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Emancipation-The lessons and the legacy Emancipation and health

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Introduction

First, let me thank the Organizing Committee for the invitation to give this Emancipation Lecture. At first I demurred, as I am not a professional historian, but my interest was piqued by the possibility of finding some connection between health which is such an important aspect of our being and what has to be one of the most defining times in the history of all persons like myself. I must also register my appreciation at being able to speak in a Baptist church, given the role that Baptists and their churches played in the emancipation struggles.

Emancipation means literally to set some one free and the importance of this notion was evident on August 1, 1834, when it is recounted that the slaves woke early or did not sleep in order to welcome the dawn of their freedom. But as you know, this was not freedom in its plenitude. The Emancipation Act determined that the slaves would have a period of apprenticeship to prepare them for full freedom, as if freedom was a state of humanness that needed preparation. The period of apprenticeship was one of varied fortunes for many-both slaves and landowners. But it was on August 1, 1838 that the cry arose from Morant Point to Negril; from Kingston to Montego Bay, a cry that surely was akin to the ringing peroration of Martin Luther King 125 years later, -“*free at last, free at last, thank God Almighty we are free at last*”.¹

According to a Gleaner account, the famous abolitionist William Knibb said on that day:

*“The hour is at hand, the Monster is dying” and ...in recounting the mood in his church that night he said- “the winds of freedom appeared to have been set loose, the very building shook at the strange yet sacred joy.”*²

But what freedom?

Freedom in the case of the manumitted slaves doubtlessly was interpreted conventionally as freedom from being a non-human being, freedom from being a mere chattel, freedom from

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physical and mental chains and freedom of agency. But I doubt there was thought given then to what years later are seen in many countries as fundamental freedoms, such as freedom of speech, of the press, of religion, of petition and of assembly such as are seen in the First Amendment of the US Constitution.³ These freedoms are contextualized within a legal system as rights which belong to all human beings without cost of privilege.

But there are other notions of the freedoms which all persons should enjoy. Amartya Sen, the Nobel Prize winner describes development as freedom and posits certain basic freedoms needed by all people everywhere if they are to enjoy genuine human development.⁴ Among these freedoms he puts health care, which really should be health itself. Health, like wealth and education, enlarges individuals' freedom of choice and that is why they are categorized as the essentials of human development that are not based on the legalistic interpretation of rights. The freedom needed is that which allows us to express ourselves fully as social beings-to be able to live long lives-to have the necessary economic means and to acquire the knowledge and wisdom to guide our actions. In a similar approach, Martha Nussbaum and her colleagues in exploring the meaning and scope of what contributes to our development refer to the capabilities essential for that genuine human development.⁵ Health is one of those essential capabilities. Following a similar line of reasoning in describing the relation between health and social justice, Jennifer Prah Ruger in her book *"Health and Social Justice"* presents an *"Aristotelian view of human flourishing, a view in which all people have the ability to realize central health capabilities. Health and the capability for health itself are moral imperatives"*.⁶

Health is one of the central concerns of all peoples and has been so from time immemorial. It is the personal state valued by all people above all others. So to the extent that this central capability was denied to slaves at emancipation, their freedom was not complete. The legacy of that denial in an extreme form at a particular point in time is what we now wish to explore.

The health of the slaves

Obviously the health situation of slaves did not change on August 2nd 1838, so it is worthwhile as background to examine briefly their health conditions before emancipation. Such is the nature of population health that it does not change in the twinkling of an eye or because of shouts of jubilation. The health of a people is the result of their genes, the influence of their bio-social environment and the care they receive to prevent and treat illness, to effect rehabilitation from illness and some like myself would propose that care extends to helping the terminally ill to die with dignity and without suffering pain. There would have been limited effect of their genetic backgrounds, but all of the others would have influenced the health of the slaves.

There are numerous accounts of the conditions under which the slaves lived and worked, and the one which impressed me with its detail was that by Michael Craton who described in detail the situation in Jamaica and Worthy Park where the doctor was the legendary John Quier.⁷ I have been struck by the uniformity of the approach that divides both the care and cure of the slaves into three broad periods. The first is the period from about 1655 until the beginning of the 18th century when there was a predominance of small holdings with small numbers of slaves.

