

Conversations:
Report on NHS Lothian's Public Consultation on
Atlantic Slavery and the Royal Infirmary of Edinburgh

February 2023

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Participants at a Conversation event in the Chancellor's Building,
Royal Infirmary of Edinburgh.

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Background

In August 2021 NHS Lothian and NHS Lothian Charity (formerly Edinburgh and Lothians Health Foundation) jointly committed to ‘research, understand and acknowledge’ the history of Lothians’ hospitals ties to Atlantic slavery so they could ‘learn from it and act’. Following the creation of an independent Advisory Group to help guide and shape the research, learning and related outputs, a research post was funded to review archival evidence to ‘compile a thorough documented history of the links between the old Royal Infirmary of Edinburgh and the Atlantic slave trade’ (Phase 1).¹ Between February and July 2022, the present author investigated historical links using the records held by Lothian Health Services Archive. The historical report and a summary of the project thus far can be found [here](#).²

To better understand the significances of the research findings and how they relate to the legacies of slavery today, NHS Lothian and NHS Lothian Charity then jointly commissioned a public consultation (Phase 2) to ‘oversee, guide and, where appropriate, participate in engagement activity centred on the findings of Phase 1’.³

This report is a summary and analysis of the public consultation, divided into six sections:

- 1) Executive summary of findings
- 2) Survey of approaches to public consultation taken by other institutions in relation to their projects on historical links to slavery
- 3) Outline of the programme of events and methodology adopted for this project’s public consultation
- 4) Review of responses from those who attended *Conversation* events and submitted responses to the survey
- 5) Reflections on the limitations of this consultation, and concerns raised by participants
- 6) Summary of contacts established and potential future connections

The aim of this report is to feedback to the Advisory Group Conversation participants’ responses to this research, and their thoughts and opinions about possible actions NHS Lothian should take next. This will help the Advisory Group make their formal recommendations to NHS Lothian Board.

Ever since the National Health Service’s foundation in 1948, public consultation has remained an important feature of how the NHS operates.⁴ This feature of the NHS’s history reflects a strong sense of collective ownership that many UK citizens hold for

¹ ‘A joint statement from NHS Lothian and Edinburgh and Lothians Health Foundation’, *NHS Lothian*, 2021, <https://news.nhslothian.scot/2021/08/30/statement-on-historical-links-with-atlantic-slave-trade>.

² ‘Atlantic slavery and the Royal Infirmary of Edinburgh’, *NHS Lothian*, <https://org.nhslothian.scot/AboutUs/OurHistory/Slavery/Pages/default.aspx>

³ Advisory Group (NHS Lothian – historical links with the Atlantic slave trade), ‘Terms of Reference’, Version 3, *NHS Lothian*, September 2022.

⁴ Jennifer Crane, ‘Why the History of Public Consultation Matters for Contemporary Health Policy’, *Endeavour* 42, no. 1 (March 2018): 9–16.

their health service. The emphatic possessive phrase ‘our NHS’ and the spontaneous ‘Clap for Carers’ campaign during the COVID-19 pandemic are just some manifestations of the pride, gratitude, and positive feeling that people in the UK have for their healthcare system. Health-related heritage also holds an important place in UK society, and for good reason: studies show that linking public health and heritage can have tangible societal and health benefits.⁵ It is within these overlapping traditions – of public consultation, collective ownership, and heritage work – that this consultation on the Royal Infirmary of Edinburgh’s ties to slavery has been undertaken. The ambition for this consultation was to ensure that the NHS Lothian’s diverse staff, and the communities which they serve, are actively included and engaged in NHS Lothian’s efforts to understand, acknowledge, and learn from the Royal Infirmary of Edinburgh’s ties to slavery, and to become a better anti-racist organisation.

Executive Summary

The public consultation identified the below suggestions as possible ways for NHS Lothian to begin to come to terms with and redress the RIE’s links to slavery. They are categorised into six broad themes. A more detailed exploration of these suggestions – including concerns and debate – can be found later in this report.

1. Acknowledgements and Apologies

- a. Public statement acknowledgement
- b. Carefully worded and appropriately targeted public apologies, linked to further commitments
- c. Continued acknowledgements (i.e. embedding ‘slavery acknowledgements’ into corporate structure)

2. Commemoration

- a. Installing new plaques
- b. Redesigning the ‘timeline’ in the current entrance to the RIE
- c. Renaming buildings and other spaces in honor of enslaved people, including those on Red Hill
- d. Retaining George Drummond bust at current site, but adding a plaque, explainer, or new artwork to explain his role in the RIE’s ownership of enslaved people on Red Hill
- e. Find an inventive way to re-display the portrait of Archibald Kerr without honoring him, either in a museum or RIE, or in collaboration with an artist

⁵ Bryan D. Orthel, ‘Linking Public Health and Heritage Work’, *International Journal of Heritage Studies* 28, no. 1 (2 January 2022): 44–58.

- f. Consider ways to reuse or reimagine the donor boards at the RIE's former Lauriston Place site, now the Edinburgh Futures Institute, owned by the University of Edinburgh
- g. Commissioning new artworks about this history
- h. Displaying more artworks created by people of African descent
- i. Exhibition(s)
- j. Marking days of remembrance and Black History Month
- k. Everyday forms of remembrance

3. Education

- a. Mandatory and in-person education on this history as part of the induction for new RIE and/or NHS Lothian/Scotland staff
- b. Accessible educational programmes on this history for all NHS Lothian/Scotland workers
- c. Collaboration with schools, colleges, and universities to educate students on this history, particularly medical students, with a focus on medical ethics, 'race science' and colonially-derived medical knowledge as well as financial gains to RIE
- d. Revisions of Scottish History, History of Medicine, and Medical Humanities curriculums
- e. Collaboration with public history and cultural organisations on this topic
- f. Work to bring this history to Jamaica, while also improving educational outcomes there more broadly

4. Research

- a. On historical links of other healthcare settings in Edinburgh and Lothians to slavery and colonialism
- b. On historical presence and contributions of BME people in healthcare settings in Edinburgh and Lothians
- c. On modern-day racial inequalities in health outcomes, with a focus on management, staff, researchers, and patients (covering both the 'disenfranchised' and the 'powerful')
- d. On biases and backgrounds of NHS Lothian/Scotland's management/leaders

5. Reform

- a. International recruitment
- b. Anti-racism training

- c. Morality and leadership standards in relation to middle and senior management posts
- d. Safeguards surrounding donations and endowments, reflecting on modern-day slavery and sustainability in particular

6. Partnerships

- a. Scottish Government
- b. Local authorities and/or councils (e.g. West Lothian Council and City of Edinburgh Council)
- c. Other regional health boards
- d. NHS Education for Scotland (NES)
- e. Equality, Diversity, and Inclusion teams within social work environment
- f. The University of Edinburgh (e.g. Medical School, Edinburgh Futures Institute)
- g. Royal College of Physicians of Edinburgh
- h. Royal College of Surgeons of Edinburgh
- i. Local groups that work with people of Black and other ethnic minority backgrounds (e.g. African Caribbean Society of Scotland, Edinburgh Caribbean Association, see Appendix 2 for a full list)
- j. Local heritage organisations (e.g. Museum & Galleries Edinburgh, Museum Galleries Scotland, Surgeon's Hall)
- k. Local schools (e.g. Drummond Community High School, Edinburgh)
- l. Hospitals and healthcare institutions in Jamaica (e.g. Princess Margaret Hospital or St Thomas Infirmary) – NB *with consultation and/or engagement of Jamaican voices in decision making*
- m. The University of the West Indies (e.g. Faculty of Medical Sciences) – NB *with consultation and/or engagement of Caribbean voices in decision making*

Public Consultations on UK Institutions' Links of Slavery

Over the last three decades, several UK universities, museums, galleries, religious bodies, and other public, private, and charity organisations have researched, acknowledged, and attempted to redress their historical links to British colonialism, and, in particular, Atlantic chattel slavery. Although earlier examples can be cited, the 2007 bicentennial of the abolition of the slave trade in the British Empire marked the first major national moment when several UK-based institutions not only researched their own colonial pasts, but consulted the public on how they as organisations should come to terms with their institutional histories.⁶

Since 2007, anti-racist campaigners and community organisers – from the Rhodes Must Fall campaign to the global Black Lives Matter movement – have been driving forces in pressuring organisations to confront their colonial pasts. A second wave of public consultations on institutions' links to slavery arose in the aftermath of protests following the murder of George Floyd in the US in the summer of 2020, and the toppling of a statue of the enslaver Edward Colston in Bristol that same year. Partly because of this activist connection – in the Colston case, pent-up frustration among many local citizens over Bristol Council's refusal to engage in a public consultation about the statue's future was what, in part, led protestors to toppling his statue – more organisations have opted to consult their staff, users/visitors, and local communities about their institutional histories.⁷ Some attention has been paid to 'consulting' those most affected by the impacts of slavery and colonialism, particularly people of African descent, although organisations have not always succeeded in doing so. Normally, consultations are expected to aid 'expert' or 'independent' advisory groups in making formal recommendations to organisations on next steps, which can range from object-centric actions (e.g. the future of the toppled Colston statue and its former plinth) to more extensive programmes of 'reparative justice' (e.g. the University of Glasgow's £20 million partnership with the University of the West Indies).⁸

⁶ In 1998 Bristol Museum and Art Gallery undertook an 'unprecedented degree of public consultation' in preparation for a 1999 exhibition on the city's connections to the slave trade: Madge Dresser, 'Remembering Slavery and Abolition in Bristol', *Slavery & Abolition* 30, no. 2 (1 June 2009): 223–46. North American projects and social movements have evidently had a powerful influence on developments in the UK. As the reparations movement influenced slavery legacies projects at North American institutions, particularly universities and colleges, so did more recent social movements like Black Lives Matter drive the 'monument removal craze' in the US over the last decade: Leslie Maria Harris, James T. Campbell, and Alfred L. Brophy, *Slavery and the University: Histories and Legacies* (Athens: University of Georgia Press, 2019); Hilary Green, 'Shifting Landscapes and the Monument Removal Craze, 2015–20', *Patterns of Prejudice* 54, no. 5 (19 October 2020): 485–91.

