ARTIGO RECEBIDO EM 12/05/2021 E APROVADO EM 18/06/2021

COLONIAL SLAVERY, CONTEMPORARY SLAVE LABOUR AND WORKERS' HEALTH

A HISTORIOGRAPHICAL OVERVIEW

Luís Henrique da Costa Leão[1]

Abstract: This paper problematizes the role of slavery in the history of the field related to workers' health, providing a panoramic view on health, labour and slavery relations in the Americas as reported in academic literature. It addresses a conceptual debate on contemporary slave labour and workers' health, presenting an schematic view of the health-labour-slavery studies describing three thematic axes – (a) health, labour and colonial slavery; (b) present day slavery legacy (c) impacts of contemporary slave labour on health. This process is aimed to highlight issues that deserve to be investigated in depth, as well as to stimulate a renewed research agenda and institutional actions in workers' health beyond the challenges of combatting contemporary slavery.

Keywords: Enslavement. Enslaved People. Occupational Health. Labour.

ESCRAVIDÃO COLONIAL, TRABALHO ESCRAVO CONTEMPORÂNEO E O CAMPO DA SAÚDE DO TRABALHADOR

UM OLHAR HISTORIOGRÁFICO

Resumo: O presente artigo buscou resgatar o lugar da escravidão na história do campo da saúde do trabalhador provendo um olhar panorâmico sobre as relações saúde, trabalho e escravidão nas américas reportadas na literatura acadêmica. Apresenta um debate conceitual

[1] Professor Associado I do Instituto de Saúde Coletiva, Universidade Federal de Mato Grosso. Cuiabá, Mato Grosso, Brasil.
E-mail: luisleaoufmt@gmail.com
Lattes: http://lattes.cnpq.br/5888247708760453
ORCID: https://orcid.org/0000-0003-0166-5066

sobre trabalho escravo contemporâneo e saúde do trabalhador, além de apresentar uma esquematização organizativa dos estudos da relação saúde-trabalho-escravidão colonial e contemporânea descrevendo três eixos temáticos – (a) saúde, trabalho e escravidão colonial; (b) as heranças da escravidão na atualidade; (c) os impactos do trabalho escravo contemporâneo na saúde – para destacar problemáticas a serem aprofundados e para estimular uma renovada agenda de pesquisas acadêmicas e ações institucionais em saúde do trabalhador frente ao desafio premente do combate à escravidão contemporânea.

Palavras-chave: Escravização. Pessoas Escravizadas. Saúde do Trabalhador. Trabalho.

Introduction

The historical development of the field of knowledge related to Workers' Health (WH) has a landmark in the production of the Italian Bernardino Ramazzini (1633-1714), key in the constitution of this field of knowledge and action, given his pioneering approach to the health-work relationship. This author is celebrated for the publication of the book "*De morbis artificum diatribe*", in the early eighteenth century.

In spite of this recognition, the attempt to establish this milestone that hypothetically would explain an essentialized origin of WH tends to erase other elements of the historical process of its genesis, evidently a plural and multifaceted course, full of continuities and ruptures. After all, knowledge and actions immediately preceding Ramazzini and concomitant to his historical time deserve attention, especially the medical experiences and practices of slave healing already current in the Americas and Africa in the seventeenth century (PENA, 2011).

It is especially relevant to retrieve, at the possible extent, the multiple relationships between slavery, health and work, the impacts of the types of exploitation, ways of treating and caring for health in the Americas. Its importance as an initiative lies beyond the context of the poignant and rich Venetian region in the early eighteenth century. In fact, the representation of slavery in the Americas and in Africa under the aegis of colonialist and mercantile capitalism from the 17th to the 19th centuries, unveils a complex range of aspects to be investigated that do not always receive due attention as a centrepiece in the mosaic of the history of knowledge and professions in health related to labour (labour medicine, occupational health, psychology of work, etc.).

Prior to the publication of Ramazinni's work, for example, the physician Thomaz Trapham Jr., who lived in Jamaica between 1673 and 1702 and in 1697, addressed the issue of slaves' health, in the "Discourse of the State of Health in the island of Jamaica", considered the first book on tropical medicine. Likewise, James Grainger (1721-1766), was the first to write a medical handbook for the treatment of slaves in the West Indies, describing the causes of illnesses and specifying resting times to prevent slaves from falling ill and/or recovering from ailments (SHERIDAN, 1985). Similarly, the reports of the Portuguese physician Luís Gomes Ferreira, published in the handbook of practical medicine "Erário Mineral" (1735) regarding the slaves' diseases in Brazil, as well as the document "Observations on the diseases of black people" (1776), by Jean-Barthélemy Dazille, (EUGÊNIO, 2015; NOGUEIRA, 2012), among other examples, indicate the existence of a active slavery medicine in the second half of the seventeenth century and early eighteenth century. This activity was exercised in the tropics as an expression of a proto-medicine of

labour, organized to support the slave system, just as the occupational medicine that will gain expression in the industrialized European world of the nineteenth century emerged to support the system of capitalist-industrial exploitation (PENA, 2020).

Opposite to the medical practices of the colonial slave regime, the enslaved peoples used different tactics and developed particular ways of health care and protection, as a form of resistance, constituting one of the first collective manifestations and struggles for health led by workers in Western history (FETT, 2002).

It is needed to delve deeper into the vast historiographical literature that takes as its axis of analysis the diseases, medicine, epidemics, healing practices, workers' resistance movements, demographic, ecological and socio-spatial aspects related to slavery in the Americas, in order to expand the understanding of the characteristics, limits and potentialities of the field called in Brazil Workers' Health. It is a scientific area within Collective Health, an institutional practice linked to public health services within the Brazilian Unified Health Service (SUS) as well as a sphere of action for the organized workers' movements (MINAYO, 2011). As a clear reflection of this historiographical gap in WH, it is not surprising the lack of reflections, analyses and proposals to support the understanding and subsidize the systematic action of WH facing contemporary slavery or modern slavery - either in scientific and/or political terms, regarding the comprehensive care and health surveillance of these specific groups of workers, amounting to more than 50,000 freed men and women from 1995 until 2020 in Brazil.

In order to contribute to fill this gap, this article presents an overview of the bibliographic production on the relations between

health, labour and slavery in the Americas, drawing attention to the characteristics and themes described. It highlights problems for reflection-action that are relevant to the fight against contemporary slavery (CS) as a challenge in the field of WH. The purpose is to describe aspects of the academic production, from a qualitative analysis of scholars and institutional publications, without claiming to be a systematic review of literature of bibliometric character.

Initially, I present a conceptual debate on CS and health, in order to then highlight the themes and topics reported in the literature, organized in three main areas: the health of male and female enslaved in colonial slavery, the present effects/legacy of slavery, and the impacts of CS on health.

Theoretical and conceptual aspects of slavery, contemporaneity and health

In order to research the relations between health and slave labour, it is necessary to consider the heterogeneity of its manifestations, the power relations that support the emergence of explanatory terminologies, as well as the common traits concerning its effects on the workers' health.

Following Foucault (2000; 1997), I distance myself from the static and simplistic view of health and slave labour as a supposedly homogeneous group and reality. Additionally, I consider that history, far from being a process of refinement of a concept or practices with evolutionary and progressive stages, is built through contradictory processes of permanencies, continuities and ruptures, developing in social and spatial narratives crossed by multiple factors.

To disregard the heterogeneity of the forms of slavery is not just a mistake. It would also oversimplify what is called CS (contemporary slave labour, modern slavery, etc.) since it emerges in multiple forms and concrete manifestations. The problematisation of these forms sheds light for better comprehension, either on its occurrences or on the ways to combat it: neo-abolitionism. Understanding contemporary slave labour requires a conception of time and history that goes beyond a supposed linearity and progressive and/or evolutionary perspective (AGAMBEN, 2009), because its present manifestations cast its shadow towards the past, so that the "contemporary" slave labour is a mixture of these times – both the archaic and the modern.

Not by chance, these multiple provenances have generated distinct lineages and different categories such as human trafficking, debt bondage, un-free labour, forced, coercive labour (ZANIN, 2017). It is remarkable that the international literature that explicitly uses the category "modern slavery" does not offer consensus on its definition. On the other hand, the Brazilian definition is well delimited, since it is anchored in the legal terms of article 149 of the current penal code, and underlying its formulation it contains experiences and struggles of social movements and workers engaged in the eradication of this situation.

An archaeo-genealogy of the concepts linked to the umbrella term "modern slavery" highlights the ways in which they are the effects of power relations between countries outside Latin America after the First World War. These relations were mediated by international organizations such as the League of Nations (1919), the International Labour Organization (1919) and the United Nations

Organization (1945), producing knowledge to be consecrated in legal and normative devices, to the extent that they were intrinsically involved in post-war political disputes. As an example out of many, the League of Nations, in the Slavery Convention of 1926, defined slavery as power of property, demanding the abolition of all its forms. Four years later, in 1930, the ILO publishes a convention on forced labour and, in 1956, a supplementary convention on slavery, under the title 'contemporary slavery' reformulates and expands the concept of slavery; and new developments were made in the case of human trafficking, debt bondage, among others.

