Standpoint: Reflections on my Journey towards Self, Identity and Purpose in the African Diaspora

Simukai Chigudu

"Cardiology is the single most important specialty you will ever learn," declared the Professor of Cardiovascular Medicine in my first year of medical studies at Newcastle University. "Unless, of course, you choose to work in Sub-Saharan Africa," he added in an offhand way.

The atmosphere in the lecture theatre was heavy with anticipation and excitement as the entire cohort of students was eager to learn about advanced physiology and the "sexy" new technology used to treat complex cardiac disease. The work that one might choose to do in Sub-Saharan Africa was evidently far removed from the collective consciousness.

My mind was pre-occupied though, dwelling on the latter half of our lecturer's opening statement. Something about his throwaway remark perturbed me. Why should cardiovascular medicine matter less in Africa? His assertion was ostensibly about different epidemiological patterns of disease and therefore different health needs of the African population. However from his tone, I had, perhaps unfairly, inferred something different, something much more cynical: Africa is essentially embroiled in conflict, drought, malnutrition, rampant epidemics, failing health systems and poor governance. As such, a sophisticated understanding of cardiology – the pathophysiology of disease, expensive new medicines, and groundbreaking interventional procedures – is neither relevant nor appropriate for a region still contending with diseases of poverty. And though his comment was clearly not intended to offend, I was indignant.

The episode revealed more about myself than my colleagues or my professor. I had arrived in Newcastle as an overseas student from Zimbabwe. From an early age, my parents had imbued in me a deep sense of social justice. My Ugandan mother, whose work spans nearly the entire African

continent, has been at the forefront of promoting and advancing women's rights for nearly three decades. My father took to arms in the bitter and bloody liberation struggle for Zimbabwe's independence before serving many years in civil service seeking to build a more equitable and prosperous post-colonial society. Their passion grounded me and gave me identity.

I had decided to study medicine with a view to one day tackling the enormous challenges of health inequality, deprivation and social exclusion entrenched in much of my home continent. And yet sitting in an introductory lecture, my worldview felt threatened. Would my privileged western medical education ultimately leave me ill equipped and ineffectual in the face of such overwhelming structural and systemic challenges?

I was haunted by this question, which in reality veiled a deeper and more jarring inner turmoil – a profound sense of isolation since arriving in the UK. The medical school boasted sparingly few black or African faces and this seemed to reflect the wider demographic makeup of the Northeast – a post-industrial, predominantly working-class, 'white' part of the country. I felt alienated and dispossessed, questioning both my identity and sense of purpose.

Prior to starting at medical school, I had moved to England, aged sixteen, on a scholarship to complete my final year and a half of high school education at an exclusive Catholic boarding school in rural Lancashire. The school's grand and exquisitely beautiful edifice was conspicuous in its surrounding, and otherwise undisturbed, hilly landscape. Unquestionably the facilities, opportunities and quality of teaching offered at the school were world class.

My experience of college life was often much more negative. On arrival, I was treated as an intruder by a number of students – notably white, British and upper-middle class – with much greater longevity at the school. Their fear and trepidation was predicated on the fact that we, as a cohort of new students including a number of overseas and working-class pupils, did not understand the school's history and traditions. Its institutional identity – reflected in its architecture, geographic isolation, religious values and antiquated traditions – seemed anachronistic to me.

I recall being accused of lacking respect for many of the school's archaic practices and hierarchies, both formal and informal. Though unsaid, I detected the group mentality that greater multiculturalism and integration with students from different social classes would undermine existing cultural life

at the college. Somehow modernity and cosmopolitanism would unravel the school's Catholic values, its distinguished legacy of sending pupils to Oxford and Cambridge, and its love of cricket and rugby. Without realising it, this my exposure to xenophobia and elitism as an adolescence offered me a small insight into the wider issues of class politics in Britain.

Unwittingly, I had found myself trying to identify with but not belonging to this world. For many years afterwards, I would be burdened with this permanent sense of unease. At the same time, my memories of growing up in Zimbabwe felt increasingly distant. The dramatic and tumultuous economic and political upheaval in my home country had eroded many of the social structures and networks that had provided me with a sense of connectivity and belonging in my childhood. Existence at home now felt transient. Death, disease, political change, violence or bankruptcy had and could strike unpredictably and irrevocably. Reflecting on the life I had left behind and the one I would return to filled me with fear, dread, guilt and longing.

