

**Slavery, the Royal Infirmary  
of Edinburgh and the legacies  
that remain today**







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## Foreword

I'm grateful to everyone who gave up their time and expertise to help us carry out this project and learn from its findings. I'm pleased that during my time as Chief Executive, NHS Lothian recognised the importance of understanding, sharing and acknowledging this shameful part of our history. If we are to meet our goal that everyone in Lothian has longer and healthier lives because of the care and treatment we provide, then we must understand the inequalities that persist in our communities. We need to act on the needs and experiences of everyone in our diverse communities and ensure our workforce is representative and understanding of the people we serve. Everyone should be treated with dignity and respect and valued for who they are and what they do. There is no room for racism and prejudice in NHS Lothian, we have too much important work to do.

**Calum Campbell CEO NHS Lothian**

Whilst slavery and colonialism may seem like something that happened a long time ago, and not within our lifetime, the legacy of colonial attitudes, structures and practices continue to have a negative impact on health today and contribute to ongoing inequality in health outcomes. As a joint descendent of legacies of donations and endowments linked to transatlantic slavery, NHS Lothian Charity has a key role to play in working alongside NHS Lothian to not only understand the impact of that legacy on our healthcare system, but also support and take actions that remove inequality and shape a positive future for all. NHS Lothian Charity's objective is the advancement of health through improvement in the physical and mental health of the people of Scotland. I hope that by contributing to a healthcare system that tackles inequality, discrimination and racism, we will achieve better health outcomes for all our communities.

**Jane Ferguson NHS Lothian Charity Director**

Growing up in Jamaica, I was taught in school about how our enslaved ancestors were treated. I was also taught about stories of resistance. Jamaican children are encouraged to focus on how our past has strengthened us by learning about and celebrating Jamaican National Heroes, such as Samuel Sharpe, Nanny of the Maroons and Paul Bogle, who were instrumental in bringing about the end of slavery. I am proud because I know it must have taken a huge amount of strength and endurance for my ancestors to survive the 'middle passage' and the cruel life that lay ahead of them, and to fight for their identity, their humanity and their freedom. Without their courage and conviction, I would not be here today.

**Christine Maitland-Francis**

The village I grew up in Nigeria was one of the places transatlantic slavery started, there was a slave port there. The feelings I have about this are difficult to come to terms with. I asked myself, how can people be so cruel, why would they do these things to a fellow human being. Having the opportunity to be part of this work has meant that these feelings of sadness now sit alongside feelings of gratitude and optimism. The research by Dr. Simon Buck brings to light what happened to people, it gives them a place in history. We can't undo what has happened, but we must remember and commemorate the people who were enslaved on Red Hill pen, so that our generation and the generations that follow us know and learn from the past.

**Pedetin Femi-Olekanma**

NHS Lothian's history is our history too. This is why this project is very important to us, and so many others. It has been a privilege to be part of such an incredible opportunity to use what we have learned to make a lasting change and create a community, both inside and outside NHS Lothian, that accepts and celebrates our unique differences and the humanity that unites us.

**Christine Maitland-Francis and Pedetin Femi-Olekanma Co-Chairs  
of the NHS Lothian Independent Advisory Group**

## The project

**In 2023, the NHS Lothian Board agreed to take action after research revealed the Royal Infirmary of Edinburgh's historical links to slavery.**

Two years earlier NHS Lothian Charity funded a project to look into the links the hospital had with transatlantic slavery. Archives held by Lothian Health Services Archive were used to create a public research report.

'Conversation events' were held with nearly 200 people to help us understand how that research related to the legacies of slavery today and the results were recorded in a public consultation report.

An independent advisory group commissioned expert advice, and linked with other organisations taking steps to acknowledge their connections with, and legacies of, slavery. The advisory group considered both the research and the reactions to it and suggested an appropriate response.

We found that at least £39million (approximate modern-day value) of the hospital's income came from donations from people linked to slavery and from renting out an estate in Jamaica, and the enslaved people who lived there.

We do not believe there is a limitation period when it comes to acknowledging NHS Lothian's historical connections to transatlantic slavery. We have a responsibility to address this wrong. As a healthcare provider and employer NHS Lothian has a legal and moral duty to stop racism, inequality and discrimination.