In less than 100 years legislation prohibiting slavery multiplied in the Western world in post-abolition societies so that, for Miers (2003), slavery is a wild card, changing definitions depending on the circumstances to suit various purposes. The League of Nations definition of slavery, for example, was mediated by colonial powers, while the ILO definitions of forced labour were an attack on communist countries, particularly on what was happening in forced labour camps in Russia and China (MIERS, 2003).

It is remarkable that the World Health Organization (WHO), created in 1948, has remained aloof from this scenario of thematic controversies and, until today, there is a lack of provisions regarding the intersections between the concepts of slavery and the field of health. On the other hand, it is worth pointing out that aspects related to workers' health appear in the specific conceptual elements of slavery, particularly occupational risks and exposure to violence, when characterizing these modes of domination, exploitation and subjection. Slavery always involves ways of control through physical, psychological and/or sexual violence, exposure to situations of oc-

cupational risk and degradation of living conditions, exclusion and social isolation, whether in the control of black bodies in colonial slavery and in the slave system on land and sea, or in the CS in the form of forced/non-free labour and human trafficking. These forms of exploitation combine: (a) conditions and characteristics of work in critical situations (occupational risks, exhausting hours, unhealthy conditions, etc.); (b) presence of extreme forms of control and abuse (violence of all kinds) and; (c) very poor living conditions (shelter, food, clothing, access to water).

These conditions have the potential to have repercussions on the physical and mental health of the workers, representing an evident risk to the collective welfare, with devastating effects in different degrees of severity and types of manifestation.

Slavery is, therefore, a denial of the elements that make up the broad notion of health, as expressed in the Alma-Ata Conferences of 1978 and Ottawa of 1986, such as basic conditions of food, housing, income, decent work, transportation, water, access to medical and hospital services, etc. In spite of this, many references to health/illness related to slavery concept emerge only as a metaphorical discursive resource in the sense of "the disease of slavery" (BALES, 2007 p. 49), "chronic social condition" (LEÃO, 2016, p.3935), "slavery as parasitism" (PATTERSON, 1982, p. 334).

New understandings are required about diseases caused by slavery and its determinants, beyond this metaphor of slavery as a disease. There is also a need of understanding the necessary responses of health services and the place occupied by health institutions and professions in the slavery system and its contemporary manifestations. Furthermore, the investigation of the links between

health and slave labour must consider the extent to which colonial slavery occurred simultaneously with the process of construction of knowledge and health sciences such as epidemiology, medicine and public health.

Foucault was one among the most well read authors in Brazil to address the emergence of the field of health in modernity. In spite of this fact, slavery, colonization and subjugation of black people do not seem to have been taken into account in his analyses of the emergence and provenance of social medicine, the clinic and biopolitics (CAVANAGH, 2018a, p. 413), an aspect not missed by other historians and philosophers such as Rosen (1994) and Mbembé (2003).

Bridging this gap Mbembé (2003) lead us to reflect on the fact that slavery should be considered "one of the first instances of a biopolitical experimentation" (p.21) and the colonies the place where sovereignty exercised power outside the law and peace was an endless war. In fact, the technologies of colonial governance, the disciplinary devices, the forms of subjugation and training of slaves, the punitive practices, the knowledge and practices of control of this workforce, were all oriented to improve the wellbeing and health of the citizens of the British, Spanish and Portuguese empires (CAVANAGH, 2018). These fields of exception were marked by elements that would later appear also in Europe's internal politics: the subjugation of the body, health regulations, social Darwinism, eugenics, medical-legal theories on heredity, degeneration and race (MBEMBE, 2003, p.23). The underlying idea supported the logic that the colony was inhabited by "savages" and did not conform a "human world" (MBEMBE, 2003, p.24), because the slave was only a shadow of a human being. The slaves were the result of three major

losses: the loss of home, the loss of rights over their bodies and the loss of political status. These losses were absolute domination, natal alienation and social deathi. Under this position, the slave was kept alive in a "state of injury". Power over his life took the form of commerce, a "thing" owned by another person, someone who could be killed without committing murder. The entire dehumanization of the colonized peoples transformed people into mere useful manipulable instruments, treated as bestial, uneducated, savage beings reduced to toiling (DUSSEL, 1977). This character of being a 'thing' attached to the enslaved humans will be later rescued and used by Kevin Bales (1999) in Disposable People, a landmark book of the new branch of studies on modern slavery in post-emancipation societies[ii].

In a certain way, both colonial and contemporary slavery carry necropolitical expressions, using tactics of instrumentalisation of existence and destruction of human bodies and populations. In fact, Descartes statement: "I think, therefore I exist" is not at the heart of modernity but either the "I conquer" as practical foundation, also stimulating and sustaining the "I enslave", the "I win" of the wars in India and China (DUSSEL, 1977, p. 9,14). Therefore, given its centrality, it is not sensible to ignore the place of slavery as a founding element of modernity (DUSSEL, 1977; MBEMBE, 2003) as well as an influence on ways of thinking and acting in health. This is also true, due to the fact that during much of the seventeenth century, the model that gave basis to the treatment, subjection and maximum use of the productive capacity of slaves was the veterinary medicine and agronomic techniques and the process of slave labour - involving capture, transport, exploitation and disposal of the slave as merchandise – that may be seen as structural genocide that led to "epidemic

disaster, high mortality and extreme moral embarrassment" (PENA, 2011, p. 94).

During the eighteenth century, there were important changes in medical thinking under the Enlightenment influence, removing the magical-religious thoughts. This evolution allowed the colonies to be fields of medical experiments and place of application of types of knowledge against which still flourished healing arts of popular lores. Important reflections on diseases and epidemics (yellow fever, cholera, among others) emerged with the end of the slave trade in the 19th century, as well as an ideology of sanitation that associated slavery and certain diseases. Within this ideology the enslaved person was seen as dirty and a transmitter of diseases (PIMENTA; GOMES, 2016).

This sanitising and disciplining point of view on male and females slaves was remarkable in the process of emergence of social medicine in Brazil (MACHADO et al., 1987), as they were seen as obstacles to the creation of a healthy Brazilian family. The slaves' presence took on a sense of health danger and moral disorder; and medicine sought to make them increasingly submissive workers, approving moderate punishments, improvements in housing conditions, care with food and clothing in the '*senzalas*' (dwellings of the enslaved) to avoid rebellion, and to exercise absolute control of all areas of the slaves' life. In this context, an attempt was made to ease the working conditions - long hours and exposure to weather that exceeded the slaves' physical conditions, as they caused illnesses, "idiotism" and effects on the entire organism, proposing to take breaks in order to replenish the slaves' energy, among others (MACHADO et al., 1987).

These relationships between slavery and the health field have undergone many transformations over the years, but the weight of 400 years of slavery is still felt in Brazilian society in the ways workers are treated, because "the fact of having been the last nation to abolish merchant slavery make it impossible to avoid keeping the strong and consolidated marks, easily observed today" (SCHWARCZ, GOMES, 2018, p.41).

After years of historical and social processes of development of Public Health[iii], the topic of CS continues to be neglected (LEÃO, 2016). This neglect persists even after new understandings of the health-disease process as conditions for the emergence of the field of Collective Health and WH, which highlights the central role of the Labour Process as a health determinant. This is due to the fact that it involves tensions inherent to the constitutive features of this field of knowledge and practices such as: (a) the persistent predominance of the biomedical current of thought that emphasizes the biological elements of diseases (viruses, bacteria, etc.) in an individualized organicist perspective, in detriment of the social, cultural and ecological contexts; (b) the systematic and historical resistance of health services to assume the labour processes as a central determinant of the populations' living and health conditions, and; (c) the scarce presence of the WH theme in the training of health professionals, still dominated by the Flexnerian, mechanistic and atomized model.

Considering these complexities, the following section develops a panoramic look schematizing the relations between health, work and slavery in three thematic axes: health conditions and colonial slave labour in the Americas; the legacies of slavery in the

current living and health conditions of specific populations, and the relations between health and Contemporary Slave Labour.

Relations between health and colonial slave labour

The papers related to colonial and mercantile slavery in the Americas deal with different aspects that could be divided into blocks: (a) risks, accidents and diseases related to the work and/or transport of slaves; climatic interactions and their influences on the slaves' health, forced migrations, interactions between various European-African-American ethnicities and peoples, power relations between slaves and masters, types of work and risks of the slaves' main activities; mortality and morbidity rates, epidemiological studies; types of diseases more prevalent or commonly known among slaves in different regions (whether on vessels or plantations, etc.); b) practices, knowledge and professions in slave labour medicine; forms and strategies of disease prevention; methods used to cure slaves of general pathologies and even regarding those related to the activities performed; proto-hospital institutions for the care of slaves; health inspection practices and selection of slaves with medical control; c) healing arts carried out by the slaves, based on their knowledge of medicinal plants and other means of cure, such as religious experiences; interactions/shocks between the slaves' methods of treatment and cure in their resistance to the lords' and state's medical practices.

