

The Virchow Prize: cementing commodification, coloniality and biomedical reductionism in global health?

Jens Holst ¹, Peter Tinnemann ^{2,3}, Remco van de Pas ^{4,5}

To cite: Holst J, Tinnemann P, van de Pas R. The Virchow Prize: cementing commodification, coloniality and biomedical reductionism in global health? *BMJ Global Health* 2023;**8**:e011240. doi:10.1136/bmjgh-2022-011240

Handling editor Seye Abimbola

Received 10 November 2022

Accepted 15 April 2023



© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

¹Health Sciences, Fulda University of Applied Sciences, Fulda, Germany

²Director, Gesundheitsamt Frankfurt, Frankfurt am Main, Germany

³Institut für Sozialmedizin Epidemiologie und Gesundheitsökonomie, Charité Universitätsmedizin Berlin, Berlin, Germany

⁴Department of Public Health, Institute of Tropical Medicine, Antwerpen, Belgium

⁵Centre for Planetary Health Policy, German Alliance Climate Change and Health, Berlin, Germany

Correspondence to

Dr Jens Holst;
jens.holst@gw.hs-fulda.de

On 15 October 2022, the Virchow Prize was awarded for the first time by the newly created Virchow Foundation for Global Health. The celebration took place in the slipstream of the annual World Health Summit (WHS) 2022, organised by the WHS Foundation GmbH. The WHS Foundation is a 100% holding company of the Charité—University Medicine Berlin and co-organised the first iteration of the Virchow Prize with the WHO.

The Virchow Prize is promoted as a global health complement to the Nobel Prize which is awarded, in scientific fields, to natural scientists for outstanding discoveries in ‘academic, political, social or economic/industrial innovation’.¹ What is less clear is whether the Prizes awarded by the Virchow Foundation for ‘lifetime achievements towards Health for All’ would actually provide ‘the path to inclusive global health that is also systemic and interdisciplinary,’ as Kickbusch and Ihekweazu stated in the *British Medical Journal*.²

Appropriating the name of Rudolf Virchow to this new foundation and prize requires some scrutiny. The German pathologist Virchow was one of the most outstanding physicians of the 19th century, an anthropologist, scientific writer and editor; as a politician, he campaigned vigorously for social reforms and contributed to the development of social medicine. As his young professional life was profoundly influenced by understanding the detrimental effects of poverty on health, he became what today could be referred to as an outspoken activist.³ For his militant activities during the civic-democratic March Revolution 1848, he was removed from his position at Charité Hospital, and later reinstated with a demotion. Thereafter, he moved to the Bavarian city of Würzburg in 1849 to prevent being permanently released from the position but returned 6 years later

SUMMARY BOX

- ⇒ The Virchow Prize for Global Health tends to further legitimise the biomedical epistemic injustice in global health.
- ⇒ Awards in global health need to give due consideration to interdisciplinary nature, the systemic dimension and the coloniality in global health.
- ⇒ Rudolf Virchow’s legacy as a pioneer of social medicine would suggest reducing the power of the financial aristocracy with its philanthropic organisations.

to his previous place of teaching and research at the Charité after having gained some renown as a scientist. He later became even better known as a humanist and progressive politician. By then, he had developed a much more precise understanding of what we today consider largely as the social determination of health. His thinking reached far beyond a merely biomedical concept of health. He considered physicians to be the natural advocates of the poor and assigned the social question to a large extent to the professional and human mandate of medical doctors.⁴ During the industrial revolution and the resulting massive rural–urban migration which brought a disruption of living conditions, impoverishment, obvious social deprivation and huge health inequalities, he perceived medicine as a social science, and politics as nothing more than medicine on a large scale.⁵ Unfortunately—and despite the many social and political changes that have occurred since the 19th century—globalised class inequalities, exploitation of workers and conditions of capitalist production cause disease now as in his times.

The Prize Committee of the Virchow Foundation for Global Health selected the Cameroonian virologist Dr John Nkengasong, the former director of the Africa CDC and now

the United States of America Global AIDS Coordinator and Special Representative for Health Diplomacy of the US President's Emergency Plan for AIDS Relief, as the first laureate. No doubt, this outstanding virologist deserves being awarded the Virchow Prize for his research and institution building work, which crucially contributed to fighting HIV/AIDS and more recently to containing the COVID-19 pandemic. However, it is worth having a closer look at both the systemic dimension and the interdisciplinarity of the laureate's work. As a virologist, his scientific work focuses on the biomedical prevention and control of infectious diseases. But as an institution builder, he represents the systemic dimension—even if not the 'interdisciplinarity'—to which the Prize aspires. For instance, his leadership has enabled the iteration of Call to Action for an African New Public Health order by the African Union in September 2022.⁶ His personal commitment to the systemic is further emphasised by his donation of the prize money to the work of the African Field Epidemiology Network (AFENET), an alliance of field epidemiology and laboratory training programmes headquartered in Uganda.

