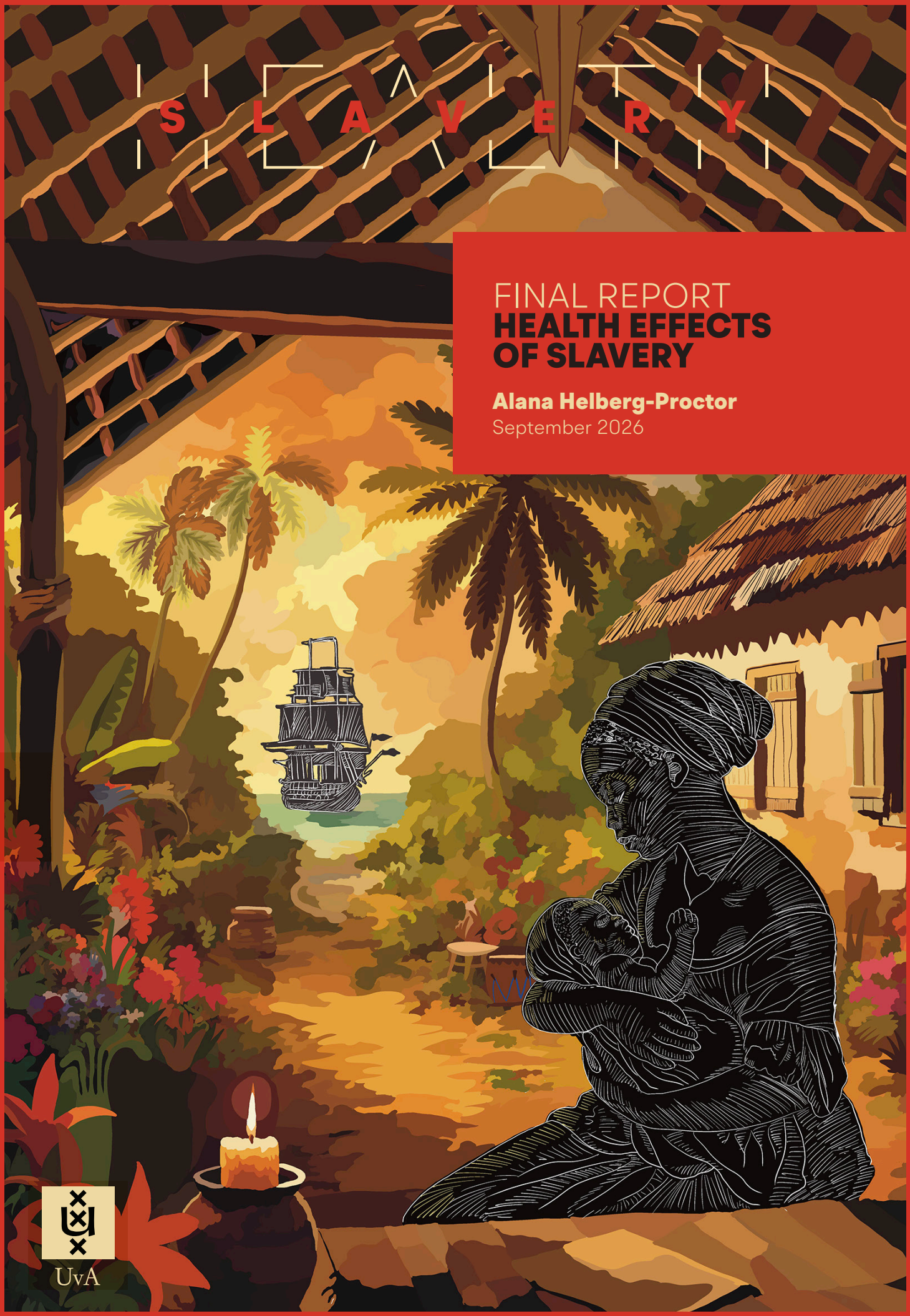

FINAL REPORT

HEALTH EFFECTS OF SLAVERY

Alana Helberg-Proctor

September 2026

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SLAVERY

FINAL REPORT
HEALTH EFFECTS OF SLAVERY

An exploratory study into the enduring impacts of the transatlantic slave trade and slavery on the health of descendants and on healthcare in the Netherlands

Alana Helberg-Proctor
Commissioned by the Dutch Ministry of Health, Welfare and Sport.
September 2026

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ABSTRACT

In recent years, there has been growing interest in the Netherlands in how the colonial era and the history of slavery continue to shape society today. To examine the impact that the Dutch transatlantic slave trade continues to have on the health of descendants of enslaved people today, the Dutch Ministry of Health, Welfare and Sport commissioned the University of Amsterdam to conduct a research study. This study took the form of a literature review and interviews with thirty experts from the fields of Dutch science, healthcare and civil society.

The exploratory study **Health effects of slavery** shows that little is known about the enduring impacts of slavery on the health of descendants and on the healthcare system. There is a large gap in knowledge, particularly in the Netherlands and other European countries.

Nevertheless, it can be concluded on the basis of the literature reviewed and experts' knowledge that the history of slavery can have both direct and indirect effects on the mental and physical health of enslaved people's descendants and on the healthcare system as a whole. Not only through the intergenerational transmission of past traumas, but also through the social and societal conditions in which descendants may still find themselves today.

The existing literature shows that, over a period of two hundred years, enslaved people were systematically subjected to sexual violence and emotional, mental and physical abuse. The medical establishment contributed to this as well. Ship's surgeons were engaged by slave traders to carry out physical inspections during the purchase of enslaved individuals and sailed aboard slave ships to safeguard the 'human merchandise'. Upon arrival in the colonies, they became part of the medical establishment within the system of slavery, usually coming under the supervision of the governor's personal physician.

The traumas experienced by ancestors can be passed down from one generation to the next through family upbringing and defence mechanisms, as well as through customs and food culture. Sometimes this happens consciously, but mostly it is unconscious.

Our research shows that descendants can in a sense be 'doubly burdened', carrying with them the experiences of enslaved ancestors alongside their own negative experiences of racism and discrimination in Dutch society today. As a result, descendants can experience chronic stress that may in turn give rise to physical ailments. Moreover, the descendants of enslaved people still often occupy lower socioeconomic positions in society, and in extreme cases internalise a negative or destructive self-image. Due to this and other factors discussed further in this report, descendants have overall diminished mental and physical health compared with the rest of the Dutch population.

The principal recommendations to come out of this research are: 1. to fund additional research into the experiences of enslaved people at the time of the transatlantic slave trade, focusing particularly on mental and physical health, in order to gain a clearer picture of the intergenerational traumas possibly passed down to descendants, 2. to create more awareness and knowledge about this history and its enduring impacts on the healthcare sector and the training and education of care professionals and 3. to actively combat racism and discrimination in the healthcare system.

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SLAVERY

CONTENTS

9 **1. INTRODUCTION**
- 1.1 Introduction
- 1.2 Historical context
- 1.3 Awareness and recognition

13 **2. THEORETICAL FRAMEWORK**
- 2.1 Definitions
- 2.2 Theoretical framework

17 **3. RESEARCH METHOD**
- 3.1 Scope and purpose of the research
- 3.2 Research methods
  - 3.2.1 Literature review: scoping review
  - 3.2.2 Interviews and focus groups

21 **4. LITERATURE REVIEW FINDINGS**
- 4.1 Existing Dutch and international literature
- 4.2 Existing knowledge about slavery's enduring impacts on the mental health of descendants
  - 4.2.1 Trauma
  - 4.2.2 Compromised trust
  - 4.2.3 Focus on the Netherlands
- 4.3 Existing knowledge about slavery's enduring impacts on the physical health of descendants
  - 4.3.1 Genetic lines of descendants
  - 4.3.2 Social and societal conditions
  - 4.3.3 Focus on the Netherlands
- 4.4 Existing knowledge about slavery's enduring impacts on the healthcare system
  - 4.4.1 American universities and medical faculties
  - 4.4.2 Structural racism
  - 4.4.3 Focus on the Netherlands

37 **5. FOCUS GROUPS AND INTERVIEWS: WHAT THE EXPERTS SAY**
- 5.1 Enduring impacts on descendants' mental health
  - 5.1.1 Identity
  - 5.1.2 Upbringing
  - 5.1.3 Self-image and worldview
  - 5.1.4 Indigenous slavery
  - 5.1.5 Human remains in anatomical collections
- 5.2 Enduring impacts on descendants' physical health
  - 5.2.1 Care avoidance and distrust
  - 5.2.2 Chronic stress
  - 5.2.3 Diet
- 5.3 Enduring impacts on the healthcare system
  - 5.3.1 Stereotypes in healthcare
  - 5.3.2 Lack of diversity in teaching materials
  - 5.3.3 Other forms of knowledge
- 5.4 Recommendations from the field of practice

53 **6. CONCLUSION**
55 **7. RECOMMENDATIONS**
57 **8. EPILOGUE**
65 **9. BIBLIOGRAPHY**
69 **ACKNOWLEDGEMENTS**

INTRODUCTION

1.1 Introduction

The publication before you is the final report of the study **Health effects of slavery**. This exploratory study examined the effects of the slave trade and slavery on the health of descendants of enslaved people. It also investigated how the legacy of slavery has helped shape healthcare in the Netherlands today.

The study was conducted by the University of Amsterdam and commissioned by the Dutch Ministry of Health, Welfare and Sport (VWS). In 2022, in the run-up to the national Slavery Memorial Year, the Ministry established a broad programme aimed at countering discrimination and promoting equal opportunities across the policy domains of healthcare, welfare and sport. A particular emphasis was on research into, recognition of and measures combatting the enduring effects that historic enslavement has on lives today.

The research questions guiding this project were: *What is the current state of knowledge about the enduring impacts of transatlantic slavery and Dutch colonial history on the mental and physical health of descendants and on the healthcare system in the Netherlands? And what policy recommendations and courses of action can be provided on the basis of the available knowledge?*

To answer these questions, we first conducted a survey of existing literature in this area. Next, we conducted focus groups and interviews with experts, including scientists, healthcare workers and people working at Dutch civil society organisations, asking about their knowledge and experiences around this topic. Finally, based on this comprehensive literature review and conversations with experts, we were able to formulate recommendations and courses of action. The study period ran from March to October 2025.

1.2 Historical context

Slavery, health and medicine

From the sixteenth until well into the nineteenth century, millions of people from the African continent were traded and enslaved in European colonies. The Dutch West India Company (WIC), founded in 1621, sold weapons, gunpowder, iron and other products to authorities in Africa and purchased people from slave traders in West Africa. These enslaved people were transported under abominable conditions by ship from West Africa to the Americas, including to Suriname and the Caribbean territories of the Kingdom of the Netherlands, and forced into labour on the many plantations there. The native Indigenous inhabitants of these regions were likewise enslaved and put to work within the transatlantic colonial system.

The slave trade was banned in 1814, however the system of slavery persisted for decades afterwards in these Dutch colonies. The period of transatlantic slavery continued for more than two hundred years, from the late seventeenth century until 1863. It was abolished by law in the Dutch colonies on 1 July 1863. However, in Suriname enslaved people were forced to remain on plantations for a further ten years, from 1863 to 1873, working under state supervision. In Curaçao, slavery was succeeded by the paga tera system, requiring people who had been freed to rent land from their former enslavers and work it without pay to continue living there. In fact, in the period following abolition it was difficult for freed people to acquire any land at all on which to build homes and raise their own crops. Plantation owners (known as shons) had long since appropriated the most fertile areas. A proportion of the freed population therefore continued to live on plantation owners' land under the paga tera system. In return for a plot of land, they had to perform unpaid labour for the plantation owner during a set number of days each year and to allow the shon's cattle to eat the maize stalks at harvest time. Enslavers also received financial compensation for each enslaved person that was freed. In Suriname, the Dutch government paid 300 guilders a head in damages to compensate 'owners' for their lost 'property'. In Curaçao, this was 200 guilders.

Medics, surgeons and medicine played instrumental roles at various stages in the system of slavery. They were engaged by slave traders to carry out physical inspections during the purchase of enslaved individuals, and ship's surgeons came along on the transatlantic crossing to safeguard the 'human merchandise'. Those sailing aboard WIC ships were the first to introduce Dutch medicine in the colonies and became part of the medical establishment there, usually under the supervision of the governor's personal physician[1].

In his 1769 guide *Noodige onderrichtingen voor de Slaafhandelaren* (Necessary instructions for slave traders), Vlissingen-based surgeon David Henri Gallandat described eight points of importance for those purchasing and shipping enslaved people. Among his 'recommendations' was advice on how slaver traders could judge whether a man or woman was too infirm or old (for example, by examining the "slackness of women's breasts"), as well as on food and hygiene, but also on how to prevent a revolt[2]:

> *'t Is noodzakelyk dat men aan de slaven, zoo dra zy gekocht zyn, te kennen geeft, dat zy geen kwaad te wachten hebben; dat de blanken geen menfchen-eeters zyn; dat zy de neger koopen om dezelven naar een goed land te voeren, alwaar zy veel van hunne landslieden zullen vinden, en alleenlyk tot den landbouw gebruikt worden. Men moet de slaven op een befcheiden wyze aanzeggen, dat zy zig goedwillig aan hun noodlot moeten onderwerpen, de blanken gehoorzaam zyn, geen kwaad doen, of dat zy op de allerftrengte wyze zullen geftraft worden.*
>
> ***[It is necessary that one makes known to the slaves, as soon as they have been bought, that no harm awaits them; that the whites are not man-eaters; that they buy the negro in order to bring him to a good country, where he will find many of his countrymen and be used solely for agriculture. One should advise the slaves in mild terms that they must willingly submit to their fate, obey the whites and do no harm, lest they be punished in the severest manner].***

Once on the plantations, medics were likewise employed to keep enslaved people fit enough to carry out the heavy physical labour. Medical practitioners and medical science thus helped sustain the plantation economy.

When the transatlantic slave trade was abolished in 1814, plantation owners were confronted with a problem, because the supply of new enslaved people to the colonies had stopped. Colonial doctors

[1] Lodewijk W. Statius van Eps and E. Luckman-Maduro, *Van scheepschirurgijn tot specialist: 333 jaar Nederlands-Antilliaanse geneeskunde* (Van Gorcum, 1973).

[2] David Henri Gallandat, *Noodige onderrichtingen voor de slaafhandelaaren* (Pieter Gillissen, 1769), 35.

SLAVERY

therefore increasingly shifted focus towards preserving and lengthening the lives of the existing enslaved population.

The role that healthcare and medical science played in the slave trade and slavery is discussed in more detail in Section 4.

1.3 Awareness and recognition

Up until recently, there was scant interest in the Netherlands, as in most of Europe, in the ways in which the colonial past and history of slavery continue to influence medical knowledge and training, healthcare and policy to this day. Historically, consideration of the enduring impacts of Dutch slavery and colonialism was long excluded from the country's academic discourse, funding and policy agendas, just as scholars, scientists, activists, artists and social and political actors seeking to address these questions from the perspective of descendant and Indigenous communities have been largely excluded from the dominant discourse around knowledge practices in the Netherlands.[3, 4, 5] Research in this field therefore has only really gained momentum during the last few years, and research on racism as it pertains to health and healthcare has likewise only recently begun to take off in the Netherlands. For a long time there was little or no room for discussions of racism and discrimination in the context of healthcare or to investigate its specific underlying mechanisms.[6, 7]

Meanwhile, the use of racial categories and rationales to explain health disparities is commonplace in medicine, epidemiology and health research.

The particular Dutch manifestation of colourblindness stems from the avoidance of discussions of 'race' after the Second World War, and specifically the country's rejection of the National Socialist racial theories used to legitimate the Holocaust. Yet this also had the negative effect of creating a Dutch self-image that precluded even the existence of racism in the Netherlands, given that the whole concept of 'race' was supposedly defunct.[8]

In the absence of any focus on racism and discrimination, scientific research on health disparities between population groups has likewise tended to centre on the disadvantaged parties, also called 'victim blaming'. By and large, medical science still attributes social minorities' generally poorer health to their supposed 'unhealthy' culture, their failure to fully integrate economically, socially and politically in the Netherlands and to ideas (now obsolete) about biological racial differences ('race').[9, 10, 11, 12]

Similarly, the ways in which various forms of discrimination such as sexism, classism, racism, ableism and homophobia have intersected in society and healthcare have long been overlooked. Consideration of such intersectionality in relation to health and healthcare has grown in recent years with publications at the national level, for example by the Dutch Council for Public Health and Society, and campaigns by organisations such as Women Inc.[13]

Developments like the Black Lives Matter movement, which claimed worldwide attention in the summer of 2020, have fostered a growing awareness of the role racism plays (both visibly and invisibly) in Dutch institutions. On 19 December 2022, former Prime Minister Mark Rutte offered an apology for the Dutch state's involvement in the transatlantic slave trade and the system of slavery. During the Slavery Memorial Year, from 1 July 2023 to 1 July 2024, the country commemorated the immense suffering and injustice inflicted on those who were enslaved under a booming triangular trade that went on for two hundred years. This occasion was also used to reflect on how slavery continues to affect society today. "Because,"

[3] Sandew Hira, 'Decolonizing the Mind: The Case of the Netherlands', *Human Architecture* 10, no. 1 (2012): 53-68.

[4] Waldo Heilbron, De toekomst van het verleden: Reflecties over het Nederlands slavernijverleden en -erfgoed (Amsterdam: Atlas Contact, 2024), originally published in 2006.

[5] Ida Does, dir., Alledaagse waardigheid – Philomena Essed (Ida Does Productions, 2025), film.

[6] Philomena Essed and Kwame Nimako, "Designs and (Co)Incidents: Cultures of Scholarship and Public Policy on Immigrants/Minorities in the Netherlands," *International Journal of Comparative Sociology* 47 no. 3–4 (2006): 281–312.

[7] Alana Helberg-Proctor, "(Un)Doing Ethnicity: Analyses of the socio-scientific production of 'ethnicity' in health research in the Netherlands" (PhD thesis, Maastricht University, 2017).

[8] Gloria Wekker, *White innocence: Paradoxes of colonialism and race* (Duke University Press, 2016).

[9] Alana Helberg-Proctor and Jamiu Busari, "Systemic Anti-Blackness and Racism in Healthcare: A European Perspective," *HealthcarePapers* 21 no. 3 (2023): 25-30.