In this axis there is a trove of specific historiographical studies on slavery and health[iv] encompassing different periods and geographic regions, particularly the plantations of the southern United States, the West Indies and Latin America, especially Brazil, cover-

ing the period extending from the end of the 15th to the end of the 19th century. They are rich sources of comparisons and analysis of the different social formations in each region and point to central issues for understanding the formation of labour relations and organisational cultures in present-day societies.

These contents may be further divided into the following topics: (1) the main slaves´ diseases and morbidities; (2) aspects related to the determination and conditions of morbidities and mortalities; (3) risks and conditions of work and impacts on health directly related to the labour process; (4) practices of "occupational health"/ health administration at work; (5) healing practices of the slaves and forms of treatment offered by medicine; (6) preventive measures and health surveillance. All these dimensions are intertwined and those practices generate different health knowledge and point to the power and knowledge relations in the field of the slaves' health.

The topic of the main diseases, illnesses and morbidities of slaves has been an extensive area of debate in historiographical research over the last twenty years. There are wide discussions regarding the role of diseases in economic processes as well as in the shaping of regions, the explanation of the population decline among slaves in several regions, and the characteristics and diseases and mortalities on slave-trading ships. Many studies cite the frequency of parasitic and infectious diseases (in plantations), dysentery, smallpox, inflammation, malaria and yellow fever (SHERIDAN, 1985; SAVITT, 2002; MCCANDLESS, 2011).

The Brazilian landscape of the 18th century described pulmonary, gastric, parasitic and hepatic diseases, fractures and wounds, sexually transmitted diseases, alcoholism and work accidents, in-

cluding specific diseases of blacks who worked in mining (EUGÊNIO, 2015).

Reports from the 19th century, from the Bahia region, show that the main diseases were the "infectious-parasitic diseases" (tuberculosis, bladder, syphilis), diseases of the "nervous system" (alienation or madness) and the "rheumatic or nutritional diseases", arthritis and rheumatism, accidents and violence (bruises, blows, fractures, cuts, wounds and gangrene), fifth, "diseases of the digestive system", colic, diarrhoea, colitis and enteritis, diseases related to socioeconomic factors, mainly to the poor conditions of hygiene and nutrition and of the respiratory system (asthma, bronchitis, pneumonia), as well as "diseases of the genitourinary system", i.e. cystitis, cancer and venereal ulcers (BARRETO; PEPPER, 2013).

During the 19th century, tuberculosis, yellow fever, smallpox, dysentery, typhoid fever were common, linked to the poor sanitary conditions of cities, in addition to venereal, lung, digestive, circulatory and reproductive system diseases and traumas (LONER, GILL, SCHEER, 2012).

Mental illnesses of slaves also appear in the literature, such as in the case of Banzo, "depression" and suicides. Oda (2007) analyses Luis Antônio Oliveira Mendes' 1793 book on the slave trade and the slaves' diseases and focuses on the "Banzo", the high frequency of voluntary deaths among the slaves, either by letting themselves die of sadness in the Banzo, or actively by suicide. Banzo, the longing for Africa, is also cited in 1933 Gilberto Freyre's "*Casa-grande e senzala*"v (Masters and Slaves in the English title) and can be considered the first work-related mental illness epidemic in Brazil (PENA, 2011; 2020). Similarly, the classic study by Elkins

(1959) also addresses the phenomenon of "mental health" by referring to the "*sambo*" and the infantilization of black slaves.

The topic deserves attention because there is a slaveholder discourse, as can be analysed in "The Cotton is King" (ELLIOTT, 1860) in which, among other pro-slavery arguments, the author classifies slave behaviour, revolts and resistance as pathology, as did the slaveholder doctor Samuel Adolphus Cartwright (1793-1863) coining the terms *Drapetomania* and *Dyaesthesia Aethiopis*[vi].

Additionally, racism would lead to psychiatrists to keep on conceptualising blacks as belonging to a separate race and supposedly inferior in their neurological, psychological and emotional capacities. In the 19th and early 20th century, scientific racism will situate blacks as a race still in the initial stages of development (BROWN, 1990). For example, in 1840 a census – in an example of the epidemiological exaggeration about supposed insanity of blacks - published in the "American Journal of Insanity" which said that the black population experienced higher rates of insanity in free states, and this information was used to extend slavery in some places. Despite the plain falsification of these results, in the period of American Reconstruction, many psychiatrists continued to use and cite this "evidence" to argue for the benefit of slavery (BROWN, 1990). In other words, a supposed psychopathology of slaves presents itself as a discursive of perpetrators and racism as a means of maintaining slave relations.

It is relevant to emphasise the need to think about new researches on mental health and work in order to question the thesis affirming that this emerging issue is exclusive to contemporaneity. This is so because several lores about mental illness and work and

practices of care to the mental health of slaves already circulated in the social landscape in the Americas and Europe during the 18th and early 20th centuries (CASTRO, LEÃO, 2020). These lores contributed to the emergence of Psychiatry, Psychology and Psychoanalysis. Later on, they contributed to the field of mental health of workers, having reflections, continuities and ruptures in the present way of thinking and acting.

About the aspects related to the determination and conditioning of morbidity and mortality, their main causes and determinations, main diseases and risks, were linked to the environment (tropical diseases), to the action of implantation of monocultures (increase of arbovirosis, yellow fever, dysentery, among others), to the system of slave punishments as well as to the economic process of sale-purchase of slaves (the lower the price of the slave, the fewer were the attempts to improve their health conditions in the colonies) (EUGÊNIO, 2015).

Sheridan (1985) shows that slave populations in the West Indies on sugar plantations suffered attrition, with deaths exceeding births. The impacts of the environment and economic factors on slaves involved work overload and malnutrition as main drivers of high mortality rates, associated with cruel punishments, epidemics and accidents. Likewise, McCandless (2011) addresses how diseases would not have been the natural result of climate and topography, but of human action - voluntary and forced - that generated risks and working conditions that impacted health.

Several of these health conditions may be linked to work processes, since they generated different health risks. Parasitic and infectious diseases were associated with the working day in a “brutal

work system" and with poor standards of nutrition and punishments (SHERIDAN, 1985. p. 219). The agro-industrial sector, for example, generated frequent risks resulting in the death of many slaves: cuts and bruises from sharp tools, kicks from horses and mules, crushing of limbs in the moving of machinery, burns from heating the sugar cane juice, falls, lightning strikes, etc. (SHERIDAN, 1985). The characteristics of the labour process associated with poor living conditions, long, arduous and dangerous workday, precarious and unhealthy housing, insufficient clothing led many slaves to have a working lifespan of about 12 years in the early eighteenth century (EUGÊNIO, 2015).

Regarding the transportation of slaves on transatlantic ships, there were implications in terms of mental disorientation due to deterritorialisation, family and communal separation, malnutrition, lack of sanitation and hygiene, severe isolation, sexual abuse and physical violence (MCCANDLESS, 2011; MUSTAKEEN, 2016; LONER, GILL, SCHEER, 2012).

In Brazil during the 19th century, night work among Blacks, overwork, accidents and related illnesses and other precarious conditions of manual labour fostered slaves' illnesses. Even though the illnesses of the slaves were common to other populations, they affected and killed more Black people. This suggests that this population was more vulnerable, a susceptible group to diseases related to the environment, owing to their more precarious material conditions that lowered their defences.

It is also important to note the practices of "occupational health" and labour administration. Many plantation owners hired white doctors to practice in the fields treating sick slaves. Many wrote

treatises on the nature of illnesses and suggested rules for the "management of slave health", within the realm of labour "management".

This aspects have relevance in the field of mental health and labour because the history of work psychology and people management ignores the role played by the practices of work organization and control of workers in the plantations of the seventeenth century – the so-called '*negroes management'* - in the emergence of this set of scientific knowledge and practices. The 'Slave Management' was a set of systems of rules, standards, regulations, rewards and punishments, aimed at gaining the absolute control of the slave's life. In this context, there was a fusion between public health and systems of discipline aimed at scrutinising the life of slaves, habits, food, clothing, nocturnal habits, sanitary reforms, in a clear articulation between discipline and health, suggesting that there was an ambiguity in the role of health in the process of colonial slavery: on the one hand seeking to help reduce mortality, on the other, a technique to control the population and sustain the system.