This report is a step towards acknowledging and reckoning with the fact that the Royal Infirmary, a place of humanity, charity and healing, was in part sustained by the exploitation of enslaved people of African descent. It describes the actions we will take now because of what we have learned.



## History of the Hospital

The Royal Infirmary, now a large hospital on the outskirts of the city, started life nearly 300 years ago.

In 1729 a group of surgeons and civic figures began fundraising for a hospital for the 'sick poor' that could also offer clinical training. This started as a small hospital in Robertson Close with only 4 beds in a rented building.

In 1736 King George II granted the hospital a Royal Charter and as the newly named Royal Infirmary grew, new properties were needed – at first in Infirmary Street, then Lauriston Place and finally Little France today.

Today the Royal Infirmary is funded and run by the NHS but at the start it was a voluntary hospital funded by public donations. Managers had to raise money in a variety of ways including £5 subscriptions paid by members of the public, donation boxes, one off lump sums and donations. Some donors wanted to 'thank' the hospital for caring for people. Others did so because of business ties. Some, in Scotland and further afield in Britain's colonies, responded to calls from the hospital for donations.

Patients Names.	From what Parish.	When taken in.	Diseases.	When recovered, cured, dismissed or dead.
Elizabeth Sinclair, 1	Canabrig	1729 August 6	Cholera,	1729 September 19 recovered
Barbara Hallie, 1	Leith	1729 August 7	Pain in the Thigh and Loins,	1729 August 19 dismissed.
Henry Richmond, 1	Canabrig	1729 August 14	Cancer in the Face,	1729 September 20. cured.
Robert Brown, 1	Canabrig	1729 August 14	Inflammation of the Eyes,	1729 September 4. cured.
Francis Mackinnon Soldier,	Canabrig	1729 August 14	Pain of the Liver with hebbick Fever,	1729 September 21. cured.
John Simson, 1	Canabrig	1729 August 14	Scorbatic painful Tumor of the Knee,	1729 September 29. dismissed.
John Allan, 1	Canabrig	1729 August 14	Hysterick Disorders,	1729 October 11. cured.
Mary Dickson, 1	Canabrig	1729 August 14	Bloody Flux,	1729 September 20. dismissed.
Heitor Morison, 1	Canabrig	1729 August 14	Consumption,	1729 October 9. cured.
James Scott, 1	Canabrig	1729 August 14	Repeating Gonorrhoea,	1729 September 4. cured.
Katharine Macfarlane, 1	Canabrig	1729 August 14	Obstructions,	1729 September 10. cured.
John Cunningham, 1	Canabrig	1729 August 14	Cancer of the Breast,	1729 September 17. cured.
Mary Walker, 1	Canabrig	1729 August 14	Tertian Ague and sore Eyes,	1729 January 8. cured.
Robert Brown Doggon, 1	Canabrig	1729 August 14	Flux,	1729 September 25. cured.
Alexander Lamb, 1	Canabrig	1729 August 14	Pain and swelling of the Belly,	1729 September 21. dismissed.
William Lindsay, 1	Canabrig	1729 August 14	Bloody Flux,	1729 October 17. cured.
Mary Sherrif, 1	Canabrig	1729 August 14	Melancholy,	1729 October 21. cured.
Elizabeth Hogg, 1	Canabrig	1729 August 14	Obstruction of the Belly,	1729 October 21. recovered.
James Laidie, 1	Canabrig	1729 August 14	Consumption,	1729 October 17. dead.
James McNaughton, 1	Canabrig	1729 August 14	Palsy of the Hand,	1729 August 29. cured.
David Lighton, 1	Canabrig	1729 August 14	Universal Palsy,	1729 April 10. cured.
Sarah McLaughlin, 1	Canabrig	1729 August 14	Phlegm and Tumor of the Belly at- tend a quous Ague,	1729 March 16. recovered.
Mary Bowman, 1	Canabrig	1729 August 14	Hysterick Disorders,	1729 May 7. cured.
Margaret Dug, 1	Canabrig	1729 August 14	Tympany with a mild Irregular Ague,	1729 July 1. cured.
George Somerville, 1	Canabrig	1729 August 14	Phlegm with Irregular Ulcer of the Leg,	1729 May 1. recovered.
Margaret Johnston, 1	Canabrig	1729 August 14	Cancerous Tumor of the Side,	1729 July 14. cured.
John Robertson, 1	Canabrig	1729 August 14	Incarnate Scorbatic Ulcer of the Leg,	In the Infirmary.
Mary Hood, 1	Canabrig	1729 August 14	Phlegm with Irregular Ulcer of the Leg,	In the Infirmary.
Thomas Macdonald, 1	Canabrig	1729 August 14	Old Scorbatic Ulcer of the Leg,	In the Infirmary.
Thomas Smart, 1	Canabrig	1729 August 14	Bloody Flux,	1729 July 18. cured.
Margaret Young, 1	Canabrig	1729 August 14	Vertigo, Dropsy, and other Aff- fections of the Nerves,	1729 July 18. recovered.
Hein Waddell, 1	Canabrig	1729 August 14	Scurvy of the Clank,	In the Infirmary.
William Paterson, 1	Canabrig	1729 August 14	Deep Ulcer of middle Finger and Finger of the Hand,	In the Infirmary.
James Mills, 1	Canabrig	1729 August 14	Cancer of the Lip,	In the Infirmary.
Cured.		1729		1729
Recovered in as to go about their ordinary Affairs, and requiring only some Time to confirm their Health, and to restore their Strength fully.		1729		1729
Dismissed either as incurable or for Irregularities.		1729		1729
Dead.		1729		1729
In the Infirmary.		1729		1729
Total this first Year		1729		1729