⁷ Public consultation can also be understood through the growth of 'participation theory' in the heritage sector since the 1960s, and a wider democratic turn in governmental processes concerning decisions about the public realm, as seen, for example, in consultations undertaken by local councils and devolved governments. For a council project that reviewed not only slavery links in the public realm, but also other issues, such as the underrepresentation of women in public spaces, see Manchester City Council, 'Histories, Stories and Voices in Manchester's Public Realm programme – update' (Manchester, 2021). For more on Scottish Government consultations, see www.consult.gov.scot.

⁸ T. Cole and J. Burch-Brown et al, 'The Colston Statue: What Next? "We are Bristol" History Commission Full Report' (Bristol: 'We are Bristol' History Commission, 2022); Stephen Mullen, 'British Universities and Transatlantic Slavery: The University of Glasgow Case', *History Workshop Journal* 91, no. 1 (2021): 210–33.

Since 2007, some academics and heritage managers, including those directly involved in delivering slavery heritage projects, have reflected on the relative achievements and challenges of their respective consultative processes. This following section briefly outlines some relevant lessons highlighted within this literature.

As the National Museums and Galleries on Merseyside learnt in the early stages of their pathbreaking Transatlantic Slavery Gallery project (now the International Slavery Museum) in 1991, a lack of adequate public consultation can alienate target audiences, especially people of African descent. At the public launch of the Gallery, Black groups in Liverpool ‘raised concerns ... that they had not been adequately consulted, and that they should have been involved prior to the public launch when numerous decisions had already been taken’.⁹ More recently, reparations activists and scholars have made similar criticisms of the University of Glasgow, the Church of England, and the Netherlands Government for their lack of appropriate or adequate consultation of the descendants of the victims of Atlantic slavery and European colonialism in the formulation and delivery of their individual reparations programmes.¹⁰ The Scottish Government’s Homecoming celebrations in 2009 that were designed to celebrate and connect the Scottish diaspora, but which mostly ignored connections between Scots and slavery in Britain’s former colonies, especially Jamaica, received similar criticisms at the time.¹¹ This lack of consultation is compounded by the sense of exclusion many African, African Caribbean, Indigenous, and Asian people feel as visitors and staff in typically white-run heritage spaces – even despite recent commitments from within the sector, in Scotland and beyond, to tackle racism and cultural exclusion in heritage environments.¹² Research suggests, for example, that people from ethnic minority backgrounds feel that science museums are ‘not designed’ for them; this unwelcomeness likely extends to health-related heritage spaces.¹³

⁹ Following that meeting, National Museums and Galleries on Merseyside went on to employ seven guest curators of African descent: Jessica Moody, *The Persistence of Memory: Remembering Slavery in Liverpool, ‘Slaving Capital of the World’* (Liverpool: Liverpool University Press, 2020), 159.

¹⁰ Stephen Mullen, ‘British Universities and Transatlantic Slavery: the University of Glasgow Case’, *History Workshop Journal* 91, no. 1, (Spring 2021): 210–23; ‘This is not reparations’, *Voice Online*, 18 February 2023, <https://www.voice-online.co.uk/news/uk-news/2023/02/08/this-is-not-reparations/>; Jermain Ostiana, ‘Why the Dutch Apology for Slavery Leaves a Bitter Taste in My Mouth’, *The Guardian*, 14 January 2023, <https://www.theguardian.com/commentisfree/2023/jan/14/dutch-apology-slavery-reparation-caribbean>.

¹¹ Jackie Kemp, ‘Tartan and home truths’, *The Guardian*, 25 November 2009, <https://www.theguardian.com/education/2008/nov/25/centre-study-scottish-diaspora-controversy>.

¹² In Scotland, Historic Environment Scotland and the Scottish Civic Trust have made commitments to tackling racism and cultural exclusion in Scottish heritage: Historic Environment Scotland, ‘Equality, diversity and inclusion’, <https://www.historicenvironment.scot/about-us/who-we-are/corporate-information/equality-diversity-and-inclusion>; Scottish Civic Trust, ‘Strategy to address racism against people of colour’, <https://www.scottishcivictrust.org.uk/anti-racism>. In the UK, several national heritage organisations have signed a joint letter to ‘end racism in museums’: Museums Association, ‘Ending racism in museums’, <https://www.museumsassociation.org/campaigns/anti-racism/ending-racism-in-museums/>. For more on exclusion in museums, see Kevin Coffee, ‘Cultural Inclusion, Exclusion and the Formative Roles of Museums’, *Museum Management and Curatorship* 23, no. 3 (September 2008): 261–79.

¹³ Emily Dawson, ‘“Not Designed for Us”: How Science Museums and Science Centers Socially Exclude Low-Income, Minority Ethnic Groups’, *Science Education* 98, no. 6 (November 2014): 981–1008.

Consultation, therefore, is an important democratic process; but it also presents several difficulties with regards slavery heritage. As part of a study of seven museum-based public consultations completed in preparation for exhibitions for the 2007 bicentennial, Kalliopi Fouseki interviewed heritage managers, community officers, and participants. Fouseki identifies several key challenges across these consultations: engendering a real sense of participants' holistic 'shared ownership' over a project; issues of recognition and social justice, including differing viewpoints about the representation of violence and trauma; the importance of narrating the modern-day 'legacies of this history'; and the inclusion of 'positive representations' of Africa, Africans, and people of African descent.¹⁴

Another tension Fouseki identifies in public consultations conducted as part of bicentennial projects was that between 'object-centric' curatorial choices and 'people-oriented' community concerns.¹⁵ Many projects focused their consultations on objects owned by institutions or the built environment: the names of buildings and roads, as well as statues, monuments, and artwork. Through their prominent and honorific placement in public spaces, these material legacies of slavery ultimately commemorate and valorise historical figures who owned enslaved people or benefited from the slave trade and racial enslavement; in the process, they serve to ignore or erase the histories and experiences of enslaved and colonised people. Some critics at the time of the bicentennial, Fouseki shows, highlighted how the focus on objects and the built environment can alienate people of African decent and 'objectify' Black history, focusing attention on enslavers rather than the enslaved and their descendants.¹⁶

It was statues to white benefactors with ties to slavery which became the primary focus of Guy's & St Thomas' Foundation public consultation, arguably to the detriment of a wider consideration of other 'legacies' of slavery which might be seen as more relevant to an NHS-related project, including racial equalities in health outcomes.¹⁷ Inverclyde Council's consultation on the area's slavery links focused in part on the contentious racial imagery in the Gourock coat of arms, although that project ended up separating its consultation about the coat of arms from its wider consultation on the area's slavery links.¹⁸ Object-handling sessions, though, when sensitively arranged, have proved helpful in engaging participants in slavery heritage, especially if risk assessments are made in advance to help participants navigate strong emotional reactions to the materials.¹⁹

The challenges of public consultations around slavery heritage differ depending on their geographical location and cultural context. As the historiography of Britain's involvement in Atlantic chattel slavery has only relatively recently begun to shake an English-centric perspective, slavery heritage projects in the UK's constitutive nations have also begun to reflect this new research and so navigate the added complexity

¹⁴ Kalliopi Fouseki, "Community Voices, Curatorial Choices": Community Consultation for the 1807 Exhibitions', *Museum and Society* 8, no. 3 (2010): 180–92.

¹⁵ Fouseki, 181.

¹⁶ Madge Dresser, 'Set in Stone? Statues and Slavery in London', *History Workshop Journal* 64, no. 1 (Autumn 2007), 162–199.

¹⁷ 'Exploring Narratives: Views on the Meaning and Future of the Statues of Sir Robert Clayton and Thomas Guy' (Xtend UK Ltd and Guy's & St Thomas' Foundation, September 2021), 15.

¹⁸ Inverclyde City Council, 'Inverclyde's Historical Links to Slavery - Final Report', 25 January 2022.

¹⁹ Julian Manley and Myna Trustram, "'Such Endings That are Not Over': The Slave Trade, Social Dreaming and Affect in a Museum', *Psychoanalysis, Culture & Society* 23, no. 1 (2018): 77–96.

of national and regional identity. The specifics of representing Black history, slavery, and abolition in Scotland, Wales, and the island of Ireland has at times come into conflict with popular understandings of the (southern) English domination (or 'colonisation'). Similar centre/periphery narratives have also characterised difficulties projects have faced in opening up conversations about slavery in certain UK regions, such as the North East of England or the Scottish Highlands and Islands, areas where locals tend to distinguish their own region's histories from the major British cities associated with slave trade and slavery-related wealth: London, Glasgow, Bristol, and Liverpool.²⁰ Marian Gwyn argues that the 2007 bicentenary projects in Wales is an example of how 'a country which prides itself on a strong historical tradition that emphasises the experience of subaltern groups and the exploited could have practiced a mostly unconscious elision of a significant part of its past'. CyMA, Wales' Museums, Archives and Libraries service, eventually produced a 'toolkit' of 'best practices for future heritage community consultation' as part of the 2007 bicentenary. No such guide appears to exist for the Scottish context, although organisations such as Teaching Slavery in Scotland are working in this field.²¹

Another tension relates to language. There is often a misleading conflation of terms such as 'consultation', 'negotiation', or 'engagement'. 'Consultation', although the word used by many governmental bodies, may come across as transactional rather than a two-way process between communities and heritage managers. In Bristol, for example, the We Are Bristol project instead 'engages ... local citizens and communities in Bristol to build a fuller understanding of how the city's legacy of transatlantic slavery is still impacting on society today'.²² Inverclyde Council opted to call their in-person sessions 'listening events' to 'enable participants to explore the issues at hand in more depth', although one negative of this approach is that it is unclear whom is supposed to be 'listening' to whom.²³

Funding has been another source of contention. Many public consultations undertaken for the 2007 commemorations, problematically, were obligatory events as part of Heritage Lottery Fund's 'Your Heritage' grants. Criticisms were made at the time that consultations had become mere 'box-ticking' exercises, rather than genuine expressions of interest in the public's perspectives.²⁴ There are reasonable concerns, then, that the contemporary wave of 'reviews' and 'audits' of slavery links underway amongst UK institutions today may become, as in 2007, a fleeting 'fashion' or 'box-ticking' exercise for institutions and funding bodies, thus undermining the

²⁰ As Stephen Mullen and Ewan Gibbs have recently argued, a colonised/coloniser dialectic in Scottish-English relations, one which also has affected the political narratives of Scottish nationalists, has, in turn, created falsities about Scots' lack of involvement in Atlantic chattel slavery: Stephen Mullen and Ewan Gibbs, 'Scotland, Atlantic Slavery and the Scottish National Party: From Colonised to Coloniser in the Political Imagination', *Nations and Nationalism* n/a, no. n/a, accessed 5 January 2023.