Some regions of Brazil in the 19th century had the practice of abandonment, in which "many lords and ladies abandoned their slaves in the face of a serious illness, to get away with the expenses of the cure and, eventually, the burial" (BARRETO; PIMENTA, 2013, p.83). In those times, there seemed to be "armed vigilance and strong discipline" to avoid revolts during the first half of the 19th century (LONER, GILL, SCHEER, 2012, p. 142).

A relevant point to note is that there were many healing practices by the slaves themselves, in contrast to the forms of treatment offered by white medicine. This "art of healing" was a resistance to the medicine of the slaver or the slave state. Fett

(2002) cites medicine as an instrument of torture and discipline of slaves, due to scientific theories of racial superiority and eugenics. On the other hand, the actions and therapies of the slaves, in resistance to white-slave medicine, were true rural WH practices, led by them, and may be considered part of the first WH movements in the history of the Americas. In fact, this activity was eminently feminine. While white medicine was masculine, essential health care was provided by women, not in hospitals but in homes, by means of respect for life itself. On the contrary, the vision of health held by masters and their doctors was directly related to the capacity of work, reproduction, obedience and submission, and therefore, they would provide improvements in diets, clothing, house, sanitary facilities, softening the hours and days of work and punishments, or caring of pregnant women and children to preserve the production capacity.

Many of these medical practices mitigated the slaves' punishments and their morbidity and mortality, by appropriating the slaves' knowledge, because in some contexts there were not only tensions, but also certain contacts established between white doctors and black doctors. These relations between the popular lores of the older slaves and the doctors in the colonies took place in the coexistence of different cosmovisions; particularly the magical-religious thinking geared towards understanding the origin of diseases and also mediated the search for cure through religious therapeutic conceptions.

Another element to be highlighted is about the selection procedures that are the root of occupational health processes, to be later vividly recovered and systematised in psychology, administration

and other areas classified as people management, human resources, etc. Those procedures were based on the medical assessment of the slaves' bodily potentials, practised much earlier than the selection performed for the factories in the process of the Industrial Revolution, etc. Additionally there was surveillance practices[vii] in ports, when doctors inspected physical aspects of the slaves (as a type of goods surveillance), to select those without diseases, and alerted the crewmembers about provision of medicine and food (CARVALHO; ALBUQUERQUE, 2016; MCCANDLESS, 2011). Prevention and health surveillance measures were developed, such as quarantine and isolation of sick slaves, specific houses for the sick, employment of professional staff, in addition to attempts to perform preventive measures through experiments and use of dangerous medicines on the slaves' bodies (SHERIDAN, 1982).

Early public health practices had repercussions in the colonies leading to the vaccination of slaves, reducing the incidence of disease and mortality in the late 18th century. More manuals and dictionaries of popular medicine will appear in the 19th century, such as the Chernoviz (1870) and the Langgaard (1873), adding more preventive measures that prolonged the life of slaves. Read (2012), for example, discusses tetanus among the slave population during the 19th century and its decline in the second half of the 19th century highlighting that Public Health actions and recommendations on childbirth (cutting the umbilical cord) and postpartum helped greatly reduce the number of children with tetanus.

The 19th century marks the beginning of the standardization of the bodies in Brazil and the medicalization of the society and the historiography postulates that after the end of the slave trade and the

increase in the slave prices, there was a greater concern with improving their working conditions and health to cut losses for their owners (AMANTINO, 2007). Thus, similar to what was already manifested in the practices of European, urban and industrial occupational medicine, improvements in working conditions were sensitively sought because excessive work, working days of 15 to 16 hours, few hours of sleep, sexual excesses, poor nutrition and humid dwellings were identified as influencing factors in the emergence of diseases (MENDES; DIAS, 1994; AMANTINO, 2007). At the same time, many criticisms of the slave trade directly involved public health issues and this was used as an argument against slavery in the sense that the ships brought diseases from Africa and posed risks to the population's health (KODAMA, 2009).

Considering this landscape, it should be highlighted that medicine and public health did not play a univocal role in the scenario of slavery in the Americas, being configured sometimes as a strategy to maintain the slavery system, sometimes as an argument for its suppression.

The legacies of slavery in current living conditions and health

The second axis encompasses academic productions regarding the historical, social, cultural and psychological consequences of slavery in post-abolition societies. The effects and impacts of legalized slavery are considered to be far-reaching and long lasting, capable of extending way beyond the days of colonial slavery and manifesting themselves in social and subjective processes even today. Slavery is understood as a sociocultural and psychological lega-

cy that determine current living conditions, being capable of placing entire populations in situations of social disadvantage.

These studies interconnect race, inequalities and inequities in health highlighting the legacies of slavery in the production of diseases (such as hypertension, sickle cell anaemia, stress and suffering) and poor living and working conditions that historically condition the health of *quilombola* (descendants of slaves) and Black populations, in addition to highlighting modes of operation and manifestations of institutional racism in the health field (LOPEZ, 2012). This axis includes studies of cultural and emotional traumas of slavery and productions in the field of epidemiology, social sciences and psychology of slavery. This literature sheds light on the persistence of stereotypes about supposedly innate differences between blacks and whites, such as body features, abilities and thinking capacity (PLOUS; WILLIAMS, 1995) and considers how the stigma of slavery would explain historical disadvantages of the Black population including the phenomenon of lynching (PRICE, DARITY JR. HEADEN, 2008).

Several studies in the field of epidemiology - an important branch in Public/Collective Health - address health inequities based on race and colour and highlight the consequences of slavery for the quality of housing, sanitation and health of black populations and racism and discrimination as their legacies. In this sense it is remarkable the Eco-social Theory of the social epidemiologist Nancy Krieger, attributing *Jim Crow* - racial discrimination and segregation of blacks and Asians, legal in the United States of America and practiced in 21 states between 1870/1880 and 1964 - the status of a determinant of health of populations. The author states that *Jim*

Crow rules determined populations' health by imposing restrictions on Black, Asian and non-white people, reserving whites legal privileges in education, transportation, hospital and legal institutions, as well as social welfare, employment, marriage, voting and other political powers (KRIEGER, JAHN, WATERMAN, 2017). Their studies demonstrate declines in infant mortality and premature deaths of black children after the abolition of *Jim Crow*, find higher mortality rates among Black children compared to white children between 1959 and 2006 (KRIEGER et at. 2013), evidence a double excess risk of black premature deaths in states where *Jim Crow* was in effect (KRIEGER, JAHN, WATERMAN, 2017) and higher rates of breast cancer in women residing in these states (KRIEGER et al. 2014).

Bailey, et al. (2017) also address racism as a legacy of slavery and colonization systems, impacting health by fostering economic injustice and social deprivation, greater exposure of Black workers to occupational hazards, less provision of clean water, proximity of areas with toxic chemicals to homes and neighbourhoods populated by marginalized populations; psychosocial trauma (discriminatory interpersonal relationships), inadequate health care, state-sanctioned violence and alienation from traditional properties, lands and territories, "maladaptive" defensive behaviours (increase in tobacco and alcohol consumption); threats attributed to stereotyping.

Particularly interesting is the debate in the medical field on the "biological heritage of slavery" and the levels of hypertension in black people. Medical articles question the Slavery Hypertension Hypothesis (LUJAN; DICARLO, 2018a 2018b)[viii]. The hypothesis is that African slaves living in a very hot climate would have developed a greater capacity to retain salt in the body that helped them

preserve life during the journey at sea. This same mechanism led to a propensity to develop higher levels of hypertension. This capacity would have been genetically transmitted through generations so that today their descendant population would have a higher incidence of hypertension due to this biological cause. Lujan and Dicarlo (2018a) criticize this hypothesis of generic determinism, demonstrating race as a social construction and demonstrating the mistake of attributing a certain genetic homogeneity to African peoples.

A key book within this axis of studies is certainly "Cultural trauma. Slavery and the formation of African American Identity" by Ron Eyerman (2001). The book explores the formation of African American identity through the theory of cultural trauma, developed in the social sciences by Alexander Jeffrey, Neil Smelser and collaborators. Trauma here is not addressed as an individual issue, but as a cultural process mediated by various forms of representation linked to the rebuilding of an identity and reworking of collective memory-[ix]. Slavery formed a collective identity of Black people through their memories, mediated by social and cultural processes that re-live the experience of slavery, feeding inherited habits that determine behaviours, feelings and actions. This legacy of slavery is also configured as a psychological burden that continues to be imposed on the African-American people, while it also makes possible a rebirth as black people in their self-determination that leads to re-reading the past and generates movements, associations and political struggles for emancipation.

The papers from William Edward Burghardt Du Bois should be noted, among them "Black Reconstruction" (1930) and "The Souls of Black Folk" (1903), which were central to the discussion on

Black people's identity and liberation, as well as having contributed to the development of Pan-Africanist studies. Du Bois' studies were central insofar as they also addressed the need for cultural, economic and political reconstruction and the construction of Black identity. In this process, the question of the Black psyche had to be placed in the face of the dominant racist culture, since slavery was seen as an economic system that forced people to feel inferior and was therefore reflected in the self-image of African-American people.