The slave population was estimated at 1400 in 1658.⁸ Attention was paid to their wellbeing and particularly their reproduction, presumably with the idea of creating a stock of slaves. The second period starts at the beginning of the 18th century and lasts up to 1807 when Great Britain outlawed the slave trade.

In 1807 there were over 300,000 slaves in Jamaica.⁹ It was always clear that the treatment of the slaves depended in large measure on the individual slave master and the predominant crop of the plantation pre 1807. Before the abolition of the slave trade, there was a constant supply of new slaves, so there was minimal incentive to be concerned with the health and longevity of the slaves who were essentially simply units of production. The average life expectancy was calculated to be about 20-30 years and in the first three years the annual death rate was about 12 percent.¹⁰ They were worked as hard as possible, driven by the constant presence and pain of the lash of master or overseer. There is a bit of a paradox in that although there should have been self-interest on the part of the slave-owners in maintaining the value of their capital, they did so little to preserve it. Barry Higman puts it well.

*“Slave owners rarely doubted that slavery was the most profitable system of labor available to them. They were concerned only to extract the maximum from the people they owned by organizing and managing their labor as efficiently as possible. Particularly because the enslaved person represented capital-a value that could be realized through sale-it was equally in the interest of slave owners to be concerned about the health and longevity of the people they owned, but the frightening mortality of the Caribbean and the unpredictability of death made this concern less compelling than the extraction of hard labour”.*¹¹

It was the lure of the sweet gold of sugar that in many ways drove the system to pay more attention to slave productivity than to slave health. The sanitary and nutritional conditions especially in the sugar plantations were poor and contributed to the high mortality and indeed there is a significant correlation between slave mortality and the extent to which the dominant plantation crop was sugar.¹² One expression of this was the fact that on the sugar plantations, the children of slaves tended to be shorter than their parents.¹³ They were stunted in childhood by malnutrition and brutally harsh treatment.

The Consolidated Slave Act of 1792 regulated almost every aspect of the slaves' lives, food, clothing, recreation and burial. It required owners not to abandon slaves because of age or disability, but it is revealing that one cannot find any formal specific provision for ensuring the health of the slaves. Careful attention was given to recording mortality statistics and the Act specifically required that:

“The doctor or surgeon of every plantation, pen or other settlement shall on the twenty-eighth day of December in every year give an account on oath of the deaths of such slaves as have died in the preceding year or during such time as such doctor or surgeon hath had the care of the slaves on such plantation, pen or settlement with the cause of such deaths, to the best of his

knowledge, judgment and belief under the penalty of one hundred pounds for every neglect”.

He was further to report on the increase or decrease of slaves with causes of decrease. Slave women were encouraged to bear children and those who had six children were relieved of hard labor in the field or otherwise.¹⁴

But many or most slave owners simply ignored the provisions of these and similar acts and treated slaves as if they were their property to be disposed of at their will and pleasure, which according to law they were. So we read Thomas Thistlewood's diary of witless violence and brutal sexual exploitation of slave women.¹⁵ We read that in spite of the requirements to look after the old and disabled or the terminally ill; slave owners were known to throw them into gullies to be picked over by John Crows. But it is fair to point out that many plantations did have hospitals and paid doctors to treat the ill.

With the abolition of the slave trade in 1807 and the shut off of the supply of replacements, there were concerted efforts to look after the health of the slaves more carefully and there is evidence of better care, better nutrition and deliberate efforts to increase fertility. But as Higman points out, the slave owners felt that they had a better chance to manipulate mortality than fertility.¹⁶ So they took the direct approach to reduce both mortality and morbidity, by building or refurbishing hospitals, hiring physicians, employing slaves as nurses and relieved the sick of the more strenuous work in the fields. However, given the state of medical knowledge and the pervasive malnutrition, it is doubtful that institutional care did much to reduce mortality.