²¹ Marian Gwyn, 'Wales and the Memorialisation of Slavery in 2007', *Atlantic Studies* 9, no. 3 (1 September 2012): 300.

²² 'Exploring how the legacy of the transatlantic slavery continues to impact Bristolians', 24 May 2021, University of Bristol, <http://bristol.ac.uk/news/2021/may/we-are-bristol.html>.

²³ Inverclyde City Council, 'Inverclyde's Historical Links to Slavery - Final Report', 25 January 2022.

²⁴ Marian Gwyn, 'Wales and the Memorialisation of Slavery in 2007', *Atlantic Studies* 9, no. 3 (1 September 2012): 302. For more on consultations on the bicentenary, see Laurajane Smith and Kalliopi Fouseki, 'The Role of Museums as "Places of Social Justice": Community Consultation and the 1807 Bicentenary', in *Representing Enslavement and Abolition in Museums: Ambiguous Engagements*, edited by Laurajane Smith, et al. (London and New York: Routledge, 2011), 97-141.

democratic-, social justice- and human rights-related motivations that many communities wish to underpin all public consultations on this topic.

A major question surrounding public consultations on slavery heritage has been methodological: what does 'consultation' actually involve? Typically, public consultations entail surveys and/or focus groups (or 'citizen juries'), along with supplementary materials like public talks (expert/guest speakers and Q&As), sessions with historical/archival materials, and media content (explainer videos, webpages etc.), to help inform the public on the subject.

There are practical reasons why online surveys are valuable tools: not everyone has the time to attend in-person or online sessions, particularly those on lower incomes, or with disabling conditions or care responsibilities. The Edinburgh Slavery and Colonialism Legacy Review's 12-week online consultation, conducted over October 2021 to January 2022, 'sought feedback from the Capital's residents, communities and businesses', and finally drew together responses from 3,346 individuals and 27 organisations. This is a relatively large and useful data set: 2,811 (84%) respondents were based in EH-postcode areas.

One issue with the survey approach, however, is the difficulty in ensuring participants are well-informed on the topic.²⁵ Guy's and St Thomas' Foundation's survey, for example, produced some arguably biased results due to an organised campaign by a group called Save Our Statues.²⁶ Another issue is the way in which surveys, by their nature, typically produce quantitative rather than qualitative data, and so lack depth or nuance. Inverness Council's 'Citizen Survey' appears to have provided a list of possible options and 'closed' questions, with little space for open-ended answers. The results received, therefore, are somewhat limited by the imagination of those who write the surveys, who are often white and hold professional ties to the institution in question.

Several institutions have opted to hold in-person focus group sessions. Typically, these are held on their own estates, a decision which can make communities feel engaged in the decision-making process. Such settings, however, can also negatively deter certain communities from participating, particularly those groups historically excluded or marginalised by those same institutions.²⁷

Another option is to bring the institution into community spaces, but this requires time and resources in order to make meaningful contacts, build networks within those

²⁵ There is an extensive literature on this topic. For a good introduction see Claudia Chwalisz, *The People's Verdict: Adding Informed Citizen Voices to Public Decision-Making* (Lanham, Maryland: Policy Network/Rowman & Littlefield International, 2017).

²⁶ 'Exploring Narratives: Views on the Meaning and Future of the Statues of Sir Robert Clayton and Thomas Guy' (Xtend UK Ltd and Guy's & St Thomas' Foundation, September 2021), 15. It is unclear whether an editorial article on the website of the online publication *History Reclaimed* discussing the publication's formal submission to the consultation on Deptford Town Hall's statues influenced readers to do the same. Still, the article further emphasises the ways in which groups with political agendas might attempt to tilt the results of public consultations on slavery in their favour: 'Submission by History Reclaimed to the public consultation on the Deptford Town Hall Statues', *History Reclaimed*, 2021, <https://historyreclaimed.co.uk/submission-by-history-reclaimed-to-the-public-consultation-on-the-deptford-town-hall-statues/>

²⁷ For example, the University of Bristol held its consultation on building names with ties to slavery inside a lecture theatre in its Arts Complex: 'Legacies of Slavery – public consultation about University building names', University of Bristol, 2022, <http://www.bristol.ac.uk/alumni/events/2022/legacies-of-slavery-public-consultation-about-university-building-names.html>

communities, and remunerate community organisers for their efforts. Many project's funding models cannot provide for this degree of community engagement; institutions must also find ways to alleviate communities' sense of distrust towards them.

Several organisations are making more effort to do just this. The Edinburgh Slavery and Colonialism Legacy Review worked with teachers across 14 primary and six secondary schools to support 654 pupils to 'engage with the questions and to take part in focus group sessions', and commissioned Edinburgh & Lothians Regional Equality Council (ELREC) to 'develop and deliver a series of in-person, community-based workshops ... held specifically with people of Black and South Asian heritage living in Edinburgh'.²⁸ The University of Bristol and the University of Edinburgh have also opted to run targeted programmes of this kind as part of the public consultations for their colonial legacies projects.

The public consultation in advance of the Natural History Museum's 2007 'Slavery and the Natural World' project provides some interesting lessons here. Separate sessions were scheduled for those who identified as 'African' and 'non-African' along with a joint session for both groups afterwards. Additionally, follow-up sessions where participants were reinvited later on in the project's development to discuss the design of exhibition materials helped participants feel a sense of longer-term engagement. The Natural History Museum, like Guy's & St Thomas' Foundation, also hired 'independent' or 'external' consultants to facilitate sessions; other projects have been led by heritage managers and researchers. Tracy-Ann Smith who was involved in the project cites these aspects of the National History Museum's consultation process, along with the 'remuneration of time and costs', the formation of 'external relationships with partners, consultation participants and cultural brokers', and 'senior management support', as all encouraging participation. Even then, difficulties emerged during the project, not least costs and organisational 'buy-in': 'More of the project team's time', Smith writes, 'was spent with external "hard to reach" communities and less with internal ones. Within such a large organisation more emphasis needed to be placed on garnering support'.²⁹

There is no 'perfect' model for a public consultation on slavery heritage. Yet, important lessons can be learnt from the experiences of those who worked, participated, and critiqued past projects. Clearly, a diversity of voices is paramount, including an amplification of the voices of people of African descent and other ethnic minorities. Additionally, issues relating to funding, language, setting, methodology, focus, training, and trust are also vital considerations.

²⁸ 'Edinburgh Slavery and Colonialism Legacy Review group to present recommendations', City of Edinburgh Council, 24 August 2022, <https://www.edinburgh.gov.uk/news/article/13529/edinburgh-slavery-and-colonialism-legacy-review-group-to-present-recommendations>.

²⁹ Tracy-Ann Smith, 'Science and Slavery, 2007: Public Consultation', in *Representing Enslavement and Abolition in Museums*, ed. Laurajane Smith et al. (London: Routledge, 2011), 120–7.

Methodology

This public consultation involved the following *Conversation* events:

- 9 January 2023 Royal Infirmary of Edinburgh (NHS staff)
- 14 January 2023 Old College, University of Edinburgh
- 16 January 2023 Western General Hospital (NHS staff)
- 21 January 2023 Old College, University of Edinburgh
- 23 January 2023 Online
- 24 January 2023 Online
- 31 January 2023 Centre for Research Collections, University of Edinburgh
- 1 February 2023 NHS Lothian Grand Round (Online, NHS staff)
- 7 February 2023 Centre for Research Collections, University of Edinburgh
- 24 February 2023 NHS Lothian's Leadership Network (Online, NHS staff)
- 8 March 2023 RIE Hospital Management Group (Online, NHS staff)

The term *Conversation* was adopted at an Advisory Group meeting to describe these in-person and online sessions in order to emphasise the importance of dialogue to the programme. A thought-provoking title, *How we used to care for people in Edinburgh by enslaving other people*, along with an accompanying text, also helped to frame the purposes of the consultation:

'Can you imagine working for years, controlled by threat of violence, treated as less than human, unpaid and unable to leave? ... What do we owe to those people whose enslaved lives helped to create our wealth and healthcare system? Please join our conversations. Learning together, we hope to develop ways for healthcare and other institutions to better value everyone and all workers, from home and abroad, past and present'.

The original eight *Conversation* events were designed to target NHS staff and the general public, with online events organised for those who could not attend in-person sessions. Two archive sessions were designed for the public to look at and handle historical materials used in the research for this project, with the guidance of Lothian Health Services Archive staff. These events, unlike the others, were aimed at encouraging the public to engage in the history of the Royal Infirmary of Edinburgh's (hereafter RIE) links to slavery, rather than discussing possible recommendations for further action. Three additional NHS Lothian-targeted sessions were organised once the consultative process had already begun, hosted by the Grand Round, Leadership Network, and RIE Hospital Management Group [forthcoming].

Most sessions involved largely the same format:

- 1) Advisory Group co-chairs and/or members outline the project's origins, progress, and plans for the future, including the purpose of the *Conversation* events
- 2) Simon Buck presents key findings from the historical report and responds to questions about research findings and methodology
- 3) Attendees discuss, either in breakout groups or as a larger group, their responses to the research findings, and their thoughts on what NHS Lothian should do now

A note-taker was in attendance at each session and a survey was provided to all participants during and after events (both paper copies and digital versions). The Advisory Group decided that this survey would be relatively limited to those who attended *Conversation* events, to avoid contributions from those who have not been fully informed of the Royal Infirmary of Edinburgh's ties to slavery, and to provide attendees the time to reflect on the topic before submitting a written response. A copy of the survey can be found in Appendix 1 at the end of this report. Information on wellbeing and mental health for those who might be affected by the subject matter of the conversations, including options for attendees to access further support, was available at all sessions.