M. B. Besides these Patients in the above List (who were all maintained in Bed, Board, and Medicines in the Hospital) several Out-Patients were attended by the Physicians and Surgeons; who also gave Advice daily to all Sick that came to the Infirmary at the Hours of visiting.

## Timeline



Royal College of Physicians appeal for funds from donors for 'Hospital for the poor'.  
4 beds

1729

1736

1700

1750



Hospital has been given Royal Charter and becomes the Royal Infirmary. Moves to new building, funded by donors.  
228 beds

1800



Hospital moves to new building at Lauriston Place, funded by Council and donors.  
555 beds

1879

1850

1900



Hospital funded and run by newly formed NHS.

1948

1950



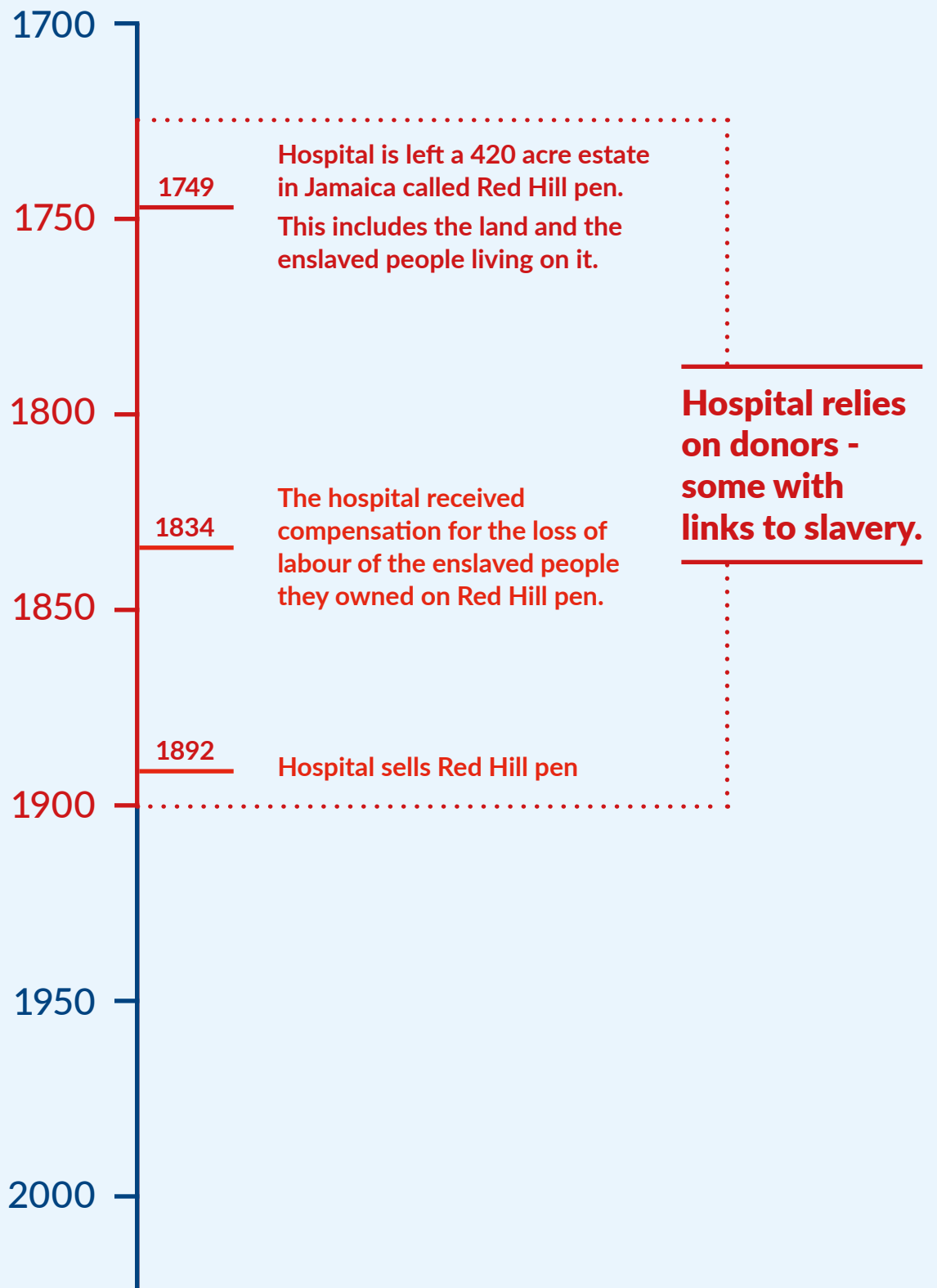
Hospital moves to Little France, funded by the NHS.  
900 beds.