It should be remarked that Du Bois, in discussing the dimension of the 'veil' on Black consciousness and analysing the impacts of slavery, addresses elements of a psychology of enslaved peoples on US Southern plantations. This is particularly important because it counters a certain forgetfulness of slavery as part of the history of knowledge and practices of the relations of psychology and labour. We should remember that the paper considered as the first text in this area of knowledge and practice - Psychology of Work - focused on the problems of industry and was published in 1913 by Hugo Munsterberg, under the title Psychology and Industrial Efficiency as a modified version of the German text published a year earlier under the title *Psychologie und Wirtschaftsleben: ein Beitrag zur angewandten Experimental-psychologie*.

Considering this background, part of the literature in this second axis points to both individual psychological processes resulting from slavery and therapeutic practices to deal with the effects on the psyche of Black people. That is, productions that emphasise the psychology and psychopathologies of slavery. Black Rage, for example, is cited as a phenomenon that would have to do with a sense of frustration felt by African Americans, especially Black men who

developed a paranoid personality to survive the experience of America (CANHAM, 2017). Pocock (2017) in "The legacy of slavery: towards an aetiology of African-Caribbean Mental Health" discusses an aetiology of mental illness especially schizophrenia, presenting the place and influences of slavery. It speaks of the importance of investigating the mental illnesses of slavery and highlights epigenetic and social factors.

It may be additionally cited "Breaking the chains of psychological slavery", a book that highlights slavery as a process that imprisons motivation, perception, aspiration and identity in self-images generating a personal and collective self-destruction as cruel as legalized slavery (AKBAR, 1996). He points to the need for a "psycho-history" that describes the ways in which slaves were treated, but points to ways to free the mind of slavery in Black people's consciousness.

A usual term in these studies is "Psychological residuals of slavery" and also "Post Traumatic Slavery Syndrome". The Residual Effects of Slavery are defined as "the ways in which the racist treatment of African Americans, both during and after slavery has impacted multiple generations of African Americans" (WILKINS et al, 2013, p.15). The central point is that African Americans have experienced multigenerational oppression, leading to racial disparities in various indices of wellbeing including political powers, low wages, high unemployment rates, poor education, low income, threat of violence, high rates of incarceration, among others (WILKINS et al, 2013, p.15).

The Residual Effects of Slavery are described as traumas that individuals and families developed in terms of behaviours-response

to slavery (cognitive dissonance, mental illness and psychic suffering), and health professionals should be aware of them, giving voice to these experiences in life considering this cultural backdrop to seek healing from the trauma of slavery.

Other studies specifically address the "Post Traumatic Slave Syndrome" (PTSS) (SULE ET AL, 2017; HALLORAN, 2018; DEGRUY, 2005; WILKINS, et al., 2013) that is used to explain the multigenerational transmission of behaviours associated with low self-esteem, feelings of inferiority and anger. This syndrome stems from the effects of persistent racisms that create psychological risks for Black populations (DEGRUY, 2005; WILKINS, et al, 2013). PTSS would have three main characteristics: 1) absence of esteem, accompanied by feelings of depression, negative self-perception and hopelessness; 2) Propensity for anger and violence as an expression of feeling forgotten by society; 3) Adoption of distorted conceptions about one's own identity culture that makes the person deny various aspects of their own identity and experience.

DeGruy (2005) considers PTSS as a theory explaining the aetiology of various adaptive behaviours for survival in African American communities both in the USA and the Diaspora. It is a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of slavery. This would create a multigenerational trauma developed alongside with continued oppression and lack of opportunity for healing or access to available benefits in society. These two points would lead to the development of this syndrome. It can be characterised by the following behavioural patterns: Lack of esteem characterised by feelings of hopelessness, depression and self-destructive perspective of self;

propensity to anger and violence characterised by extreme feelings of suspicion of negative perception of others' motivations, violence against self, property and others including members of one's own group; and, finally, internalised racism as learned helplessness, distorted self-conception, antipathy and aversion to members of one's own ethnic group, customs and habits associated with the heritage of self ethnic group and the physical particularities of one's own groups (DEGRUY, 2005).

It is also important to remember that there is a wide academic production regarding the links of modern slavery and colonization of African and American people, opening a wide range of theoretical and methodological studies that deserve further study in the field of health-labour relations. In this fruitful line of production of knowledge done by many established authors, Franz Fanon stands out as one of the main authors of studies on coloniality, who in texts such as "The damned of the earth" (1968) and in "A Dying Colonialism" (1965) presents medical science as part of the colonial oppression system which engenders racism and humiliation, and, among other things, addresses the psychic impacts of colonial slavery.

Studies in the Ethno-psychiatric field have been developed in this direction (BENEDUCE, 2016), especially building on Fanon's texts on the political, racial and historical issues of suffering. Beneduce (2016) cites several psychiatric problems involving Afro populations and migrants from Africa to European countries (especially Italy), as well as women involved in human trafficking for sex work who developed psychotic states as a result of this enslavement. He argues for the need for a new psychiatry in order to recognise the history and experiences of people in situations of subalternity, al-

ways composed of symptoms and narratives, echoes of violence in the family and society, nostalgia and loss, in an attempt to overcome the threats in the present. Using clinical cases, Beneduce (2016) also cites psychotic state as an impact of modern slavery and "postcolonial symptoms" and/or postcolonial suffering (p.276) such as "hallucinations, paranoid schizophrenia, memories of slavery and the images of its 'modern incarnations', the politics of migration and diagnosis, issues of racism, contested motherhood" (p. 274).

All of this literature further points to a discursive production on slavery and current racist regimes as a 'dehumanisation' that deserves further exploration.

Studies in the Brazilian scenario also highlight narratives of slave descendant populations that experience greater barriers and difficulties in accessing health services and medical-hospital care, living in situations of greater poverty and occupying unhealthy and precarious jobs, in addition to diminished opportunities for access to universities and training, safe employment and higher unemployment (LOPEZ, 2012). They also mention former territories of slavery and their current inhabitants, the land problem, the "black lands" - which are places donated or occupied to the families of former slaves - (ALMEIDA, 1989; VIEGAS; VARGA, 2016, p. 625). Many studies and formulations of public policies aimed at the health of the Black population demonstrate the actions of Black movements in the construction of the "National Policy of Comprehensive Health of the Black Population" and the "National Policy of Comprehensive Care to populations of the countryside, forest and water", and so more productions in the field of WH that use a racial lens to understand the problems and determinants of health of Black men and women workers.

The specificity of the relations between health and contemporary slave labour

The scientific production on impacts, determinants/risks to health in CS and forms of treatment, cure, prevention, and surveillance can be highlighted pointing to two directions: First, specific object studies, and studies where this object is diffuse. The first deals specifically and particularly with the relation health and CSL. In the second case, the object health appears peripherally in studies in the thematic field of current slavery. In other words, these are studies that only mention situations that may be considered to fall within the domain of the health field, but without going into greater depth in this dimension. Due to space constraints, I will focus here only on studies presenting a specific nature.

I emphasize that knowing the consequences of CS on the health of workers in order to create strategies for identification, prevention, surveillance of determinants/risks and care is a key challenge for the field of WH worldwide. It is estimated that CS occurs both in the global South and in the North, in central and peripheral countries of capitalism, involving around 40 million people, especially in the production chains of the fishing industry, electronics, clothing, cocoa and sugar cane (GSI, 2020).

Contemporary forms of slavery are illegal phenomena – hampering the access to the experiences of workers subjected to this condition –, multifaceted, complex and involving a variability of traumatic situations in all the steps of the process (recruitment, transportation and conditions of execution of activities in the course of enslavement and post-rescuing situations) (ZIMMERMAN, KISS, 2017).

As a first statement about these specific studies, they are mostly conducted in Europe and focus on phenomena such as "human trafficking", "forced labour", "domestic servitude", "sexual exploitation", "child soldiers"x and "servitude" and the evidence in the literature on health impacts is still insufficient to allow comparisons between regions and types of occurrence and to establish more adequate clinical-therapeutic parameters.

With respect to health risks in the context of slavery, most studies refer to extreme situations and exposure to viruses and infections by forced sexual relationships, to physical, verbal, psychological violence, abuses, subjugation and exploitation strategies, economic exploitation, legal insecurity, unhealthy and precarious housing and work environments, extensive working hours, underpayment, extortionate debt, physical confinement, occupational hazards and risks, humiliation, forced abortion, forced sex, being traded/sold into sex markets, forced religious conversion and immigration (ZIMMERMAN; KISS, 2017; SHANDRO et al. 2016; IBRAHIM et al. 2018).