Throughout slavery, health care was administered by a motley collection of physicians, surgeons and apothecaries, many with little or no formal training. Skilled slave women were prominent as midwives. The older ones among us know that a similar practice of employing empirical midwives was not uncommon in rural parts of the island in recent memory. There were several attempts to control the qualifications of medical practitioners; a Bill was passed and the Act for regulating the practice of physic and surgery by a College of Physicians and Surgeons became law in 1833. Unfortunately, the Act was disallowed by the Colonial Office. Although there were undoubtedly flaws in the Act, its intentions were good. It was amended and passed in 1842, but eventually the College withered and died.¹⁷ Its eventual demise was as much due to local squabbling over criteria for admission as the jealousy of the established Royal College of Physicians of London.

There are several accounts of the diseases that affected the slaves. Although there are classifications of the causes of the mortality, the predominant causes of illness and death were the infectious diseases some of which such as yaws the slaves brought with them, but all of which were compounded by malnutrition and in the case of the slaves, injuries had to be added.¹⁸ In a fascinating treatise written in 1823, a John Stewart who describes himself as an impartial observer describes the diseases of the slaves.¹⁹ He writes

“The mortality among the grown negroes may be ascribed to various causes: to intemperance and irregularity, night exposure, violent exercise at

their plays, sudden transitions of the weather and at particular seasons, disorders brought on by green roots and unripe fruits. The lives of a proportion of the slaves who belong to or are under the care of improvident or unfeeling persons are no doubt shortened by an insufficiency of wholesome food.”

He bemoaned the fact that there was little increase in the slave population due to a decrease in mortality and an increase in fertility only on plantations at which the slaves were humanely treated. But he also attributed the lack of an increase to the state of polygamy in which the slaves lived. He writes:

“The negro who does not profess himself to be a Christian, smiles at the idea of confining himself to one female, when his circumstances enable him, and his passion and taste for variety instigate him to have half-a-dozen. He would consider a restraint in this respect so hostile to his habits and the practice of his forefathers as the most arbitrary of all proceedings and it would require a thousand Arguses to watch and circumvent him in these illicit indulgences.”

Mental illness must have been common throughout the whole period of slavery. We know that the severely mentally ill were subjected to draconian treatment and often just locked away. We know that suicide was not uncommon and this cannot be surprising given psychological destabilization inherent in slavery and the anomie created by the master slave relationship. Professor Hickling has described many of these effects and noted the fact that the Kingston Public Hospital initially accommodated the severely mentally ill primarily for custodial treatment until a facility was constructed at Bellevue in 1860.^{20 21}

Post 1834

The period between 1834 and 1838 was significant in health and other terms and the consequences were seen long after formal manumission. The British government, the planters and their representatives in the Jamaican Assembly, the magistrates, and finally the apprentices and their allies, the nonconformist ministers all had conflicting interests. As Griffith-Hughes describes it²²

“The plantation owners were unwilling or unable to identify how best to realize their own long-term self-interests in the struggle to retain a large resident work force. Rather than ameliorating conditions and taking advantage of “feelings of good will” generated by the move toward freedom, planters responded with increasingly coercive acts. In this they were aided by the actions of the Jamaican Assembly in which many of them served, and a British government unwilling to interfere with a colonial legislature, except in cases involving the most egregious violations of the law. The labor crisis that ensued was a direct result of the actions taken by a plantocracy stubbornly resolved to continue its absolute control over the

labor force, and the determination of the ex-slaves to shape their own future”.