A communications ('Comms') plan was developed with NHS Lothian and NHS Lothian Charity to ensure appropriate and accessible messaging in all outward-facing aspects of the project. This included a webpage with accessible summaries of the research findings, a Frequently Asked Questions section, and details about forthcoming events, and the setting up of a project email address. A formal invitation was also sent to individuals and organisations identified by Advisory Group members as people/groups of interest, particularly those who work with and within Edinburgh's and Lothians' Black and ethnic minority communities (see Appendix 2 for a list of invitees).

Several avenues for the promotion of *Conversation* events within NHS Lothian were explored, including the intranet, announcements in the morning 'huddle', and NHS Lothian's BME Staff Network. Although the Advisory Group opted to not create a social media presence for the project's events, the Eventbrite and webpage for the project were shared on social media, including on the Twitter channels of LHSA and UCL's Legacies of British Slavery, as well as by individuals. An episode of a podcast with the RACE.ED (University of Edinburgh) is forthcoming.

Despite pressures NHS workers faced over the winter period, 141 people registered on Eventbrite to attend the originally scheduled eight sessions. In total, approximately 190 people attended at least one event, including sessions which were added later to the programme and were registerable via the Eventbrite page. Most attended one of the online sessions.



Attendees at an archive session consulting Royal Infirmary of Edinburgh records that detail the hospital's ties to Atlantic slavery.

Survey

Only 22 respondents completed surveys, meaning their value in drawing wider conclusions is somewhat limited. Nevertheless, their responses both chime and conflict with discussions during the *Conversation* events, so are worth briefly exploring.

Respondents were largely unaware of the RIE's connections to slavery (84% 'not aware') prior to attending a *Conversation* event. Those who were somewhat aware of the connection said they had had 'a long engagement with Edinburgh's ... heritage' and were 'aware of the city's links to slavery'. Others, because of their 'general awareness of British Empire and world history', had 'presumed that any large organisation would have strong links'. The sense that some participants were not surprised by this project's findings is apparent in another respondent's comment that they had 'figured [the RIE] must have connections but had never seen anything regarding it'. Others, however, 'hadn't [ever] considered the pre-NHS phase of the hospitals' and were not 'at all aware of any RIE history'. At the very least, then, this consultative process has begun to remedy a lack of knowledge among NHS staff and the public about the RIE's history.

Participants were relatively split between whether they felt the research affected them personally (41% 'yes') or not (53% 'no'), although more believed the research affected 'their community' (57% 'yes'). In retrospect, some clarity with these questions may have helped: a small number of respondents were unsure whether this question referred to the NHS 'community', communities of people of ethnic minority background, or the local community (i.e. Edinburgh and Lothians). When asked to expand on their answers to either question, participants highlighted their own ethnicity or national background (e.g. 'I am African'); their family history,

including ‘ancestors who were enslaved by the British’; the ‘shocking’, ‘distressing’, and ‘upsetting’ nature of the history; the ‘lack of valuing and care towards the people who were enslaved’; the ‘intergenerational effects’ of enslavement; and the potential impact of the research on Muslim communities. One respondent who was not an NHS worker and identified themselves as white British chose ‘yes’ for the latter question because ‘the heritage of slavery and racism affects everyone’.

Responses to the multiple choice questions, which lay out a range of possible recommendations for participants to rank from Strongly Agree to Strongly Disagree, indicate strong support for six out of eight of the proposals (see chart on following page). The only recommendations that received relatively less support, and even some negative sentiment (i.e. ‘disagree’ or ‘strongly disagree’), were ‘Working with governments and other organisations to implement financial transfers to institutions or governmental bodies in places affected by British slavery’; ‘commissioning new artwork and performances’; and ‘Marking / observing International Day for the Remembrance of the Slave Trade and its Abolition’.

On the question of ‘financial transfers’, respondents raised a number of issues. One person wrote that this recommendation ‘needs clarification: exactly to whom [and] about what’. Another respondent felt ‘unsure’ about the issue as they agreed with a point raised during their session ‘that it should be descendants and affected groups consulted’ on financial reparations. Still another respondent wrote that the NHS ‘needs to contribute to the wider discussion of repayment to countries/communities directly affected by slavery’ rather than focusing on its own reparation scheme.

On ‘Marking/observing International Day of the Remembrance of the Slave Trade and Abolition’, one respondent wrote that it should not be done in a way that ‘celebrates the] UK ... but more in the way of recognising Britain's involvement in the first place.’ ... UK mostly still gets [this] terribly wrong’.

Respondents also provided their own suggestions for related and unrelated future actions. These are incorporated in the next section of this report along with the notes taken during *Conversation* events.

In the final section of the survey, respondents were invited to add anything else they would like to say. Nearly all responses were expressions of gratitude about the project:

‘Thank you! Excellent work!’

‘Thanks for doing this’

‘Admirable research’

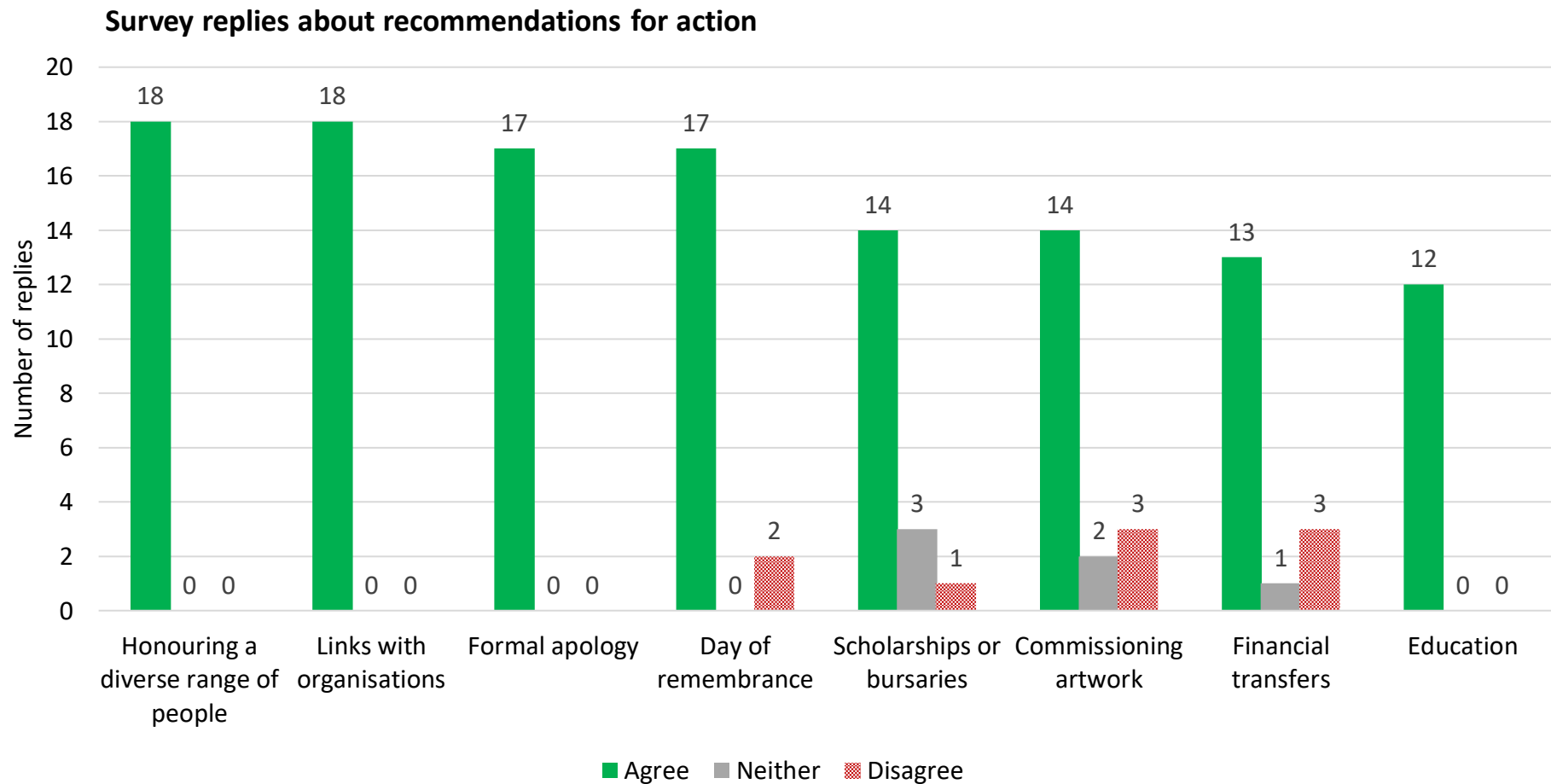
‘Very well presented’

‘An excellent contribution from all that got involved’

‘Very important discussion. This can only be the start of the discussion as lots more need to be done on our journey to an equal society in the UK’

‘Please keep up the great work and let’s continue to put pressure on change.
Regardless of how long ago injustice happened’

People were asked to note if they agreed (strongly or otherwise) or disagreed (strongly or otherwise) with ways other organisations have agreed to recognise the legacy and impact of slavery. The results were as shown in the graph below:



1. Acknowledgements and Apologies

‘... a starting point’.

Participants highlighted the ‘importance of tolerance and reconciliation’ that came with a ‘public acknowledgement’ of the RIE’s slavery links. Participants spoke of the need to ‘acknowledge the horror’ and to ‘be upfront: [say] this was a disaster, [and that] we’re sorry’. Any acknowledgement, one participant believed, must look beyond NHS Lothian’s predecessor institutions, and also acknowledge that ‘most wealth at the time [of Britain’s involvement in Atlantic slavery] derived from the trade in enslaved people in some way’. One survey respondent expanded their thoughts on significance of acknowledgement:

‘I feel that the way forward lies in acknowledging and understanding what happened and its impact in the present, at a personal, individual level just as much as from a historical viewpoint. My hope is that we learn, as individuals, as communities, organisations and nations, and together make a difference now and in the future, respect and value one another, and connect and stand with each other’.