2002

2000



## Timeline



## Donations with links to slavery

Over the years the hospital has received many donations, legacies, and gifts from a range of people including Royalty, physicians, surgeons, politicians, colonial officials, bankers, merchants and the general public.

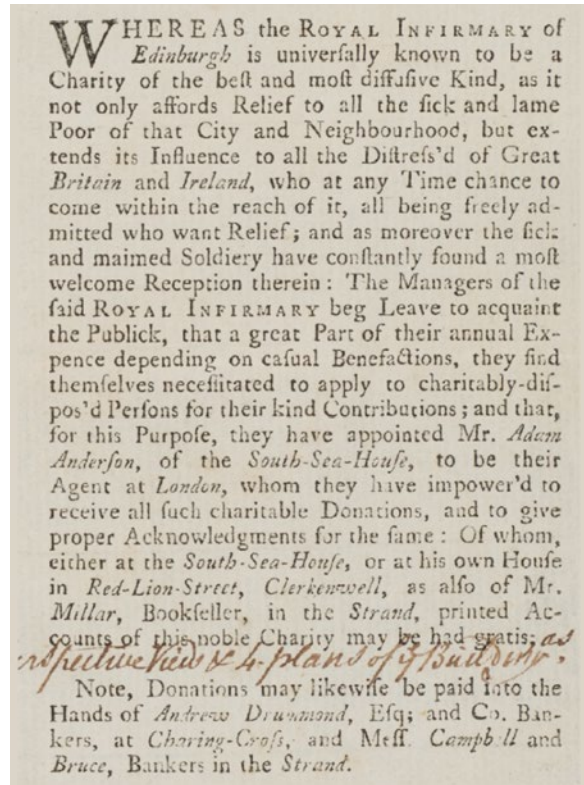
It is very difficult to know for certain how each donor made their money and whether they had links to slavery. For some however the link is clearer as they owned enslaved people, traded in slave-grown produce, or had links to corporations like the South Sea Company who were implicated in transatlantic enslavement through stocks, investments and loans.

We also have clear records of the hospital managers contacting people connected to slavery to ask for donations.

The managers took out newspaper advertisements, paid people to find donors and wrote to wealthy people including colonial figures, medical professionals, 'gentlemen of fortune' in the City of London, Governors of New England, Rhode Island and Providence Plantations, New York and Jamaica, plantation owners and enslavers.