[10] Alana Helberg-Proctor et al., "The multiplicity and situationality of enacting 'ethnicity' in Dutch health research articles," *BioSocieties* 13 no. 2 (2018): 408-433.

[11] Alana Helberg-Proctor and Bahareh Goodarzi e al., "'Ras' en etniciteit registreren in de zorg: een precaire kwestie: Ondeugdelijke categorisering kan leiden tot onjuiste conclusies," *Medisch Contact* 36 (2022).

[12] Alana Helberg-Proctor et al. "'Foreigners','ethnic minorities', and 'non-Western allochtoons': an analysis of the development of 'ethnicity' in health policy in the Netherlands from 1970 to 2015," *BMC public health* 17 no. 1 (2017): 132.

[13] Raad voor Volksgezondheid en Samenleving, *Passende zorg is inclusieve zorg* (Raad voor Volksgezondheid en Samenleving, 2022). https://www.raadrvs.nl/documenten/2022/10/04/passende-zorg-is-inclusieve-zorg

as former Prime Minister Rutte said in his speech, “centuries of oppression and exploitation continue to reverberate in the here and now. In racial stereotypes. In discriminatory patterns of exclusion. In social inequality.”

The publication of the Dutch national research agenda for 2025-2035, titled ‘Dutch colonial slavery and its afterlives’, has helped create broader recognition of the enduring impacts this history has on all facets of Dutch society.[14] In recent years several events have been organised to discuss inclusion and diversity in medicine and healthcare, including a study day by the University of Amsterdam on the *colonial past and global health at Dutch research institutions*. These are important and promising developments that are bringing us closer to health equity in the Netherlands.

This report, **Health effects of slavery**, contributes to: a. helping to close the existing gap in our understanding of the influence of the history of slavery on the health of descendants and on healthcare and b. making policy recommendations and identifying courses of action for Dutch healthcare, education and research institutions in order to counteract medical racism and health inequalities in the future.

[14] Esther Captain et al. *Het Nederlandse koloniale slavernijverleden en zijn doorwerkingen. Kennisagenda 2025-2035* (Koninklijk Instituut voor Taal-, Land- en Volkenkunde, 2024). www.staatenslavernij.nl/kennisagenda.

SLAVERY

2 THEORETICAL FRAMEWORK

2.1 Definition

Descendants of slavery
For the purposes of this study, ‘descendants’ means people born after the legal abolition of slavery in 1863. They have ancestors who were enslaved at the time of the transatlantic slave trade or who were born into slavery in Suriname or the Caribbean territories of the Kingdom of the Netherlands. This report differentiates generations of descendants based on successive periods of 15 to 30 years, where the assumption is that mothers had one or more children while between the ages of 15 and 30, giving birth to the next generation. The present generation is the seventh generation of descendants of enslaved people (see Table 1).

‘Race’
Among humans, there is no such thing as race. The human population is characterised by great diversity and no definitive system exists to organise this diversity into racial or ethnic categories. That complexity is even greater at the individual level, where it is determined by the geographic origins of recent and distant ancestors within and across continents. This geographic and genetic history is complex, and therefore so are everybody’s ‘origins’. The terms ‘Black’ and ‘Black people’ which appear in this report when discussing the literature refer to the social and political terms used to designate descendants of enslaved people. There are also a few instances in this report where we chose to keep the word ‘negro’ when quoting primary sources in order to illustrate the historical context and roots of racial thinking. These terms refer to the categorisation of enslaved people during the time of slavery by and in relation to the dominant European class that defined itself as white (in Dutch: blank).

Table 1.
Timeline of generations of descendants from 1863 on (based on generations of 15-30 years):

1863 – First children born after the abolition of slavery – 1st generation
~1878 - 1893 – 2nd generation
~1893 - 1923 – 3rd generation
~1923 - 1953 – 4th generation
~1953 - 1983 – 5th generation
~1983 - 2013 – 6th generation
~2013 - 2043 – 7th generation

2.2 **Theoretical framework**

This study applies a theoretical perspective drawn from the field of science and technology studies (STS), which argues that the ways in which knowledge is produced, and the extent to which existing knowledge is deemed relevant, legitimate or usable are not neutral. Knowledge is gathered, recorded and used within specific social, cultural and political settings and often serves dominant groups. From an STS perspective, the way in which science directs its focus on particular topics or problems is therefore by definition 'coloured'. The knowledge and experiences of marginalised population groups are often overlooked or deemed irrelevant, while those of dominant groups are regarded as objective and valuable.

Epistemic injustice

This inequality in knowledge production is also known as *epistemic injustice*. In the Netherlands, the absence of knowledge about the enduring impacts of the Dutch history of slavery on the health of descendants can be seen as an example of such injustice.

The philosopher Miranda Fricker has described two principal forms of epistemic injustice:
1. *Testimonial injustice*, in which an individual or group is systematically discredited on account of prejudices around their social identity and 2. *Hermeneutical injustice*,[15] where an individual's experiences are not fully understood (by themselves or others), because they lack the vocabulary or command of the language to articulate those experiences. This is itself a consequence of the historical exclusion of individuals and groups from education and access to information.

An illustration of this is the concept of 'sexual harassment', which only became widely accepted in the 1970s. Where women previously had no clear vocabulary to articulate experiences they certainly did have but were unable or not allowed to express, the concept of sexual harassment made it possible for this form of oppression to be recognised, acknowledged and addressed. The postcolonial scholar Gayatri Chakravorty Spivak coined the term 'epistemic violence' to describe such oppression, marginalisation or complete erasure of certain experiences, concepts and forms of knowledge.[16]

In the context of healthcare research, epistemic injustice and violence cause marginalised groups' knowledge and experiences of their own health situation and reasons they themselves give for their mental or physical ailments to be neither recognised nor acknowledged as relevant or valuable. It also means that existing research methods and questions are mediated by dominant perspectives, which literally have no words for other forms of knowledge (such as experiential knowledge). As a result, answers supplied by people from marginalised groups – especially those with historically low access to education – often do not align with accepted 'measurable' and 'objective' forms of Western scientific knowledge.

While research into health disparities and the role of racism (and sexism, ableism, classism, homophobia, etc.) is still in its infancy in the Netherlands and Europe, more work has been done abroad, particularly in the United States and the United Kingdom. One example is *The Lancet Series on racism, xenophobia, discrimination, and health*, in which a research team led by Devakumar and Selvarajah present a model demonstrating the relationship between racism, xenophobia, discrimination and the health of people regularly subjected to them (see Figure 1).

This report, **Health effects of slavery**, seeks to contribute towards achieving epistemic justice in the production of knowledge (specifically, scientific knowledge in the Netherlands) about health disparities and the impacts of transatlantic slavery and colonialism on the health of descendants and on healthcare today.

[15] Miranda Fricker, *Epistemic injustice: Power and the ethics of knowing* (Oxford University Press, 2007).

[16] Gayatri Spivak, "Can the Subaltern Speak?," in *Marxism and the Interpretation of Culture* ed. Cary Nelson and Lawrence Grossberg (University of Illinois Press, 1988), 271–313.

SLAVERY

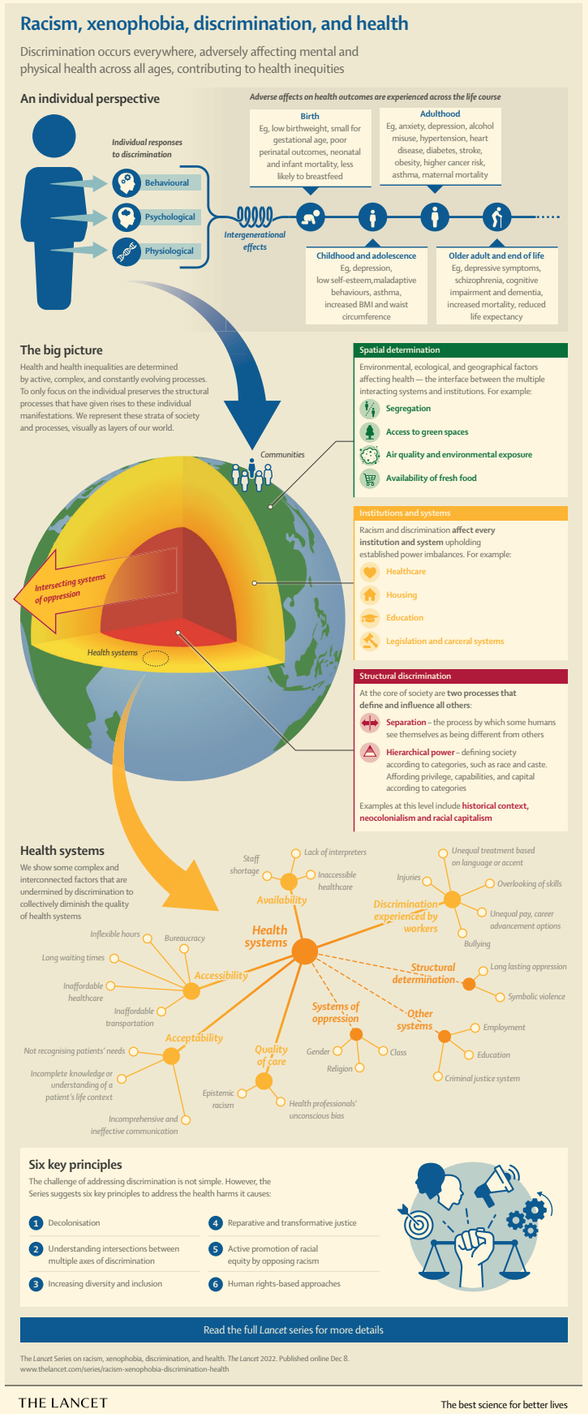


Figure 1: The Lancet Series on racism, xenophobia, discrimination, and health[17]

[17] Delan Devakumar et al., "Racism, xenophobia, discrimination, and the determination of health," *The Lancet* 400 no. 10368 (2022): 2097-2108. https://www.thelancet.com/infographics-do/racism-xenophobia-discrimination-health

SLAVERY

3 RESEARCH METHOD

3.1 Scope and purpose of the research

The Dutch Ministry of Health, Welfare and Sport (VWS) set out the scope, purpose and nature of this research project in its commissioning brief. The Ministry wishes to gain insight into: a. the enduring mental health impacts of slavery on descendants, b. the enduring physical health impacts of slavery on descendants and c. the enduring impacts of slavery on the Dutch healthcare system.

Given the project's limited scope as well as the parameters of the 150th anniversary of the abolition of slavery in Suriname and the Kingdom's Caribbean territories, the Ministry determined that contract labourers and descendants of enslaved people in other former colonies, such as Indonesia, are not the focus of this particular study.

Purpose of the research

In the Netherlands, there has been very little research until now into the afterlife of slavery. Specific knowledge about how this history relates to the many examples of explicit and implicit racism in medical knowledge and training, healthcare and policy is also scant. The purpose of this exploratory study therefore is to: 1. survey existing national and international knowledge about this issue, 2. gather additional perspectives and knowledge from experts in the Netherlands and 3. present concrete, relevant recommendations and courses of action for Dutch healthcare, education and research institutions.

3.2 Research methods

3.2.1 Literature review: scoping review

The current state of knowledge around the enduring impacts of slavery and colonial history on descendants' mental and physical health and on healthcare in the Netherlands was mapped out by means of a *scoping review*. This method is used to discover how much and what sort of literature is available about a given topic. While it provides no indication of the quality of studies found (unlike a systematic review), it does reveal gaps in knowledge, which can be used to inform future research directions. The scoping review for this report consisted of three steps: 1. source identification, 2. thematic data collection and 3. data analysis.

Source identification

A broad search was conducted in the following Dutch- and English-language databases and archives to identify studies of relevance: Google Scholar, PubMed, *Nederlands Tijdschrift voor Geneeskunde* (NtvG), Delpher, Caribbean Network, Google search, the National Library of the Netherlands (KB) and Embase.

A wide range of relevant search terms were used to locate sources. These were compiled during preliminary research and included terms such as: 'racism', 'slavery', 'colonialism', 'health inequalities', 'exclusion', 'diversity', 'plantation economy', 'post traumatic slave syndrome', 'dietary patterns', 'medical apartheid', 'medical guidelines', 'access to care', 'access to cure', 'epigenetics', 'medical racism', 'anti-Black racism', 'intercultural care', 'intergenerational trauma', 'neglected diseases' and 'decolonising medicine'. Hits (identified sources) were then assessed for study relevance using the criteria below.

Criteria for the literature list
The criteria for adding publications to the literature list for this study were:

1. It is an academic or scientific (peer reviewed) publication about the direct or indirect impacts of slavery and colonial history on descendants' mental and physical health and on healthcare.

Or;

2. It is a relevant conference report, professional publication, report of ongoing medical or other research, report by an official body, working document, internal policy document or popular science publication ('grey' literature not indexed in bibliographic databases).

3. International English-language scientific literature must date back no more than five years; this is because of the large number of publications in the English-speaking world and to ensure the report reflects the latest insights in the international scientific literature.

4. Dutch-language scientific publications and 'grey' literature can date back more than five years; this is because of the dearth of recent Dutch research into the topic of this study.

In addition, purposeful sampling was used to identify further academic, scientific and grey literature, based on suggestions made by the advisory committee and report's reviewers.

This yielded a total of 194 documents meeting the above criteria that were included in the thematic data collection and analysis.

Data collection and analysis
Each source was duly examined and searched for information about enduring physical and mental health impacts on descendants of enslaved people and on healthcare. This content was fed into a software program (ATLAS.ti Mac version 25.0.1) for qualitative data analysis. During the analysis stage, the data were manually coded and then grouped into main and sub-themes.

3.2.2 Interviews and focus groups

Experts
The literature review yielded insights that were further refined, enriched and calibrated to the Dutch context by conducting interviews and focus groups with 28 experts. These are individuals who have taken a professional and/or social interest in the impacts of Dutch colonial history on health, racialisation and racism in care, health disparities and inequalities in the country's healthcare system. Thirteen of these experts work at Dutch universities and other research institutions, six are healthcare practitioners, six work in (semi-)government organisations and three in civil society organisations.

In May 2025 we conducted four 2-hour focus groups, bringing together small groups of experts to discuss the following topics: 1. descendants' physical health, 2. descendants' mental health, 3. medical racism in healthcare and 4. policy recommendations and courses of action for healthcare, education and research institutions. Experts who were not available for the focus groups were interviewed separately between April and October 2025. These individual interviews averaged one hour.

The research protocol was submitted for ethical review and approved by the Ethical Advisory Board of the University of Amsterdam's Amsterdam Institute for Social Science Research (AISSR) prior to the focus groups and interviews.[18]

Data-analysis
The focus groups and interviews were recorded with participants' consent and the transcripts anonymised and analysed in four clusters: physical health, mental health, healthcare system and recommendations. The resulting data were manually coded and analysed in ATLAS.ti Mac version 25.0.1 (qualitative data-analysis software).

[18] UvA project number: FMG-13154

4 LITERATURE REVIEW FINDINGS

4.1 Existing Dutch and international literature

The vast majority of the 194 publications found dealing with the enduring impacts of transatlantic slavery on descendants' health and on healthcare came from the United States (US). The scoping review also yielded a small number of publications from Brazil, Australia, Europe and the Caribbean. Most of these publications were scientific in nature. A large share comprised academic commentaries or reviews of existing literature. A limited number were based on original empirical or foundational research.

The search in English-language databases yielded no publications on the impacts of Dutch transatlantic slavery on the health of descendants and on healthcare in the present day. Other search engines did return a few hits relating to slavery and health in the Dutch context.

It is notable that very few of the publications found pertain *directly* to the enduring impacts of the history of transatlantic slavery on descendants' mental and physical health. The majority do mention slavery, but more in the *context* of contemporary health inequalities and medical racism. The number of articles delving into the *mechanisms* that both perpetuate the healthcare impacts of slavery and directly influence the health of descendants is small. They attest that, despite widespread interest in this topic within the American scientific community, actual knowledge remains limited in the US as well.

Given that existing publications are predominantly academic in nature, it seems reasonable to suggest that involvement of the medical and healthcare domains in this research would serve to advance the production and utilisation of knowledge about transatlantic slavery's enduring mental and physical health impacts on descendants. At present, most research on this topic still appears to be happening within academic infrastructures. This raises the question – certainly from the standpoint of just and equitable knowledge production – why the medical and healthcare sectors have not been involved in this type of research as a matter of course. This could be an interesting question for follow-up study.

To summarise, the amount of discoverable work on the theme of health and slavery is not large and confined mainly to the United States. The number of publications concerned with the direct influence of the history of slavery on descendants' health and on healthcare is still extremely limited and requires more work both in the Netherlands and abroad. The collection and production of additional knowledge – by synthesising perspectives and experiences around

this topic from across various domains – is therefore an important priority.

4.2 Existing knowledge about slavery's enduring impacts on the mental health of descendants

The international literature found on the enduring impacts of slavery on descendants' mental health suggests that intergenerational trauma and compromised trust in the healthcare system are significant factors.

4.2.1 Trauma

Within this predominantly North American literature, intergenerational trauma is identified as the principal mechanism through which the history of slavery continues to impact the mental health of descendants into the present day. Watson[19] describes 'Black intergenerational racial trauma' as an inevitable chronic stressor throughout people's lives, with harmful effects on physical and mental health.

Many of the publications found on intergenerational trauma employ DeGruy's post traumatic slave syndrome (PTSS) model.[20] According to Scott-Jones and colleagues, such intergenerational trauma can manifest as three important patterns of PTSS behaviour in descendants of slavery.[21] The first is *vacant esteem*. This is where a person is unable to fully develop their own sense of self-worth, and is accompanied by feelings of hopelessness, depression and a general self-destructive outlook. The second is feelings of anger and distrust, including suspicion and negative perceptions of others' motives. The third is racist socialisation and internalised racism, indicators of which include learned helplessness, literacy deprivation (due to the historic denial of access to education and literacy during the period of slavery), distorted self-concept and antipathy or aversion to the members, physical characteristics and/or cultural heritage of one's own identified group.

Negative stereotyping

Not all articles concerned with trauma in descendants of slavery subscribe to DeGruy's post traumatic slave syndrome (PTSS) model. In his 2016 article 'Post-Traumatic Slave Syndrome is a Racist Idea,' Ibram X. Kendi expressed his concerns over the model's framing of and particular emphasis on the negative and dysfunctional behaviour of descendants of enslaved people.

