the latter is not entitled to set up its own policies and allocate its own resources where they are needed the most.

The pathology of colonialism is part of social pathology; it entails the social process or the pathways in which the colonial power relations perpetuate physical and emotional sufferings, social and economic burdens, miseries,

and ill health. The study of colonial pathology is a longitudinal study, and it is intended to explain the impacts of faulty and deviant social conditions that are overtly and covertly created by the colonial power relations and the effect on the social, economic, cultural, political, and environmental conditions; this study focuses on Ethiopian colonial pathology and public health problems in Oromia. Specifically, it is about understanding that diseases are not separated from the patients and patients are not separated from the world in which they live. In this work the colonial power relations and faulty social conditions are identified and the relationship between them and public health problems is revealed.

This work also covers the processes by which colonial power relations have incapacitated the Oromo people and contributed to impaired public health conditions. Without peace and social justice there cannot be enough food, sanitized water, education, and livable housing. In addition, without providing each individual member of society a useful role in society, there can be no health. If a colonized society wants to ensure improvement in its quality of life, it should be entitled to develop its social, economic, political, cultural and environmental rights. To achieve that, that society has to be free to develop its own institutions and policies, be able to implement, monitor and evaluate programs enacted by it.

Health conditions depend on the air people breathe, the water they drink, the food they eat, the places they live, work and play in as well as the actions they take to control infectious diseases. These health conditions are dynamic, act synergistically and separately, and society needs to make continuous efforts to upgrade them. Improving the public health conditions of a society requires the full participation and cooperation of the individuals and communities who live there. A society can make appropriate changes if it is allowed to develop competent public health skills. For example, today most of the current public health findings come from various sources around the world. Likewise, in Oromia, all health information needs to be put into a context of the Oromo people. Given that the Oromo people are denied the rights to determine their affairs, they are being denied the opportunity to develop their own research institutions, conduct research, and contextualize the knowledge produced somewhere else.

Etiology of Colonial Pathology

The word etiology is derived from the two Greek words aitia, “cause” and logia, knowledge or study. The term etiology stands for the study of causation, or origin of a disease or giving a reason for the cause. In clinical

science, the term etiology refers to the science that deals with the causes or origins of diseases, the factors which produce or predispose people toward certain diseases or disorders. But social processes are very different from the biological sciences; to fully comprehend the pathogenicity of colonialism requires establishing its social etiology. In the social world things are not always the way they look. Although we can directly observe many things, the surface reality that we see only partly reflects what goes on unseen, beneath the surface. Observing the deeply rooted worldview of the colonizers, their attitudes toward colonized people, and their concept about themselves in relation to the colonized people, can help us to grasp the hidden colonial agenda; such understandings are vital to adequately learning about the etiology of colonial pathology.

As mentioned earlier, epistemology guides our reasons and judgments, and it plays a decisive role in our daily actions and inactions (Bishop and Trout, 2003). Our paradigm of thinking helps or prevents us seeing the interconnections between past and present as well as between systems and subsystems. Unraveling the knowledge constructs and social sequences of events that are responsible for the Abyssinian colonial agenda is important because it can reveal the ways this agenda is responsible for faulty social conditions. The information obtained from the study of colonial pathology is vital for developing methods with which to control and prevent diseases and carry out health education and promotion.

The ways in which we understand our world reflect the state of the mind of the viewer. Understanding colonial pathology requires a specific mental discipline. For that, one has to have the mind prepared to clearly understand the sociology of knowledge, the contest between the colonizers and the colonized as well as having public health competency skills. Understanding the epistemology that has contributed to the formation of the Ethiopian Empire step-by-step shows the sequence of events that led to the colonization of Oromia. Analyses of epistemological racism show changes that can be seen at a community and societal level and distinguish the ways in which colonial knowledge categorizes, dehumanizes, and legalizes colonial agendas; they identify and examine the ways colonial rule incapacitates, exploits, starves, impoverishes, and denies the leadership, forcing people to live in sorrow, sadness, and suffering.

Public Health Conditions in Ethiopia

What are the health conditions in the Ethiopian Empire? Social and political power affects the distribution of privilege and risks. The available data does

not specify the differences between the privileged and the marginalized. The Ethiopian government does not encourage data collection based on ethnicity/nationality. Planting the idea of the rights of people to self-determination includes fostering all social groups' collecting their data, analyzing it, and taking appropriate actions. Understanding the health gaps between the privileged and marginalized is big. Let us briefly look at the health indicators there. Children under five years old who are underweight are 34.5 percent of the population (WHO, 2009).