The immigrant experience of many young Africans, typically in the pursuit of education and career advancement, can be fraught with several penetrating questions around identity, self and belonging as well as the subtle tensions between each of these. Navigating through different institutional spaces can add a further layer of complexity. My boarding school had appropriated me into Catholicism and British conservatism and had begun to mould my conception of morality, masculinity, community life and activism around a patriarchal and Christian centre. A dissonance arose from this paradigm. I was unable to reconcile many of the school's inherently good Jesuit values with its missionary overtones and the hegemony of Anglocentricism that it thrust on me.

My transition into the wider world at university affirmed the reality that I was in a minority in grappling with issues of identity politics. Simultaneously, I was becoming socialised into the medical institution. Even as a junior medical student, it was clear that the bulk of my education would be focused on the particular region of England in which I was based. Disease profiles, doctor-patient relationships and the workings of the health system were taught to us within the context of the UK and specifically the Northeast. In this way, the gulf between life in the UK and life in Africa was widened. In the words of one commentator, my education was leaving me "lost in translation".

The process of forming a coherent self was protracted and demanded

a number of vital transitions and transformations in my thinking, ideology and outlook. The early stages of my medical training provided a crucial and surprising learning opportunity in this regard. It was at this juncture when I first became acutely aware of the lack of discourse around wider social issues and processes – such as political context, race, culture, gender or social class – and their importance in understanding the health of individuals and communities. The disease dominant pedagogy of medical education values biomedical science over the "softer" disciplines of social science. This theme continued into my clinical years where students and doctors tend to revere interventional and emergency-based specialties while viewing specialties like public health with contempt. By contrast, my frame of reference for understanding health and disease had been formed when living in Zimbabwe and making connections between poverty, lack of education, weak healthcare systems and therefore poor health outcomes.

I found myself trying to resolve inner conflicts in two parallel streams: my professional identity and my sense of self. I understood my difficulties in addressing these questions but nevertheless felt helpless in the face of them. I yearned for either a mentor to guide me, or a role in which I could one day see myself. Both remained elusive at that stage.

And then, in the summer of my second year, I had a breakthrough.

In the swanky and open-plan offices of the Global Fund for Women in San Francisco is where a new phase of my political education and self-discovery began. I applied for a three-month internship with the Africa Programme Team at my mother's former organisation. Desperate for a break from the academic and professional indoctrination of medicine, I sought to expand my understanding of human rights, gender and civil society. My portfolio of work focused principally on women's sexual and reproductive health rights. I learnt about the legal, social and public health frameworks in which non-governmental organisations work to achieve greater equity and empowerment for women.

My education, beyond the technical and analytical skills that I acquired, was deep. The organisation served as a hub of internationalism, progressive thinking and creative energy in a vibrant, liberal and eccentric city. My conceptions around gender and sexuality were challenged daily. For the first time, I encountered individuals for whom gender was not a simple binary of male and female – a shock to my conservative sensibilities formed by African

traditions and Christian education. Similarly, racial and ethnic identity was not considered clear-cut but rather an amalgamation of genetic, historical and cultural factors held together by unique life experiences.

I was uneasy at first but gradually settled into this new perspective on fundamental issues of identity. It was inspiring to work with such strong and self-possessed people who were unified by a dedicated women's movement and yet retained their own distinct sense of individuality and motivation. Soon I was engaging in extensive disquisitions on contentious issues such as legalising gay marriage, social protection of commercial sex workers, safeguarding reproductive rights for women and ending harmful cultural practices. As my views transformed so did my sense of identity. Though I had not fully resolved many of the questions around nationality, race and belonging; I had found a new identity and community in activism. My conviction in the power of social movements reinvigorated my sense of purpose and highlighted the broader context in which I could eventually take my medical training.

I returned to Newcastle charged with urgency and direction. I immersed myself in student activist groups. I was involved in organising national conferences, fundraisers and educational campaigns to alert the student community to human rights abuses, humanitarian emergencies and social injustices around the world. This work was not without its difficulties though. I frequently had to summon all my reserves of courage and commitment to seek visibility and raise my voice to a community that could be resistant to these ideas, dismissing them as distant, irrelevant and too great to surmount. Platitudes expressing admiration for my attempts to 'save the world' carried a subtle condescension suggesting that my passion was naïve and misplaced. And, at times, my conviction was misconstrued as arrogance and self-righteousness thus casting me as 'one of those people', akin to the evangelical Christians on campus.