Such discussion of how studies and interventions targeting health disparities portray descendants as a target group is entirely absent from the (admittedly very limited) Dutch literature, although similar discussion is ongoing in the Netherlands concerning the portrayal of people of vulnerable socio-economic status (SES). Professor Horstman, for instance, highlights the danger of presenting people with structural health problems as a 'stupid target group'. She observes that public healthcare provision and scientific research still too often treat socio-economic health disparities as characteristic of the 'low SES target group', thus blaming health problems on lifestyle and behavioural issues, without regard for socio-economic context. Such critical observations from Kendi in the US and Horstman in the Netherlands show that research into health disparities between population groups must take care not to (re)produce negative stereotypes.

[19] Marlene F Watson, "Caste and Black intergenerational racial trauma in the United States of America," *Family Process* 63 no. 2 (2024): 475-487.

[20] Gwendolyn Scott-Jones and Kamara, "The traumatic impact of structural racism on African Americans," *Delaware journal of public health* 6 no 5. (2020): 80-82.

[21] Scott-Jones and Mozella Richardson, "The traumatic impact," 80-82.

SLAVERY

Narcissistic defence mechanisms

A study into the psychological legacy of slavery in Martinique, Guadeloupe, Dominica and Saint Lucia shows how this history affects identity formation and activates narcissistic defence mechanisms in descendants.[22] Based on street interviews with a hundred respondents in the Lesser Antilles, the researcher identified a range of emotional responses that can disrupt social bonds, either because people give voice to feelings or because they develop defence mechanisms to avoid a painful past. The author also shows that historic traumas remain visible in the way children are brought up, and specifically in how shame and violence are deployed as pedagogical tools. She concludes that this is an outgrowth of unresolved negative emotions connected to the legacies of slavery. Psychological processing of the past, according to this study, is therefore crucial.

Breastfeeding

A number of international articles describe and directly link specific slavery-era practices and events to descendants' present-day health behaviours and experiences, particularly around breastfeeding and reproduction.

In 'The Historical, Psychosocial, and Cultural Context of Breastfeeding in the African American Community', Green and colleagues discuss[23] how traumatic it was for enslaved women to serve as wet nurses:

> *Many lactating enslaved Black women were forced to nurse their owners' children, often increasing the mortality rate for the wet nurses' own child. Moreover, the emotional upheaval of birth, possibly infant death, caring for someone else's child, while depriving their own, and a lack of dignity and respect were aspects of the despicable and unspeakable practice of forced wet nursing. Black wet nurses often saw their own children only once every two weeks as they lived with the owner's family, providing not only breast milk but also domestic services to the child and family.*

The authors conclude that, for African American women today, the tradition of wet nursing is still inherently bound up with white supremacy, slavery, medical racism and the physical, emotional and mental abuse that enslaved African American women endured. This historical context led to transgenerational trauma that continues to shape attitudes to breastfeeding within the African American community to this day. The negative connotations surrounding wet nursing, slavery and medical exploitation form an important cultural barrier depriving women and babies of breastfeeding's health benefits.

[22] Dominique Floret, "Enjeux psychologiques de l'héritage de l'esclavage des Antillais", *Les Cahiers des Jeunes Chercheurs*, (2023).

[23] Victoria L. Green et al., "The historical, psychosocial, and cultural context of breastfeeding in the African American community," *Breastfeeding Medicine* 16 no. 2 (2021): 117.

Dutch historical research into enslaved life on plantations in Suriname provides yet another perspective on the significance of breastfeeding during slavery. This study describes how some enslaved women substantially prolonged their lactation periods (breastfeeding), presumably to keep from immediately falling pregnant again, as an act of resistance against enslaved life.[24] Although the connotations around breastfeeding are different than described in the study on African American women, it demonstrates that, for women enslaved within the plantation economy, breastfeeding was similarly associated with the experiences of life in slavery.

Oral history also tells us something about different practices around breastfeeding and breastmilk during and after the period of slavery. In Curacao, a yaya di lechi (also called menchi) was an enslaved woman who nursed and raised a plantation owner's children, in the process depriving her own offspring. Menchi were selected to breastfeed infants and look after them during their two first years of life. This system caused great personal suffering, as women were often not allowed to keep their own babies with them in the main house whilst nursing an enslaver's child. Usually, their own child lived in the slave huts with family members or other enslaved people. [25, 26]

Reproduction

In the article 'Black women health inequity: The origin of perinatal health disparity', Brown and colleagues describe[27] the methods by which enslavers sought to maintain or enlarge their enslaved populations:

> *Husbandry is defined as "controlled propagation of domestic animals in order to improve desirable qualities." Enslaved were considered like domestic animals that were capable of generating future valuable units of production. Husbandry techniques included the stripping and herding of naked enslaved boys and girls over thirteen years of age into barns overnight. This forced naked interaction often yielded as many as sixty pregnancies and babies for the slave master. Forced mating of young enslaved girls after pubertal and menstrual establishment with an enslaved male was also common. As such, the age of these first forced matings was between 13 and 16 years.*

Enslaved women were appraised and sold based on their reproductive potential. The 'propagation' of enslaved people for profit and use of animal husbandry and reproductive manipulation techniques became common practice after the transatlantic slave trade ended in 1814. The object was to make enslaved women bear as many children as possible in their fertile years. Brown and colleagues trace the origins of modern-day reproductive health disparities that adversely affect mothers and children back to these practices.

[24] Alex van Stipriaan, *Surinaams contrast: roofbouw en overleven in een Caraïbische plantagekolonie*, 1750-1863 (KITLV Uitgeverij, 1993), 338.

[25] Dyonna Benett en Annemarie de Wildt, 'Museale meerstemmigheid op Curaçao', in *Antilliaans erfgoed 2: Nu en verder*, ed. Gert Oostindie and Alex van Stipriaan (Leiden: Leiden University Press, 2021), 37-75.

[26] De Rooy, Felix, dir. *De erfenis van slavernij.* Migranten Televisie Amsterdam, 2003. Film.

[27] Haywood L Brown et al., "Black women health inequity: The origin of perinatal health disparity," *Journal of the National Medical Association* 113 no 1 (2021): 105.

A discussion of reproduction also requires consideration of plantation medicine. Medical practices (medical 'care' is not the right term here) were instrumental in growing the number of 'production units' on plantations. Dutch colonial doctors for example performed inspections of pregnant women and could decide whether or not such women might be flogged.

According to the literature, intergenerational trauma thus constitutes the most important mental health impact on descendants of slavery. Such trauma is directly related to ancestors' lived experiences of sexual violence and physical, mental and emotional abuse. This impact is evident not only in children's upbringing but also in self-image and personality development, as well as in specific health behaviours among descendants, of which the complex relationship with breastfeeding is one example. These deeply rooted traumas are strongly linked to medical practice and 'care' during the transatlantic slave trade and subsequent plantation life.

4.2.2 Compromised trust

Distrust of the healthcare system and care providers presents an emotional and cognitive barrier to receiving healthcare. In 'A Legacy of Mistrust: African Americans and the US Healthcare System', authors Wells and Gowda discuss the historical origins of this distrust among descendants of slavery within the context of the COVID-19 pandemic.[28] They explain that, historically, enslaved people were sometimes sold or loaned to doctors for medical experiments. Documented cases of medical experimentation on unconsenting African American subjects exist well into the twentieth century.[29] The justification used during slavery was the theory that enslaved 'Blacks' were savage and subhuman. Early medical journals from during and after the time of slavery and the American Civil War (1861-1865) contain references to 'Black' inferiority. Recognising that these perspectives fuelled medical violence and profound humiliations to descendants even after abolition is essential to understanding present-day distrust of the American healthcare system.

Not only Wells and Gowda, but also Batelaan in "'It's not the science we distrust; it's the scientists": Reframing the anti-vaccination movement within Black communities', conclude that trust must be restored within these communities to achieve progress in the aftermath of COVID-19 and to address the tremendous impact the pandemic had on them.[30]

To understand the specific impacts of slavery on descendants, Dean and Smith investigated disparities in distrust of the American healthcare system among descendants of enslaved people, on the one hand, and people of African but not enslaved descent, on the other.[31] Their telephone survey among 89 respondents revealed that a larger percentage of descendants of enslaved people are aware of unethical care practices,

[28] Lindsay Wells and Arjun Gowda, "A legacy of mistrust: African Americans and the US healthcare system," *Proceedings of UCLA health* 24 no. (2020).

[29] Harriet A. Washington, *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present* (Doubleday Books, 2006).

[30] Krystal Batelaan, "'It's not the science we distrust; it's the scientists': Reframing the anti-vaccination movement within Black communities" *Global Public Health* 17 no (2022): 1099-1112.

[31] Lorraine T. Dean and Genee S. Smith, "Examining the role of family history of US enslavement in health care system distrust today." *Ethnicity & disease* 31 no (2021): 417.

both historic and more recent, compared with people of African but not enslaved descent. This demonstrates that specific knowledge about racist medical practices has been transmitted from generation to generation within the community of descendants of slavery. This group is also significantly more distrustful of the American healthcare system and more often characterises it as discriminatory than people with African roots but no enslaved forebears.

In short, scientific research from the US shows that the experience of discrimination and sense of distrust vis-à-vis the American healthcare system is not solely about racism based on skin colour. After all, Americans of African descent without enslaved ancestors also have experiences of racism in American social, economic and political contexts. However, as a group, African Americans with enslaved ancestors to this day suffer more mental harms from the perpetuation of inequalities in the healthcare system than those who have African ancestry but no heritage of slavery. The particular experiences that enslaved people had with the medical establishment in America therefore continue to affect the mental health and trust of descendants through to the present day.

4.2.3 Focus on the Netherlands

Source identification showed that the number of publications concerning the mental health effects of slavery on descendants in the Netherlands remains very limited. One scientific study and several online interviews with experts appeared in 2024, during the Slavery Memorial Year, alongside a number of blogs and news items.[32, 33]

Ambivalent attitude towards 'white Dutch people'
An article published on PsyXpert, a continuing education platform, examined the enduring impacts of transatlantic slavery on the Dutch mental healthcare system (GGZ). It drew on a small qualitative study involving ten psychiatrists and therapists of Surinamese or Caribbean descent.[34] The central questions here were to what extent they feel themselves to be impacted by their ancestors' enslavement, whether they have observed such effects in clients descended from enslaved people, and whether they also see this reflected in the Dutch mental healthcare system and in their own education and training.

Respondents indicated that they had been brought up with an ambivalent attitude towards 'white Dutch people'. They related this to their own parents' experiences in the colonial context, where Dutch teachers slapped children for speaking in Surinamese or Papiamento, or made them wash their mouths out with soap. The way their parents had been raised within the colonial web of relationships in turn influenced how respondents themselves were brought up. The article's author, Tankink, writes: :

> *For generations, people were raised while only ever being addressed in the imperative. If someone didn't do as they were told, they were punished, and this practice was passed down from generation to generation. Even today, many parents still command their children to 'do this', 'grab that'. During slavery, parents sometimes punished their children as a 'precautionary' measure, in hopes of preventing the enslaver from doing so, because his punishments were usually far worse. This was how people tried to protect their children. Punishment meant beating.*[35]

The psychiatrists and therapists interviewed further said that they have seen and experienced descendants of slavery struggling with their identity and sense of belonging; that they don't have a good sense of who they are or where they belong. This can lead to lower self-esteem and a poor self-image. Many descendants feel they have to prove themselves more, or, conversely, develop a passive and apathetic attitude in the belief that Dutch society deems them 'not good enough'.

Lessons for the Dutch mental healthcare sector
This small-scale study suggests that both the trauma of slavery and the resilience to survive it have been transmitted to descendants, Tankink writes. But it doesn't end there. The author also notes that, for descendants, modern Dutch society still constitutes a context of racism that they have to negotiate. This also applies to the mental healthcare system (GGZ). The author hence concludes:

[32] Bob Harms, "De onbekende en onbesproken impact van het slavernijverleden op de gezondheid van nazaten in het Caribisch deel van het Koninkrijk," *Werkgroep Caraïbische Letteren*, 30 juni 2024. https://werkgroepcaraibischeletteren.nl/de-onbekende-en-onbesproken-impact-van-het-slavernijverleden-op-de-gezondheid-van-nazaten-in-het-caribisch-deel-van-het-koninkrijk/

[33] Michel van Dijk, "'We zijn allemaal doordrenkt van het slavernijverleden," *De Psychiater*. 29 maart, 2024. https://depsychiater.nl/artikelen/2024/maart/2024-2/we-zijn-allemaal-doordrenkt-van-het-slavernijverleden

[34] Marian Tankink, "GGZ en de doorwerking van het trans-Atlantische slavernijverleden", *PsyXpert* 3. (2024): 11-20.

[35] Tankink, "GGZ en de doorwerking van het trans-Atlantische slavernijverleden", 14.

[...] In the Netherlands, notions about the 'other' informed by the colonial period are still held both implicitly and explicitly. This influences people's interactions, inequality and individuals' self-image and can result in transgenerational transmission of trauma. The GGZ is ill equipped for diversity or to accommodate different explanatory models.[36]

The article closes with a number of recommendations for the GGZ:

Liberating the GGZ from colonial thinking requires insights into the ways in which this thinking influences the theories and models it employs. It also requires insight into how colonisation and slavery affect the human mind and behaviour, including in descendants. The GGZ needs to critically evaluate what it holds up as the ideal for people, its research methods, applications and the question who benefits. [...] Only then can we make the sector, education and treatment more inclusive.[37]

Power imbalance

In March 2024, a short pair-interview appeared online in *De Psychiater*, a Dutch psychiatry journal, with psychiatrist Glenn Helberg and professor emeritus of Caribbean history and culture Alex van Stipriaan. In the article 'We zijn allemaal doordrenkt van het slavernijverleden'[38] (We are all steeped in the legacy of slavery), the two experts conclude that the psychosocial impacts of slavery can still be felt throughout Dutch society. Examples of this include parenting styles in the Dutch-Surinamese community, the use of skin-lightening products and the higher rate of unemployment among descendants due to labour market discrimination.

According to these experts, the Dutch healthcare system also continues to be influenced by the historical legacy of colonialism and slavery. In the article, Glenn Helberg recalls once hearing a fellow psychiatrist say: "Black people can't be depressed, because they can't think." He reflects:

Shocking words, which plainly state how this white colleague viewed Black patients in the GGZ. It's a case in point of the ongoing legacy of slavery. The way we've learnt to think about Black people, about white people, influences us in who we are and how we view the other. Even in the psychiatrist's office. This is the legacy of a centuries-old imbalance of power between white and Black people. It is the world of the white colonialist setting out for foreign continents and coming to tell other people that they were wrong, that their worldview was false, that they were inferior.

The article ends with a plea for large-scale research into the enduring psychosocial impacts of slavery on Dutch society.

[36] Tankink, "GGZ en de doorwerking van het trans-Atlantische slavernijverleden", 11.
[37] Tankink, "GGZ en de doorwerking van het trans-Atlantische slavernijverleden", 20.
[38] van Dijk, "'We zijn allemaal doordrenkt van het slavernijverleden"

SLAVERY

Broken bonds

Another interview, this one published on Dutch journalism platform *De Correspondent* in July 2024 and titled 'Spiritualiteit kan de wonden van de slavernij helpen helen' [39] (Spirituality can help to heal slavery's wounds), discusses the bonds broken by slavery and how this has influenced descendants' family ties. The piece quotes Nana Efua Markelo, a Winti priestess:

Winti [a religion that developed during the time of slavery in Suriname, A.H.], as is brought home to me time and again, emphasises connections. With nature and with family members – even dead and future ones. What you do can affect your cousin, but equally your unborn grandchild. That creates strong bonds of mutual responsibility. Slavery struck deep blows at precisely those bonds. Slavery is an interruption of the web of structures holding Black people together. That's why slavery is a wound. If I take a knife and cut my skin, it leaves a wound, because something has been broken. The wound of slavery is the tearing of the web: of whole families, of a culture, religions, systems. That broken web has still not been repaired to this very day, and Winti's murky reputation is a potent illustration of this.

Markelo argues that the Afro-Surinamese Winti religion is uniquely positioned to help repair such broken bonds. "Even Dutch society as a whole can benefit from Winti values," Markelo says. "Especially for coming to terms with the societal exclusion that has persisted ever since slavery."

In summary, it can be concluded that there is a considerable lack of scientific (peer reviewed) research into the enduring mental health impacts of transatlantic slavery on descendants in European Dutch society.

The scoping review reveals gaps in the following clinical and research areas: 1. Aetiology: knowledge focused on causative factors contributing to mental vulnerability among descendants of slavery, 2. Diagnostics: knowledge about how to recognise and diagnose particular ailments linked to the history of slavery, 3. Interventions: knowledge about what can be done to address, and specifically to alleviate and resolve, intergenerational trauma and compromised trust, 4. Prognosis: knowledge about this problem's progression, based on predictions about who is at the highest risk of ailments and how such ailments develop over time, and finally, 5. Social science: knowledge that is still lacking about the cultural, political, normative and societal aspects of this enduring mental impact within Dutch society.

The Netherlands has never funded research on this topic in these knowledge domains. The handful of Dutch-language publications, along with this study's interviews and focus groups with experts, are merely a first step. They provide a good indication of themes to be addressed by future research; namely: broken bonds, transgenerational transmission of trauma and resilience, how the legacy of slavery affects identity, and how the legacy of slavery affects family formation and upbringing.

Additionally, research is needed into how colonial history and slavery have influenced implicit and explicit forms of racism within the Dutch mental healthcare system (GGZ) and across Dutch society as a whole. By learning more about the context descendants of slavery have to negotiate today, steps can be taken to promote mental health for this group, restore trust and reduce health disparities.

Finally, the international literature – mainly from the US – shows that a research focus on certain specific experiences of men and women enslaved during the Dutch transatlantic trade and colonial period, particularly experiences around breastfeeding, reproduction, sexual violence and other violence, can supply valuable knowledge about the mental health and health behaviours of descendants today.

[39] Bregje Hofstede, "Spiritualiteit kan de wonden van de slavernij helpen helen", *De Correspondent*. 7 juli 2024. https://decorrespondent.nl/15424/spiritualiteit-kan-de-wonden-van-de-slavernij-helpen-helen/e4e277b7-7eaf-01c8-0de7-d40fdcc6280b

4.3 Existing knowledge about slavery's enduring impacts on the physical health of descendants

The Dutch and international literature on the effects of slavery on the physical health of descendants is very limited. Publications that were found can be grouped into roughly two perspectives: 1. the influence of slavery on the genetic lines of descendants, and knowledge about this, and 2. the influence of slavery as a civic and social context for health disparities between people with and without enslaved ancestors.