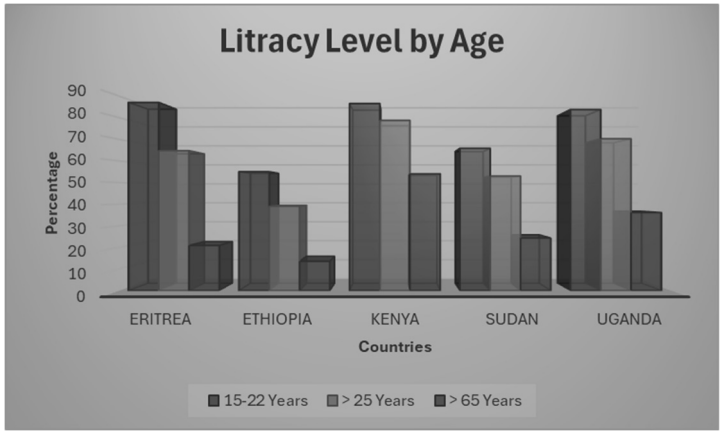
The number of children who die by the age of 5 (per 1000 births) is 119 (WHO, 2009). Maternal mortality is 720 per 100,000 live births (WHO, 2009). The prevalence of HIV among adults older than 15 per 100,000 people is 1907 (WHO, 2009). The percentage of people with access to improved drinking water is 43 (WHO, 2009), and access to improved sanitation is 11 (WHO, 2009). The percentage of births attended by skilled health professionals is 6 (WHO, 2009). After 2010, there were some improvements, and the number of health facilities increased. Even then, over 30 percent of health facilities need access to clean water. How are these risks and privileges distributed among different ethnic/national groups in Ethiopia? How do the Oromo[3] people fare compared to the Abyssinians?

Good health is not a matter of luck or fate; it is the expression of one`s daily quality of life. An individual's and community's health correlates to their position in society. Clearly there are health inequalities in Ethiopia. The higher the social status, the better the quality of life and the longer the life expectancy. For example, the percentage of births attended by skilled health personnel in the rural area is three, whereas in urban areas it is about 45 (WHO, 2009). A huge gap also exists between the poor and the rich; that figure is 1 and 27 respectively.

Public health knowledge and practices continually evolve, and education is one of the determinants of health. For those with the lowest education and highest education levels the percentage of births attended by skilled health

[3] The Oromo people, indigenous to Africa, constitute 45-60% of the population in the Ethiopian Empire. When the European empire builders scrambled Africa, they supported a black African state, Abyssinia, to colonize the Oromo and other peoples in the region, forming the present state of Ethiopia. The Abyssinians, comprising the Amhara and the Tigray ethnic groups, represent 20% and 5% of the people in Ethiopia, respectively. Since the formation of the Ethiopian Empire, the Abyssinians have controlled the social, economic, political, and cultural affairs of the Empire. This has led to the marginalization of the Oromo people, who, despite their significant population, have little say in the affairs of the Empire.

personnel is 2 to 58 (WHO, 2009). Education helps groups and individuals to better manage their health risks and utilize opportunities. It is used to enhance environmental, physical, social, emotional, intellectual, and spiritual health. Through education, individuals and groups learn to behave in a manner conducive to health, the maintenance of health, or the restoration of health. Research activities or knowledge construction provides an essential tool in decision-making processes. Newly constructed knowledge contributes to the development of regulations, policies and programs as well as the delivery of services and information. Education prepares individuals and groups to critically understand their social and natural environments and do their part to solve them.



The above graph shows the literacy level of five major countries in the Horn of Africa. The data is generated for different age groups. Countries such as Kenya, Sudan and Uganda were under the British colonial rule. Eritrea was ruled under the Italian, British, and Ethiopian rulers. Sudan gained independence in 1956; Uganda and Kenya finally gained independence in 1962 and 1963. Eritrea gained its independence in 1993. For Eritrea, Kenya, Sudan, and Uganda, the literacy level of the age group 65 years and older is mostly represents the literacy level under colonial rule. The literacy level of those countries under British rule was much better than the literacy level in Ethiopia. For people over 65 years, the percentage gaps between Eritrea and Ethiopia were 7.3. After independence, the Eritreans made enormous progress in their literacy level. For the age group between 25 and 65, the gaps between Eritrea and Ethiopia increased by over 25.7 percent. For youth 15 to 25 years, the percentage differences between Eritrea and Ethiopia increased to 32 percent. In addition, the data shows that the British colonial

rulers offered better educational opportunities than the Ethiopian rulers. After their independence, those countries made steady progress in educational attainment.