**Managers agreed to acquire 'the names of the Governors of all the British settlements abroad and of the people of distinction in the several settlements, and apply to all of them for aid to forward the work'.**

Minutes from Managers meetings 1740



The main entrance hall and donor boards in of the Royal Infirmary building on Lauriston Place.

## Rent from a slavery estate - Red Hill pen

From 1749 to 1892, a major source of funding for the hospital came from renting out an estate in Jamaica, called Red Hill pen. This was given to them by the Scottish surgeon and enslaver Dr Archibald Kerr in his will after his death.



Location of Red Hill pen.

Map reproduced with the permission of the National Library of Scotland.

In an inventory of Kerr's estate, beneath a list of his possessions – chairs, pictures, backgammon table, a copper kettle, bedstead, curtains, New England horse, and pillow – there is a list of 39 enslaved people.

Very little is known about those people. All were African or of African descent. They may have worked with livestock, felling timber or producing sugar. The children and older and/or disabled people may have had domestic jobs.

We know that a white Scottish doctor, Dr Moodie, asked to 'purchase a negro wench named Juliet' in 1773 and 20 years later asked for 'freedom to John and William Moodie, two children born to Dr Moodie by a Negro woman.' We do not know any more about the relationship between Dr Moodie and Juliet. However, historians have established that sexual coercion was a common experience for enslaved women so we must consider the possibility that sexual coercion occurred on Red Hill pen.



## Inventory of Dr Kerr's belongings, including 39 enslaved people, 1750

Jamaica &c.	
St. Thomas in the East	
The Inventory & Appraisement of all & singular the goods and Chattels Rights & Credits of Archibald Kerr late of St. Thomas in the East Surgeon Deceased	
2 Elbow Chairs 20/ a Glass Stool 10/	2. 10
23 pictures at 10/ a p <sup>r</sup> Backgammon tables 25/	4. 2. 10
a Copper Kettle & a Fire 12/ 1/ 1/ 25 p <sup>r</sup> small plates & cutlery 5. 1. 3	
2 Small Chairs in gilt frames & a Mahogany table 10/	5. 1. 3
a Mahogany Dresser	5. 1. 3
a Bedstead Mahogany feather Bed Bolster & Pillows	5. 1. 3
a Musket & a Window Curtains	3. 1. 3
a New England horse Old	10. 1. 3
Thirty Nine Slaves Val.	
Ann 100 Robert 100 & Jack 100	170. 1. 3
Simon 100 Mary 100 & Frank 100	125. 1. 3
Jamaica 100 & John 100 & Hercules 100	163. 1. 3
Roger 100 & Peter 100 & Peter 100	160. 1. 3
Friday 100 & Edinburgh 100 & Jeffrey 100	75. 1. 3
Bob 100 & Tom 100 & Henry 100 & Mulatto 100	195. 1. 3
Deborah 100 & Jack 100 & Peter 100	290. 1. 3
Diak 100 & Tom 100 & Mary 100	290. 1. 3
Scotland 100 & Berwick 100	165. 1. 3
Lucey & Peter White Touchant	80. 1. 3
Vaney & Mulatto Girl	30. 1. 3
Kingston Amelia 100 & B. Amelia 100	100. 1. 3
Amelia 100 & Dianah 100	162. 1. 3

Aimie £60	Robin £60	Jack £65
Simon £50	Plato £60	Frank £30
Jamaica £60	Essex £48	Hercules £55
Roger £60	Cato £60	Peter £60
Friday £25	Edinburgh £35	Jeffery £15
Bob £50	Tom £30	Archie £15
Oxford £100	Jack £90	Casar £100
Dick £80	Tom £80	Will £70
Scotland £65	Berwick £100	Lucy £80 and her child Toucham
Nancy £30	Kingston Amelia £50	Ebo Amelia £50
Venus £55	Maria £60	Diana £47
Hannah £50	Calia £50	Chloe £50
Rachel £40	Pheba £50	

After slavery became illegal in most of the British Empire, the hospital continued to rent out the land and employed 'apprentice' Black labourers.

The hospital managers claimed compensation from the British government for 'loss of labour of the negroes in the West Indies'.