4.3.1 Genetic lines of descendants

First of all, it is worth reiterating that 'race' is not a biological category (see also Section 2.1). While individuals differ genetically, in biological terms there are no distinct human races. The concept of 'race' must therefore be seen as a social construct and says nothing about any population group's genetic characteristics.

Accordingly, articles dealing with the genetic lines of descendants concern not presumed 'racial' differences between white and Black people, but the availability of knowledge about genetic ancestry. Disparities in such knowledge affect the extent to which health risks can be assessed and genetic diseases identified. The absence of precise information about enslaved individuals' ancestry and genetic lines impacts how effectively they can be served with preventative measures in the here and now.

Ancestry

To this day, little is known about either the specific geographic locations that enslaved people originated from or their bloodlines. We know that they were frequently separated from family members during transatlantic transport, and oral information about origins has largely been lost across the generations.

The article 'Genetic Consequences of the Transatlantic Slave Trade in the Americas' seeks to redress this by mapping out the origins of people enslaved in the Americas based on historical documents and descendants' genetic characteristics.[40] The authors show there must have been an overrepresentation of people of Nigerian descent and an underrepresentation of those of Senegambian descent. This information is relevant to descendants' physical health as it can aid in tracing genetic predispositions for particular conditions.

Brazilian research also shows that the circumstances under which enslaved people fled to inaccessible rainforests to escape slavery, and the isolation in which they lived there, may have produced visible genetic characteristics in descendants of modern-day *quilombo* communities in the interior regions. This study's authors cautiously conclude that descendants of these escaped enslaved people appear to be at a higher genetic risk of developing obesity and hypertension.[41]

D'Atanasio and colleagues are conducting similar research into genetic ancestry among descendants of slavery in the Dominican Republic, where they discovered a genetic link with tribes in Central Africa. Their study has also identified a large number of European paternal lines of ancestry compared to maternal lines. According to the authors, this is evidence of sexual violence during slavery and of European male dominance in fathering children on enslaved women.[42]

The importance of data about ancestry in the detection and treatment of genetically determined diseases is borne out by a case published in the medical journal Nederlands *Tijdschrift voor Geneeskunde* (NTvG). In this case report from 1987, doctors describe a woman of Indonesian descent with haemoglobin C (HbC), a rare disease. This was the first time (that we know of) that the HbC gene was identified in a person of Indonesian descent.

[40] Steven J. Micheletti et al., "Genetic consequences of the transatlantic slave trade in the Americas, " *The American Journal of Human Genetics* 107 no. 2 (2020): 265-277.

[41] Iriel A. Joerin-Luque et al., "Ancestry, diversity, and genetics of health-related traits in African-derived communities (quilombos) from Brazil, " *Functional & Integrative Genomics* 23 no. 1 (2023): 74.

[42] Eugenia D'Atanasio et al., "Y haplogroup diversity of the Dominican Republic: reconstructing the effect of the European colonization and the trans-Atlantic slave trades," *Genome Biology and Evolution* 12 no.9 (2020): 1579-1590.

SLAVERY

Given that this gene occurs primarily in African populations, the patient was asked if her family had 'African connections'. The patient did not know if this was the case, but her father reported that his great-grandfather came from Africa and had served in the Royal Netherlands East Indies Army (KNIL). Using this information, the doctors and a team of historians embarked on a search for this great-grandfather and the gene he carried. The authors write:

> *From 1832 until 1872, due to a lack of European volunteers, the Dutch colonial authorities commissioned soldiers to be recruited – or rather, purchased – on the West African Gold Coast, in what is now Ghana. According to research by historian Dooyes, a total of 3,060 soldiers were enlisted in this way. In Indonesia, they were known as the Black Dutchmen (blanda items) [Belanda Hitam]. After some years of service they were given leave to take an Indonesian wife and start a family. Upon discharge, the men typically settled down with them in either Purworejo in Central Java or Medan on Sumatra's East Coast, though some also managed to return to Africa.*
>
> *After decolonisation, ties with the Dutch administration and KNIL led some of this community of descendants to emigrate to the Netherlands. One estimated their number in the Netherlands at 500. As our patient's family knew that her great-grandfather arrived in Indonesia in 1860, it was possible to discover which transport he sailed with from the ship archives still kept in the National Archive in The Hague. His name appeared on the lists, along with other particulars including tribal tattoos, place of birth and age. From this, it could be deduced that he had belonged to the Mossi people from the savannah region north of the Ashanti Empire, where the Ashantis traditionally stole slaves.*

The researchers in 1987 claimed this was the first study to trace to its precise geographic location a genetic line that had disappeared from Africa with the slave trade and subsequently become dispersed across two continents. It was also possible to establish the historical moment when the gene was present in its last African-born carrier.

This information illustrates the complex ramifications that the history of slavery has for the health of descendants living today. One positive outcome of such studies is that they have increased awareness in medical science about how slavery disseminated genetic predispositions for particular conditions across multiple populations and continents, and that, as a result, descendants of enslaved individuals who may not be outwardly recognisable as such themselves, or even aware of the fact – like the woman in the above example – may unknowingly be at an increased risk of disease.

Epigenetics
Another way to look at genetic lines is on the basis of epigenetics. Epigenetics refers to the fact that environmental factors can bring about changes in how genes are expressed. Although genes themselves cannot change, circumstances are known to affect whether and how genes are expressed, much like a switch that can be flipped 'on' or 'off', or a volume control that can be dialled 'up' or 'down' in response to such circumstances. In the context of this study, this means the circumstances under which generations of enslaved people lived could plausibly have affected the how their descendants' genes behave.

In their article 'How epigenetic inheritance fails to explain the Black-White health gap', Charney and co-authors in the US argue that, in fact, no evidence has yet been found supporting the idea that physical health disparities between Black and white Americans are a result of epigenetic transmission from the period of slavery. They claim it is more likely that health disparities between white and Black Americans stem from ongoing racial traumas to which African Americans are exposed in modern-day American life[43] – a context in which the impacts of slavery are built into the education, healthcare, employment, judicial, criminal and any number of other systems.

Recently it was announced that a research project titled 'Genealogical Research for Descendants' will be initiated in Saba, Sint Maarten and Sint Eustatius. Drawing on a combination of genealogical data, oral histories and advanced DNA research, it will trace the African heritage and family histories of descendants of enslaved people on the three Caribbean islands. The project ultimately aims to reconstruct five hundred life histories dating back to the seventeenth century and to set up the region's first genomic biobank.[44]

4.3.2 **Social and societal conditions**

The overwhelming majority of American literature that was found centres not on a genetic approach to disease risk, but rather, like Charney and colleagues, on social and societal conditions with historical roots in slavery. These conditions are considered the primary cause of existing health disparities.

These disparities began during the time of slavery and were perpetuated thereafter through social and income inequalities. The segregation laws under which descendants lived during the Jim Crow era (1877-1965) laid a renewed foundation for racism. Inequality is manifested in all aspects of life in the US, including healthcare. As the literature also points out, different aspects of slavery and scientific and medical racism past and present are interwoven in complex ways. This dynamic between past and present constitutes a sort of comorbidity, whereby the health of descendants of slavery is negatively affected by a self-reinforcing interplay between transgenerational trauma from the past and people's own traumatic experiences in the present day.

Tucker for example writes that descendants' increased risk and poor prognoses for kidney disease can be attributed not only to individual biological determinants but at least as much to structural race-based political and societal barriers erected during the time of slavery.[45] He says these societal barriers to health equality are closely linked to racialised income inequality, inequalities in education, environmental injustice, criminality and incarceration, and the persisting legacies of slavery.

Similarly, Bleich and Ard in their article 'COVID-19, Obesity, and Structural Racism: Understanding the Past and Identifying Solutions for the Future', write that:

[43] Evan Charney et al., "How epigenetic inheritance fails to explain the Black-White health gap." *Social Science & Medicine* 366 (2025): 117697.

[44] Public Entity Saba, "Kingdom of the Netherlands Awards $7.6 Million to Fund Saba's Action Agenda for the Legacy of Slavery", August 13, 2025. https://www.sabagov.nl/news/kingdom-of-the-netherlands-awards-76-million-to-fund-sabas-action-agenda-for-the-legacy-of-slavery

[45] Kevin J Tucker, "Social justice as a tool to eliminate inequities in kidney disease, " *Seminars in Nephrology* 41 no. 3 (2021): 203-210.

> *Long-standing systemic inequalities—fueling unequal access to critical resources such as healthcare, housing, education, and employment opportunities—are largely responsible for the significant race disparities in obesity and COVID-19. Because of this legacy, public health emergencies like the COVID-19 pandemic disproportionately impact communities of color, exacerbated by high rates of pre-existing chronic diseases like obesity.*[46]

In 'Historical Primer on Obstetrics and Gynecology Health Inequities in America', Nnoli states that current health inequalities cannot be viewed in isolation from the introduction of the concept of 'race' during the era of American slavery.[47] She also cites the legal doctrine of *partus sequitur ventrem* ('that which is born follows the womb'), used to legitimate hereditary slavery. These historical precepts gave rise to racialised and unjust social systems which continue, through stereotypes, myths and prejudices against individuals, to contribute to racial inequalities in health today.

In summary, despite a limited amount of research, the history of slavery is seen to affect descendants' physical health in multiple ways. Descendants are at a double health disadvantage: on the one hand due to the lack of knowledge about genetic ancestry, which makes it more difficult to spot and predict a genetic predisposition for diseases, and on the other due to the social and societal context descendants live in, coupled to transgenerational traumas they carry with them. Societies with a history of colonialism and enslavement continue to have institutional barriers impeding equal access to healthcare for descendants to this day.

Photograph: Demonstration at Dam Square in Amsterdam against the manner in which the Dutch government proposed to apologise for the Netherlands's historical role in slavery. The text on the sign reads: 'The "pains", "sorrow" and humiliations of the enslaved are in the "genes" of their "descendants"!!!' (ANP/ Robin van Lonkhuijsen)

[46] Sara N. Bleich and Jamy D. Ard, "COVID-19, obesity, and structural racism: understanding the past and identifying solutions for the future," *Cell metabolism* 33.2 (2021): 234.

[47] Aisha Nnoli, "Historical primer on obstetrics and gynecology health inequities in America: a narrative review of four events," *Obstetrics & Gynecology* 142 no. 4 (2023): 779-786.

4.3.3 Focus on the Netherlands

This study found no existing Dutch publications dealing specifically with the physical health impacts of the transatlantic slave trade and slavery on descendants in the Netherlands.

Consequently, it can be concluded that there is a definite knowledge gap around this topic in the Netherlands. Dutch research should therefore focus in particular on 1. the specific experiences and living conditions of enslaved people during the transatlantic slave trade and slavery and 2. how the dynamic between transgenerational trauma and the personal traumas descendants experience in society today influences their physical health.

4.4 Existing knowledge about slavery's enduring impacts on the healthcare system

The American literature found on slavery's enduring impacts on the healthcare system in the US spans two main themes: 1. the active historical role that American medical faculties and universities played in slavery and racial thinking and 2. structural racism in the contemporary healthcare system.

4.4.1 American universities and medical faculties

The literature shows that multiple universities and medical faculties in the US, including Harvard, Johns Hopkins, Georgetown and the University of Virginia, had direct links with slavery. Professors and founders themselves owned enslaved people, and universities had direct financial ties to slavery. Enslaved people were furthermore used in medical research.

In 'Professors of racial medicine: imperialism and race in nineteenth-century United States medical schools', Willoughby writes that during the period of slavery, renowned medical professors such as Daniel Drake, Josiah Nott and John Collins Warren founded medical schools expressly to develop and advance racial theories. As a result, their 'scientific' ideas about 'race' became embedded as apparently ironclad rudiments of medical education in the US.[48]

The study 'The Long Shadow: A Historical Perspective on Racism in Medical Education' discusses how contemporary American medicine has been shaped by the history of Christian Europe, Enlightenment racial science, colonisation, slavery and racism.[49]

[48] Christopher Willoughby, "Professors of racial medicine: imperialism and race in nineteenth-century United States medical schools." *Medical History* 68 no. 2 (2024): 146-161.

[49] Nientara Anderson et al., "The long shadow: a historical perspective on racism in medical education, " *Academic medicine* 98 no. 8S (2023): S28-S36.

4.4.2 Structural racism

The historical legacy of slavery and the domestic work enslaved women had to do (caring for children and elders, cleaning, cooking, etc.) has been highly influential in shaping the healthcare workforce. The preponderance of racialised and marginalised women in low-wage healthcare jobs is a well-known and widespread phenomenon.[50] Research shows that women in these caregiving jobs experience frequent discrimination from employers, colleagues and patients alike. In their research on this, Dill and Duffy conclude:[51]

> *Our findings link Black women's position in the labor force to the historical legacies of sexism and racism, dating back to the division of care work in slavery and domestic service. Our policy recommendations include raising wages across the low-wage end of the sector, providing accessible career ladders to allow workers in low-wage health care to advance, and addressing racism in the pipeline of health care professions.*

4.4.3 Focus on the Netherlands

Here again, we found very few publications dealing with slavery's enduring impacts on the modern Dutch healthcare system. There are some historical publications on the role of medicine during the slave trade and slavery, and there is an essay about the legacy of transatlantic slavery in medicine and healthcare published by the Dutch State Committee against Discrimination and Racism. Our review also found a study that, though not explicitly focused on slavery's impacts on experiences of structural racism among care workers, does show that in the Netherlands, as in the US, social inequalities in the form of poverty, racism, discrimination and gender inequality lead to precariousness among care workers of colour, and that this has a negative effect on their health.[52]

Racial framing

An important source of information is the work of Snelders, a historian. A number of his books and other publications consider the role of pre-modern medicine in the Dutch transatlantic slave trade, slavery, the plantation economy and colonialism, as well as that of racial thinking in early medicine. In his article 'Leprosy and Slavery in Suriname: Godfried Schilling and the Framing of a Racial Pathology in the Eighteenth Century', Snelders concludes that leprosy was presented as a disease of African origin with strong racial and sexual undertones. This racial framing helped to inform policy isolating those suffering from the disease. Moral and cultural value judgements constructed leprosy as a health hazard spread by enslaved people from Africa, who were therefore viewed as posing a threat to the new eighteenth-century Caribbean slave societies, and ultimately to the Dutch colonial empire as a whole.[53]

In an article published in the Dutch medical journal NTvG some thirty years ago, in 1994, authors Lammes and Dabhoiwala make reference to slavery-era experiments performed without anaesthesia on "incontinent negress slaves" by J. Marion Sims. Reader responses to this article varied from "the wording that he 'bought incontinent negress slaves to test a new (...) technique' may arouse feelings of antipathy in the reader, which Sims doesn't deserve" to "A hundred years later feminists are blaming him for using incontinent negress slaves to perfect a technique for closing bladder fistulas, when authentic reports testify to the comprehensive care these patients received".[54]

These responses illustrate an absence of critical reflection on the racist and humiliating medical practices perpetrated during slavery.

[50] Janette Dill and Mignon Duffy, "Structural Racism and Black Women's Employment in The US Health Care Sector: Study examines structural racism and black women's employment in the US health care sector." *Health Affairs* 41 no. 2 (2022): 265-272.

[51] Dill and Duffy, "Structural Racism And Black Women's Employment", 265.

[52] Saskia Duijs et al., "Squeezed out: Experienced precariousness of self-employed care workers in residential long-term care, from an intersectional perspective" *Journal of Advanced Nursing* 79 no. 5 (2023): 1799-1814.

[53] Stephen Snelders, "Leprosy and slavery in Suriname: godfried schilling and the framing of a racial pathology in the eighteenth century," *Social History of Medicine* 26 no. 3 (2013): 432-450.

[54] Quoted in Alana Helberg-Proctor, 'De doorwerking van het trans-Atlantische slavernijverleden in de geneeskunde en zorg', in *Doorwerkingen van slavernijverleden: Meervoudige perspectieven op de relatie tussen verleden en heden* (Staatscommissie Tegen Discriminatie en Racisme, 2023): 40-46.

In the thirty-odd years since this article's publication, awareness about structural racism in the healthcare system has grown, also in the Netherlands. Nevertheless, in her 2024 article about medical experimentation on enslaved people, Weeda concludes that:

> *In the Netherlands, research into the development of medical knowledge and its structural links with slavery is still in an embryonic stage. Neither has there been any reflection to date on this interconnectedness of medicine and the slave trade economy.*[55]

Despite the very small amount of Dutch research into the enduring effects of the country's history of slavery on its healthcare system, we may cautiously conclude that, in the absence of critical reflection and unbiased forms of knowledge production, existing inequalities and structural racism will continue to be replayed in this system.

Where knowledge production is concerned, encouraging developments include current research at Utrecht University's Faculty of Medical Sciences into its own involvement in the Dutch colonial past, from 1814 to the present day. Additionally, the University of Amsterdam announced plans in November 2025, following preliminary research by the NIOD Institute for War, Holocaust and Genocide Studies, to further investigate the university's colonial history and links with slavery. These research projects may be able to supply relevant new scientific insights and contribute to greater critical reflection on the legacies of slavery in healthcare, medical science and science as a whole.

[55] Claire Weeda, "Medische experimenten in de Nederlandse slavenhandel: De casus David Henri Gallandat (1732-1782)," *Tijdschrift voor Geschiedenis* 137 no. 4 (2024): 442.

SLAVERY

FOCUS GROUPS AND INTERVIEWS:
WHAT THE EXPERTS SAY

The literature survey discussed above was supplemented and enriched by means of focus groups and interviews with 28 experts from the fields of science, medical science and healthcare and civil society organisations. Some of these experts are also descendants of enslaved people. Therefore, in addition to their professional expertise, these individuals furnished another layer of experiential expertise, adding a deeper perspective to the insights from this research.

During these sessions, participants reflected on four themes: the enduring impacts of the history of slavery on 1. physical health, 2. mental health and 3. the healthcare system, and 4. policy recommendations and courses of action for healthcare, education and research institutions.

This small-scale qualitative study outlines a number of necessary next steps. In the text that follows, quoted statements have been edited slightly for readability. The study does not claim to be exhaustive or comprehensive.

