





RADIANT ROOTS FOUNDATION · KNOWLEDGE PUBLICATION

Rooted *in Health*

Health inequity among people and women of colour: what healthcare continues to overlook, and what three doctors reveal about the gaps in medical knowledge and representation.

WITH DR. DEYO FAMUBONI · DR. JIM ZEEGELAAR · DR. EFRAÏM HART

RADIANT ROOTS

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Unlocking *knowledge*

The Radiant Roots Foundation is a cultural knowledge platform dedicated to Black heritage and identity in the Netherlands. Founded by Marian Spier and Alexandra Heckman, we connect historical perspectives, lived experiences and contemporary culture with insights from science and practice. We connect history, heritage and contemporary culture with insights from science and practice, making knowledge accessible, in-depth and shareable. Through podcasts, cultural documentation, public conversations and editorial publications, we bring overlooked perspectives into focus and make cultural knowledge accessible to wider audiences and future generations. Our work is rooted in three principles: knowledge and education, empowerment, and connection.

HOW WE UNLOCK KNOWLEDGE

01

Conversations

Through the Radiant Roots Podcast, we engage with experts from science and practice to explore heritage, identity, culture and contemporary issues, including health.

02

Knowledge labs & events

Our events bring experts and audiences together, creating space to exchange perspectives, deepen understanding and develop knowledge collectively.

03

Knowledge publications

We document and share the insights that emerge from our conversations, ensuring that knowledge remains accessible beyond the moment in which it was shared. In doing so, we are building a lasting cultural knowledge bank.

Rooted in Health explores how people of colour are represented in medical knowledge, research and education. This publication brings together the perspectives of three doctors, placing their insights within a broader historical and societal context.

Health never exists in *isolation*

Health concerns are rarely just about symptoms. They are also about how those symptoms are recognised, interpreted and treated. Gender inequalities in healthcare are well documented. For women of colour, an additional layer emerges where gender, ethnicity and societal expectations intersect.

In *Rooted in Health*, three doctors explore how these inequalities develop and persist. Why are certain conditions recognised later? How do medical training, clinical guidelines and unconscious bias influence diagnosis? And what happens when patients' experiences are not adequately reflected in medical knowledge?

These questions also have a historical dimension. Following the Dutch Year of Remembrance of Slavery, the Ministry of Health, Welfare and Sport commissioned research into the lasting effects of slavery on the health of descendants and the care they receive. Dr. Jim Zeegelaar served on the study's advisory committee. The researchers identify a double burden, significant gaps in knowledge and an urgent need for structural attention to these inequalities.

Through three medical perspectives, this publication explores why equitable healthcare begins with knowledge, recognition and representation.

> *'It is not that we are built differently. It is that women of colour are simply not being listened to.'*
>
> MARIAN SPIER, CO-FOUNDER, RADIANT ROOTS FOUNDATION [2]

THE FRAMEWORK

Inequality in *three layers*

Being both a woman and a person of colour means facing disadvantages that compound. In our conversation, Dr. Efraïm Hart identified three points in the chain where this happens, and where change is possible.

01 The patient

Within families and communities, certain symptoms can become normalised. When mothers, sisters and other women share similar experiences, pain and discomfort may simply be accepted as part of everyday life.

02 The healthcare professional

Medical education and diagnostic guidelines have long been developed around a limited reference standard. Combined with unconscious bias and time constraints, this can lead to symptoms being overlooked or misinterpreted.

03 The healthcare system

When certain populations are underrepresented in research, important differences remain insufficiently understood. These knowledge gaps subsequently influence medical education, guidelines and everyday clinical practice.

As a result, even healthcare professionals committed to providing high-quality care may lack the knowledge needed to reflect the diversity of their patients.

The cost of not *being seen*

When symptoms go unrecognised, the consequences can accumulate over time. Across our three conversations, five recurring patterns emerge.

Delayed diagnosis

According to Dr. Efraïm Hart, endometriosis takes an average of six to eight years to diagnose, with potentially longer delays for women of colour. Fibroids may remain undetected until prolonged menstrual bleeding has resulted in severe anaemia.

A greater burden of disease

From maternity care to cardiovascular disease, women of colour are at a disadvantage everywhere, says Dr. Efraïm Hart. In the Netherlands, they are two to three times more likely to die around childbirth. Beneath that lies an invisible burden we can only imagine.