1836		Brought Forward	£9291	17	6
February	18	By order on cash account	115	n	n
"	"	By Contribution from Alex Laing Shawfair	2	2	
"	"	By ditto from M <sup>r</sup> Holiday	1	1	n
"	"	By ditto from Miss Edmonstone	1	1	n
	19	By Contributions collected by Mr Andrew Buchanan	68	15	n
	24	By fee of annual Ticket £1:17:5	5	5	n
	25	By order on cash Account	50	n	n
"	"	By Contribution from Miss Plummer of Middelstead	1	n	n
March	1	By donation from W. F. Morris Esq Surgeon	3	3	n
"	"	By cash from Mr James Trenchard London being share of Compensation for Loss of labour of the Negroes in the West Indies	500	n	n
	3	By order on Cash Account	20	n	n

Treasurer's Cash Book with record of compensation for the 'loss of the labour'.

Over the years the managers wanted to sell the estate but didn't for a number of reasons, including that it might 'discourage Legacies of the same kind being left to the Infirmary'.

In 1892, after difficulties with late rent and the diminishing value of the estate, the managers sold Red Hill pen. They had owned it and used the money it generated for over 143 years. For nearly 50 years this made up at least 8% of the hospital's income.

**'The rent for this estate is for the most charitable purpose ... for maintaining and curing the sick and diseased of our fellow creatures, who have no other way in the world to be relieved but by this fund'.**

Manager of the Hospital



## Conversations

**‘Let’s continue to put pressure on change.  
Regardless of how long ago injustice happened.’**



To better understand the research findings and how they relate to life today we held public conversations.

We ran sessions in the Royal Infirmary of Edinburgh, University of Edinburgh, Western General Hospital, online, during the NHS Lothian Grand Round, and with management groups. We used the term conversation to emphasise the importance of dialogue. Nearly 200 people attended.

Participants were split equally between whether they felt the research affected them personally or not. When discussing their family history, including ‘ancestors who were enslaved by the British’, people described the ‘shocking’, ‘distressing’, and ‘upsetting’ nature of the history and the ‘intergenerational effects’ of enslavement. Six broad themes surfaced which are covered in the next section.

## Theme 1

### Acknowledgements and Apologies

**‘Be upfront: [say] this was a disaster, [and that] we’re sorry.’**

People highlighted the ‘importance of tolerance and reconciliation’ and the need to ‘acknowledge the horror’.

#### A starting point in a journey

Any apology was seen as a ‘starting point’ to build on, something meaningful and not tokenistic.

**‘My hope is that we learn, as individuals, as communities, organisations ... and together make a difference now and in the future, respect and value one another, and connect and stand with each other.’**

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#### Truth telling & openness

Most participants were unaware of the hospital’s connections to slavery although some were ‘aware of the city’s links to slavery’ or had ‘presumed that any large organisation would have strong links.’

**‘I hadn’t [ever] considered the pre-NHS phase of the hospitals’**  
**‘I was not aware of any Royal Infirmary history.’**

#### The organisation apologises

People asked who would make the apology and who it was for.

Would the apology come from the Royal Infirmary of Edinburgh, NHS Lothian, NHS Scotland or the Scottish Government?

Would the apology be aimed at African countries, people of African descent, Jamaica, the Caribbean?

Most people felt any apology should be done ‘as an organisation.’

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## Theme 2

### Commemoration

#### **‘NHS Lothian owes the nations affected a means to remember.’**

People spoke of the need to acknowledge this history ‘in the way it should have been’ and ‘provide correct context’ in doing so.

#### **Acknowledging our history**

People suggested ways to acknowledge our history - through plaques or adding information to current artwork such as the bust of George Drummond, portrait of Archibald Kerr or timeline in the Royal Infirmary’s Main Mall.

**‘We are trying to be open and honest, and I would favour that rather than hiding them away.’**

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#### **Everyday remembrance**

People suggested remembering through public events, during Black History Month, Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade, and as part of induction for staff.

**‘We need to acknowledge what we’ve done in everything we do to give people an opportunity to talk about this.’**

#### **Honouring enslaved people**

People suggested ways to honour the enslaved people - through naming buildings, wards, and green spaces or commissioning artwork for NHS spaces - corridors, exhibition spaces and waiting rooms.

**‘Why is it the enslavers that get the statues?’**

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#### **Positive representations**

Some people expressed concern about how the focus on slavery left out 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?’**



## Theme 3

### Education

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

Education was seen as ‘important’ and a route to reconciliation and tolerance.