5.1 Enduring impacts on descendants' mental health

The main aspects to emerge from the discussions with experts regarding enduring mental health impacts on descendants were: 1. identity, 2. upbringing, 3. self-image and worldview, 4. care avoidance and distrust, 5. human remains in anatomical collections and 6. underacknowledgement of Indigenous slavery. This section briefly discusses the transgenerational dimensions of each aspect in turn.

5.1.1 Identity

According to the experts, not knowing one's own history and the lack of information about exactly where ancestors came from negatively affects descendants' mental health. In addition to this lack of basic knowledge about family lines and precise heritage, the culture of silence around difficult topics is another contributing factor in some Surinamese-Dutch and Caribbean-Dutch communities. Expectations and rules are imposed on descendants by parents, grandparents and other extended and self-appointed family members, the origins of which are unknown or go unstated. One of the experts explained:

> *Transgenerationally, things involving identity are unconsciously passed down without explaining what they're about or where they came from. It's painful for descendants to know nothing about an entire piece of their own identity. The history is hushed up, not only within the community of descendants, but also in wider white society. As a result, younger generations don't really know why they're taught certain things, in terms of how to behave in daily situations. It's drilled into them consciously and unconsciously by parents and grandparents that they should be humble, not draw attention to themselves, not talk back. But nobody explains why. That affects people's development.*

On the one hand there is a lack of available knowledge about individual, family heritage as connected to the history of slavery, yet on the other, this unknown history filters through in how people are raised and what they are taught about how to behave. These initial insights suggest the complexities surrounding personal identity stem from descendants' family upbringing within a society with a history of colonialism and slavery.

5.1.2 Upbringing

According to the interviewed experts, descendants of enslaved people face the ongoing transgenerational trauma of their ancestors' subordinate social status during the period of slavery. In effect, children today are brought up in a way that prepares them for life in a society where racism and notions of white superiority are assumed. Descendants learn from early on that they have little room to make mistakes and that they should keep themselves and their children 'small' (basically, lay low and be good). .

> *Children are kept small and continually instructed to be polite and well-behaved. It's less about a child's actual behaviour and more about the fear that they'll be corrected more violently by someone else.*

Punishing children for being too conspicuous, bothering or angering others, or claiming space for their own needs and feelings is considered (albeit often unconsciously) the 'safest way' to prepare them for life in a society with a history of colonialism and slavery.

Historical research and sources offer additional insight into the origins of this fear for harsh reprisals against children who are perceived as disobedient or obtrusive. Sources found in the historical archive of the Dutch Lower House provide a detailed account of the specific punishments meted out to enslaved children deemed to be misbehaving by enslavers. Dutch government regulations permitted enslavers to give at most twelve (to boys aged six) or nine (to girls aged six) lashes using "a cat-o'-nine-tails, bullwhip, rod or tamarind switch" (see Figure 2).

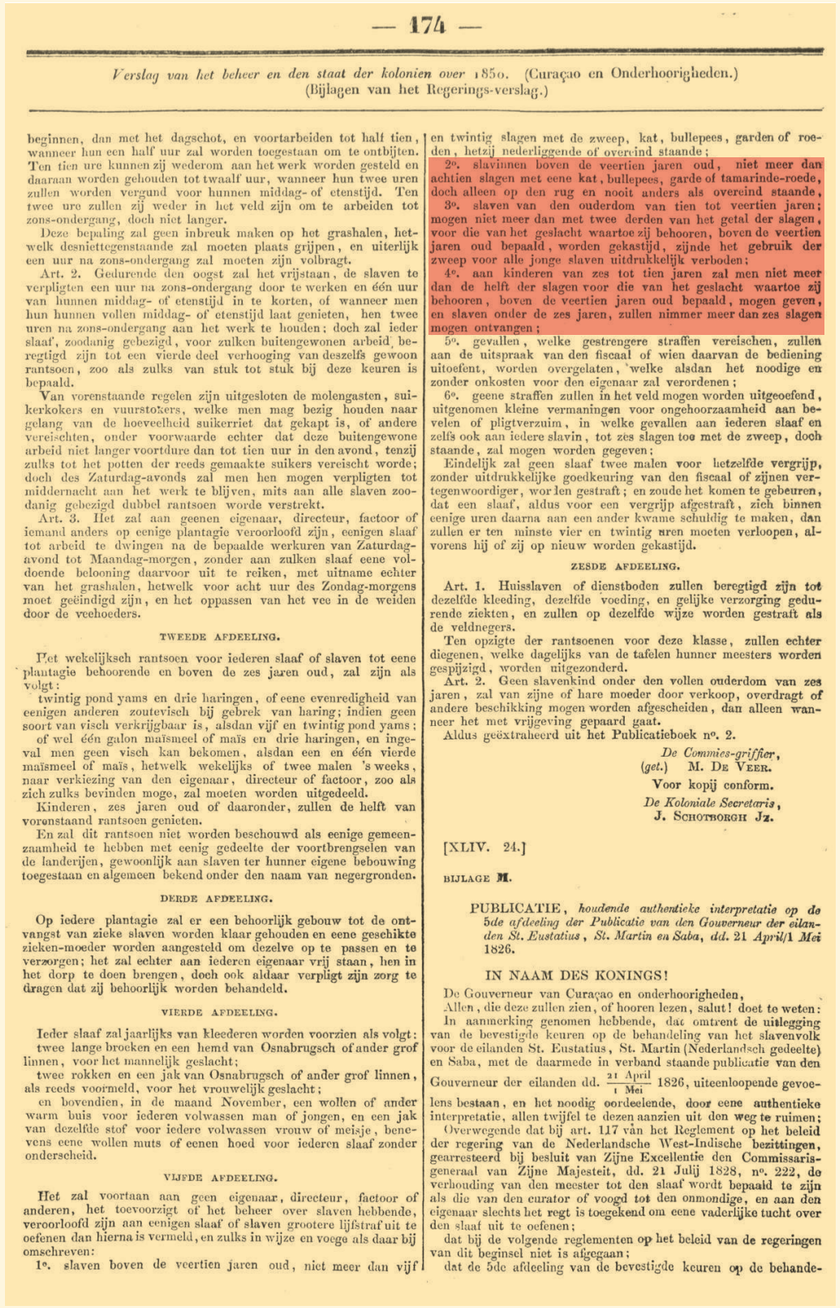
Enslaved adults who were unable to control their children were also punished. In their book *Ooggetuigen van de Nederlandse slavernij* (Eyewitnesses to Dutch slavery), authors Fatah-Black and De Koning cite a diary entry written by the painter John Greenwood during his time in Suriname in 1752-1758:

> *Mrs S., a gentlewoman, brought her slave that was suckling her child to be placed in what she called the Spaanse bok[56], because she was unable to keep her child quiet.*[57]

The fear that children will be seen as 'troublesome' or 'unmanageable' by white Dutch people still plays a big part in strict parenting styles for some within the Surinamese-Dutch and Caribbean-Dutch communities.

[56] A severe corporal punishment where the hands were bound together, the knees squeezed up between the bound arms, and a stick drawn between the arms and raised knees, which was then secured in the ground.

[57] Quoted in Karwan Fatah-Black and Camilla de Koning, *Ooggetuigen van de Nederlandse slavernij: Van overtocht tot opstand* (Singel Uitgeverijen, 2024), 155.



— 174 —

Verslag van het beheer en den staat der kolonien over 1850. (Curaçao en Onderhoorigheden.)
(Bijlagen van het Regerings-verslag.)

beginnen, dan met het dagschot, en voortarbeiden tot half tien, wanneer hun een half uur zal worden toegestaan om te ontbijten. Ten tien ure kunnen zij wederom aan het werk worden gesteld en daaraan worden gehouden tot twaalf uur, wanneer hun twee uren zullen worden vergund voor hunnen middag- of etenstijd. Ten twee ure zullen zij weder in het veld zijn om te arbeiden tot zons-ondergang, doch niet langer.

Deze bepaling zal geen inbreuk maken op het grashalen, hetwelk desniettegenstaande zal moeten plaats grijpen, en uiterlijk een uur na zons-ondergang zal moeten zijn volbragt.

Art. 2. Gedurende den oogst zal het vrijstaan, de slaven te verpligten een uur na zons-ondergang door te werken en één uur van hunnen middag- of etenstijd in te korten, of wanneer men hun hunnen vollen middag- of etenstijd laat genieten, hen twee uren na zons-ondergang aan het werk te houden; doch zal ieder slaaf, zoodanig gebezigd, voor zulken buitengewonen arbeid beregtigd zijn tot een vierde deel verhooging van deszelfs gewoon rantsoen, zoo als zulks van stuk tot stuk bij deze keuren is bepaald.

Van vorenstaande regelen zijn uitgesloten de molengasten, suikerkokers en vuurstokers, welke men mag bezig houden naar gelang van de hoeveelheid suikerriet dat gekapt is, of andere vereischten, onder voorwaarde echter dat deze buitengewone arbeid niet langer voortdure dan tot tien uur in den avond, tenzij zulks tot het potten der reeds gemaakte suikers vereischt worde; doch des Zaturdag-avonds zal men hen mogen verpligten tot middernacht aan het werk te blijven, mits aan alle slaven zoodanig gebezigd dubbel rantsoen worde verstrekt.

Art. 3. Het zal aan geenen eigenaar, directeur, factoor of iemand anders op eenige plantagie veroorloofd zijn, eenigen slaaf tot arbeid te dwingen na de bepaalde werkuren van Zaturdag-avond tot Maandags-morgen, zonder aan zulken slaaf eene voldoende belooning daarvoor uit te reiken, met uitname echter van het grashalen, hetwelk voor acht uur des Zondag-morgens moet geëindigd zijn, en het oppassen van het vee in de weiden door de veehoeders.

TWEEDE AFDEELING.

Het wekelijksch rantsoen voor iederen slaaf of slaven tot eene plantagie behoorende en boven de zes jaren oud, zal zijn als volgt:

twintig pond yams en drie haringen, of eene evenredigheid van eenigen anderen zoutevisch bij gebrek van haring; indien geen soort van visch verkrijgbaar is, alsdan vijf en twintig pond yams;

of wel één galon maïsmeel of maïs en drie haringen, en ingeval men geen visch kan bekomen, alsdan een en één vierde maïsmeel of maïs, hetwelk wekelijks of twee malen 's weeks, naar verkiezing van den eigenaar, directeur of factoor, zoo als zich zulks bevinden moge, zal moeten worden uitgedeeld.

Kinderen, zes jaren oud of daaronder, zullen de helft van vorenstaand rantsoen genieten.

En zal dit rantsoen niet worden beschouwd als eenige gemeenzaamheid te hebben met eenig gedeelte der voortbrengselen van de landerijen, gewoonlijk aan slaven ter hunner eigene bebouwing toegestaan en algemeen bekend onder den naam van negergronden.

DERDE AFDEELING.

Op iedere plantagie zal er een behoorlijk gebouw tot de ontvangst van zieke slaven worden klaar gehouden en eene geschikte zieken-moeder worden aangesteld om dezelve op te passen en te verzorgen; het zal echter aan iederen eigenaar vrij staan, hen in het dorp te doen brengen, doch ook aldaar verpligt zijn zorg te dragen dat zij behoorlijk worden behandeld.

VIERDE AFDEELING.

Ieder slaaf zal jaarlijks van kleederen worden voorzien als volgt:

twee lange broeken en een hemd van Osnabrugsch of ander grof linnen, voor het mannelijk geslacht;

twee rokken en een jak van Osnabrugsch of ander grof linnen, als reeds voormeld, voor het vrouwelijk geslacht;

en bovendien, in de maand November, een wollen of ander warm buis voor iederen volwassen man of jongen, en een jak van dezelfde stof voor iedere volwassen vrouw of meisje, benevens eene wollen muts of eenen hoed voor iederen slaaf zonder onderscheid.

VIJFDE AFDEELING.

Het zal voortaan aan geen eigenaar, directeur, factoor of anderen, het toevoorzigt of het beheer over slaven hebbende, veroorloofd zijn aan eenigen slaaf of slaven grootere lijfstraf uit te oefenen dan hierna is vermeld, en zulks in wijze en voege als daar bij omschreven:

1°. slaven boven de veertien jaren oud, niet meer dan vijf en twintig slagen met de zweep, kat, bullepees, garden of roeden, hetzij nederliggende of overeind staande;

2°. slavinnen boven de veertien jaren oud, niet meer dan achtien slagen met eene kat, bullepees, garde of tamarinde-roede, doch alleen op den rug en nooit anders als overeind staande,

3°. slaven van den ouderdom van tien tot veertien jaren; mogen niet meer dan met twee derden van het getal der slagen, voor die van het geslacht waartoe zij behooren, boven de veertien jaren oud bepaald, worden gekastijd, zijnde het gebruik der zweep voor alle jonge slaven uitdrukkelijk verboden;

4°. aan kinderen van zes tot tien jaren zal men niet meer dan de helft der slagen voor die van het geslacht waartoe zij behooren, boven de veertien jaren oud bepaald, mogen geven, en slaven onder de zes jaren, zullen nimmer meer dan zes slagen mogen ontvangen;

5°. gevallen, welke gestrengere straffen vereischen, zullen aan de uitspraak van den fiscaal of wien daarvan de bediening uitoefent, worden overgelaten, welke alsdan het noodige en zonder onkosten voor den eigenaar zal verordenen;

6°. geene straffen zullen in het veld mogen worden uitgeoefend, uitgenomen kleine vermaningen voor ongehoorzaamheid aan bevelen of pligtverzuim, in welke gevallen aan iederen slaaf en zelfs ook aan iedere slavin, tot zes slagen toe met de zweep, doch staande, zal mogen worden gegeven;

Eindelijk zal geen slaaf twee malen voor hetzelfde vergrijp, zonder uitdrukkelijke goedkeuring van den fiscaal of zijnen vertegenwoordiger, worden gestraft; en zoude het komen te gebeuren, dat een slaaf, aldus voor een vergrijp afgestraft, zich binnen eenige uren daarna aan een ander kwame schuldig te maken, dan zullen er ten minste vier en twintig uren moeten verloopen, alvorens hij of zij op nieuw worden gekastijd.

ZESDE AFDEELING.

Art. 1. Huisslaven of dienstboden zullen beregtigd zijn tot dezelfde kleeding, dezelfde voeding, en gelijke verzorging gedurende ziekten, en zullen op dezelfde wijze worden gestraft als de veldnegers.

Ten opzigte der rantsoenen voor deze klasse, zullen echter diegenen, welke dagelijks van de tafelen hunner meesters worden gespijzigd, worden uitgezonderd.

Art. 2. Geen slavenkind onder den vollen ouderdom van zes jaren, zal van zijne of hare moeder door verkoop, overdragt of andere beschikking mogen worden afgescheiden, dan alleen wanneer het met vrijgeving gepaard gaat.

Aldus geëxtraheerd uit het Publicatieboek n°. 2.

De Commies-griffier,
(get.) M. De Veer.

Voor kopij conform.
De Koloniale Secretaris,
J. Schotborgh Jz.

[XLIV. 24.]

BIJLAGE M.

PUBLICATIE, *houdende authentieke interpretatie op de 5de afdeeling der Publicatie van den Gouverneur der eilanden St. Eustatius, St. Martin en Saba, dd. 21 April/1 Mei* 1826.

IN NAAM DES KONINGS!

De Gouverneur van Curaçao en onderhoorigheden,

Allen, die deze zullen zien, of hooren lezen, salut! doet te weten:

In aanmerking genomen hebbende, dat omtrent de uitlegging van de bevestigde keuren op de behandeling van het slavenvolk voor de eilanden St. Eustatius, St. Martin (Nederlandsch gedeelte) en Saba, met de daarmede in verband staande publicatie van den Gouverneur der eilanden dd. $\frac{21\text{ April}}{1\text{ Mei}}$ 1826, uiteenloopende gevoelens bestaan, en het noodig oordeelende, door eene authentieke interpretatie, allen twijfel te dezen aanzien uit den weg te ruimen;

Overwegende dat bij art. 117 van het Reglement op het beleid der regering van de Nederlandsche West-Indische bezittingen, gearresteerd bij besluit van Zijne Excellentie den Commissaris-generaal van Zijne Majesteit, dd. 21 Julij 1828, n°. 222, de verhouding van den meester tot den slaaf wordt bepaald te zijn als die van den curator of voogd tot den onmondige, en aan den eigenaar slechts het regt is toegekend om eene vaderlijke tucht over den slaaf uit te oefenen;

dat bij de volgende reglementen op het beleid van de regeringen van dit beginsel niet is afgegaan;

dat de 5de afdeeling van de bevestigde keuren op de behande-

Figure 2. Report on the management and state of the colonies in 1850 (Curaçao and Dependencies). Parliamentary papers, Lower House, 1852-1853, doc. no. XLIV sub 23.[58]

[58] The highlighted section reads: 2nd. slave women over the age of fourteen years, not more than eighteen lashes using a cat-o'-nine-tails, bullwhip, rod or tamarind switch, but solely upon the back and never otherwise than standing upright,
3rd. slaves aged between ten and fourteen years may be chastised with not more than two-thirds of the number of lashes determined for those of the sex to which they belong who are over the age of fourteen years, whereby the use of the whip is expressly forbidden for all young slaves;
4th. to children between six and ten years one shall be permitted to give not more than half of the lashes determined for those of the sex to which they belong who are over the age of fourteen years, and slaves under six years shall never be given more than six lashes;

Dispersal of families

Another factor which respondents cited as relevant to children's upbringing is proximity and mobility. Large waves of migration have occurred at various points in history, the period around Suriname's independence in 1975 being one, when a variety of socio-economic push and pull factors led families to wind up scattered across the Netherlands and its former colonies. Descendants of slavery came to be spread out within the Netherlands as well, partly due to government dispersal policy.

This physical distance between family members has made it difficult to establish and maintain positive intergenerational connections. Descendants consequently have less space and opportunity to reflect as a group on what their ancestors experienced during slavery, and on how this still affects the way parents and grandparents bring up children today. As Section 4.2 of this report demonstrates, collectively coming to terms with this past and restoring family connections plays a vital part in promoting descendants' mental health.

These findings echo the patterns found by historical research. As recent research shows, the proximity of grandmothers, aunts and uncles and other relatives significantly increased children's life chances during slavery as well.