Contemporary Slavery implies an absence of control over basic things for survival such as food, shelter and clothing. That is, it involves the denial of basic elements for well-being, configuring an extreme social and economic vulnerability that violates basic rights (SUCH et al. 2019), exposure to extreme working hours, restricted freedom and poor living and housing conditions, as well as threats and severe violence (KISS et al. 2015).

Under these conditions, the health consequences are multiple, and the literature points to acute and chronic illnesses, manifestations of suffering and trauma such as mutilations and deaths caused by working conditions.

Regarding mental health, the three main and most cited effects are depression, anxiety and post-traumatic stress disorder (KISS, et al, 2015, KATONA, et al 2015, LEÃO, 2016; SHANDRO, et al 2016, IBRAHIM et al 2018; KING, et al 2017). Suicide attempts, mood disorders, dissociative disorders, alcohol and drug abuse, attention deficit hyperactivity disorder, antisocial personality traits, impulsive behaviour and other emotional problems are also reported (ROBJANT, 2016), Stockholm Syndrome (HARDY et al 2013), prejudice and hardships in social reintegration in post-rescue life, changes in sense of self, autonomy and self efficacy (ROBJANT, 2016), learning and intelligence disorders, alcohol and other drug use psychosocial stigmas and prejudices (especially for victims of sex slavery) trust in others, fear, psychiatric disorders (KING, et al. 2017).

In physical terms the most frequent occurrences are: injuries and physical damage, murder, work accidents, sexually transmitted diseases, fever, diarrhoea, malaria, mutilations, lung problems, hypertension, gynaecological problems, unwanted pregnancy, abortions, rape, barriers to accessing health services, lack of autonomy, tuberculosis, self-mutilation, eating disorders, fatigue and exhaustion, malnutrition, urinary problems, chronic pain, memory loss, loss of physical and emotional trauma (IDRIS, 2017; SUCH et al; 2019; O'CALLAGHAN, 2012; SHANDRO, et al. 2016, KING, et al. 2017, ABAS et. al. 2013, RIBEIRO; LEÃO, 2020). Slavery emerges as a complete disregard for their wellbeing and an expression of domination and exploitation that results in severe physical, psychological and interpersonal trauma (NICHOLSON, et al, 2018).

The abovementioned studies, jointly considered show that exposure to the elements of slavery (exhaustive working hours, re-

stricted freedom, poor living and housing conditions, threats and severe violence) lead to worse health outcomes when compared to other types of work, highlighting the high risk potential that slavery represents. Contemporary Slavery therefore, is a more dramatic situation than other forms of violence because it involves more social and occupational aspects and dangerous situations. The exposure to extreme situations and occupational risks is more acute and critical in the CS and this presents the challenge of recognizing and characterizing the CS as a seriously risky condition, producing wear and tear and development of pathologies, much greater than any other working relationship and situation of exploitation.

Therefore, CS demands holistic care and responses from health services and professionals in terms of identifying cases, offering treatment and establishing health surveillance criteria. Hence the importance of the "red flags" that health services could recognize as potentially identifying alerts, such as indications of slavery: nervousness, not being able to speak for themselves (appearing under the control of others), escorts who speak on behalf of a group of people, long-term untreated illnesses and injuries, posture of submission and fears, absence of records in health services, recent changes of country (SUCH et al. 2019).

Several studies show how important is the presence of support for freed people because, otherwise, the risk of returning to situations of slavery (re-slavery) is higher and more evident (KATONA, et al 2015, ROBJANT, 2016; LONDON EVENING STANDARD, 2018; IDRIS, 2017). In this regard, studies point to the need for long-term support and holistic approaches involving job creation and training for new skills (LONDON EVENING STANDARD, 2018). There is

consensus in the literature regarding the need for the development of such programmes owing to the fact that victims of slavery are entitled to adequate access and care in physical and mental health (KING, et al 2017; IBRAHIM et al. 2018). Careful listening and comprehensive health practices are needed to address the core needs of these workers, such as: medical and dental care, food, clothing, housing/shelter, advice on legal situations/legal assistance, training, employment and education services (IDRIS, 2017). It is also important to acknowledge the history and experiences of people in a situation of subalternity, whose narratives carry symptoms and echoes of violence in the family and society, nostalgia and losses in an attempt to overcome the threats in the present (BENEDUCE, 2016). Some clinical tools have been used for this purpose, as the clinical strategy known as Narrative Exposure Therapy (ROBJANT, 2016), but there is still a lack of training, guide materials, practical protocols to provide greater awareness, skills and procedures in the health sector in this direction.

It is worth to mention some existing experiences of support for the health of slaves, it is worth mentioning the "Centrally Sponsored Scheme for rehabilitation of bonded labours" created by the government of India in 1978 to provide assistance in the rehabilitation of workers freed from bondage and the Bonded Labour Vigilance Committees in India and the Bal Vikas Ashram recovery centre, a place of care and rehabilitation of children rescued from slavery; The Integration Support Programme in the United Kingdom, which aims to promote socio-economic integration for survivors of slavery, based on community engagement and income generation; The Integrated Action Project, created in 2009 in the state of Mato Grosso in Brazil, to address the problem of re-slavery of workers.

To conclude, I would like to remark two questions: the terms used to refer to enslaved workers and the implications of this literature for the field of WH.

In the first place, it is worth noting that two categories are widely used to name the subjects involved in slavery: *victims and survivors*, at the international level; and *egresses and people rescued from slavery*, in Brazil, especially in the context of actions and institutions for the social reintegration of those freed from slavery.

As a first explanatory hypothesis for the use of these terms: *victims, survivors and rescued*, it is suggested here that they function as a means of highlighting/denouncing the criminal, threatening, extreme and violent character of the CS in its potential to cause harm and death to enslaved people. Furthermore, they are able to situate subjects in a symbolic place of passivity. It is curious that although all types of CS are means of economic exploitation of both the labour and bodies of the enslaved, the term "workers" is almost never used in categorising people subjected to CS. It may be postulated that the slippage from the use of the word *workers* to *victims* and correlates symbolises a way of emptying the historical organisational potential that the notion of the working class implies. Connected to this, a certain distancing is perceived between these two types of workers: those more organized in unions or autonomous associations to face the class struggle and those poorer, non-organized, and therefore more vulnerable to situations of slavery and the target of attention of NGOs. It is not surprising, therefore, that a good part of contemporary abolitionism is based on the logic of human rights and mobilised more by non-governmental organisations than by the autonomous organisations themselves, where workers exercise a strategic role in the face of capitalist exploitation.

The second issue is that the existing evidence on the risks and effects of slavery on the body and mind of workers, as well as the response needs of the health services imply an ethical imperative for the WH field. Knowing that CSL makes the combination of (a) working conditions and characteristics in critical situations (occupational risks, strenuous hours, terrible conditions, etc.), (b) presence of extreme forms of control and abuse (violence of all kinds) and (c) poor living conditions (shelter, food, clothing, access to water) and that its occurrence represents an enormous risk to health and well-being whose effects are devastating to mental and physical health that occur in different degrees and levels of severity and types of manifestation, demands greater and urgent involvement of WH in comprehensive care and surveillance strategies at all levels. Since CSL is a sharp antithesis of the concept of health, it requires a dense implication to face this violation of the right to health and decent work for the defence of human dignity.

Final considerations

The present paper sought to relocate slavery as an important element in the field of health and labour relations, and developed three thematic axes of these interrelationships in academic production, in order to raise points meriting further discussion and deepening, thus stimulating a renewed agenda of academic research, since it is a worthy topic for the attention of the scientific community in WH.

Obviously, the literature on health, work and slavery, in each of the three axes outlined in this article, is far-reaching and it would be an impossible task to fulfil in the space of this piece. However, it

was enough to demonstrate how the historical process of exploitation of workers, going from the manifestations of colonial slavery in the Americas up to the CS, is composed of multiple social determinations and situations of work-related risks, that are the origin of the ways in which enslaved workers fall ill and die. This leads us to the characterization of those workers submitted to colonial and contemporary slavery as a specific group, whose health needs are particular and demand reflections-actions for building knowledge and practices in the WH field. In this sense, this article revealed marks of the social production of the condition of wear and tear in slave labour that run across the history of the WH field, remaining as a pressing academic, institutional and social challenge whose neglect would symbolize a regrettable gap.

References

AGAMBEN, Giorgio. **O que é o contemporâneo? E outros ensaios**. Chapecó: Argos. 2009.

ABAS, Melanie et al. Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. **BMC Psychiatry**, v. 13, n. 204. p.2-11. 2013.

AKBAR, Na'im. **Breaking The Chains Of Psychological Slavery**. Tallahasee: Mind Productions. 1996.

AMANTINO, Márcia. As condições físicas e de saúde dos escravos fugitivos anunciados no Jornal do Commercio (RJ) em 1850. **História, Ciências, Saúde – Manguinhos**, v.14, n.4, p.1377-1399. 2007.