Declining trust in healthcare

Dr. Deyo Famuboni observes that previous negative experiences can make women reluctant to seek medical attention. By the time they return, their condition may have progressed.

Consequences for work and everyday life

Recurring pain, sleep disturbances during menopause and persistent fatigue can affect careers, relationships and daily responsibilities. Yet these experiences often remain unspoken, particularly in professional environments.

The emotional impact

Hair loss can have a profound influence on identity and self-image. Dr. Jim Zeegelaar describes the grief and uncertainty it can cause, particularly when patients feel their concerns are not adequately acknowledged.

Together, these experiences can reinforce a cycle of inequality: reduced trust may discourage participation in medical research, allowing existing knowledge gaps to persist.

IN FOCUS

Pain is not *normal*

At home

When the women around you experience pain every month, that pain can become part of what is considered normal.Mothers, sisters and other family members pass down not only their experiences, but sometimes the belief that certain symptoms are simply part of being a woman. Dr. Deyo Famuboni explains how this normalisation can delay the decision to seek medical advice.

In the consultation room

Historical misconceptions about pain perception continue to influence healthcare, according to Dr. Jim Zeegelaar. The false assumption that people with darker skin experience less pain may affect how symptoms are assessed and treated. Dr. Efraïm Hart recognises similar biases in maternity care, where women's pain and concerns are not always taken seriously.

At work

Recurring pain and physical symptoms can lead to absenteeism, reduced concentration and exhaustion. Yet the stigma surrounding menstruation and menopause can make it difficult to discuss these experiences openly.

> *'Pain every month that forces you to call in sick is not normal.'*
>
> DR. EFRAÏM HART



‘The burden should not rest with the patient. But as long as the system works the way it does, it pays to walk into the consultation room prepared.’

ALEXANDRA HECKMAN IN JAN MAGAZINE, OCTOBER 2026 [1]



01

Dr. Deyo Famuboni

GP & WOMEN'S HEALTH ADVOCATE

A UK-trained GP with more than ten years' medical experience. A graduate of the University of Edinburgh, she trained further across specialities including obstetrics and gynaecology, and has worked abroad, in the NHS and in private practice. She is a member and clinical adviser of the Royal College of General Practitioners, a diplomate of the RCOG, RCPCH and FSRH, and has a strong interest in women's health and nutrition.

'Until the system changes, we need to advocate for ourselves.'

IN PRACTICE

Heavy bleeding? Ask for haemoglobin and ferritin tests · if symptoms persist, ask for an ultrasound · treatment ranges from hormonal therapy and embolisation to removing the fibroid alone; hysterectomy is the last resort.

LISTEN · EP. 1

CHAPTER 01 WHAT WE LEARNED

Beyond ‘just your *period*’

01 Common, yet diagnosed late

Almost one in four Black women aged 18 to 30 already has fibroids; by fifty, roughly 80% do. The hallmark symptoms are heavy, prolonged periods and pain. Yet young women often mention only one thing: fatigue.

Why it matters: In many families, heavy bleeding is considered normal. Only on closer questioning does it emerge that women are changing pads every hour. After years of blood loss, severe anaemia has often set in, sometimes requiring a transfusion. Only then do the ultrasound and diagnosis follow.

02 Vitamin D: a possible link

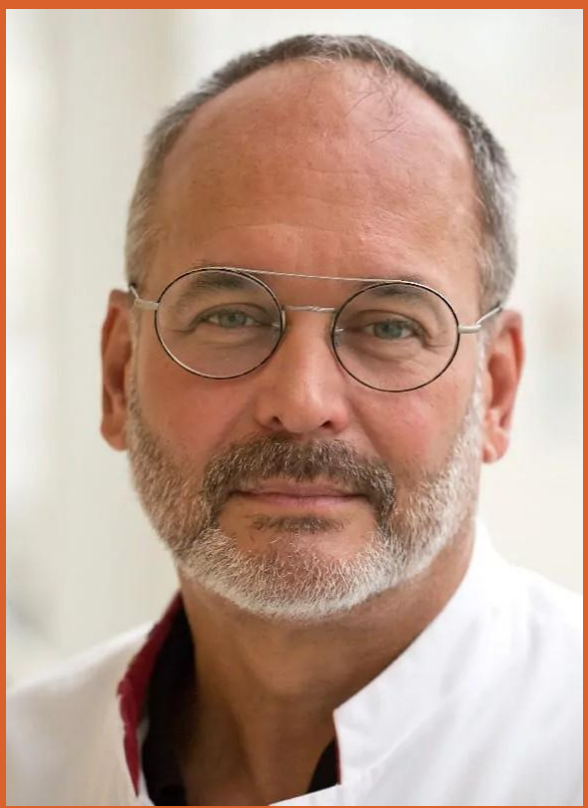
Melanin influences the skin’s production of vitamin D in response to sunlight. Dr. Famuboni discusses research exploring an association between vitamin D deficiency and fibroids. She also highlights the role of vitamin D in various physiological processes, including hormonal regulation.