Stereotypes

Another dynamic at play in descendants' upbringing, one also rooted in the history of slavery, is contending with negative stereotypes. Both society and the way descendants are brought up leave little latitude for them to be themselves. One respondent explained:

> *People are taught from an early age to be good representatives of the family and community and above all not to confirm existing stereotypes about Surinamese and Antilleans. That starts at home and continues later at school, at work and in broader society. In the end, this 'externally oriented' identity winds up being internalised.*

According to the experts, it is exhausting and very stressful for descendants to have to negotiate these dynamics all the time. They are intensely aware of how society views them and of the stereotypes circulating about people from the former colonies. Anticipating and responding to this is something they do daily. One respondent explained some of these stereotypes:

> *For example, displays of emotion are viewed as confirming the stereotypes. So if someone of Surinamese or Antillean descent reacts 'normally', by which I mean like other Dutch people, that person is quick to be seen as 'hysterical'. Descendants of slavery know they're more likely to be labelled 'aggressive' or 'undisciplined'. They want to throw off these stereotypes, and to do that, they develop a sort of filter. I also see it in myself, working in healthcare. It's something I deal with every day. How can I respond without colleagues thinking: 'oh, another typical Surinamese person'...?*

There are also intersectional components to the stereotypes that descendants of slavery face. These are based on other social identities such as gender. Several experts noted that female descendants have to contend with the additional perception, created during slavery, of enslaved women and all their female descendants as hypersexual. This image of enslaved women as compulsively 'desiring' sex legitimated routine sexual abuse by plantation owners, which is deeply interwoven with how girls are brought up to this day. One female expert shared from her own experience:

DIt was very important to my mum that I would get married and stay a virgin until then. She always said that 'we' had been raped so many times in the past, and that was why she wanted the best for me now. Because of that, she always wanted me to be very cautious around men. She was afraid I'd be violated and raped. She forbade me from speaking to men she and my dad didn't know, and I was only allowed to associate with men they had 'approved'. My mum also wouldn't let me play sport much, as my hymen could tear. [...] It still bothers her a lot that I'm not married. She feels like she did such a good job looking after me all that time for nothing.

In summary, the experts say there is clear evidence that the experiences of enslaved people filter through into how some descendants raise their children in the present day. They use verbal and physical violence to keep their children 'in line' – be it deliberately or unconsciously – and so protect them from violence by others, negative stereotyping, rape and violation. This parenting style can make some descendants perceive reality as split. They internalise the need to be constantly on guard while also continually adapting to avoid falling outside the group. Navigating all the complexities of this social system can be a major daily challenge for descendants.

Finally, because historical migrations have led families to become dispersed across multiple continents, there has still been little collective coming to terms with transgenerational traumas or awareness about their continued impact on children's upbringing.

SLAVERY

5.1.3 Self-image and worldview

Respondents also pointed to racialised self-image and worldview among descendants as another enduring impact of slavery. They grouped these into three categories: 1. the view that the world is not made for them and that descendants will always be considered inferior, preventing some from even attempting to achieve anything in life, 2. an internalised racist self-image, where descendants wind up believing they are indeed inferior to their white friends, colleagues and fellow citizens, 3. a destructive self-image, constituting extreme cases where descendants have so deeply internalised racist ideology that they completely dissociate themselves emotionally and mentally from their heritage and the culture of their parents and forebears. One respondent observed:

> *White people's authority is so profoundly baked into descendants' consciousness that they grow up believing it's best if they also try to be white, because white people are better and do better. But in effect, that's a fundamental rejection of the self.*

Another respondent added:

> *Slavery and colonialism gave rise to so many traumas, and because there are so many, and because that period lasted for so many generations, an endless multitude of conceptions and ideas about ourselves and the world got handed down from generation to generation. Conceptions of beauty, morality, upbringing. It's quite possible the same things have been passed down within families for ten generations*

5.1.4 Indigenous slavery

From the late fifteenth century on, Indigenous communities in Suriname and the Caribbean region were also enslaved.[59] As the experts pointed out, the Dutch failure to recognise descendants of enslaved Indigenous people as such is a cause of pain and distress, particularly because it denies the suffering of the ancestors, who play an important spiritual role in these Indigenous communities.

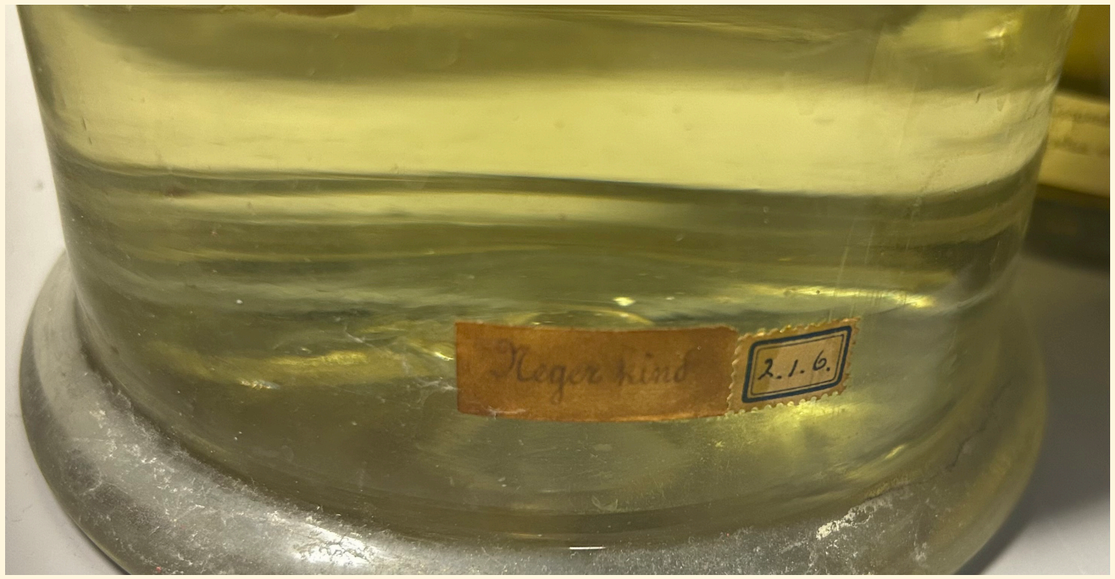


Figure 3: Label on a jar containing the body of a 'Negro child', probably dating from the eighteenth or nineteenth century, in a university museum storage facility (photo by Alana Helberg-Proctor, 2025).

[59] Sjoerd Ramackers, *Inheemse Slavernij: Een Vergeten Geschiedenis* (Stichting Herdenking Slavernijverleden, 2025).

5.1.5 Human remains in anatomical collections

Finally, several of the experts cited holdings of the human remains of enslaved people and foetuses acquired during the time of slavery as another painful legacy of slavery in the present day. For descendants, the fact ancestors' bodies remain unburied and in storage facilities even today is a source of spiritual and mental distress. These human remains (bodies and body parts preserved as wet specimens, skulls and other bones) are part of multiple anatomical collections at Dutch university medical faculties (Figure 3). Now still kept in storage as part of university anatomical and other museum collections, respondents said these human remains deserve more dignified treatment or appropriate restitution to communities of origin.

The four-year Dutch Research Agenda (NWA) project 'Pressing Matter: Ownership, Value and the Question of Colonial Heritage in Museums' is currently examining issues around colonial collections at museums and universities. By paving the way towards a new, respectful treatment of ancestral human remains, this research may provide descendants some spiritual and psychological relief.

In summary, the findings and experiences that experts discussed in the interviews show that descendants' mental health is clearly affected by the slavery-era experiences of their ancestors. This is manifested in identity-related problems; parenting behaviours and keeping children 'small' for fear of repercussions; descendants' self-image and worldview, which in serious cases can lead to complete self-rejection in the context of modern-day postcolonial society; and finally, for some, in spiritual and mental distress caused by the continued display of bodies and body parts of enslaved forebears.

SLAVERY

5.2 Enduring impacts on descendants' physical health

The discussions with experts highlighted the following themes in relation to enduring physical health impacts on descendants: 1. care avoidance and distrust, 2. chronic stress and 3. diet.

5.2.1 Care avoidance and distrust

The avoidance of care due to distrust and negative experiences was mentioned repeatedly during the interviews and focus groups. Respondents indicated that the historical dimensions of slavery, where enslaved people were abused for medical experimentation, coupled to personal negative experiences with discrimination and racism in contemporary society, combine to create a 'double distrust' among descendants. Recent scandals such as the childcare benefits scandal, in which a disproportionately large number of Dutch citizens of Surinamese-Dutch and Caribbean-Dutch descent were wrongly declared 'fraudsters' – with devastating consequences for these families – dealt a fresh blow to an already fragile trust in the government and healthcare institutions.

The persistent negative stereotyping many descendants encounter in Dutch healthcare and other institutions contributes to even greater avoidance of care and a dysfunctional relationship with care providers. One respondent explained:

> *Black people have developed a very strong sense of distrust, based on their own experiences and those of people like them, that white people don't have their best interests at heart. They often also explicitly connect this to slavery-era practices. The feeling that what happened to enslaved ancestors, that that's still repeating itself now, albeit in other, less overt forms, is also an example of the enduring impact of slavery.*

According to the respondents, distrust in the healthcare system is also associated with parents' and grandparents' experiences in colonial Suriname and the Caribbean Netherlands. Medical care and medications were difficult for colonial populations to access. Most medicines had to be shipped from the Netherlands and might be expired by the time they arrived, the experts said. The lesson people took from this – that they could not rely on healthcare and medicines supplied by the Dutch – still makes it difficult for descendants to seek help or take instructions or medications from providers in the Dutch healthcare system today.

Despite having little faith in the loyalty of the Dutch healthcare system, descendants have nevertheless internalised the idea that medical doctors 'stand above them'. Notions about white superiority thus produce simultaneous distrust and esteem for 'the white doctor'. The experts said descendants may be less likely to contradict or question Dutch doctors for this reason.

5.2.2 Chronic stress

According to the experts, the enduring effects of slavery on descendants' mental health, together with the distrust discussed above, can provoke stress responses affecting physical health.

Stress responses are activated by the sympathetic nervous system (rapid bodily response) and the hypothalamic-pituitary-adrenal axis (slow response). These responses regulate important hormones in the body, including adrenaline, cortisol and dopamine, which affect the brain and other organs, immune system and behaviour. Chronic stress and higher cortisol levels influence brain function, overloading the brain and making it more prone to anxiety and distress. This overload can also lead to memory problems and learning difficulties. Chronic stress can also damage 'executive' functions such as the ability to plan, organise, concentrate, regulate emotions and control impulses. All this puts people who are under chronic stress at a higher risk of a wide variety of conditions and diseases, including cardiovascular disease, diabetes, obesity, asthma, reduced fertility, infections and DNA damage.[60, 61]

5.2.3 Diet

The experts also see impacts of the history of slavery on physical health through diet and food culture. To some extent, dietary patterns that trace their origins to the period of slavery and the resources and rations available under those conditions still exist today (see Figure 4).

The poor ingredients that enslaved people on plantations could come by to feed themselves and their families still form the basis of the food culture today. Things like black pudding, which is essentially blood waste. That's harmful to the body. But because it was the only thing available for so many generations, this unhealthy food became inextricably bound up with the culture of descendants. That also makes it difficult to change.

[60] Nederlands Huisartsen Genootschap. "Chronische stress". 27 november, 2024, https://www.nhg.org/praktijkvoering/leefstijl/chronische-stress/

[61] Joanna M. Hobson et al., "The neurobiology of social stress resulting from Racism: Implications for pain disparities among racialized minorities." *Neurobiology of Pain* 12 (2022): 100101.

SLAVERY

Verslag van het beheer en den staat der kolonien over 1849. (Suriname.)
(Regerings-verslag.)

De straffen waartoe te Paramaribo en te Nieuw-Rotterdam, op de daartoe aangewezene plaatsen, de meester op eigen gezag bevoegd is over te gaan en welke door de ambtenaren der politie op eenvoudige aanvrage der eigenaren of derzelver vertegenwoordigers aan slaven boven de 14 jaren oud kunnen worden toegepast, mogen niet te boven gaan:

opsluiting gedurende 3 nachten } met of zonder boeijen;
opsluiting gedurende 3 etmalen }
slagen met de gewone zweep:
aan mannen, 25;
aan vrouwen, 15;
aan jongens tusschen de 16 en 14 jaren, 15;
aan meisjes van denzelfden ouderdom, 10.

In geval van twijfel aan de bevoegdheid van den persoon die de straf vordert, indien de slaaf in ziekelijke omstandigheid schijnt te verkeeren, of wanneer eene slavin zwanger schijnt of beweert te zijn, kunnen de politie-beambten de uitvoering der straf schorsen, tot nadere bevelen van den procureur-generaal of den landdrost zullen ontvangen zijn.

De meester die oordeelt dat zijn slaaf eene ernstiger bestrafting verdient, dan waartoe hij bevoegd is op het piket der justitie te doen opleggen, geeft daarvan te Paramaribo aan den procureur-generaal en te Nieuw-Rotterdam aan den landdrost kennis, die, des noodig oordeelende, den slaaf zwaarder kunnen doen straffen.

De regter behoudt zijne bevoegdheid om meesters van slaven, die hun gezag doorgaand misbruiken, dat gezag te ontnemen.

In het tweede reglement, de plantagie-slaven betreffende, wordt bepaald dat:

aan iederen slaaf boven de 14 jaren oud moet worden uitgereikt:

a. wekelijks:

1°. 2 bossen banannen, wegende te zamen niet minder dan 56 ponden;
of 9 ponden rijst,
» 22 » yams,
» 35 » goede tayars;
» 9 » korenmeel,
» 8 » tarwemeel,
» 8 » gort,
» zoovele ponden erwten, boonen, maïs of cassave, als in voedingsvermogen met eene der bovengenoemde hoeveelheden levensmiddelen gelijkstaan;
2°. 2 ponden bakkeljaauw of andere gezouten visch;
of 2 ponden gezouten of gerookt vleesch;
» 2 » haring of makreel;
» ook daags 1/5 pond versch ruad-, kabrieten- of varkensvleesch;

b. maandelijks:

gedurende den regentijd 1 pond en gedurende den droogen tijd anderhalf pond zout.

Bovendien ontvangt iedere slaaf, boven de 18 jaren oud, om de zes weken een pond tabak en drie pijpen.

Ieder mannelijke slaaf boven de 18 jaren oud verkrijgt nog daags een wijnglas rhum of dram.

Jongere slaven, de vrouwelijke en de mans-slaven die geen gebruik maken van sterken drank, bekomen wekelijks 2 pinten melassie.

Aan iederen slaaf boven de 8 en tot en met 14 jaren oud wordt, behalve de hun toegekende hoeveelheid melassie, de helft en aan jongeren een derde der hierboven vermelde levensmiddelen toegelegd.

Aan slaven die hunne levensmiddelen niet behoorlijk bewaren, die dezelve verkwanselen of verkwisten, of die zich herhaaldelijk aan wegloopen hebben schuldig gemaakt, kunnen dagelijks rantsoenen worden uitgereikt. Hetzelfde moet ook geschieden met zieken, onder geneeskundige behandeling.

Maten en gewigten hierboven bedoeld zijn de oud-Amsterdamsche.

Slaven op houtgronden, die onder genot van eenen vrijen dag in de week zelven hunne kostgronden mogen aanleggen en onderhouden, ontvangen geene uitreiking van den onder *a* 1°. vermelden droogen kost.

De bestaande verordeningen op het aanplanten van kost en het onderhouden van kostgronden worden uitdrukkelijk bevestigd.

Waar geen bananmen kunnnen geplant worden, moet een voldoend aantal akkers met eene of meerdere soort van kost, aangewezen om die vrucht te vervangen, worden beplant en in goeden staat onderhouden.

Achteloosheid of verzuim van gezagvoerders in de uitdeeling der voormelde levensmiddelen wordt gestraft met eene boete van f 25 tot f 100.

Indien eigenaren of administrateuren nalatig mogten bevonden worden, om zooveel hun aangaat, voor de aanschaffing en verstrekking der benoodigde levensmiddelen te zorgen, zullen zij gestraft worden met eene boete van f 50 tot f 300.

Ingeval, door nalatigheid of verzuim van gezagvoerders, eigenaren of administrateuren, de uitdeelingen van levensmiddelen ten achtere geraken, en daarin op de gedane aanmaning van den procureur-generaal niet dadelijk wordt voorzien, of dat de slaven werkelijk gebrek aan kost hebben, of daarin niet van wege de eigenaren of administrateuren kan worden voorzien, wordt het ontbrekende van gouvernementswege verstrekt en zal het bedrag, daarvoor uit de koloniale kas besteed, ter diligentie van den daartoe bevoegden ambtenaar, als eene schuld, preferent boven alle andere, op de *plantagie* klevende schuldvorderingen, worden verhaald.

Het houden van pluimvee, en het bebouwen van bepaaldelijk aangewezen of aan te wijzen grondjes, door de slaven in hunne vrije uren, sedert lang reeds algemeen vergund, moet door de gezagvoerders voortdurend worden aangemoedigd.

Voorts is de arbeid op alle plantagien voor de taak van eenen dag geregeld, en zijn daarbij bepalingen omtrent de werkuren gemaakt; ook is acht gegeven op de krachten van bejaarden, zwakken, kinderen en kraamvrouwen, het vieren van den Zondag als rustdag, en het verleenen van eenige dagen tot de gewone nieuwejaars-uitspanning. Overtredingen van gezagvoerders op een en ander worden gestraft met eene boete van f 25 tot f 100, en wanneer het op uitdrukkelijken last van eigenaren of administrateuren geschiedt, verheuren deze eene boete van f 50 tot f 200.

Verder is het noodige bepaald omtrent voldoende woningen en het onderhoud en schoonhouden derzelve.

Nalatigheid dieswege wordt voor gezagvoerders met eene boete van f 50 tot f 100 en voor eigenaren of administrateuren van 100 tot f 500 gestraft.

Eigenaren, administrateuren en gezagvoerders zijn, ieder voor zooveel hun aangaat, gehouden om voor behoorlijke genees- en heelkundige behandeling van de slaven te zorgen, op verheurte eener boete van f 100 f tot f 300.

Gezagvoerders op plantagien of gronden mogen de navolgende straffen opleggen:

a. onthouding van sterken drank of melassie gedurende hoogstens 14 achtereenvolgende dagen;

b. opsluiting gedurende 14 dagen, alleen des nachts of gedurende dag en nacht;

c. het aanleggen eener ligte kettingboei, gedurende ten langste 14 dagen, alleen des daags, of gedurende dag en nacht;

d. slagen met de gewone zweep:
aan mannen, ten hoogste 25;
» vrouwen » » 15;
» jongens tusschen de 16 en 14 jaren oud, ten hoogste 15;
» meisjes van denzelfden ouderdom, ten hoogste 10.