Perhaps the most personal form of opposition that I encountered was the most subtle and indirect. I often felt that colleagues both outside and within my student advocacy circles had a singular understanding of Africa. While we were able to discuss the objective and objectionable statistics around HIV or access to essential medicines with a great degree of nuance, we lacked the same sophistication when considering the human narrative. I offered my perspective on these issues as an African but this aspect of my identity was

discredited and undermined. To be authentically African connotes living on the continent, speaking English in a thick guttural accent, being immersed in poverty and lacking western education. In the eyes of a number of British and American colleagues whom I met whilst working on global health issues, I was discounted as a true African, often labelled as an elitist and was admonished for being part of the "brain drain".

These accusations of illegitimacy hurt me profoundly. They also compounded my fear that repatriation or cultural re-indoctrination on the continent would be met with similar opposition. The fear that I would neatly fit the mould of those deemed to have abandoned African heritage in favour of Europeanising experiences continued to linger in the back of my mind. For all the progress that I had made in finding my sense of purpose as a health activist, I was still struggling with my personal identity. At university and on clinical attachments, I carried the label of a private school educated medical student along with the attendant stereotypes around privilege and being out of touch with the experiences of ordinary people. The irony was not lost on me.

As I juggled multiple identities, I tried to draw strength from my experience in the creative space of the Global Fund. The intricate blending of individual expression and collective social movement was empowering. Part of me had begun to feel liberated enough to start engaging with, critiquing and celebrating my different identities. Global travel and education did not rob me of my African-ness. Instead they enhanced it, adding to the breadth of perspective and understanding with which I was coming to see the world. I began to view my identity as a matrix of disparate but interconnected qualities, attributes and experiences. This complexity inspired and strengthened me further to find a similarly unifying theme of globalisation in my academic and professional pursuits, in the hope that my career could eventually reflect the multiple dimensions of my identity.

In the latter years of my medical studies, I found conceptual space to merge my advocacy interests with my academic work through the articulation of global health. Rigorous self-education and relentless networking created opportunities for me to work and carry out research in South Africa, Tanzania and Mexico. And as I gained exposure to global issues and their impact on health, I uncovered a community of like-minded students, researchers, doctors and practitioners working across a range of disciplines and geographies with

the common purpose of utilising academic knowledge to bring social change and to leverage global resources in favour of greater health equity.

The transition to working as a doctor has continued to present many of the old challenges. The inward-looking and myopic character of hospitals mirrors my initial experience of medical school. It is also frustrating to encounter repeatedly many of the inaccurate and incomplete assumptions made about me, based on my accent and education, from other healthcare workers and patients alike. However, I have become more skilled at emphasising different identities over others depending on the demands of the moment.

My time spent working in a hospital will remain limited to completing the mandatory two-year internship that precedes specialty training in the UK. Tying together the summation of my experiences, I have resisted the pressure to pursue an advanced training pathway in one of the glamorous hospital-based medical specialties. My original aspirations remain central to my core beliefs and values around social justice and health equity.

As such, my next step after leaving hospital medicine will be to take up an academic fellowship in public health at a leading London university. This fellowship will combine a specialty-training programme in public health while providing me with time, funding and mentorship to develop my own distinct research interest.

My focus remains primarily on Africa and my goals are centred on widening access to health services, strengthening health systems and addressing structural drivers of disease. I aim to use my fellowship to pursue these interests and I have already been in contact with a number of enthusiastic and like-minded researchers in progressive academic departments.

My diasporic journey with its many vicissitudes has bolstered my personal resilience and has allowed me to develop a broad and global way of thinking. I have found professional purpose and personal conviction in global health. Global health has come to mean more to me than a discipline. It describes an attitude that is committed to seeing health as a fundamental quality of equity across borders, cultures, genders and ethnicities. It captures a mindset that is orientated towards recognising and celebrating diversity, interconnectedness and complexity. Its global nature is manifest in its transnational locations, interdisciplinary knowledge and multi-professional collaboration. And for the first time since leaving home as a precocious teenager, I am starting to feel a little more at ease.