Why it matters: General assumptions about vitamin D levels do not necessarily reflect an individual’s actual status. Famuboni therefore emphasises the importance of appropriate testing when clinically indicated.

03 Weathering

Dr. Famuboni introduces the concept of weathering: the potential physiological effects of prolonged exposure to stress, inequality and discrimination. She discusses how chronic stress may interact with processes such as inflammation and hormonal regulation.

Why it matters: Health cannot be understood entirely in isolation from the social and societal conditions in which people live. Good healthcare considers not only the condition itself, but also its wider impact on daily life.



02

Dr. Jim Zeegelaar

DERMATOLOGIST · FLEVOZIEKENHUIS

Trained as a dermatologist at Amsterdam UMC, with a focus on darker skin and tropical diseases. Time in Suriname gave him extensive experience with melanin-rich skin; in 2008 he earned his PhD at the University of Amsterdam on tropical ulcers. At Flevoziekenhuis he trains future dermatologists. He is active in the Tropical Dermatology working group and vice-chair of the Bethesda Suriname foundation for people disabled by leprosy.

‘It really is a visual discipline. It comes down to seeing a lot.’

IN PRACTICE

Darker skin also requires sun protection. Tight braids can contribute to traction alopecia. Inflammatory conditions of the scalp accompanied by hair loss require timely medical assessment. People prone to keloid scarring should be mindful of skin injuries, including those caused by piercings.

LISTEN · EP. 2

Skin you *learn to read*

01 Skin colour reflects pigment activity

Dr. Zeegelaar explains that differences in skin colour relate to the activity of pigment-producing cells and the amount and distribution of melanin. Melanin provides some natural protection against ultraviolet radiation. Zeegelaar recalls encountering considerably fewer cases of skin cancer during his work in Suriname than in his clinical practice in the Netherlands.

Why it matters: Although certain types of skin cancer are less common in people with darker skin, they may be diagnosed at a later stage. Inflammation can also leave lasting pigment changes on melanin-rich skin.

02 Redness is not always visible

Medical education frequently illustrates inflammation through redness on lighter skin. On darker skin, however, this redness can be less apparent. Dr. Zeegelaar therefore emphasises the importance of recognising additional clinical signs and gaining experience with different skin tones.

Why it matters: dWhen medical training materials fail to reflect skin diversity, conditions may be overlooked or underestimated. Representation in medical education is therefore not only a matter of inclusion, but also of diagnostic quality.

03 Recognition builds trust

Dr. Zeegelaar refers to a Dutch dermatology textbook in which only twenty of the 440 illustrations depict darker skin. When patients rarely see their skin represented in medical textbooks or educational materials, they may question whether healthcare professionals have sufficient experience with their particular needs.

Why it matters: A lack of recognition can affect trust in healthcare. When patients become reluctant to ask questions, return for follow-up appointments or participate in research, existing knowledge gaps may become further entrenched.

CHAPTER 02 IN DEPTH

From myth to *consequence*

The belief that darker skin is thicker or less sensitive to pain may seem like an outdated misconception. Yet according to the doctors, such assumptions can continue to influence modern healthcare. ‘Nobody discriminates, and yet there is discrimination in healthcare,’ says Dr. Efraïm Hart.

1

HISTORICAL ORIGINS

Dr. Jim Zeegelaar and Dr. Efraïm Hart both point to history. Black people’s skulls were measured, and studies claimed that dark skin was thicker. Under slavery, which in the Dutch colonies only ended in 1873, doctors played a part and the suffering of Black women was normalised. ‘That frame still shapes care today,’ says Hart.

2

PERSISTENCE

These assumptions made their way into textbooks and live on as unconscious beliefs. ‘People who believe that prescribe less pain relief,’ says Dr. Jim Zeegelaar.