Historically, education has been used as a means to guarantee people's cultural and biological survival. Education is a necessity of life; it renews and revitalizes people. Children were taught the skills necessary for living and solving problems. However, if carefully looked at, the educational curriculum used to teach children varies from culture to culture. The curriculum usually reflects society's worldview, interests and natural environment (Ozmon; Craver, 1995). Under colonial rule, the education curriculum is imposed upon the colonized and education is used to advance the interest of the colonizers, i.e. control and exploit the colonized people – creating pathological social conditions. This suggests education can empower people to critically understand and solve their problems or disempower them, eroding their self-esteem. For those reasons, education is seen as the method used to change and maintain social order. It can encourage subservience and docility or library and freedom. For example, the Oromo people focused on seeking health and peace for themselves, their community and the natural world. The Oromo indigenous teaching focuses on harmony with the social, natural world and divine power. The greater emphasis on those key points is instrumental in developing democratic institutions such as Gada, led by men; women institution Sinqee, led by women; and moral/ethical/religious institution Qaalu, which men or women can lead and develop ecologically friendly attitudes.

Education is one of the social determinants of health. The Ethiopian government's intent to control, exploit, and assimilate non-Amhara into the Amhara culture is a significant contributing factor to the higher literacy level. The data proves that one pathway in which Ethiopian social policies create pathologic social conditions is through the denial of educational opportunities. People's rights to self-determination include freely determining their social, economic, political, cultural, and environmental rights. From the experiences of the Oromo people, a higher literacy level means the manifestation of violation of cultural rights.

Ethiopian language policy denies the Oromo people the right to educate their children in their native language[4]. The language of instruction in higher

[4] The Ethiopian government allowed foreign languages (English, French, German, Italian and Arabic) as language of instruction in schools and in providing religious services, however; until 1991 the usage of Oromo language were denied.

education is English; however, until 1975 Ethiopian language policy mandated passing the Amharic language exam. This language policy intentionally prevented the Oromo students from going to higher education. Schools were built in cities and towns in place from which the Oromo people had been evicted and where Abyssinians had settled. Thus, most of these schools were, and still are, inaccessible to the Oromo people.

The contemporary public health function is an ecological (social and environmental world) model; it is multi-disciplinary in scope and uses multiple strategies. An ecological approach moves health from the individual lifestyle and choice into broad social and political issues in the community. Analyzing the pathology of colonialism requires tracking the epistemological thinking, theoretical foundation, and colonial power relations; this reveals the ways in which the social and environmental world of the colonized people have been affected.

Let us examine the importance of education to health from a neuroscience lens. Information is a primary resource that we use in our daily lives. We collect information through all our sensory organs (hearing, seeing, tasting, smelling, and sensing). Organizing the collected information is the primary task of our brain. As it organizes, it allows us to understand better how things work or why they do not work. The better our brain organizes information, the better we see connections between the dots and assemble the puzzles. The better our brain organizes information, the better we develop problem-solving skills and make successful decision-making. Well-organized individuals and societies handle complex problems and strive more effectively against adversaries. The capacity of our brain to memorize information is limited. The more the brain is overwhelmed with information, the less it memorizes. It was for this critical shortfall that human beings developed writing skills (Levitin, 2015).

One primary objective of education is to teach students to read and take notes effectively. Learning to read notes and take notes helps maximize the sorting and organizing of information and fosters problem-solving skills and creativity. When learners read notes, take notes, and index the information, they supplement the brain's capacity to memorize and retrieve it when needed. Learning to write and read gives the means, improves the human capacity of the brain, and offers solutions to human shortfalls. The impacts of denial of educational opportunities on the social well-being of people are too many to count.

The main idea of this book is that colonialization of the Oromo people has taken away people's sovereignty, controlling their social, economic, political, cultural, and environmental rights. In complex ways, violating those rights hinders their consecutive capacities and their ability to transform society and understand and address public health issues. The book discusses how successive Ethiopian governments have undermined the Oromo people's social, economic, political, cultural, and environmental rights, affecting public health development. Respecting these rights is not just a matter of principle, but a crucial step towards improving public health. Only if the social rights of people are respected will improving the health of the disadvantaged and vulnerable groups become possible. Similarly, without regard for political rights, the ability to develop leadership and make evidence-based decisions is compromised, which hinders public health progress. Furthermore, regarding cultural rights, enhancing educational attainment and training professionals who can lead society and enhance public health is crucial. Lastly, depriving people of their environmental rights can lead to environmental degradation, impacting overall health. It is up to the academic community, policymakers, and those interested in social justice and public health to address these issues and drive positive change.