The importance of truth-telling and openness came across in several sessions. One participant believed that NHS Lothian ‘needs to come to terms with this history’ and to be ‘open about it’. Another individual remarked that it was both ‘sad and strange’ that this history had been buried and ‘not acknowledged’, even though the RIE had once been ‘proud’ of this side of its history (i.e. reference to West Indies benefactors on the donor boards). Another attendee commented that it was ‘good to acknowledge this [had] happened’, but feared that any acknowledgement prompts a more difficult question: ‘what happens next?’

Others questioned how ‘we (NHS Lothian)’ might ‘let Jamaicans know that we are doing this work’. One person asked for a more permanent kind of acknowledgement: ‘[NHS Lothian] need[s] to start to speak out about this work, [with an] acknowledgement of what we have done in everything we do’. Whatever shape acknowledgement might take – from ‘public statements’ to ideas of continual acknowledgement/recognition of the past, akin to Indigenous land and slavery acknowledgements in the US, Canada, and Australia – there was a desire that all public declarations of acknowledgement are ‘detailed enough to help us all to disseminate this information without offending anyone’.

Following acknowledgement, several participants saw an apology as an important ‘starting point’. There was some concern that any apology (or apologies) should mark the beginning of a much longer ‘journey’ rather than an end in and of itself. Other issues raised about apologies included the origin or source of the apology/ies (Royal Infirmary of Edinburgh? NHS Lothian? NHS Scotland?) and its/their target(s) (African countries? People of African descent? Jamaica? The Caribbean?). For most, any apology should be done ‘as an organisation’, i.e. NHS Lothian (tellingly, both NHS staff and non-NHS staff often used the collective term ‘we’). Despite these concerns, most participants agreed, in the words of one participant, that there was ‘merit in a public apology’.

2. Commemoration

'Let's not push away the uncomfortable'

Participants spoke of the need to acknowledge this history 'in the way it should have been' and 'provide correct context' in doing so. The point of reference for much of the *Conversation* events was how the RIE had already commemorated its own history, including the donor boards and timeline in the current entrance to the RIE. One participant spoke of the need of getting 'more work' into the public domain about the RIE's history 'in a digestible format'.

Plaques were seen as a good starting point. One survey respondent thought NHS Lothian 'at least' should install a 'plaque of acknowledgement as seen in Inverness [Royal Northern Infirmary]', while another emphasised the importance of 'plaques that explain our history'.

Several participants highlighted the desire to 'update the timeline in the RIE Main Mall' to include 'when Red Hill was inherited' and to 'name the "Inventory"', i.e. the enslaved people who came into the ownership of the RIE. The need to 'recognise [this] history in our timeline in the RIE' was seen as low hanging fruit in terms of commemoration.

Renaming and naming buildings, wards, campuses, and green spaces to reflect the RIE's slavery history was another recurrent suggestion. The 'sensitive use of Red Hill and recorded names of enslaved people' was forwarded as a possible idea. There was some concern that the names of certain wards (e.g. the Crichton ward) may still be honouring those with ties to British colonialism and slavery.³⁰ One NHS worker, whose role specifically concerned NHS Lothian's estates, requested that this project produced 'recommendations for appropriate names for new buildings' and highlighted the symbolic relationship between 'naming' and 'commemoration'. NHS Lothian, another participant agreed, should incorporate this research into its capital build projects: 'If NHS Lothian staff have a list of names that ... buildings etc could be named after' that might help 'to redress' the RIE's slavery history and to 'commemorate enslaved people'. There was evidently an ambition to keep this research alive in all future building projects.

On the question of the bust of George Drummond that currently resides in the entrance to the RIE, no participant suggested removing it entirely. Many agreed broadly with one participant who suggested it would be better to 'add a plaque ... explaining his role/relationship'. Another participant asked 'what could an artist do, to put it in context?'

³⁰ One survey respondent who works at the RIE noted that 'there is a Crichton ward' in the Royal Hospital for Children and Young People and that they were 'unaware of his slavery connections'. It is unclear to the author who the Crichton ward is named after. This participant appears to have assumed it was named after Sir Alexander Crichton, an Edinburgh physician who worked at the RIE in the nineteenth century and had financial connections to slavery via marriage – his story was discussed at *Conversation* events. It is possible that the ward was named after another Crichton, possibly even philanthropist Elizabeth Crichton who founded the Crichton Royal Hospital in Dumfries (although even her wealth appears to have derived in part from her husband James Crichton's involvement in the East India Company). The Royal Edinburgh Hospital's Andrew Duncan Clinic appears to have been named after a physician mentioned in Simon Buck's historical report because of his study of an African patient with gout who came into the RIE.

On the portrait of Archibald Kerr owned by NHS Lothian and not currently on public display, one person said they would 'like to see it moved into a museum with a written history' but also suggested 'letting the people affected have a say' on its future 'in the form of a questionnaire or voting'.³¹ Another suggested 'put[ting] it up again' in the RIE in a more inventive way to 'retell' the RIE's history. More generally, one participant remarked that 'it would be good to show the portraits with [an] explanation of their roles ... I do think that we are trying to be open and honest, and I would favour that rather than hiding them away'.

There were several discussions about the donor boards: 'We [could] only see a small section of great and good' on the boards, one participant recalled. Several participants asked questions along the lines of 'what happened to [them]? Can we use [them]?'.

Beyond these more contentious artworks and historical items, other participants asked NHS Lothian to look at its existing 'art and cultural works to determine how more work could be done to include those directly affected' by slavery and colonialism.

The idea of commissioning new artwork on the RIE's ties to slavery appealed to some attendees at in the in-person events (although the idea was marginally less popular in the surveys). Art commissions, one participant said, could 'represent our history and tell stories in different ways'. One participant asked for 'lots of history on the walls' because 'art work is a big talking point for visitors and patients'. One participant suggested NHS Lothian 'commission the design of sculptures/busts representing enslaved people from Red Hill Pen [and] place them in the RIE corridor'. This reflected a wider conversation about how historically it has been 'the enslavers that get the statues'. Another recommended that any new artwork tell a story that engages the history of British colonialism with present-day identities: 'I wonder about [making] a story project so people can learn how Britain's colonial history affects identity today. People are surprised when I explain how British Empire affects my identity today'.

One group discussed the exhibition space in the RIE – which has been used by Tonic Arts and for projects such as portraits of staff during the pandemic – as a 'nice through space that could be used to share this story'. Again, the focus on exhibitions or public art work tended to focus on NHS spaces: 'I wonder if we should consider commissioning some form of public art work to go on the current campus of the current RIE to remind present day patients, and staff of these important strands of our story?' Others highlighted waiting rooms as possible spaces for this kind of work: 'People spend a lot of time in hospitals with time on their hands. Many will want to read or watch things about this history'. One individual asked for 'easy reading, short and snappy stuff' across NHS Lothian's estates. To be 'open about our history', another said, the 'story needs to be visually documented around the [whole] property'. It was asked how NHS Lothian might 'partner with Black community organisations' on this kind of work, stressing that such partnerships would also show 'willingness to be accountable and responsible'.

³¹ The portrait of Archibald Kerr can be viewed at Art UK's website, <https://artuk.org/discover/artworks/archibald-kerr-184584>.

In terms of the themes that might underpin any commissioned artwork, participants suggested using ‘the narrative of Scots’ pride in philanthropy and social justice to tell this story’; emphasising experiences of ‘generational trauma’; harnessing a ‘visceral reaction to the history ... before the individual takes a defensive position’; focusing on the ways in which RIE and Edinburgh’s medical establishment also benefited from slavery through ‘intellectual property rights’ and the ‘generation of knowledge’. On this latter point, one participant expressed a desire to connect this history to the wider story of unethically acquired body parts of enslaved people, including linking up with medical walking tours and other public history organisations.

Participants expressed the desire that NHS Lothian engage in events on this topic during future Black History Months and on specific days of remembrance such as International Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade (23 August). One participant recommended celebrating ‘culturally and religiously/spiritually significant days and periods in our community cultures – [to] share reverence, joy and sorrow and learn from each other’. ‘Last Friday was Holocaust Memorial Day,’ one attendee reflected, ‘and I think we should keep raising the profile and talking about histories that may make people feel uncomfortable. We should learn from the past and hopefully not repeat it’. On this point, one survey respondent recommended that ‘it may be that a ceremony of some kind might be helpful to bring another kind of healing. Acknowledging the spiritual aspect of this could be very helpful’.

Other ideas included more everyday forms of remembrance, with comparisons made to US, Canadian, and Australian public institutions that have land and/or slavery acknowledgements at public events, in their email signatures and as part of corporate inductions/welcomes. Others looked to the ways Germany has commemorated the Holocaust. As one participant put it, ‘institutions that recognise their messy and dark histories gain respect’. Such work, one person suggestion, might aid in staff retention, particularly BME staff and staff from abroad. ‘We need to acknowledge what we’ve done in everything we do’ another attendee suggested. Commemoration of this kind ‘gives an opportunity for people to talk’ about racial issues, which was important because ‘a lot [of staff, particularly from BME backgrounds] are leaving the NHS’.

Finally, there was a desire that any commemorative works target a wide audience: ‘This is really important work not just for people of colour but Edinburgh as a whole’. One participant felt that ‘NHS Lothian owes the nations affected a means to remember’ this ‘story and history’, not just Scotland.

3. Education

‘We can’t change the past but we can accept it and learn from it’.

Many participants expressed their desire for what one individual called the ‘wider dissemination of this information’ via ‘educational programmes’. Education was seen as ‘important’ and ‘key’ to next steps: ‘Our history is skewed - everywhere we look we see the gains from slavery. It’s all-pervasive ... We so badly need people to understand this and be able to take it on board’. Beyond remedying factual

misunderstandings about British colonial history, education was also seen as a route to 'reconciliation' and 'tolerance'. The need for education within the NHS on the medical history of British colonialism was made clear by one white NHS worker who asked if there was 'anything positive that we did or left behind in Jamaica? Did we contribute to hospitals and health of Jamaican population?'