3

CONSEQUENCE FOR THE PATIENT

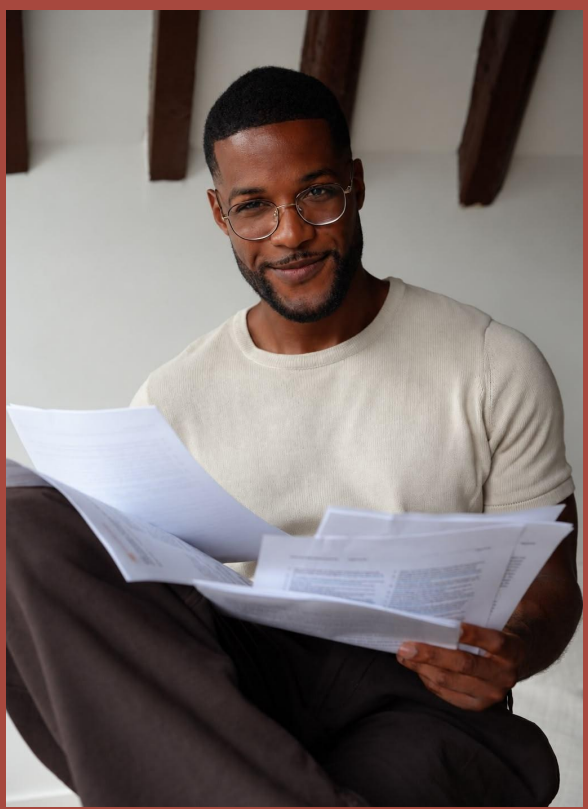
When pain is underestimated, patients risk receiving insufficient investigation or treatment. Dr. Hart describes situations in maternity care where women expressing pain or concern are dismissed as overly demanding or exaggerating their symptoms.

4

CONSEQUENCE FOR THE SYSTEM

Negative experiences can create distrust towards medical institutions and discourage participation in research. Research commissioned by the Dutch Ministry of Health, Welfare and Sport describes how historical experiences and contemporary discrimination can influence trust in healthcare. When certain populations subsequently remain underrepresented in research or are excluded from participation, medical knowledge remains incomplete.

In this way, historical assumptions and contemporary knowledge gaps can



03

Dr. Efraïm Hart

MENOPAUSE PHYSICIAN · OLVG

A physician specialising in menopause, strategic consultant at Zorgtransformatie and postdoctoral researcher in climate justice at UMC Utrecht. He researches transformative leadership and has experience in politics and policy, including as a city councillor. He writes columns for the Dutch Journal of Medicine (NTvG) and is an ambassador for the Voices for Women foundation.

‘In healthcare, women start one-nil down. Women of colour start two-nil down.’

IN PRACTICE

Endometriosis affects around 1 in 10 women; diagnosis takes six to eight years on average, longer still for women of colour · keep a symptom diary · coffee in the evening and large amounts of ginger can worsen hot flushes.

LISTEN · EP. 3

Menopause, *underestimated*

01 Perimenopause is not menopause

Menopause refers to the final menstrual period and occurs, on average, around the age of 51. Perimenopause is the transitional phase during which hormonal changes and symptoms may begin, even while menstruation continues. Dr. Hart explains that approximately 80% of women experience menopausal symptoms, with a significant proportion reporting severe difficulties.

Why it matters: Because symptoms can begin before menstruation stops, perimenopause is not always recognised. Fatigue, mood changes and difficulties concentrating may be attributed to burnout or depression without considering hormonal changes.

02 A chain reaction

Hot flushes disrupt sleep. Poor sleep leaves you irritable, less effective at work and shorter-tempered at home. 'It looks like burnout, but it is often much simpler than that.'

Why it matters: The impact of menopause extends beyond physical symptoms. It can affect relationships, careers and daily responsibilities, often during a period of significant professional and personal activity.

03 Hormone therapy, reconsidered

'Hormone therapy is actually very safe.' The fear stems from a 2002 study that, in Hart's view, was flawed.

Why it matters: Fear and incomplete information may influence treatment decisions. Evaluating available options requires up-to-date medical knowledge and an individual assessment of potential benefits and risks.

THE COMMON THREAD

One pattern, *three specialisms*

Although the three doctors represent different medical disciplines, their conversations reveal a shared pattern.