Over de jongere slaven, die den ouderdom van 14 jaren nog niet ten volle bereikt hebben, mogen de gezagvoerders eene vaderlijke *tucht uitoefenen.*

Zwangere vrouwen mogen in geen geval met slagen of met kettingboei gestraft worden.

Een slaaf, weigerende de straf, hem door den gezagvoerder opgelegd, aan te nemen, zal niet van het werk geweerd, maar daaraan gelaten worden, doch zal inmiddels van de zaak door den gezagvoerder aan den eigenaar of administrateur kennis worden gegeven, die daarin zal voorzien, zoo als hij vermeenen zal te behooren.

Het wordt echter den gezagvoerder overgelaten, om, zulks noodzakelijk oordeelende den wederspannige preventief te doen opsluiten.

De straffen, welke eigenaren of administrateuren vermogen op te leggen, zijn:

a. verwijdering of verbanning naar eenige andere plantagie of grond;

b. hoogstens het dubbele der straffen in het vorige artikel vermeld.

Administrateuren mogen echter op de plantagie of grond, welke zij zelven bewonen, of waarop zij tevens de functie van gezagvoerder waarnemen, het maximum der straffen aan gezagvoerders verooorloofd niet overschrijden.

Eigenaren of administrateuren, oordeelende dat een slaaf eene ernstigere correctie verdient, dan waartoe zij bevoegd zijn, zullen daarvan aan den procureur-generaal of in de districten Nickerie aan den landdrost aldaar, kennis geven, en zullen deze autoriteiten, na onderzoek en bevinding dat de zaak zonder tusschenkomst des regters huisselijk kan worden afgedaan, tot eene zwaardere straf mogen autoriseren.

Wanneer het noodig geoordeeld wordt de straf op de plantagie, waartoe de strafschuldige behoort, of waarop het vergrijp is bedreven, ten uitvoer te leggen, zal zulks niet geschieden dan in tegenwoordigheid van den procureur-generaal, van den genoemden landdrost of van een burger-officier.

Blank-officieren mogen in geen geval eenige straf opleggen; bij afwezigheid of ontstentenis echter van den gezagvoerder of van zijnen plaatsbekleeder, is aan de blank-officieren eene preventive opsluiting verooorloofd.

Particuliere en stadsslaven op plantagien of gronden, hetzij tot veldwerk, hetzij als ambachtslieden, fabriek-arbeiders of huisbedienden geplaatst of verhuurd, staan, voor zooverre de bepalingen

Figure 4: Report on the management and state of the colonies in 1849 (Suriname). Parliamentary papers, Lower House, 1852-1853, doc. no. XLIV sub 23. [62]

[62] The highlighted section reads: Furthermore, every slave over the age of 18 years is to receive a pound of tobacco and three pipes every six weeks. Every male slave over the age of 18 years is also to receive a wineglass of rum or dram daily. Pregnant women may under no circumstances be punished with lashes or put in chains.

The relatively poorer social and economic conditions under which descendants of enslaved people still live today are linked to the ongoing consumption of less healthy food, and descendants' continued poor access to healthy food thus also constitutes an enduring impact of slavery with negative effects on physical health. One respondent said:

> *Obviously, people can be held accountable for their individual choices and preferences, but it's important to pay attention to structural factors when looking at this issue. What is available to these communities in terms of healthy nutrition? What is affordable? Do they even have time to go looking for healthier alternatives? These factors matter too.*

To summarise, this portion of the research shows that the enduring physical health impacts of slavery on descendants manifest primarily through the mechanisms of distrust, care avoidance and chronic stress. The effects of poor diet, as part of a food culture rooted in the time of slavery and now perpetuated by the socio-economic position of many descendants, continue to have major negative effects on the physical health of these communities today.

5.3 Enduring impacts on the healthcare system

Much of the knowledge contributed by the experts concerned impacts on the healthcare system. Drawing on their roles as healthcare professionals, patients, managers, scientists and policymakers, they shared experiences from a variety of perspectives.

5.3.1 Stereotypes in healthcare

Within the Dutch healthcare system there are stereotypes about people racialised as 'Black'.[63] These stereotypes are both biological and cultural and concern both the body and behaviour. They involve ideas about 'Black' bodies, such as that they have a higher pain tolerance, thicker skin, different pelvic structure, stronger build and higher – or lower – fertility. Stereotypes about 'the passive patient', or else the assertive 'difficult' patient, as well as assumptions about the educational attainment and intelligence of 'Black' people continue to circulate widely.

> *Back in 1981, and still in 2025, I heard nurses and care staff say things like: 'you need to use a thicker needle on people with darker skin' or 'they don't feel pain, so it won't hurt them.' So then I have to set them straight. I've also seen Black people get to a point where they've been told so many times they must have a high pain threshold that they actually start believing it themselves.*

Another respondent added::

> *There were always one or two students in my [medical] lectures who'd heard that Black women give birth more easily, or else less easily, than white women. And that this was because Black people's pelvises are shaped differently. Those are stories are persistent, but they don't square with reality.*

[63] Alana Helberg-Proctor et al., "'Ras' speelt ten onrechte rol in klinische besluitvorming" *Medisch contact* 14 (2019).

According to the experts, these stereotypes have their roots in the period during and following slavery. They stressed the need for more research into how medicine and science have contributed to producing stereotypes about the bodies and behaviour of enslaved people and their descendants. They also emphasised the need for medical schools to discuss and dissect such stereotypes.

Several of the experts working in healthcare also reported that they themselves have experienced workplace discrimination based on their Surinamese or Caribbean-Dutch heritage. Deliberate as well as unthinking remarks from both patients and colleagues reveal just how entrenched stereotypes about 'Black' people still are. The experts indicated that bringing such incidents to light is difficult, as they tend to be denied or trivialised, or had repercussions on their professional role as care providers.

> *What I also see is impunity. Always getting away with it. [...] Or saying it was just a joke. I didn't mean it like that. These things are not OK. It's got to stop somewhere.*

5.3.2 Lack of diversity in teaching materials

Where teaching materials in healthcare education are concerned, the experts said that knowledge about the history of slavery is almost entirely absent at every level. One explained:

> *Our educational materials are way behind. Down to the manikins, down to recognising clinical signs of shock in patients. Everything is predicated on the white reference male. So this problem affects white women, too. The more a patient diverges from the white male norm, the bigger that gap in knowledge and educational materials, even technical resources.*

Another respondent added:

> *There are also very few images of people with darker skin in the teaching materials for nurses, care workers and aides. That means they don't learn to recognise things like certain skin conditions, which look different on white versus dark skin.*

The experts believe this is a direct legacy of colonialism and slavery. As one of them put it:

> *The whole way our society is structured, but also all the healthcare literature, especially in mental healthcare if you look at the psychiatry manual, is based on the superiority of the white man. On top of which, all the information is European and American. I think that's where we get this whole way of thinking about others who look different.*

The respondents pointed out that medicine and healthcare are largely organised without regard for the descendants of enslaved people and the diversity that comes with this (in terms of skin colour and a plurality of ancestries from Europe, Africa and Asia). The way teaching materials are designed reflects underlying notions about white superiority, which in turn acts to perpetuate racism (both implicit and explicit) and biases in healthcare and medicine.

A few initiatives are now getting under way in the Netherlands aimed at improving diversity in teaching materials. The 2024 revised dermatology handbook published by Compendium Geneeskunde for example contains many more illustrations of skin conditions on a variety of skin colours. This initiative, undertaken in collaboration with the diversity committee of the Dutch Society for Dermatology and Venereology (NVDV), came in response to criticisms that dermatology textbooks include too few images of dark skin.

Focusing attention on inclusion and diversity in healthcare is necessary to ensure all patients receive appropriate care, but it also brings challenges and complexity. The first step must be to critically examine how diversity is conceptualised and categorised in Dutch healthcare and research. This is because the scope for structural change is limited as long as medicine continues to be guided by racial thinking.[64, 65] Or, as one of the experts so plainly put it:

> *The main question is: do Dutch educators – because that's who we're talking about; it's all about education – do they want to rethink all the curricula across all the courses? That's the question.*

5.3.3 Other forms of knowledge

Enslaved people possessed knowledge about the body, illness and healing handed down through their African and Indigenous heritage. These traditions and customs around spiritual and bodily care, alongside conceptualisations of the body, nature, spirituality and health, live on in many descendant communities. The experts discussed how little allowance there is in the Dutch healthcare system for such forms of knowledge and ways of looking at the body, nature and spirituality. One respondent observed:

> *Some families, for example, know the traditional uses of herbs. These are herbs that may have been used in a family line for a hundred years and work well for those people. But then they visit a Western-educated doctor – even in Suriname, I should add – and it gets laughed off. No further questions; they don't ask about the context in which those herbs are used. There's no recognition. Even though many of those families have had their own traditional healers, medicine men or women, midwives. So that knowledge comes from somewhere, and those customs have proved themselves for those people. It helps and relieves them. But there's no recognition, understanding or anything in Western healthcare.*

Another expert also sees this in practice:

> *The vast majority of institutions follow the Western biomedical model of illness and health. A large share of non-Western care recipients have different conceptions of illness and health, and in practice they often feel people in healthcare are unwilling to discuss their views.*

[64] Alana Helberg-Proctor, "(Un)Doing Ethnicity: Analyses of the socio-scientific production of 'ethnicity' in health research in the Netherlands" (PhD thesis, Maastricht University, 2017).

[65] Alana Helberg-Proctor and Bahareh Goodarzi e al., "'Ras' en etniciteit registreren in de zorg: een precaire kwestie: Ondeugdelijke categorisering kan leiden tot onjuiste conclusies," *Medisch Contact* 36 (2022).

SLAVERY

Finally, it was noted that institutions are now gradually becoming more open to plurality and synergies between Western medicine and other forms of knowledge. This is particularly observable in spiritual care, for example in the availability and reimbursement of humanistic, Catholic, Protestant and Islamic chaplains at many hospitals. A valuable addition to this roster would be to integrate chaplains from Surinamese and Caribbean traditions in conventional Dutch healthcare institutions as well, thereby creating more space and recognition for the knowledge and health needs of descendants of slavery.

5.4 Recommendations from the field of practice

The final topic discussed by the experts concerned recommendations they would make. The main points that emerged were related to: 1. education and knowledge production, particularly in the scientific domain, 2. combating workplace and bedside racism and 3. the need for a Dutch supervisory body.

In Section 7, these recommendations from the field of practice, together with the literature survey results, have been aggregated into a concrete list of policy recommendations and courses of action for healthcare and education institutions in the Netherlands.

6 CONCLUSION

This research report constitutes an initial exploratory study into the enduring impacts of slavery on the health of descendants and the Dutch healthcare system today. Encompassing an inventory of international and Dutch publications on this topic and interviews and focus groups with experts, it provides insights into the principal themes and dynamics of these impacts.

A knowledge gap
The main finding is that the current state of research into the enduring impacts of slavery on the health of descendants and the healthcare system is very limited and still in its infancy.

With a few exceptions, most of the literature found focuses on the American context. There is virtually no existing research focusing on the Dutch context, although a handful of relevant scientific publications, particularly 'grey' literature, were found. The lack of knowledge about the circumstances and experiences of enslaved people sold, shipped and forced into labour in the Dutch colonies ('Dutch West Indies') during the period of the transatlantic slave trade is an example of epistemic injustice in knowledge production and the existing scientific infrastructure in the Netherlands. Non-European, non-Western perspectives and forms of knowledge are still not included as a matter of course in research on health disparities.

The substantive results of this study show that wide-ranging and in-depth research is needed to address and rectify health disparities between Dutch people with and without enslaved ancestors.

Intergenerational trauma, distrust and stress
The second important finding to come out of this study is that both the international literature and experts' insights make clear that many forms of trauma, stress and distrust have been transmitted transgenerationally as a direct legacy of slavery. Enslaved ancestors' experiences of sexual violence and emotional, physical and mental abuse have been passed down as part of children's upbringing. This has engendered certain defence mechanisms as well as, in some cases, internalised destructive self-images and worldviews. Research into specific practices relating to reproduction and sexual violence, breastfeeding, diet, upbringing and provisions for medical care during the time of Dutch transatlantic slavery can supply particularly useful insights about the enduring impacts of slavery on the mental health and health behaviours of descendants.

Determinants of health
Descendants experience chronic stress on the one hand from the traumas of slavery that have been passed down to them, and on the other from their own experiences of racism and discrimination in contemporary society. Descendants' social and societal position continues to be influenced by the inequalities and oppressive structures of slavery in the past. This 'double stress' can lead to physical ailments and illness. Furthermore, this legacy of double stress (which is both intergenerational and contextual) might make descendants care-avoidant and distrustful of the Western healthcare system.

The absence of specific knowledge about descendants' heritage and family lines also has a negative effect on early detection and treatment of genetic diseases.

The legacy of slavery negatively affects descendants' physical health as well, owing to the historically poor and scarce food available to their enslaved ancestors. Unhealthy eating habits and health behaviours have, out of sheer necessity, been passed down for generations and thus become embedded in the culture of descendants.

White supremacy and Eurocentrism
Thirdly, this study demonstrates that historical notions of white supremacy and Eurocentrism continue to inform healthcare education and practice today. Patients and healthcare professionals of colour still experience racism and negative stereotyping on a daily basis. Rarely, if ever, is this addressed and corrected in the workplace.

Recognition that the healthcare system is not designed to account for or serve people who do not fit the standard 'white reference male' (meaning white women also occupy a marginalised position) has still not sufficiently penetrated research and educational materials and curricula. The divide between descendants and the modern healthcare system is further compounded by the lack of recognition for other forms of knowledge that exist within descendant communities about their bodies, nature and spiritual and physical health.

This study, which is modest in scope and exploratory in nature, demonstrates that the legacy of slavery has real impacts on the health of descendants and on healthcare. The dearth of Dutch knowledge production on the experiences of men and women enslaved during the Dutch transatlantic slave trade, and on the mechanisms driving intergenerational transmission of this legacy, is likewise a real problem contributing to the continuation of trauma that descendants have carried with them for generations – with all the mental and physical health effects one might expect.

It can be concluded that, in the interests of public health and health equity in the Netherlands, serious attention for this very real but overlooked topic is urgently needed across policy, science, education and healthcare practice.

The final section gives concrete policy recommendations and courses of action relevant for Dutch policy, research and healthcare and education institutions.

SLAVERY

7 RECOMMENDATIONS

Policy on research and scientific infrastructure

I. To stimulate necessary **follow-up research**, policy for national-level coordination and funding is needed from the Dutch Ministry of Health, Welfare and Sport (VWS). At present, the scientific landscape is not equipped with the infrastructure to enable structural, coherent research into the enduring impacts of slavery on health and the healthcare system in the present day. Currently there is no academic chair, lectorate, practorate, research group, ZonMw knowledge programme or institute dedicated to this topic. The Ministry's National Women's Health Strategy (*Nationale Strategie Vrouwengezondheid*) for 2025-2030 and ZonMw's Female-specific Healthcare knowledge programme[66] can serve as models for the design of an interdisciplinary, experiential knowledge-based research programme focused on the legacy of slavery and health.

II. The second recommendation is to establish a national **knowledge exchange platform** (*kennisplatform Slavernij & Gezondheid*), with digital access and supported by a taskforce of experts and representatives of descendants and advocacy organisations such as NiNsee, Zwart Manifest (Zorg) and Diaspora Wellhouse, to provide centralised, national coordination for the utilisation of existing and future insights about the history of slavery and its enduring impacts on health and healthcare. This knowledge platform will also require active involvement from institutional stakeholders and system actors such as the Dutch Hospitals Association (NVZ), Health and Youth Care Inspectorate (IGJ), health insurance companies and the Dutch Healthcare Authority (NZA), as well as professional associations, secondary and higher education providers (vocational, professional, academic), major healthcare employers, patient organisations and relevant government agencies. An engaging way to cement this involvement is through the signing of a pledge, similar to the Dutch Global Health Pact 2023-2030 signed by the Ministry of Health, Welfare and Sport with twenty other parties to commit to the goals of the Dutch Global Health Strategy.[67] The knowledge platform will be responsible for ensuring that themes around the

[66] Ministerie van Volksgezondheid, Welzijn en Sport (VWS). "Nationale Strategie Vrouwengezondheid 2025-2030" (VWS, 2025), https://www.rijksoverheid.nl/documenten/publicaties/2025/07/02/nationale-strategie-vrouwengezondheid

[67] Dutch Global Health Hub, "Dutch Global Health Pact 2023-2030" (Dutch Global Health Hub, 2023), https://www.globalhealthhub.nl/site/binaries/site-content/collections/documents/2023/11/22/dutch-global-health-pact-2023-2030/5512+GHH+Pact-ENG-T.pdf

legacy of slavery are no longer overlooked and for making educational modules and materials available to educators, care providers and the public. The travelling exhibition and extensive website created by the Royal Dutch Medical Association (KNMG) about the Holocaust in 2022 can serve as an example for this.[68]

Courses of action for healthcare and education institutions

III. Healthcare and education institutions are advised to develop **knowledge materials** for medical and healthcare training programmes specifically addressing the impacts of slavery in the present day. This material should be made available nationwide and publicised among educators and existing healthcare providers by a working group. This could be a national initiative led by a working group representing educators and healthcare providers, ideally under the auspices of a national organisation such as the Dutch Association for Medical Education (NVMO) and/or the umbrella organisation for Dutch university medical centres, UMCNL. It may be possible to tap into existing networks and initiatives at education institutions, such as the dialogue sessions on the Dutch history of slavery organised for secondary vocational education and training students (*Nationaal Gesprek Slavernijverleden in het MBO*).

IV. Healthcare and education institutions are also recommended to actively make space for a **variety of forms of knowledge and perspectives** by coaching and training healthcare providers (current and future) to effectively handle plurality in experiences of illness and health, communication and expectations in care, and by providing access to spiritual care that is aligned with descendant communities.

Mental healthcare

V. It is strongly recommended that mental healthcare, youth care and general practice organisations devote specific attention to the enduring impacts of slavery on mental health. Care providers could be supplied with a **mental healthcare (GGZ) standard, a general practitioners (NHG) guideline and a care pathway** focusing on mental health and intergenerational trauma connected to slavery and the colonial past.