ALMEIDA, Alfredo Wagner Berno de. Terras de preto, terras de santo, terras de índio: uso comum e conflito. **Novos cadernos NAEA**, v. 10, p. 163-196. 1989.

BALES, Kevin. **Ending Slavery:** How We Free Today's Slaves. London: University of California Press. 2007.

BALES Kevin. **Disaposable people**: new slavery in the global economy. Los Angeles: University of California Press. 1999.

BARRETO, Maria Renilda Nery, PIMENTA, Tânia Salgado. A saúde dos escravos na Bahia oitocentista através do hospital da misericórdia. **Revista Territórios & Fronteiras**, v. 6, n. 2. 2013.

BAILEY, Zinzi et al. Structural racism and health inequities in the USA: evidence and interventions. **The Lancet**, v. 389, n. 8. 2017.

BENEDUCE, Roberto. Traumatic pasts and the historical imagination: Symptoms of loss, postcolonial suffering, and counter-memories among African migrants. **Transcultural Psychiatry**, v. 53, n. 3, p. 261-285. 2016.

BROWN, Phil. The name game: toward a Sociology of diagnosis. **The journal of mind and behaviour***,* v. 11, n.3/4 p. 385-406. 1990.

CANHAM, Hugo. Embodied black rage. **Du Bois Review**, v.14, n. 2. pp. 427-445. 2017.

CAVANAGH, Connor Joseph. Political ecologies of biopower: diversity, debates, and new frontiers of inquiry. **Journal of Political Ecology**, v. 25. 2018.

CASTRO, Alexandre de Carvalho; LEAO, Luís Henrique da Costa. A metamorfose e o campo da saúde mental de trabalhadores: uma análise bakthiniana. **Ciência e saúde coletiva***,* v.25, n.9, p.3615-3624. 2020.

CARVALHO, Marcus de. ALBUQUERQUE, Aline Emanuelle de Biase. Os desembarques de cativos africanos e as rotinas médicas no Porto do Recife antes de 1831. **Almanack**, n.12, p.44-65. 2016.

DEGRUY, Joy. **Post Traumatic Slave Syndrome**: America's Legacy of Enduring Injury and Healing, Oakland (CA): Uptone Press. 2005.

DU BOIS, William Edward Burghardt. **Black reconstruction an essay toward a history of the part which black folk played in the attempt to reconstruct democracy in America, 1860-1880**. New York: Harcourt. 1935.

DU BOIS, William Edward Burghardt. **The souls of the black folk.** New York: Oxford University Press, 2007.

ELLIOTT, E. N. (Org.). **Cotton is king And Pro-slavery arguments**. Augusta, GA: Pritchard, Abbott & Loomis. 1860.

DUSSEL, Enrique D. **Filosofia da Libertação**. São Paulo: Loyola. 1977.

ELKINS, Stanley M. **Slavery**: A Problem in American Institutional and Intellectual Life. London: The University of Chicago Press, 1959.

EYERMAN, R. **Cultural Trauma**: Slavery and the Formation of African American Identity. New York: Cambridge University Press. 2001.

EUGÊNIO, Alisson. Relatos de Luís Gomes Ferreira sobre a saúde dos escravos na obra Erário mineral (1735). **História, Ciências, Saúde – Manguinhos**, v.22, n.3, p.881-897. 2015.

FANON, Franz. **A dying colonialism**. Grove Press. New York: 1965.

FANON, Franz. **Os condenados da terra**. Rio de Janeiro: Civilização brasileira.1968.

FETT, Sharla. **Working Cures**: Healing, Health and Power on Southern Slave Plantations. Chapel Hill and London: University of North Carolina Press. 2002.

FOUCAULT, Michel. Nietzsche, a Genealogia e a História. In: Foucault. Michel. **Microfísica do Poder**. 15ª Edição. Rio de Janeiro: Edições Graal. p. 15-37. 2000.

FOUCAULT, Michel. **A arqueologia do saber**. Rio de Janeiro: Forense Universitária.1997.

FREYRE, Gilberto. **Casa-grande & senzala**. Formação da família brasileira sob o regime da economia patriarcal. 48a edição. São Paulo: Global Editora. 2003.

GSI 2020. Disponível em https://www.globalslaveryindex.org/2018/findings/highlights/). Acesso em: 10 fev. 2020.

HALLORAN, Michael. African American Health and Pos-traumatic Slave Syndrome: a terror managment theory account. **Jounal of Black Studies**, v. 50. n.1. p. 45-65. 2018.

HARDY, Veronica et al. Domestic Minor Sex Trafficking: Practice Implications for Mental Health Professionals. **Affilia: Journal of Women and Social Work**, v.28, n.1, p. 8-18. 2013.

IDRIS, Iffat. **Intervenions to support victims of modern slave**. Brighton: Institute of Development Studies. 2017.

IBRAHIM, Hawkar et al. Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide. **BMC Medicine**, v. 16. n. 154. p.1-11. 2018.

KATONA, Cornelius et al. **Adressing mental health needs in Survivors of Modern Slavery**. A crítical Review and Reasearch Agenda. New York: The Freedom Fund. Helen Bamber Foundation, 2015.

KODAMA, Kaori. Antiescravismo e epidemia: "O tráfico dos negros considerado como a causa da febre amarela", de Mathieu François Maxime Audouard, e o Rio de Janeiro em 1850. **Hist. cienc. saude-Manguinhos**, v.16, n.2. p.515-520. 2009.

KING, Paula et al. Slavery in New Zealand: What is the role of the health sector?. **The New Zealand Medical Journal**, v.130, n. 1463, p.63-69. 2017.

KISS, Ligia et al. Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study. **Lancet Glob Health**, v.3, p. 154-61, 2015.

KRIEGER, Nancy et al. Jim Crow and estrogen-repector breast câncer: US-born black and White non-Hispanic women, 1992-2012. **Cancer Causes Control**, n. 1, p. 49-59. 2017.

KRIEGER, Nancy et al. The unique impact of abolition of Jim Crow laws on reducing health inequities in infant death rates and implications for choice of comparison groups in analyzing societal determinants of health. **Am J Public Health**, n. 103, p. 2234-2244. 2013.

KRIEGER, Nancy et al. Jim Crow and premature mortality among the US Black and White Population, 1960-2009. **Epidemiology**, n.25. 2014.

LEAO, Luís Henrique da Costa. Trabalho escravo contemporâneo como um problema de saúde pública. **Ciênc. saúde coletiva**, v.21,

n.12, p.3927-3936. 2016.
LÓPEZ, Laura Cecília. The concept of institutional racism: applications within the healthcare field. Interface. **Interface** (Botucatu), v.16, n.40, p.121-34. 2012.

LONER, Beatriz Ana; GILL, Lorena Almeida; SCHEER, Micaele Irene. Enfermidade e morte: os escravos na cidade de Pelotas, 1870-1880. **História, Ciências, Saúde – Manguinhos**, v.19, p.133-152, 2012.

LONDON EVENING STANDARD, **Report 2018**. Human trafficking & Modern Slavery. 2018.

LUJAN, Heide; DiCARLO, Stephen. The "African gene" theory: it is time to stop teaching and promoting the slavery hypertension hypothesis. **Adv Physiol Educ**, v. 42, p. 412–416. 2018a.

LUJAN, Heide; DiCARLO, Stephen. Science reflects history as society influences Science: brief history of "race", "race correction" and the spirometer. **Adv Physiol Educ**, v. 42, p. 163-165. 2018b.

MACHADO, Roberto et al. **A danação da norma. Medicina Social e Constituição da psiquiatria no Brasil**. Rio de Janeiro: Edições Graal. 1978.

MENDES, René; DIAS, Elizabeth Costa. Da medicina do trabalho à saúde do trabalhador. **Rev. Saúde Pública**, v.25, n.5, pp.341-349. 1991.

MIERS, Suzanne. Slavery: A Question of Definition. **Slavery & Abolition. A Journal of Slave and Post-Slave Studies**. v. 24, p.1-16. 2003.

MINAYO-GOMEZ, Carlos. Campo da Saúde do Trabalhador: trajetória, configuração e transformações. In: Minayo-Gomez, Carlos.

Machado, Jorge Mesquista Huet; Pena, Paulo Gilvane Lopes (org.). **Saúde do trabalhador na sociedade brasileira contemporânea.** Rio de Janeiro: ed. Fiocruz. p. 23-36. 2011.

MBEMBE, Achille. Necropolitics. **Public Culture,** v. 15, n.1, p.11-40. 2003.

McCANDLESS, Peter. **Slavery, Disease and Suffering in the Southern Lowcountry**. Cambridge: Cambridge University Press. 2011.

MUSTAKEEN, Sowande. **Slavery at Sea**: Terror, Sex and Sickness in the Middle Passage. Chicago: University of Illinois Press, 2016.