Most participants focused on 'workplace' (i.e. NHS Lothian/Scotland) education, broadly outlining what one individual called a 'campaign to inform everyone in the NHS about their connection to this history'. Several sessions revolved around the induction of new staff. Ideas included an induction video which gave a short (e.g. 5-10 minutes) and 'emotionally visceral' explanation of the RIE's ties to slavery and their connections to racism today. The ambition that this history becomes 'enforced knowledge' (although an unfortunate turn of phrase given the subject matter) was echoed by several NHS workers, some of whom highlighted their own poor experiences of online and voluntary or 'opt-in' training modules. New staff, many believed, should not be allowed to 'opt out' of learning about this history, so any teaching on this topic must be *in-person* and *mandatory*. Educational materials 'need to be told to every new member of staff' one person said, 'particularly those from abroad, or with heritage from abroad'.

There was a desire that any teaching on the history of slavery and the RIE be linked to 'staff training focused on face to face individuals workshopping on whiteness and how it can affect individual reactions, attitudes, unconscious biases in a non-judgemental, supportive environment'. One participant wanted NHS Lothian to 'develop an education programme which could include eLearning and a f2f component, e.g., a facilitated full-day workshop for staff and members of affected communities to meet (storytelling, visual, kinaesthetic - a personal experience, enhanced awareness, deep understanding)'. Any such session must also be 'accessible for all colleagues, including clinical [staff]'. There was concern that any voluntary sessions would be poorly attended due to healthcare pressures: 'People want to attend but can't get away from the ward'. Another proposal was to create a kind of 'roadshow' in which these sessions are brought to different departments and other 'in-service training' events, to further share this information with staff. NHS Education for Scotland (NES) was also highlighted as another possible partner for workplace training.

Many participants expressed a desire that NHS Lothian work with schools, colleges, and universities to educate students – particularly medical students – on the RIE's slavery history. Several participants highlighted the University of Edinburgh's Medical School as a potential partner, with medical ethics and 'race science' being a focus: one medical undergraduate who attended a session highlighted that they received no British colonial history as part of their ethics training, with the focus more on Nazi experimentation. Others highlighted racial issues and gaps in the medical curriculum, to raise awareness of racial issues and histories and 'engender moral thinking' through 'personalised training'. School education – from early years right through to 15-18 years olds – was highlighted as an important avenue for further work, possibly in partnership with local authorities and councils, or other organisations with an educational role.

Beyond traditional education, participants expressed the hope that the project might 'give more presentations' of the kind done during Phase 2 of the project, 'educating people wider than Lothian', including those 'across Scotland'. A desire was

expressed to work with local newspapers, radio stations, and television networks (e.g. BBC documentary) 'to help show the story of what happened'. In Edinburgh, history tours – Black History tours, walking tours, medical history tours – and the Edinburgh Fringe Festival were highlighted as possible spaces to educate the public on this history. As one participant put it, there should be 'reference to slavery and RIE when talking about Surgeon's Hall etc'.

Several participants highlighted certain aspects of this history which they felt were particularly important for educational programmes. There was a strong desire that inclusion of this history in educational programmes does not become a "bolt-on" to existing education, but rather an essential, integrated part of learning experiences. One participant wrote that they would like to see more people made 'aware that the UK government only stopped compensating for slavery in 2015!! This is incredibly shocking - i.e. most people working today are unaware that the tax they have paid has gone towards compensating slave-owners'. As the RIE received compensation money, this may be a way to make this history relevant to the interests of the general public. Another focus was on the 'history, legacies, and impact' of slavery, particularly on descendants of communities affected. In all these educational programmes, it was hoped that NHS Lothian might 'look at what other countries have done, in relation to recognising/acknowledging Aboriginal/Indigenous people's land' where 'public bodies have to include information about their history and what it means as part of their corporate induction'. Another participant highlighted what lessons were learnt from the 'experience in Scotland of the historic child abuse inquiry' in terms of education.

There was discussion at one session on 'what education in Jamaica is like'. Jamaican colleagues in attendance discussed the reasonable 'access to knowledge' there but also how 'financing of education is subject to economic inequalities'. The effects of illiteracy on the island, in particular, were highlighted as having a strong impact on Jamaicans today, including on 'medical facilities/population health'. The question was thus raised about whether 'education' as a recommendation should be directed towards educating those in the UK about the RIE's slavery history, or in improving educational opportunities in Britain's former colonies, or whether both actions were needed.

4. Research

'[study] the disenfranchised and the powerful'.

Some participants wanted NHS Lothian to undertake more research on how 'slavery contributed financially to medical research, financing healthcare and hospital / university buildings'. Other participants said that 'we should know what went on with all our estates', and asked 'Are there other things in our estate[s] histories] that we have not acknowledged?' One individual cited the Royal Hospital for Sick Children, Edinburgh (est. 1860) and Astley Ainslie Hospital (est. 1900) as possible subjects for further research.³² To this list might be added the Royal Edinburgh Hospital (1813), Western General Hospital (formerly St. Cuthberts and Canongate Poorhouse, 1868),

³² Although further research would be required, David Ainslie of Costerton, who founded Astley Ainslie Hospital, held shares in international railways, some of which may have had ties to colonially derived wealth.

Chalmers Hospital (1864), Corstorphine Hospital (formerly Edinburgh Royal Infirmary Convalescent Home, 1867), Ellen's Glen House (formerly Southfield Hospital, c. 1875), Ferryfield House (formerly Leith Public Hospital/ Northern General Hospital, 1896), the Edinburgh Association for Incurables' Longmore Hospital (1875), Liberton Hospital (1906), and the Princess Alexandra Eye Pavilion (Eye Dispensary for Edinburgh, 1822).³³ Some attendees believed more historical research was needed on BME staff who have worked in Edinburgh and Lothians hospitals over the last two centuries, to provide a more positive history of BME people's contributions to the UK. Other participants said it would be 'good to publish the findings' of all research conducted; to guarantee that 'findings are [adequately] preserved'; and to ensure that 'further research should be paid and not rely on volunteers'.

Other participants believed further funded research was required that 'address[s] past health inequalities' with a focus on racism in medical education and health work. Several sessions involved discussions of the health-related legacies of slavery and colonialism today, particularly poor health outcomes for ethnic minorities in relation to maternal mortality, diabetes, COVID-19 infection, and vaccine hesitancy.

Another discussion involved proposals around sociological research on NHS Lothian/Scotland's management today, to 'consider board members' personal experiences and responses to discrimination - and what gap in skills and knowledge this may identify for remediation'. One individual cited the 'need' of 'a thesis on why people who enter a compassionate profession then fail to show that compassion in relation to people based on race (consciously or unconsciously). Why is a "resource" being distributed to some and not others? How are the powerful maintaining the networks that retain the power?'. In summary, they proposed the need for the study of 'both the disenfranchised and the powerful'.

5. Reform

It's not enough to say that NHS [Lothian] is an anti-racist organisation. How can we show it? ... NHS Lothian needs to be properly anti-racist. We have a chequered present as well as history'.

At all events, participants reflected on the morals, ethics, and decision making of past generations of the RIE's Board of Managers, and what reforms could be made to the current leadership strategies and ethical codes within NHS Lothian today.

By far the most talked about topic was international recruitment. Although participants were keen to stress that false equivalences should not be made between transatlantic chattel slavery and international recruitment, many drew parallels between the RIE's slavery history and the extraction and exploitation of workers from abroad, particularly places historically affected by British slavery and colonialism. One participant asked 'whether we [NHS Lothian] are doing the same thing again by recruiting internationally. Whilst it can be a positive opportunity for the individual and Scotland, we are taking from elsewhere which depletes the workforces

³³ William Seton Brown, whose endowment founded the Corstorphine Hospital, moved to India around 1850, and held 'business at Bombay'. After the opening of trade to China, Brown 'removed to Shanghai, where he seems to have been very successful as a merchant': James Douglas, *Glimpses of Old Bombay and Western India* (London: William Clowes and Sons, 1900), 240.

in other countries'. Another questioned 'How do you get the balance – the positive opportunity to work in UK but [also dealing with the] impact [international recruitment has] on infrastructure of country of origin. Is the UK doing the same thing again – a shortage being filled (was sugar, now carers). But this time dressed up as an opportunity. Is there free will now, or is it driven by economics?' Concerns were also raised that the UK government's 'hostile immigration policy' makes it 'very expensive for people coming from overseas to work in the NHS'. Another participant raised the relationship between the NHS and the UK Home Office with the request to 'learn from the past and the treatment of the Windrush generation'. Much *Conversation* concerned particular loopholes that meant many workers were still recruited into the NHS from the World Health Organisation's 'red and amber lists' of developing countries.³⁴ One participant asked NHS Lothian to 'look at existing policies and practices and the effect on BME people and other countries' and provided the provocation that 'recruiting nurses from Jamaica is not helping Jamaica'. 'Ethical recruitment', as one participant put it, was an important way for NHS Lothian to respond to its past and, as another worded it, 'meeting the needs of both the employer and the employee'. Another participant highlighted the need to 'examine practices that use people as a means to an end', such as 'junior doctors from South Asia paying for qualification' but not reaching promotion.

There was a strong desire for a more 'rigorous and good quality' anti-racism training for NHS staff. One participant highlighted that their relative who currently works at the RIE experiences 'a lot of ignorant behaviour from staff' that could be identified as 'unconscious racism'. Several participants believed there should be a clear vision and communication of what being 'anti-racist' means within NHS Lothian. One NHS worker highlighted that there needed to be a 'recognition that people have now left' the NHS because of their experiences of discrimination.