The patient

Symptoms can become normalised within families and communities. Heavy menstrual bleeding, recurring pain and hot flushes may be accepted as an inevitable part of life, delaying the decision to seek medical attention.

The healthcare professional

Medical education and diagnostic knowledge have long relied heavily on how conditions present in white patients. This can influence the recognition of inflammation, hormonal symptoms and other conditions in people of colour.

The healthcare system

People of colour are under-represented in clinical research, and at times excluded altogether. What is not researched does not make it into guidelines. Research for the Dutch Ministry of Health therefore recommends more research, more knowledge in the training of care professionals, and actively countering racism and discrimination in care.[3]

AND YET

A more diverse generation of doctors is now asking for this training. ‘In ten years, things will look very different,’ says Dr. Jim Zeegelaar.

PRACTICAL GUIDANCE

Owning the *consultation*

BEFORE: MAKE SYMPTOMS MEASURABLE

- Keep a symptom diary for one or two cycles: days, intensity (0 to 10), blood loss, impact on work and sleep. Dr. Efraïm Hart highlights the value of identifying and documenting recurring patterns.
- Describe symptoms as specifically as possible. Dr. Deyo Famuboni notes that the language used to describe symptoms can influence how they are assessed, particularly during digital triage.

DURING: PROVIDE CONTEXT

- Rather than listing individual complaints, describe the overall pattern. What has changed from your usual experience? How long have the symptoms been present? And which daily activities are affected?

IF IN DOUBT: KNOW YOUR RIGHTS

- Ask for any declined test to be recorded in your medical file, together with the reasoning.
- Where appropriate, discuss the possibility of a referral or second opinion.

BASELINE TESTS TO DISCUSS

Blood pressure · Blood count · Iron · Thyroid · Glucose · Cholesterol · Vitamin D

Covers hormonal, metabolic and cardiovascular health; vitamin D because melanin slows its production. Advice: Dr. Deyo Famuboni.

Five lessons for *equitable healthcare*

01 Give attention where the gaps are greatest

Not every patient has the same needs. Some consultations require additional time to understand symptoms, lived experiences and potential risks.

02 Ask about what remains unspoken

Symptoms considered normal are not always reported spontaneously. Asking targeted questions can help uncover important patterns.

03 Recognise your own bias

Good healthcare requires awareness of the assumptions that may influence clinical judgement. Openness and curiosity are essential to approaching patients without preconceived expectations.

04 Invest in culturally responsive care

'Understanding diverse backgrounds, lived experiences and physical characteristics contributes to better communication, more informed diagnosis and more appropriate care.

05 Step outside your own bubble

'Talk to people outside your own bubble, and don't be afraid to. Don't assume you know everything: about hair, about pain, about colour.'

DR. JIM ZEEGELAAR

RADIANT ROOTS

Knowledge grows when *shared*

Listen to the full conversations on the Radiant Roots Podcast, share this publication, and follow us for our next session.

ABOUT THIS PUBLICATION

This publication draws on Rooted in Health, a themed series of the Radiant Roots Podcast, with Dr. Deyo Famuboni, Dr. Jim Zeegelaar and Dr. Efraïm Hart. Interviews by Alexandra Heckman. Published by the Radiant Roots Foundation, 2026. Since its founding in 2024, the foundation has reached more than 5 million people through podcasts, media, social media and events, with coverage in Vogue, ELLE, Harper's Bazaar, Marie Claire, LINDA., Margriet, JAN Magazine and NPO among others, and support from Cultuurfonds, NUT Amsterdam, VSB Fonds, SUMS-NL, Museum Van Loon and Soho House Amsterdam.

SOURCES

1 De Jonge, L. 'Vrouwen van kleur worden in de zorg vaker niet herkend.' JAN Magazine, 2 October 2026 (in Dutch).

2 Van der Spoel, C. 'Marian Spier over gelijke kansen en vrouwelijk leiderschap.' Marie Claire, 13 October 2026 (in Dutch).

3 Helberg-Proctor, A. 'Eindrapportage Gezondheidseffecten van Slavernij.' University of Amsterdam, commissioned by the Dutch Ministry of Health, Welfare and Sport, November 2025 (in Dutch).

SCAN TO LISTEN

All episodes in the series:
radiantroots.nl/
rooted-in-health

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This publication does not constitute individual medical advice. Always discuss symptoms with a healthcare professional.