Inspectorate

VI. Finally, it is recommended to identify or establish and broadly promote a clearly designated **reporting centre** where patients and their families can report experiences with racial stereotyping and racism and get help taking follow-up steps. This should be organised within the existing infrastructure of the Health and Youth Care Inspectorate's national reporting centre and in partnership with the national discrimination helpline. A comparable reporting centre serving healthcare providers and students could be created as part of the proposed Slavery & Health knowledge platform, where such racial stereotypes and forms of workplace racism can be documented and investigated.

[68] Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst (KNMG), "Rassenwaan en Jodenhaat" (KNMG, 2022), https://knmg.maglr.com/joodse-artsen-en-de-holocaust/joodse-artsen-en-de-holocaust

SLAVERY

EPILOGUE
TO THE ENGLISH TRANSLATION

Where does a scientific story begin, about whom is it told, and using what language and terminology? In the months following the Dutch publication of the final report on the health effects of slavery (*Eindrapportage Gezondheidseffecten van Slavernij*), I received numerous responses, all of which spoke to these three questions. Most simply expressed gratitude for shining a light on the health effects of slavery, and doing so in a way that resonates with those affected.

Health effects of slavery was an exploratory study into the enduring impacts of the transatlantic slave trade and slavery on the health of descendants and on healthcare in the Netherlands. It highlighted the most important mechanisms of transmission and issues affecting physical and mental health at a variety of different levels – in society, in the Dutch healthcare system, within families and communities and also individually (Figure 5). I also received suggestions for additional themes to address and delve into. In the months since this report came out, I have also had time to simply sit with and reflect more deeply on the whole process of researching and writing it, all in a relatively short timespan. In this epilogue to the English translation, I would like to share some of my main reflections on the report.

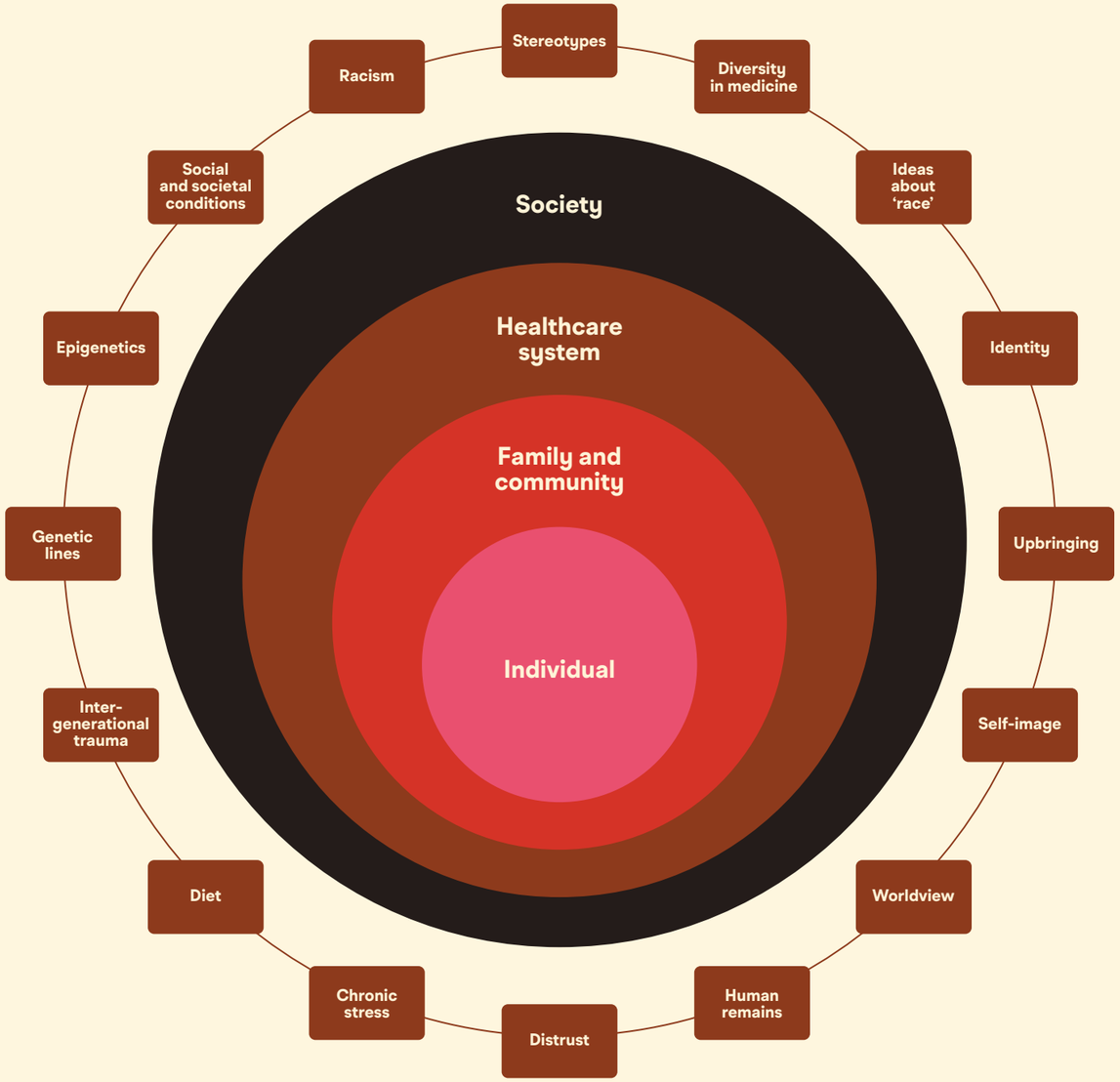


Figure 5. Model of the mechanisms driving transmission of the health effects of slavery.

The beginning of the scientific story

As mentioned in the report, the occasion for this study was the national Slavery Memorial Year, celebrated from 1 July 2023 to 1 July 2024. Slavery was abolished by law in the colonies of the Kingdom of the Netherlands on 1 July 1863; however, enslaved people were forced to continue working on the plantations for a further ten years, from 1863 to 1873, which happened under state supervision. As stated in the report, this was the formal reason for its commission. On the Dutch government web page we read:

> *On 1 July 1863, slavery was abolished by law in Suriname and the Caribbean islands, which at that time were colonies of the Kingdom of the Netherlands. Many enslaved people were forced to continue working on the plantations for another 10 years under state supervision to limit the 'loss caused by this measure' to the plantation owners. So, for many people in the Kingdom, slavery did not actually end until 1 July 1873. As of 1 July 2023, that was 150 years ago.*[69]

However, as one reader pointed out to me, this is not the full story. In her email, she wrote: "This is not about my history. 159 years (2022-1863)." She was referring to the fact that this state supervision applied only to Suriname, and not to the colonies in the Caribbean. In Suriname, the Dutch government forced enslaved people between the ages of 15 and 60 to continue working on the plantations as contract labourers for a further ten years under state supervision. When this obligation was lifted in 1873, many of them left the plantations, whereupon plantation holders replaced them with contract labourers from India, Indonesia and China. The situation was different in Curaçao, Bonaire, Aruba, Sint Eustatius, Saba and Sint Maarten. No serious labour shortage was expected there, so freed people never came under state supervision after emancipation. In Curaçao, slavery was succeeded by the *paga tera* (pay for land) system, requiring people who had been freed to rent land from their former enslavers and work it without pay to continue living there. In fact, in the period following abolition it was difficult for freed people to acquire any land at all on which to build homes and raise their own crops. Plantation owners (known as *shons*) had long since appropriated the most fertile areas. A proportion of the freed population therefore continued to live on plantation owners' land under the *paga tera* system. In return for a plot of land, they had to perform unpaid labour for the plantation owner during a set number of days each year and to allow the *shon*'s cattle to eat the maize stalks at harvest time.

This woman's email made a deep impression on me. Everywhere in the media, she wrote, she is seeing *her* story – the story of her island, where fellow islanders have devoted their whole lives to seeking recognition – being erased. The easy answer (perhaps too easy) is that, in producing this report, I followed the narrative that formed the context for its commission, this being the narrative that dominated the Slavery Memorial Year. However, I raise this point here in the epilogue and have revised the report accordingly because it reminded me how quickly a narrative – in this case, around the commemoration of the 150th anniversary of abolition – can become singular, whereas epistemic justice demands a plurality of voices, perspectives and stories.

[69] Rijksoverheid.nl, 'Slavery Memorial Year'. Consulted on 21 September 2026. https://www.government.nl/themes/migration-and-travel/discrimination/history-of-slavery/slavery-memorial-year

‘Nazaat’

When I first started working on this research and report and was considering its scope and purpose (see Section 3.1), I remember thinking to myself, ‘I could also begin in New York’, and thinking specifically of Sojourner Truth. Truth was born as Isabella Baumfree around 1797 on the Hardenbergh estate in Swartekill, a Dutch settlement in New York State, in the US.[70] She later adopted the name Sojourner Truth. Up until she was sold in 1806, Truth only spoke Dutch, and although she later learned to speak English, she never lost her Dutch accent.[71] Truth is known for her campaigns to end slavery and promote women’s rights. She was particularly renowned for her powerful speeches, including “Ain’t I a Woman”, in which she exposed how Black women were excluded from traditional conceptions of femininity and equality, and revealed the double-edged oppression they faced of both racism and sexism. However, my research focus soon shifted to descendants of enslaved people in the former Dutch transatlantic colonies at the time of abolition. Pursuing links with the health of descendants of enslaved people in other parts of the Americas was simply too ambitious for a project with a timeline of just a few months, and so Sojourner and the actual potential scope of the health effects of Dutch transatlantic slavery receded from view. Nevertheless, during my fieldwork and in the period that followed, I kept probing at that word: *descendant*, ‘*nazaat*’ in Dutch.

What I like about this word is that it allows us to draw a genealogical line from enslaved people to their direct offspring and to see the health effects of having an enslaved ancestor. At the same time, there are some complications attached to using it. This is because it is so resolute, so categorical, whereas the reality is far more complex. As geneticist Dr Arwin Ralf recently explained during a symposium on health and slavery (*Gezondheid & Slavernij*) at the University of Amsterdam, the number of ancestors we have increases exponentially with every generation. Each generation you go back in time doubles your total number of ancestors: 2 parents, 4 grandparents, 8 great-grandparents, 16 great-great-grandparents, 32 great-great-great-grandparents and so on. If we go back to 1863, most of us alive today have 32, 64 or even 128 ancestors who lived in the period between 1863 and now. As geneticists teach us, and as the case report from 1987 discussed earlier (see Section 4.3.1) illustrates, if even just one of those 32, 64 or 128 forebears was enslaved, it can have significant health consequences, especially where there are genetic mutations. Here, the term ‘descendant’ itself becomes too narrow, too limited. It would be better, in this context, to more explicitly define the term as someone with one or more enslaved ancestors.

[70] Margaret Washington, ‘Truth, Sojourner’, in *Encyclopedia of African-American Culture and History*, 2nd ed., ed. Colin A. Palmer, vol. 5 (Detroit, MI: Macmillan Reference USA, 2006), 2208-2210.
[71] Podell, Leslie, ‘The Sojourner Truth Project’. Consulted on 1 September 2026. https://www.thesojournertruthproject.com..

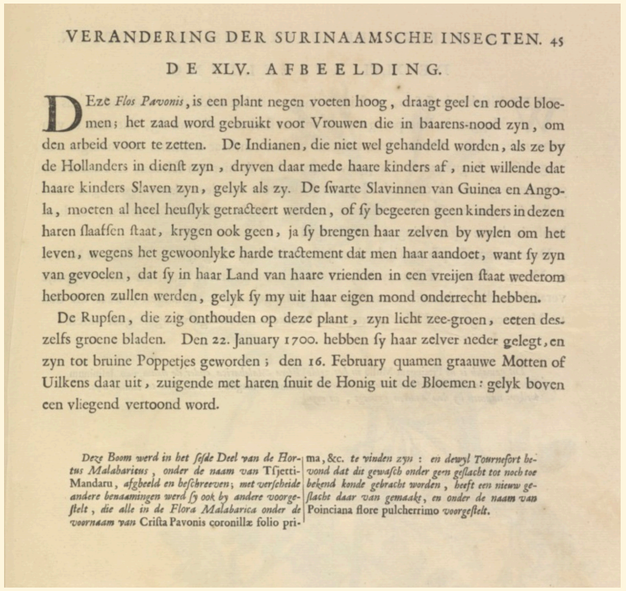
SLAVERY

There is also a danger when using this word of reducing people to this single aspect of their past and their story. Enslaved people, both from Africa and the native Indigenous inhabitants of colonised territories, as well as their offspring, have histories extending tens of thousands and even hundreds of thousands of years beyond slavery and colonialism. Hence, when using the term descendant, it is important to realise that this is only one facet of an individual’s past and story.

A further complexity is tied to another finding from my fieldwork, which is that many respondents reported knowing they had forebears both from the transatlantic Dutch colonies and people enslaved there and from the Indonesian archipelago and Indian Ocean region, as well as from among later contract labourers from India, Indonesia and China. There were also enslaved people from Africa and from local populations living in the Indonesian archipelago and around the Indian Ocean, just as there are descendants of these people in the Netherlands today. The histories of these regions are intricately intertwined. For example, the compensation of 300 guilders per enslaved person in Suriname and 200 guilders in Curaçao that the Dutch state paid to enslavers was financed by forced labour (including enslavement until 1860) of the local population on Java under the Cultivation System, which forced people to supply labour to the Dutch administration.

So, while the term descendant is analytically useful and enables us to map the health effects of slavery, we must take care when applying it back to society and communities with complex and interwoven histories, recognising the term’s limitations as an analytical category. Therefore, while it is fine to speak of communities in which most or the majority of ancestors were enslaved, we must always bear in mind that it is an imprecise category and term. This brings us to a final and even more complex point about the term ‘descendant’.

For many Indigenous communities, land is not a lifeless object or possession, but a living entity with a spirit and rights of its own, much like a person. During conversations for this report, it became clear that this is significant when using the term descendant. Land (as well as rivers and nature) is a living being, an ancestor and a source of identity that is inextricably tied to the Indigenous community that occupies it. When used in this sense, ‘descendant’ acquires another meaning, namely of someone descended from land that was made into a possession and exploited, and which continues to be unfree and encroached upon to this day.



VERANDERING DER SURINAAMSCHE INSECTEN. 45

DE XLV. AFBEELDING.

DEze *Flos Pavonis*, is een plant negen voeten hoog, draagt geel en roode bloemen; het zaad word gebruikt voor Vrouwen die in baarens-nood zyn, om den arbeid voort te zetten. De Indianen, die niet wel gehandeld worden, als ze by de Hollanders in dienſt zyn, dryven daar mede haare kinders af, niet willende dat haare kinders Slaven zyn, gelyk als zy. De ſwarte Slavinnen van Guinea en Angola, moeten al heel heuſlyk getracteert werden, of ſy begeeren geen kinders in dezen haren ſlaaffen ſtaat, krygen ook geen, ja ſy brengen haar zelven by wylen om het leven, wegens het gewoonlyke harde tractement dat men haar aandoet, want ſy zyn van gevoelen, dat ſy in haar Land van haare vrienden in een vreijen ſtaat wederom herbooren zullen werden, gelyk ſy my uit haar eigen mond onderrecht hebben.

De Rupſen, die zig onthouden op deze plant, zyn licht zee-groen, eeten deszelfs groene bladen. Den 22. January 1700. hebben ſy haar zelver neder gelegt, en zyn tot bruine Poppetjes geworden; den 16. February quamen graauwe Motten of Uilkens daar uit, zuigende met haren ſnuit de Honig uit de Bloemen: gelyk boven een vliegend vertoond word.

Deze Boom word in het ſeſde Deel van de Hortus Malabaricus, onder de naam van Tſjetti-Mandaru, *afgebeeld en beſchreeven, met verſcheide andere benaamingen werd ſy ook by andere voorgeſtelt, die alle in de Flora Malabarica onder de voornaam van* Criſta Pavonis coronillæ folio prima, &c. *te vinden zyn: en dewyl Tournefort bevond dat dit gewaſch onder geen geſlacht tot noch toe bekend konde gebracht worden, heeft een nieuw geſlacht daar van gemaakt, en onder de naam van* Poinciana flore pulcherrimo *voorgeſtelt.*

Figure 6. Maria Sibylla Merian, *Metamorphosis insectorum Surinamensium: Ofte verandering der Surinaamsche insecten [Metamorphosis of the Insects of Suriname]* (Amsterdam, 1705), plate 45.

Natural medicine and ethnobotany

Something that many readers wanted to see more about in the report was natural medicine and ethnobotany. In Section 5.3.3 on 'Other forms of knowledge', I wrote that enslaved people possessed knowledge about the body, illness and healing handed down through their African and Indigenous heritage. I also wrote that these traditions and customs around spiritual and bodily care, alongside conceptualisations of the body, nature, spirituality and health, live on in some Surinamese-Dutch and Caribbean-Dutch communities, but that there is little allowance in the Dutch healthcare system for such forms of knowledge and ways of looking at the body, nature and spirituality. This short passage attracted considerable attention. Although this report is about the enduring impacts of the history of slavery on the mental and physical health of descendants of enslaved people and on healthcare as a whole, many of the people who have written and spoken to me about this see the lack of access to research on natural medicine and ethnobotany, and what they perceive as the simultaneous exploitation of such knowledge by pharmaceutical corporations, as another legacy of slavery connected to health and care. In this light, it is worth considering whether, in addition to recommendation IV (to actively make space for a variety of forms of knowledge and perspectives within healthcare and education institutions), recommendations I and II could be expanded to include follow-up research on natural medicine and ethnobotany, and the subsequent utilisation of this knowledge by system partners, with the aim of establishing ownership of natural medical knowledge and providing broad access to high-quality natural medicine and ethnobotany research. Interventions of this kind are considered a form of *reparatory justice*. Enslavers feared knowledge of natural medicines, which were used as means of resistance, for example to terminate pregnancies and so prevent children from being born into slavery (Figure 6). Making space for such knowledge redresses the epistemicide that took place during slavery.

Alana Helberg-Proctor
Amsterdam, 2026

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SLAVERY

An exploratory study into the enduring impacts of the transatlantic slave trade and slavery on the health of descendants and on healthcare in the Netherlands