NICHOLSON, Andrea et al. A Full Freedom: Contemporary Survivors' Definitions of Slavery. **Human Rights Law Review**, v.18, p.689-704. 2018.

O'CALLAGHAN; Michael. The Health Care Professional as a Modern Abolitionist. **Perm J Spring**, v. 16, n.2, p. 67-69. 2012.

ODA, Ana Maria Galdini Raimundo. O banzo e outros males: o páthos dos negros escravos na Memória de Oliveira Mendes. **Revista Latinoamericiana de psicopatologia fundamental**, v.10, n.2. p.346-361. 2007.

PATTERSON, Orlando. **Slavery and Social Death**: A comparative Study. Cambridge: Harvard University Press. 1982.

PIMENTA, Tânia Salgado; GOMES, Flávio. **Escravidão, doenças e práticas de cura no Brasil.** (org.). Rio de Janeiro: Outras Letras. 2016.

PENA, Paulo Gilvane Lopes. Quatro séculos de práticas agronômicas, veterinárias e médicas para o escravo nas américas e desafios para do sus na erradicação das formas contemporâneas de trabalho na escravidão. In: Leão, Luís Henrique da Costa; Leal, Carla Faria Reita. **Novos caminhos para erradicar o trabalho escravo contemporâneo**. CRV, 2020 (no prelo).

PENA, Paulo Gilvane Lopes. A exploração do corpo no trabalho ao longo da história. In: Vasconcelos Luiz Carlos Fadel; Oliveira, Maria Helena Barros (org.). **Saúde, Trabalho e Direito**: uma trajetória crítica e a crítica de uma trajetória. EDUCAN. Rio de Janeiro. p. 85-123. 2011.

PLOUS, Scott. WILLIAMS, Tyrone. Racial Stereotypes from the days of American Slavery: A continuing Legacy. **Journal of Applied Social Psychology**, v.25, n.9. p.795-817. 1995.

POCOCK, Nigel. **The legacy of slavery**: towards na aetiology of African-Caribbian Mental Health. London: Vision Training & Research, 2017.

PRICE, Gregory; DARITY, William; HEADEN, Alvin. Does the stigma of slavery explain the maltreatment of blacks by whites?: The case of lynchings. **The jounal of sócio-economics,** v.37. p.167-193. 2008.

READ, Ian. A triumphant decline? Tetanus among slaves and free-born in Brazil. **História, Ciências, Saúde – Manguinhos,** v.19, supl., dez., p.107-132. 2012.

RAMAZZINI, Bernardino. **As Doenças dos Trabalhadores**. São Paulo: Fundacentro, 2016.

ROBJANT, Katy. The psychological rehabilitation of victims of modern slavery. 'Statement of Katy Robjant - Vivo International, DRC'. Statement to Expert Panel on the International Day for the Abolition of Slavery, 2 December, OHCHR. 2016.

ROSEN, George. **Uma história da saúde pública.** São Paulo: Editora UNESP. 1994.

SAVITT, Todd. **The diseases and health care of blacks in Antebellun Virginia**. Chicago: Ed. University Ilinois Press. 2002.

SHANDRO, Jamie et al. Human Trafficking: A Guide to Identification and Approach for the Emergency Physician. **Annals of Emergency Medicine,** v. 68, n.4, p. 501-508. 2016.

SCHWARCZ, Lilian Moritz; GOMES, Flavio. **Apresentação. Dicionário de Escravidão e Liberdade:** 50 textos críticos. São Paulo: Companhia das letras. p. 17-48. 2018.

SHERIDAN, Richard. **Doctors and Slaves:** A medical and Demographic History of slavery in the British West Indies 1680-1834. New York: Cambridge University Press. 1985.

SULE, Ejim et al. The Past Does Matter: a Nursing Perspective on Post Traumatic Slave Syndrome (PTSS). **Journal Racial Ethn Health Disparities**, 2017.

SUCH, Ejim et al. Modern Slavery: a global public health concern. **BMJ,** v.364, p.i838. 2019.

VIEGAS, Deuzilene Pedra; VARGA, István van Deursen. Promoção à saúde da mulher negra no povoado Castelo, Município de Alcântara, Maranhão, Brasil. **Saude e sociedade**, v.25, n.3. 2016.

WILKINS, Erica et al. Residual Effects of Slavery: What Clinicians Need to Know. **Contemporary Family Therapy,** v. 35, p.14–28. 2013.

ZANIN, Valter. Trabalho não livre, forçado, escravo: problemas definitórios e metodológicos para o estudo diacrônico-comparativo do fenômeno. In: Rezende, Ricardo; Prado, Adonia; Galvão, Edna (orgs.). **Trabalho escravo contemporâneo**: estudos sobre ações a atores. Rio de Janeiro: Mauad Editora Ltda. p. 309-324. 2017.

ZIMMERMAN, Cathy; KISS, Lilian. **Human trafficking and exploitation**: A global health concern. PLoS Med., v.14, n.11. e1002437. 2017.

---

[i] It is worth saying that in this aspect he seems to be quoting the work of Orlando Patterson (1982), but at no point there is a reference to this author.

[ii] This nomenclature requires specific reflection because it is problematic as the term modern slavery seems to indicate the enslavement that occurred during the XVI-XIX centuries and not so-called contemporary slavery which indicates the presence of a global phenomenon different from the colonial enslavement of the XVI-XIX centuries.

[iii] It is worth to recall a quote from the book by Gomes, A. Neto, R; Contemporary slave labour: present time and uses of the past, FGV, 2018 which begin its description with the account of the sanitary doctor Belisário Pena in 1916 who, while visiting the interiors of Brazil, records practices relating to a type of labour relationship in the post-abolitionist period characterised by debt servitude and violence that would later be classified as contemporary slave labour.

[iv] In the Brazilian case of slavery, there is a vast bibliographic production that interweaves the historiography of slavery with the historiography of diseases and health institutions and Brazilian medical practices. Special emphasis should be given to the work organised by Pimenta and Gomes (2016) on "Slavery, diseases and healing practices in Brazil". This diverse collection addresses various aspects concerning the field of health in the Brazilian slave system of the 18th and 19th centuries. As in other regions, in Brazil, the slaves also had their means of cure, added to the presence of white European doctors (French and Portuguese), there was the production of medical manuals with descriptions of diseases and forms of treatment; main causes of mortality, the problem of madness, and the practices of the bleeding, among others. The book presents a broad spectrum of topics on the social history of illness in the period of slavery in Brazil.

[v] Sadness, homesickness, cogitation over the loss of freedom, which could be compared to the nostalgia that was recognised as a clinical entity in the 18th century. An important analysis to be made could have as object of investigation the classic by Gilberto Freyre, Casa Grande e Senzala (Masters and Slaves) and O escravo nos anúncios de jornais brasileiros do século XIX doing a rereading of his work from the point of view of the characterizations made about the physical and mental health conditions of slaves in Brazil and situating him in the general framework of the authors of his time, taking into account the degree of knowledge that was current about such conditions at the beginning of the 20th century, as well as the health theories already developed and the influences on his thought, including his thought on social medicine.

[vi] Drapetomanie would be a form of mania supposedly affecting slaves in the nineteenth century, manifested by an uncontrollable urge to wander or run away from their white masters, preventable and avoidable by regular whipping. This malady was first identified in a medical report often cited as a fanciful case of psychologism as can be read in "Diseases and Peculiarities of the Negro Race," by Dr. Cartwright. Available at: https://www.pbs.org/wgbh/aia/part4/4h3106t.html. Dyaesthesia Aethiopis was coined by the same physician Samuel Adolphus Cartwright (1793-1863) in the New Orleans Journal of Medicine and Surgery in 1851 from an Ethiopian word referring to black people. It would be a mental illness supposedly peculiar to black slaves and endemic among them in the northern United States in the mid-nineteenth century, manifested by laziness and insensitivity to pain when whipped.

[vii] Carvalho and Albuquerque (2016) address the medical inspections carried out in the Ports of Recife before 1831, between 1813 and 1829, the use of quarantine on the arrival of ships and the identification of slaves with diseases considered contagious such as "scurvy, "bladders", measles, dysentery and "ophthalmias", by recommendations of hygienists.

[viii] This example above is reminiscent of what McCandless (2011) presents about the US South and the emergence of Blacks' "racial immunity" to yellow fever as one of the ways to subjugate Black people and justify slavery on rice plantations.

[ix] In general, cultural trauma can be understood as an accepted and publicly credentialed memory given by a relevant group that evokes an emotionally charged negative event or situation, represented as indelible and regarded as a threat to the existence of a society because it violates one or more of its assumptions (Eyerman quoting Smelser 2001).

[x] Infant soldiers' studies can be conceived in Brazil in terms of children used in the drug trade as young people subjected to conditions of overexploitation, hyper-controlled, exposed to many life risks and methods of punishment that are in effect executions without the rights to defence.