It is not lost on us, however, that the very first iteration of the Virchow Prize for Global Health went to scientific achievements that, to some extent, signal a biomedical preference over other public health priorities. This is worrying, as it may serve to further validate the biomedical reductionism and securitisation that has come to dominate global health discourse and practice.⁷

If such privileging of biomedical achievements were to become a dominant pattern of recognition in the future Virchow Prizes, it would represent, implicitly, a form of epistemic injustice. In essence, knowledge practices in global health typically privilege dominant forms of knowledge, thereby marginalising or even completely neglecting local, contextualised and emic knowledge.⁸ Biomedical epistemic practices that are already so dominant in global health can become further legitimised through awards such as the Virchow Prize, and therefore do harm if they negate alternative forms of knowledge generation and more contextualised, pluralist approaches to addressing complex health issues.⁹

A closer look at the initiators of the Virchow Prize possibly clarifies why a biomedical focus is preferred over a social determination of and systematic understanding to health and disease. The founding members of the Virchow Foundation are key persons within the German private health industry, including pharmaceutical manufacturers that vigorously defend their patents and hinder not only global access to life-saving COVID-19 vaccines but also essential medicines.¹⁰ One of the driving forces of the Virchow Foundation is the 'Global Health Alliance' which refers to itself as 'The international voice of German health'.¹¹ But it is essentially a lobbying organisation of the Federation of German Industries (BDI), and its engagement in the German global health arena is strongly focused on the business interests of the national health industry, favouring return on investment,

free trade and economic growth over the environment, human rights and participation.¹² In any case, the BDI's core industry and business interests represent only one singular aspect of global health, far from supporting systemic or even broad interdisciplinary solutions.¹³ Instead, it stands for the colonial mindset dominating global health policies and practices driven by actors from the Global North.¹⁴ The industry and the business interests behind the Virchow Prize support a global health paradigm that promotes entrepreneurial investment models, technical innovations and ultimately biomedical reductionism.¹⁵

Hence, it was not just the laureate speeches and framings during the award ceremony held in Berlin that might have made the sociopolitical spirit of Virchow turn over in his nearby grave. More questionable is the list of the Virchow Prize founders: among them a protestant theologian and professor of Ancient Christianity, and a palaeoclimatologist without known record in global health research, the chief lobbyist of the German pharmaceutical industry, and Friede Springer, the widow and heiress of Germany's largest newspaper publisher, Axel Springer.¹⁶ Her participation in the Virchow Council can be understood as another indicator of the subversion of key global health goals such as universality and equity by the financial aristocracy. The money flowing into the Virchow Foundation comes from the Springer media group, which publishes BILD and WELT, among other high-circulation newspapers that provide a dangerous mix of fake news, myths, insinuating half-truths or even blunt lies. During the HIV/AIDS crisis in the 1980s, Springer media were engaged in the defamation of the homosexual community; today they belong to the avant-garde of sensationalist populist reporting with open xenophobic tendencies, contributing systematically to a societal divide and polarisation.¹⁷

Today's world does not need more bluewashing by industries that continue to maximise profits, via a coloniality mindset, at the expense of public health needs in the Global South.¹⁸ Nor should global health policies and practices be captured as an approach for opening new markets for Germany's, or another Global North country's export industry. At this point, it is worth recalling the political imagination of the prize's namesake. Virchow believed in social reform to achieve a constitutional democracy by reducing the power of the monarchy and the nobility.¹⁹ A consistent translation of Virchow's writings into today's reality would ultimately suggest reducing the power of the financial aristocracy and its philanthropic organisations, such as the Bill and Melinda Gates Foundation and the Wellcome Trust, which dominate today's global health policy and practice, including through their funding of the WHO.²⁰

In the tradition of Rudolf Virchow, any foundation using his name should safeguard his legacy. Taking Virchow seriously will require that future Prize winners (including especially groups, movements and organisations) are predominantly entities with outstanding

contributions related to the social aspects of global health, fostering a comprehensive, universal, contextualised and just approach within the remit of the right to health. The Prize Committee of the Virchow Committee must declare their competing interests to make them transparent—and should seek to divest the Prize from funds that are tied to entities whose activities are a threat to global health. Otherwise, the Virchow Prize will be nothing but another example of ‘the rancid hypocrisy of those wishing to embalm themselves with righteous merit’ as recently articulated by Horton in *The Lancet*.²¹

Moreover, the notion of the Virchow Prize being something like a Nobel Prize for public health is problematic. The Nobel Prize has been rightly criticised for its individualistic approach to granting the awards because except for a few unusual contributions it is difficult and potentially unfair to limit the credits for advancements in public and global health to one individual.²² Most science (especially in public and global health) and social efforts are conducted collaboratively. It may have been more appropriate to grant the Africa Centres for Disease Control and Prevention (Africa CDC) the Virchow Prize as an institution developing core public health capacity. This is also indicated by Dr Nkengasong’s decision to donate the prize money to the AFENET. The Virchow Prize for Global Health should aim to avoid the mistakes of the Nobel Prize (especially in the sciences) and not reinforce those errors.