Several participants believed senior management within NHS Lothian must learn lessons from this history. Some NHS workers expressed their disappointment that NHS management have 'ignored this since the move to Little France in 2003; that was a juncture to revisit our past and we failed. This generation of managers is responsible for that'. One survey respondent asked leaders within NHS Lothian to see this subject 'through a similar lens to the Truth and Reconciliation committees led by Archbishop Desmond Tutu', to take the time to 'consider what might result in healing of relationships', and to reappraise 'underpinning values' which were important to consider before actions are taken by leadership, including 'respect', 'valuing people', 'genuine concern and caring', 'justice', 'remorse', 'transparency and openness' and 'genuineness/sincerity'. Another individual spoke of how 'lessons learnt from this are not isolated to only slavery and race', asking also what NHS Lothian can 'learn from this about other issues (fairness, discrimination)'. More generally, participants highlighted the 'need to guard against a compliance response in NHS Lothian. Persistence is not historical accident – and these persistent factors need to be addressed'. The findings of this research, one person stated, presented 'hard lessons for those in the highest management positions'. As an institution, this research should provoke 'professional accountability questions' including a 'greater emphasis on moral deliberation' and 'how we treat people as a whole'.

³⁴ For more on the NHS's adoption of the WHO's Code of Practice for International Recruitment, see <https://www.nhsemployers.org/articles/code-practice-red-and-amber-list-countries>

Concerns were raised at several sessions about the provenance of money that comes into NHS Lothian and NHS Lothian Charity today. One participant expressed a need to take a firmer 'position on where we accept donations from' with sustainability, labour conditions, and modern-day slavery highlighted as possible issues. One group discussed how 'modern-day slavery is still happening' and how it would 'be good to use this project to enlighten work colleagues of this'. The 'philanthropic origins of RIE', another attendee reflected, created a 'tension' where one group exploited another' and this 'strange power ratio' was still at work today.

6. Partnerships

Discussions at *Conversation* events about financial reparations tended to be framed around the funding of partnerships with organisations locally and in the places most affected by British slavery. There were practical discussions at several meetings about the NHS being a publicly funded organisation, meaning any decision-making process about funded partnerships and financial transfers/reparations will ultimately concern the Scottish Government as health is a primarily devolved matter. On this point, attendees recommended the Advisory Group 'encourage dialogue' with Members of the Scottish Parliament (MSPs) and local councillors as possible advocates. More broadly, one participant believed that as 'this goes broader than NHS Lothian', and that there was a need to 'make approach' to the Scottish and UK governments.

There was even consideration of 'repayment as a nation' and NHS Lothian's responsibility to be 'part of [that] wider discussion' and 'the bigger context' surrounding reparations. 'This is NHS Scotland wide', another participant said, so 'Scottish government needs to be involved in making approaches to other countries and finding out what they want'. Another conversation revolved around the belief that NHS Lothian 'can't ignore the work of other organisations' and the 'discrete responsibility but broad lessons' that come with this research. At the very least, most participants appeared to agree with the words of one participant who said that NHS Lothian should 'openly discuss proposals around reparations and the forms this should take i.e. healthcare, monetary, development of the Caribbean'. Only one participant expressed uncertainty 'about redistribution of wealth as an appropriate way forward', although they did not clarify why, and appeared to be open to the suggestion of funded bursaries/scholarships.

Without a doubt, most *Conversation* events, reflecting on the RIE's ownership of enslaved people on the Red Hill estate in Jamaica, focused on possible partnerships with and financial transfers to Jamaican organisations. Some believed consultation of Jamaican and African Caribbean people was paramount, suggesting NHS Lothian asks 'the people in [the area that once was] Red Hill what they think'. Others recommended NHS Lothian 'ask[s] Jamaica what the reparation should be' and 'start up this conversation with Jamaica and the people in the countries ... who are the living history'. Some expressed generic desires to 'start investing in the Caribbean' and the belief that 'redistribution of money' to Britain's former colonies was 'correct and fair'. 'We need to change our relationships with our [former] colonies', one participant said.

Many participants thought NHS Lothian should work or 'twin' with hospitals or other healthcare bodies in Jamaica. These kinds of 'bi-lateral health connections with hospitals and health and care settings in Jamaica and/ or elsewhere', participants believed, might create 'efficient' ways to 'use [our] available resources to support health care in Jamaica'. One individual asked 'whether we could do anything with the hospitals near Red Hill Pen'. 'How can we give back to the community that was affected [in Jamaica]?', another attendee questioned. There was some discussion about Princess Margaret Hospital, the nearest large-scale hospital to the former site of Red Hill, and St Thomas Infirmary, a smaller municipally controlled infirmary in Morant Bay which 'comprises of residents from among vulnerable groups such as the registered poor, homeless, abandoned elderly and persons with slight mental challenges'.³⁵

Several participants stated that any such partnership should be catered so that NHS Lothian can 'use our existing resources to best effect'. Bursaries or scholarships for training Jamaican/Caribbean medical students was a popular suggestion: 'wonder about funding training places for nurses, doctors and other staff at the current RIE for interested clinicians in Jamaica and elsewhere'. There was concern that any funding for training should be a 'two way relationship' and that NHS Lothian staff should 'go to Jamaica and work with the people there ... not just people coming from Jamaica here'. One participant highlighted that 'there is a historic issue but also a present-day issue. Recruiting nurses from Jamaica is not helping Jamaica. Also the effects of the Windrush scandal are still present. So we as a country need to change our relationship with former colonies'. Echoing these comments, another individual warned that 'recruiting Caribbean nurses is bad for the Caribbean - we need to change our relationships with the Caribbean'. Another key aspect of any 'twinning', one person said, should include 'learning for the future', a 'commitment that this type of thing won't happen again', and a commitment to 'make us better in the future'. Another participant raised the University of the West Indies as a possible partner: '[could we] approach one of the professors [there]?'.

As with conversations with communities in Jamaica and the Caribbean, further consultation with local African Caribbean and African communities in Edinburgh and Lothians was another popular recommendation before any financial reparations and partnerships were made. Participants recommended working with local BME organisations and arts groups such as the African Caribbean Society of Scotland and the Edinburgh Caribbean Association, the latter of which was involved in the *Respect! Caribbean life in Edinburgh* exhibition, conducted in partnership with Museum & Galleries Edinburgh.

There was a strong desire to work with the University of Edinburgh, particularly the Medical School, which several thought had a 'duty' to apologise for and acknowledge its role in this history. The Edinburgh Futures Institute, situated on the site of the old RIE, was also recommended as a possible partner. Other medical institutions in the city such as the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh were highlighted as potential collaborators, as was the workstream on Equality, Diversity and Inclusion in Scotland's social work environment.

³⁵ For Princess Margaret Hospital, see <https://www.serha.gov.jm/princess-margaret-hospital>. For St Thomas Infirmary, see <http://stthomasmc.gov.jm/st-thomas-infirmary>

Several participants recommended NHS Lothian take a leadership role nationally. One attendee asked for NHS Lothian to 'engage other boards – we have a moral obligation that all of the NHS should undertake similar research'. Another participants believed NHS Lothian should be 'encouraging other NHS boards to do the same as we do', while another thanked the Advisory Group for the 'exemplary work' but reminded them that this story was 'bigger than the RIE' with further work required by other NHS trusts. Although there was a desire for NHS Lothian to help guide other health bodies to come to terms with their own histories, one participant expressed concern that 'we shouldn't wait for NHS Scotland to acknowledge mistakes. We should do so now in the same way that we reflect on our own clinical practice over time'. In summary, participants suggested organising recommendations 'according to who they are aimed at'.

Limitations and Concerns

Very few attendees completed diversity monitoring forms meaning data on attendees' backgrounds is difficult to measure. Some sessions were more diverse than others in terms of nationality, ethnicity, and religious faith, a fact reflected by some diversity monitoring forms but also by conversations at events about attendees' and respondents ethnic backgrounds, and, in some cases, moving testimonies of personal experiences with racism. Anecdotal reflections, however, suggest the presence of people of African descent was less than had been hoped for. In particular, there was a lack of representation from people of African and African Caribbean heritage. Clearly, some sessions were majority white British, a fact occasionally commented on by attendees at the sessions. One participant wrote in their Event Evaluation Form there should have been 'more promotion' of the project 'to get a wider audience in'. Another attendee suggested the Advisory Group 'ask the Edinburgh Caribbean Association to host an event about this, it would have a much different feel'. They also recommended the project reach out to local groups and get involved in their work ... ask them to help, rather than have [NHS Lothian or the University] hosting'.

Although formal invitations were sent to several third-sector organisations in Edinburgh and Lothians, including the Edinburgh Caribbean Association, it would appear that the message did not get through to, or adequately engage, people of African descent locally. Relatedly, some felt more consultation was needed with countries affected by British slavery, particularly Jamaica, before any action was taken. 'What is wanted in the Caribbean?', one participant asked.

Some NHS staff expressed their concerns, likewise, that there needed to be a wider consultation of NHS staff about outcomes 'given the limited number of staff present' at their session compared to the number of people NHS Lothian employs (approximately 26,000). Another NHS worker said that 'NHS staff need to be given time to access these resources', a criticism of both the short-time frame allotted to the programme of events and the lack of opportunities for NHS staff to engage voluntarily, particularly clinical staff.

Further engagement with journalistic outlets and social media was highlighted by participants as a possible route to widen the scope of the public consultation, although the project did garner some media attention in the weeks leading up to the

Conversation events.³⁶ Other suggestions include a ‘suggestion box’ as ‘not everyone likes to speak in a large group’.

There appears to have been little serious complaint about the practical running of the *Conversation* events themselves. Of those who completed event evaluation forms, most thought the venue and speakers were ‘excellent’ and felt able to participate and access the venue, facilities and information provided. The only reported criticisms of events were of a ‘drafty’ room (Western General Hospital); a last-minute change of room (Old College); a room that was not congenial for group discussions (Western); the lack of refreshments or mandatory break at one session (Old College); poor signage (Old College); poor acoustics, making it harder to have *Conversations* (Chancellor’s Building); and some difficulty with digital communication (this was an issue with Eventbrite ticketing that was resolved after the first session). These may seem like minor issues, but are worth bearing in mind for any future events.

Some expressed concern about how the focus on slavery elided other forms of exploitation, particularly the apprenticeship system, and the lack of more positive representations of Black history: ‘How do we transfer this history to be something positive?’, one individual asked.

