

## Report

# A symposium on colonial history and global health among Dutch knowledge institutions

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*If you have come here to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together” (Watson, 1985). What this offers to a field such as global health is an invitation to a form of enlightened self-interest, but not the material kind. A self-interest which is about one’s own liberation, emancipation. Why do you want to help me? Is it because you recognise a certain pain, or something missing in yourself, or something you are desperate to make right, something that affects you deeply, personally, even historically? What is it? Can you own up to it? It is like being in love. You both need each other in a deep way. Each of you knows that there is something the other person fulfils in you. It is a two-way need. The “helping” is reciprocal, not charity. It is mutual liberation; the opposite of colonial love. It is justice.*

The Foreign Gaze, Seye Abimbola, p.25

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With this quote, chair and host Dr. Frank Huisman opened the symposium on Colonial History and Global Health among Dutch Knowledge Institutions on the 23rd of April 2025. To Dr. Huisman, this passage conveys the essence of the gathering: an opportunity of institutional self-reflection confronting our colonial legacies through respect, reciprocity, justice, and eventually healing. Held in the Belle van Zuylenzaal, whose family wealth was derived from the East Indies Company (VOC), the West Indies Company (WIC) and the plantations of Suriname, the location itself embodied the symposium's central theme: the presence of colonial legacies in the very spaces where knowledge is produced.

The symposium marked the launch of a new research project commissioned by UMC Utrecht, led by Dr. Gani Jaelani, Prof. Em. Frank Huisman and Prof. Hans van Delden, which will examine the role of Utrecht’s medical faculty in the Dutch colonial past. But more than that, the day served as a moment of shared reflection among historians, researchers and other experts, confronting the enduring presence of colonial structures in education, research, and healthcare in the Netherlands.

## State and slavery and the Knowledge Agenda 2025-2035

Dr. Esther Captain, senior researcher at KITLV Leiden, opened the day by presenting insights from her co-authored book *Slavery & the Dutch State*. The book digs deep into the historical, socioeconomic and political contexts of slavery and its ongoing societal impacts, including the medical profession’s complicity in the system of slavery.

In the past, enslaved people were routinely subjected to invasive procedures without anaesthesia, bought and sold as objects for experimentation, and regarded as threats to public

health rather than as patients. This influence lives on in today's medical standards that still revolve around a narrow image of the "model patient", typically white, male, and European.

Recent apologies and initiatives rippling through Dutch society have created momentum for a research and knowledge agenda aimed at guiding inquiry into Dutch slavery and its afterlives throughout the next decade.

## Uncovering institutional colonial histories

The day's speakers followed with presentations that brought light on how Dutch universities have begun to confront themselves with their colonial entanglements. Professor Leen Dorsman reflected on his advisory report *Rekenschap geven*, which investigated Utrecht University's historical involvement in slavery. Recommendations of the report include to deepen research on colonial and slavery-related histories at Utrecht University, to embed these themes into education, and to develop outreach and community engagement strategies leading to lasting institutional change.

Dr. Larissa Schulte Nordholt provided a historical overview of Wageningen University's colonial links across Suriname and Indonesia, and how the University is taking steps to decolonize its curriculum. Her research revealed how Wageningen was built on a foundation of colonial agricultural expertise that served plantation economies in Indonesia and Suriname. For instance, the tobacco experimental station in Medan, Sumatra, and sugar research in Java were tightly linked to capitalist interests and racialized scientific discourses at Wageningen University. Importantly, dr. Schulte Nordholt emphasised that initiatives and investigations into colonialism at Wageningen University, including her own research mandate, have been initiated upon students protests, petitions and grassroots activism.

Presenting insights from his book *Utrecht University and Colonial Knowledge: Exploration, Exploitation and the Civilising Mission since 1636*, dr. Henk van Rinsum of Utrecht University broadened the discussion by tracing the colonial entanglements of UU back to the 17th century. He explored how Utrecht University's Enlightenment-era mission to "bring light" to the world often concealed imperial ambitions justified through education and progress. Dr. Henk van Rinsum also highlighted Utrecht University's institutional involvement through the establishment of the so-called 'Oil Faculty', later known as the 'Utrecht Colonial School', a training ground for colonial civil servants co-funded by industry. Lastly, dr. Rinsum drew connections to Utrecht's colonial ties to South Africa, closing his presentation by questioning whether contemporary development cooperation is merely a rebranding of the colonial "ethical policy".

Leiden University's unsettling history with colonial-era human remains was the focus of Dr. Fenneke Sysling's presentation. She revealed how anatomical collections containing skulls and preserved skin particularly from the Dutch East Indies reflected a scientific obsession with race and a violent colonial power dynamic. These remains were often acquired through war, punishment, or theft, which raises difficult ethical questions still debated today, such as whether to maintain the "patients" anonymity or reveal the names and identities of the victims.

In the afternoon, the historian Dr. Gani Jaelani presented his research plans for investigating the Utrecht Medical School's role in Dutch colonialism. His upcoming project will examine how the Utrecht medical faculty reinforced colonial power through its training and practices. Using archival sources, such as medical records and institutional correspondence, he will examine the

role of medical knowledge in advancing colonial interests. This line of research is important, as access to healthcare remains highly unequal today, especially in formerly colonized regions. Throughout history, medicine has functioned not only as a means of healing but also as an instrument of control and domination. Confronting this heritage is vital for challenging present-day health inequalities and rethinking medical education and practice through a decolonized lens.

## Discussion & future outlook

Throughout the symposium, a persistent challenge became apparent within the discussions: how to move from uncovering colonial histories to enacting meaningful change. Universities often suffer from “institutional amnesia,” with research efforts losing momentum as personnel as well as agendas change. The final discussion opened up another challenge: How can interdisciplinary collaboration between historians, medical professionals, activists, and affected communities be communicated and organised throughout the different disciplines, given their vastly different approaches and themes?

Dr. Frank Huisman, in closing, urged a collective approach: “Storytelling is crucial for identity formation,” he said, reminding participants that confronting colonial legacies shapes the present identity of any academic institution, no matter the discipline. He also warned, “With the very best intentions, you can be part of a power structure,” pointing to the subtle ways colonial frameworks can live on almost unnoticed, if not reflected on carefully.

The symposium made clear that acknowledging the colonial past is only the first step. Transforming universities into agents of change requires sustained research, policy reforms, curriculum change, and community engagement. Most importantly, it demands the courage to tell difficult stories and to ask ourselves in every seemingly altruistic act the question “Why do I want to help?”.