Lastly, the authors of this commentary acknowledge their positionality and relative privilege as European, white, male established academics and medical professionals in providing this perspective. They respect, and applaud, Dr John Nkengasong’s efforts, as a black, male, African scientist, academic and public health leader in skilfully navigating the complex landscape of Global Health diplomacy and its institutions with the aim to develop local, national and regional public health capacity. The authors would like to emphasise that their main concern is to point out the risk of efforts in decolonising global health and advancing health equity being captured by commercial interests.

Twitter Peter Tinnemann @ptinnemann and Remco van de Pas @Rvandepas

Acknowledgements The authors are grateful for the comments of the editor in chief and the two anonymous reviewers. They acknowledge support by the Open Access Publishing Fund of Hochschule Fulda – University of Applied Sciences.

Contributors JH has developed the idea and edited the first draft of this comment. RvdP and PT have contributed equally to the draft and added relevant aspects and views on the topic. The final version was jointly compiled and fine-tuned by all authors.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement There are no data in this work.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iDs

Jens Holst <http://orcid.org/0000-0002-0896-1549>

Peter Tinnemann <http://orcid.org/0000-0003-3071-9772>

Remco van de Pas <http://orcid.org/0000-0002-6098-334X>

REFERENCES

- Virchow Foundation for Global Health. The prize. 2022 Available: <https://virchowprize.org>
- Kickbusch I, Ihekweazu C. At last, a prestigious prize for global health. *BMJ* 2022;379:2446.
- Virchow R. Information about the typhus epidemic in upper Silesia. In: *Archiv für path. Anatomie und Physiologie und für klinische Medicin*. 1848: 1–182. Available: <https://www.degruyter.com/document/doi/10.1515/9783111683898/pdf> [accessed 13 Nov 2022].
- Virchow R. *What the “medicinal reform” wants [Was die „medizinische Reform” will]. Medizinische Reform 1848;1: 4. Quoted after: Collected Treatises from the Field of Public Medicine and Epidemiology [Gesammelte Abhandlungen aus dem Gebiete der Öffentlichen Medicin und der Seuchenlehre]*. Berlin: Publishing House of August Hirschwald, 1879: 1–4. Available: <https://archive.org/details/gesammelteaaban01vircoog/page/n15/mode/2up?view=theater> [accessed 15 Nov 2022].
- Virchow R. The doctor for the poor [Der Armenarzt]. *Die Medizinische Reform* 1848;185:12.
- Africa CDC. Call to action: Africa’s new public health order. 2022. Available: <https://africacdc.org/news-item/call-to-action-africas-new-public-health-order> [Accessed 15 Mar 2023].
- Holst J. Global health-emergence, hegemonic trends and biomedical reductionism. *Global Health* 2020;16:42:42..
- Bhakuni H, Abimbola S. Epistemic injustice in academic global health. *Lancet Glob Health* 2021;9:e1465–70.
- Loewenson R, Villar E, Baru R, et al. Engaging globally with how to achieve healthy societies: insights from India, Latin America and East and southern Africa. *BMJ Glob Health* 2021;6:e005257.
- Swaminathan S, Pécoul B, Abdullah H, et al. Reboot biomedical R & D in the global public interest. *Nature* 2022;602:207–10.
- GHA. GHA – the International voice of German health. 2022. Available: <https://gha.health> [Accessed 2 Nov 2022].
- BDI. Global issues. Available: <https://english.bdi.eu/topics/global-issues> [Accessed 20 Mar 2023].
- Vogler K. Global health – for the people or for the markets? [globale gesundheit – Im sinne Der menschen Oder Der Märkte?] die freiheitsliebe, 27 October 2022. 2022. Available: <https://diefreiheitsliebe.de/politik/meinungstark-politik/globale-gesundheit-im-sinne-der-menschen-oder-der-maerkte> [Accessed 23 Mar 2023].
- Abimbola S, Pai M. Will global health survive its decolonisation? *Lancet* 2020;396:1627–8.
- Holst J. Viral neoliberalism: the road to herd immunity still a Rocky one. *Int J Health Serv* 2022;53.
- Virchow Foundation for Global Health. Founders. 2022. Available: <https://virchowprize.org/founders> [Accessed 3 Nov 2022].
- Tschermak M, Schönauer M. *Without regard for losses. How BILD divides society with fear and hate [Ohne Rücksicht auf Verluste. Wie BILD mit Angst und Hass die Gesellschaft spaltet]*. Cologne: Kiepenheuer & Witsch, 2021.
- Besson EK. Confronting whiteness and decolonising global health institutions. *Lancet* 2021;397:2328–9.
- Waitzkin H. One and a half centuries of forgetting and rediscovering: Virchow’s lasting contributions to social medicine. *Soc Med* 2006;1:5–10.
- Levich J. The gates Foundation, Ebola, and global health imperialism. *Am J Econ Sociol* 2015;74:704–42. 10.1111/ajes.12110 Available: <http://doi.wiley.com/10.1111/ajes.12110> issue-4
- Horton R. Offline: resist, imagine, enact—an antidote to global vanity. *The Lancet* 2022;400:1571.
- Casadevall A, Fang FC. Is the Nobel Prize good for science? *FASEB J* 2013;27:4682–90.