The actions of these four actors were the ingredients for the perfect storm which led to a situation from which at least one of the essential lessons of emancipation can be drawn. After emancipation the planters were even harsher in their treatment of the apprentices and ex-slaves as James Williams an apprenticed labourer described poignantly.²³ During the apprenticeship all employers were required to continue to provide medical attention and the sick and elderly remained the responsibility of the landowners. But many landowners did not observe the terms of the agreement. Hospitals were said to be used as places of punishment rather than for treatment.²⁴ Numerous slaves as soon as they were manumitted even prior to 1838 left the plantation to become peasant farmers and with full emancipation there was a general exodus from the plantations. The landowners now saw no reason to be providing health care-the government was essentially unable to do so because of fiscal constraints and the Assembly refused to vote money for public services such as health; rather voting money for projects that would benefit the declining estates. The standard of health declined, helped no doubt by the unemployment and malnutrition which still prevailed.²⁵ There was a massive exodus of doctors. There was a total of 217 doctors in 1834-approximately 5 doctors per parish, but in 1850 there was a total of 90 medical practitioners in the island.²⁶ Plantation hospitals closed after apprenticeship. The general standard of deterioration probably resulted in the cholera epidemic of 1851 in which 40,000 died. So in some ways the health conditions were as bad or worse than during slavery. Professor Davidson has described some of those conditions and other epidemics very graphically.²⁷

This dissatisfaction with the inability of the government to provide essential social services that was accentuated during this period and continued thereafter, bore in it the seeds of the Morant Bay Rebellion. Augier et al in their classic *“The Making of the West Indies”* write the following:²⁸

“George William Gordon was one of the first to draw Eyre’s attention to various grievances.... He also drew the Governor’s attention to the absence of medical help, or a hospital or a poorhouse or an almshouse in his district. He had in fact been driven to writing Eyre by the death in the lock-up of a sick man who had been placed there by the rector for want of any other public institution to put him in.”

Note the concern for health that provoked and animated Gordon.

The lesson and the legacy.

I am suggesting that the lesson to be learned is one of the importance of health and health care for social stability. The situation of the immediate post emancipation period was one in which health care was provided basically from two sources-by the government and a mix of private suppliers. This mix would have included private practitioners paid by individuals or by plantation-owners. When the demand for care was greater than government could supply or was

being provided by the “private sector” because of poverty and inability to pay, there was a social crisis, the effect of which we know quite well with its repercussions well beyond 1865.

There is general agreement that all countries should embrace the concept and practice of universal health coverage²⁹, which as your Minister of Health will tell you is a journey and will not appear in complete form tomorrow. This has three main components, which are universal health care, financial risk protection which means that no citizen should be pauperized by having to pay for care and thirdly health security or assurance-the knowledge that one can have care when one needs it. The extent to which all the personal services needed for universal health care should be provided from the public purse is still a matter of debate, but there is no doubt that there is a minimum of essential services which affect personal and population health that are the responsibility of the government. Immediately post emancipation there was a breakdown of both types of service.

I hoped it is clear that in terms of health and health care, I am not addressing lessons to be learned from slavery per se. For example, I do not address the ethno medicine and ethno medical practices which may be a relic of slavery and have impacted on perceptions of health and health practices which have persisted to this day. My purpose in accordance with my brief and the time allotted to me is to draw lessons from emancipation. The basic lesson I am drawing and the legacy of that period is that the people must guard carefully the need for provision of essential health services by their governments through the public sector. Failure to do so can lead to social discontent. Failure to do so deprives those who need it most and can least afford to pay for it of one of the essential freedoms. It is a moral imperative and a matter of social justice.

So to conclude, August, 1 is a day that must be burned into the consciousness of every one of us-descendants of those who served and those who were served. This is the day we should celebrate as the birthday of a new hope for a people who had on so many occasions had those hopes dashed and come to naught. But today is not that day. So when that day comes, let it not be like any other day. Let it be a day when we remember what freedom really means. Freedom has been cast in many guises, but never forget that among the freedoms that make us whole human beings, health stands tall. Let us remember on that day the lesson that even with emancipation and manumission, if we do not commit to having our governments take an inescapable responsibility for providing certain services crucial for health, we will again run the risk of experiencing the social tremors which can shake a society to its roots.

Ladies and gentlemen,

I imagine that these lectures and the topics with which they deal have been carefully selected so that we should not forget. So let us echo the refrain from Kipling’s famous poem:

*Lord God of Hosts, be with us yet
Lest we forget, lest we forget.*

I thank you for your attention and wish you a happy holiday when it comes.

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