A deeper concern, echoed by many participants, involved the expectation that this work could end abruptly. NHS Lothian ‘mustn’t acknowledge and then ... stop’, one attendee said, there must be a ‘constant recognition and apology’. Something ‘long-lasting, not tokenistic’ was required, another commented. The ‘importance of not forgetting or losing sight of this work, and to continue to build on this’ was a repeated theme at all sessions.

³⁶ Gemma Ryder, ‘Edinburgh Royal Infirmary owned slave estate in Jamaica and got ‘compensation’ after abolition’, *Daily Record*, 5 January 2023, <https://www.dailyrecord.co.uk/news/scottish-news/edinburgh-royal-infirmary-owned-slave-28880846>; Katie Williams, ‘Edinburgh Royal Infirmary owned slave estate in Jamaica and got £832 in ‘compensation’’, *Edinburgh Live*, 7 January 2023, <https://www.edinburghlive.co.uk/news/edinburgh-news/edinburgh-royal-infirmary-owned-slave-25920756>. The reportage was relatively neutral, although the framing of one headline around the £823 compensation money figure (without adequate explanation of the modern-day value of that payment, or other figures described in the report) may have discouraged readers from taking the topic seriously. Comments on the online articles also suggest a lack of understanding among readers of the extent or relevance of Britain’s involvement in slavery, and the legacies of colonialism today. Relatedly, the entry on Red Hill in the University College London’s Legacies of British Slavery has been updated to show that the RIE’s Board of Managers did finally secure compensation money: ‘Royal Infirmary of Edinburgh’, Legacies of British Slavery, University College London, <https://www.ucl.ac.uk/lbs/person/view/2146663827>.

Connections

Individuals who have offered to help the Advisory Group to engage with Edinburgh and Lothian BME communities at future events include:

- Zaki El-Salahi, who works with Edinburgh's Sudanese community, could not attend a *Conversation* event but was keen for NHS Lothian to share news about this project at the Pan African Network gathering in Edinburgh in May 2023.
- Daniel Gilius, who works with MEND (Muslim Engagement and Development), a charity that works on Islamophobia and other issues affecting Muslim communities, attended a *Conversation* event and was keen for MEND to link up with NHS Lothian.
- Tamzin Macdonald, Co-Founder of Anti Racism Education Scotland, offered at a session to help make contact with the area's Caribbean community, including idea of hosting event with Edinburgh Caribbean Association.

Individuals from the following organisations attended or registered to attend a *Conversation* event – their contact details have been passed onto the Advisory Group's co-chairs:

- Museums Galleries Scotland
- West Lothian Council
- Historic Environment Scotland
- Coalition for Racial Equality and Rights
- Volunteer Edinburgh
- Survivors of Human Trafficking in Scotland
- Edinburgh Children's Hospital Charity
- Edinburgh & Lothians Regional Equality Council
- Royal Botanic Garden Edinburgh
- NHS Ayrshire and Arran
- Heritage Trust Network
- Scottish Civic Trust
- Anti-Racism Education Scotland

The following individuals were identified during Phase 2 as possible future contacts:

- Sheila Asante, manager of Museums Galleries Scotland's *Empire, Slavery and Scotland's Museums* project. The project's first recommendation is that 'Scotland should create a dedicated space to address our role in empire, colonialism, and historic slavery. A new organisation should be created to lead this work'.
- Patricia Erskine, Director, Culture & Community for the Edinburgh Futures Institute, attended one of the archives session and is engaged in historical projects at the Institute (based at the site of the old RIE on Lauriston Place), including the possible reinstallation of surviving 'donor boards'.
- Kerry Ann Watson, Keeper of the Collections, National Museum Jamaica, Institute of Jamaica, has been in communication with Simon Buck about accessing archival materials, and is aware of the project's research findings.
- Jane Hopton, Programme Director and Head of Sustainability at NHS Lothian.
- Dr Isioma Okolo, Doctor and Researcher in Obstetrics & Gynaecology, NHS Scotland, with interest in health inequalities facing Black women. Attended an event.
- Professor Vanessa Andreotti, University of British Columbia (Vancouver), part of the Gesturing Towards Decolonial Futures collective of researchers/artists.
- Professor Sir Hilary Beckles, Vice-Chancellor of the University of the West Indies and Chairman of the CARICOM Reparations Commission.
- Lisa Williams, Edinburgh Caribbean Association.
- *Blood and Guts: The Twists and Turns of Edinburgh's Medical History*, a walking tour run by the Surgeon's Hall Museum.
- Dr Peggy Brunache, Dr Joe Smith, Katie Hunter, and Lisa Williams, a group of historians and educators who, along with Diana Paton (Advisory Group), involved in the project 'Teaching Slavery in Scotland'.
- Fringe of Colour (Edinburgh Fringe Festival).
- Simon Buck and Diana Paton, sit on a Research and Engagement Working Group that explores the University of Edinburgh's links to slavery and colonialism and their legacies today.

The following meetings have been arranged for March/April 2023:

- Conversation with Professor Hakim Adi, Professor of the History of Africa and the African Diaspora, University of Chichester, about possible review of Advisory Group's recommendations.
- Conversation with Professor Minerva Thame, Dean of the Faculty of Medical Sciences at the University of the West Indies, Mona (Jamaica), about the

project.

- Session with RIE Hospital Management Group.
- As part of his new role Simon Buck is meeting Dr Edward Duval, Chairman of the University of Edinburgh's Royal Medical Society, and will raise NHS Lothian's work during this meeting.

Appendix 1: Copy of Survey

NHS Lothian Survey

How we used to care for people in Edinburgh by enslaving other people Atlantic Slavery and the Royal Infirmary of Edinburgh

Thank you for your interest in supporting our *Conversations* about slavery and the Royal Infirmary of Edinburgh. If you require a copy of this survey and any other information about the project in an alternative format, please email us at loth.legaciesofslavery@nhslothian.scot.nhs.uk

If you have asked to receive a copy of the survey and did not attend a *Conversation* Event, we would encourage you to read the executive summary of the following report: [Uncovering Origins of Hospital Philanthropy: Report on Slavery and the Royal Infirmary of Edinburgh](#). Reading the full report will provide you with a greater understanding of the Royal Infirmary's historical connections with slavery.

The purpose of this survey is to gather thoughts, views and reflections on the findings of the research report. We want to hear from everyone, but, in particular, we want to hear the views of NHS Lothian Black and Minority Ethnic (BME) staff and people from the wider ethnically diverse communities across Lothian.

The responses to this survey, along with comments drawn from our *Conversation* Events, will support the Advisory Group in making recommendations to the NHS Lothian Board. These recommendations will outline how NHS Lothian might correctly and appropriately acknowledge its past and will help us to tackle the racial discrimination and inequalities experienced by people from our ethnically diverse communities.

This survey will take approximately 5-10 minutes to complete.

By completing and submitting this survey, you are consenting to your answers being reproduced anonymously in the published public engagement report.

When answering the questions that ask you to select an option, please circle one option, or if completing this survey electronically delete the options that do not apply to you leaving only the options that match your views.

1. Before hearing about this project, how aware were you of the Royal Infirmary of Edinburgh's connections to slavery?

Very aware

A little aware

Not aware

Can you provide more information about your answer?

2. Do the findings of the research affect you personally?

Yes No Not sure

3. Do the findings of the research affect your community?

Yes No Not sure

4. If you answered yes to either of the above questions, please can you describe how the research findings affect you and/ or your community and any thoughts or feelings you have about this.

5. Other organisations have agreed to recognise the legacy and impact of slavery by taking a range of actions. This list provides some examples and is not exhaustive.

Please indicate with a circle which response matches your opinion about each action, or if completing this survey electronically, delete the responses that do not reflect your opinions:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Issuing full formal apology	1	2	3	4	5
Working with governments and other organisations to implement financial transfers to institutions or governmental bodies in places affected by British slavery	1	2	3	4	5
Forming links and working relationships with organisations in the countries impacted by British slavery	1	2	3	4	5
Scholarships or bursaries for people from affected communities	1	2	3	4	5
Creating and promoting education and learning materials	1	2	3	4	5
Recognising a more diverse range of	1	2	3	4	5

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
influential and important people from NHS Lothian's past and present					
Commissioning new artwork and performances	1	2	3	4	5
Marking / observing International Day for the Remembrance of the Slave Trade and its Abolition	1	2	3	4	5

6. Please add any further actions you consider more or equally important, in order of importance, if you can.

7. Is there anything more you would like to say?

Please give your completed survey back to a member of NHS Lothian staff at your event, or return this document by email to loth.legaciesofslavery@nhslothian.scot.nhs.uk

Thank you for submitting your answers. The Advisory Group will consider this feedback as part of their final recommendations to the NHS Lothian Board.

Appendix 2: List of Invitees to *Conversation* Events

- Score Scotland
- Edinburgh Interfaith Association
- Fair Justice System for Scotland Group
- CEMVO Scotland
- Scottish Minority Ethnic Women's Network
- Ethnic Minority Environmental Network
- Liberation Officer/Black and Minority Ethnic Officer (University of Edinburgh)
- Black Voices Project (Heriot-Watt University)
- BAME [Student] Society (Napier University)
- Bameish [Staff] Network (Napier University)
- Black and Ethnic Minority Infrastructure in Scotland (BEMIS)
- Minority Ethnic Carers of Older People Project (MECOPP)
- Multi-Cultural Family Base
- Scottish Association of Minority Ethnic Educators (SAMEE)
- Central Edinburgh Quaker Meeting
- South Edinburgh Quaker Meeting
- Edinburgh Caribbean Association
- Scottish BPOC Writers Network
- Passion4Fusion
- Volunteer Edinburgh
- West Lothian Council
- East Lothian Council
- Edinburgh City Council
- Midlothian Council
- NHS Lothian Minority Ethnic Health Information Service
- Edinburgh and Lothian's Regional Equality Council
- Voluntary Health Scotland
- Edinburgh Voluntary Organisations' Council (EVOC)
- Coalition for Racial Equality and Rights (CRER)
- Museums Galleries Scotland
- Public Health Scotland
- George Watson College
- Glasgow University
- Young Black Historians Scotland
- Intercultural Youth Scotland
- African Caribbean Women's Association
- Sir Geoffrey Palmer