Why is the Relationship between Collective Rights and Public Health Under investigation?

The answer to the above question lies in the politics of research and knowledge synthesis. For centuries, knowledge construction and synthesis in public health have been dominated by Euro-American researchers, and those inquiries are framed through Eurocentric lenses. The researchers asked questions their society or funding organization asked them to investigate. They collected data, analyzed it, and attempted to defend the interest of society that brought them, solve their social problems, and widen their choices. Knowledge constructed from such research works has been presented as a universal truth. From the Oromo people's experiences, the defaults of such knowledge are the following: a) it hindered knowledge construction and synthesis in Oromia; b) the social problems that are more common and severe in Oromia are under-investigated; c) the social problems in Oromia are understood in the Euro-American framework of thinking, making them acceptable or inevitable.

The Euro-American researchers vigorously explored the relationships between social injustice and public health. For example, the German sociologists Karl Marx and Frederic Engels and others explored and proved

that injustice creates pathological social conditions. American public health researchers Mann and his colleagues (1999) established the direct relationships between human rights and public health. Those researchers focused on either class or individual rights. Because most Euro-Americans asserted their collective rights, researchers focused on the absence of respect for individual rights. Those researchers asked questions relevant to their society and inquired about the issue of class or individual rights.

The people under colonial rule are covertly and overtly denied the right to determine their social, economic, political, cultural, and environmental affairs. This means their collective and individual rights are violated. When it comes to public health development, violation of collective and individual rights is a double sword. Often, the perpetrators of collective violence are the Euro-Americans or policies developed on the Euro-centric thinking framework. The Euro-American researchers under-investigated the public health impacts of collective violence for three significant reasons: A) the primary perpetrators of collective violence are the Euro-American empire builders or policies developed in their thinking framework. Investigating the impacts reveals the problems and proposes solutions. The solution is enabling and decolonizing. For societies that deeply believe that their colonial agenda is a civilizing mission, pursuing such a research agenda is contrary to the community they represent; b) most Euro-Americans, except for indigenous people, have their collective rights respected. For those reasons, the Euro-American researchers trained to think and act in the interest of their community are not prepared to understand the problem and even recognize it; c) most of the research funders allocate their resources having in mind profit and control, and they are not interested funding to generate knowledge that fosters enabling people and decolonizing. Profit is about controlling and exploiting human and natural resources.

Virchow is a pioneer researcher who, for the first time, revealed the close relationship between colonialism and public health problems. Virchow, a German medical doctor and politician, investigated the health impacts of colonialism. He made his critical observation when the Prussian government assigned him to investigate the causes of typhus endemic in Upper Silesia, which was predominantly Polish but was ruled by Germans. In his report, Virchow elaborated on how colonialism- violation of the rights of people to determine their social, economic, political, cultural, and environmental affairs erodes social protective factors and creates pathologic social conditions. He recommended that politics be social medicine and enable people to exercise their rights in their affairs.

Although the class-oriented evidence and social theories introduced by Karl Marx and Frederic Engle were expanded and made the theoretical reasons for communist ideology, the evidence that Virchow revealed did not get enough attention. The reasoning is not that Virchow's works are inferior to the works of Karl Marx and Frederic Engels. The class problem is what the rich and politically powerful groups do to their poor, illiterate, and politically marginalized citizens. The works of Karl Marx and colleagues raised the fundamental moral and political question of whether the rich and the powerful need to respect the rights and dignity of the poor. They provided theoretical reasons for the socialist revolution (Govender et.al, 2023).

When Virchow revealed the pathogenicity of colonialism, many European empire builders were competing to expand their colonial lands. Virchow's works unfold that the impacts of colonialism go beyond the physical killing of those who resist occupation. It is collective violence and creates pathological social conditions for the whole society. Although the works of Virchow warned against the colonial agenda, researchers and policymakers did not give enough attention to it. Colonizers believed they were racially and culturally superior and owned superior and legitimate knowledge and continued to present their motive in a positive term, "civilizing mission," and mimicked healers.

The idea of writing this book was born with the understanding that knowledge is socially constructed, and our health is socially determined. Contemporary public health knowledge is predominantly framed in the Eurocentric lenses and focused on solving the social problems of the society that produced it. Such knowledge cannot fully understand and address the needs of the Oromo people and others who have yet to participate in knowledge construction and synthesis. For example, when the theory of social determinants of health was in its infancy, the question was how social determinants of health “get under our skin” and influence health outcomes. The answer is that the social determinants of health influence cultural/behavioural, material, and structural conditions. From the Oromo perspective, the cultural/behavioural, material, and structural problems differ from those of the Euro-Americans. For instance, in America and Europe, one of the significant public health problems is being overweight and the complications related to it. The issues in Oromia and surrounding regions are different: malnutrition, underweight, and health problems directly linked to them.

Hence, this book results from over a decade of research in knowledge construction and synthesis in public health and its shortfalls. Clear, Euro-American researchers dominated knowledge construction in public health. I researched, collected data, analyzed, and closely looked at the impacts of knowledge constructed in a Euro-centric framework on public health development in Oromia and surrounding reasons. Instead of allowing complex interactions between different stakeholders in knowledge constriction, those researchers focused on centering Euro-American social issues and aimed at addressing and solving their problems. In the apparent absence of the colonized people in research and policy-making, public health sciences flourished, mostly solving the social problem for which it had aimed. However, such knowledge has caused the persistence of public health problems that are more common and severe in third-world countries. Eurocentric knowledge undermined the needs of the colonized people and hindered them from thinking, researching, and building the capacity needed to address them. Eurocentric knowledge made public health problems framed in biomedical terms and presented as if technical interventions solve them all. This made us misunderstand the root causes of public health problems and failed us to address them.

Colonialism is not just about the physical presence of the metropolitan army - it is about collectively attacking people's social, economic, political, cultural, and environmental conditions of the people and their episteme. Attacking social, economic, political, cultural, and environmental conditions hinders people from developing the capacity to improve the social determinants of health, erodes the social protective factors, and creates pathologic social conditions. Attacking the episteme hinders them from thinking, acting in their interests, and aiming to solve their social problems. Coloniality is understood as the racial/cultural, political, economic, social, and epistemic hierarchical orders imported and institutionalized by European colonial agenda and euro-centric policies.

Objectives

Our understanding of the social determinants of health has dramatically changed over the past three decades. Now, it is clear that health conditions are determined by the social, economic, political, cultural and environmental conditions in which people live. It is based on the understanding that the Ottawa Charter (1986) for health promotion and the WHO (2008) social determinants of health promote the need to create a supportive social environment for health and a healthy public policy. The primary objective

of this work is to examine the relationships between colonialism and public health. It closely looks at the sorrows, sadness, sufferings, tragedies, miseries, harms, and grief that colonialism has inflicted upon the Oromo people; it examines the structural and functional changes the colonial power relations have created and the ways that the denial of the rights of the Oromo people to their social, economic, political, cultural, and environmental affairs have affected public health conditions in Oromia.

The secondary objective is to evaluate the correlation between epistemological racism, collective violence, and the underdevelopment of public health. The study delves deeply into the impact of racist episteme, alternatively known as pathogenic episteme, in perpetuating colonial power dynamics and disempowering the colonized population. In doing so, it critically and rigorously questions the prevailing ideologies and epistemologies that have led to powerlessness and widespread health issues within Oromo society. The severity of the impact of racist episteme on public health is stressed, underlining the pressing necessity for transformative change.

Public health services include a) monitoring health status to identify community health problems; b) informing, educating and empowering people about health issues; c) evaluating effectiveness, accessibility, quality of personal and population- based health services; and researching for new insights and innovative solutions to health problems. The third objective of this work is to examine if the colonial power relations allow the Oromo people to develop the skills needed to monitor health conditions, conduct health education and health promotions as well as evaluate health developments.

Data Collection

This book has emerged from my PhD dissertation and other research works. After the dissertation was completed, I conducted further research (interviewed more people and made a literature review), expanded the themes, further elaborated on the analyses and narrowed the focus on issues surrounding public health. Based on the data collected, I further explored the ways in which the Ethiopian government's social, economic, political, cultural and environmental policies have gradually ruined the social conditions of the Oromo people. The book covers both the overt and covert exposures to harm and risk as well as the opportunities missed to prevent diseases and promote health.

Changes in social structures, from the shift from an egalitarian system of governance to the colonial system, have profoundly impacted health