#### Educating the public

People suggested we work with schools, colleges, and universities – particularly medical students. They also suggested sharing the report with newspapers, radio and television, history tours and even the Edinburgh Fringe Festival.

**‘Our history is skewed -  
everywhere we look we see  
the gains from slavery. It’s all-  
pervasive ... We ... need people  
to understand this and ... take it  
on board.’**

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#### Educating our staff

People suggested the need to educate all staff - for example during induction. There was a desire that this could be face to face in a non-judgemental, supportive environment.’

**‘Campaign to inform everyone in  
the NHS about their connection  
to this history.’**

#### Links to today

People suggested ways to link the historical findings to life today – raising awareness of compensation money, to health inequalities and the effect on descendants of communities affected.

**‘The UK government only  
stopped compensating for  
slavery in 2015!! ... most people  
working today are unaware that  
the tax they have paid has gone  
towards compensating slave-  
owners.’**

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#### Education in former colonies

Jamaican colleagues discussed how the effects of illiteracy on the island were having a strong impact, including on ‘medical facilities/population health’.

**‘Financing of education is subject  
to economic inequalities.’**

## Theme 4 Research

**‘Are there other things ... that we have not acknowledged?’**

### Contributions of BME people

Research could be done into the contributions BME people have made in healthcare settings in Edinburgh and Lothians to provide a more positive history of BME people’s contributions.

### Racial inequalities in health

Research could be done on past health inequalities to look at the impact on present day inequalities.

This could focus on racism in medical education and health and on current poor health outcomes for ethnic minority communities in relation to maternal mortality, diabetes, COVID-19 infection, and vaccine hesitancy.

**‘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.’**

### History of other settings

Research could be done into how ‘slavery contributed to medical research, financing healthcare and hospital / university buildings.’

**‘We should all know what went on with all our estates.’**

### Biases and backgrounds of leadership

Research could be done into the personal experiences and responses to discrimination of current NHS staff.

People suggested a need to study ‘both the disenfranchised and the powerful.’

**‘How are the powerful maintaining the networks that retain the power?’**

## Theme 5

### Reform

#### **‘NHS Lothian needs to be properly anti-racist. We have a chequered present as well as history.’**

People reflected on the morals, ethics, and decision making of past generations of leaders and what reforms could be made to the current leadership strategies and ethical codes.

#### **Ethical recruitment**

People spoke of an unease recruiting staff from places historically affected by British slavery and colonialism and the World Health Organisation’s ‘red and amber lists.’ ‘We are taking from elsewhere which depletes the workforces in other countries.’

**‘Recruiting nurses from Jamaica is not helping Jamaica.’**

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#### **Modern-day slavery**

This is still happening. The ‘philanthropic origins of the [hospital]’, created a ‘tension’ where one group exploited another’ and this ‘strange power ratio’ is still at work today.

**‘Be good to use this project to enlighten colleagues of this.’**

#### **Our values**

People spoke of ‘unconscious racism’ and the need for a clear vision of what being ‘anti-racist’ means. They suggested managers must ‘consider what might result in healing of relationships’ and reappraise ‘underpinning values.’

**‘People have now left’ the NHS because of discrimination.  
‘Persistence is not a historical accident –these persistent factors need to be addressed’.**

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#### **Consideration of donations**

Questions were asked about where the money that comes into NHS Lothian Charity today comes from. Taking into account sustainability, labour conditions, and modern-day slavery.

## Theme 6

### Partnerships

#### **‘How can we give back to the community that was affected?’**

Discussions about financial reparations tended to be framed around the funding of partnerships with organisations locally and in places most affected by British slavery.

#### **Part of a wider discussion**

People felt this history ‘goes broader than NHS Lothian’ and dialogue with the Scottish Parliament and local councillors is needed.

As the NHS is publicly funded any decision about funded partnerships and transfers/ reparations may concern the Scottish Government.

#### **‘Repayment as a nation’ and NHS Lothian’s responsibility to be ‘part of [that].’**

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#### **Work with the University of Edinburgh, particularly the Medical School.**

The Edinburgh Futures Institute, situated on the site of the old Royal Infirmary, the Royal College of Physicians of Edinburgh and the Royal College of Surgeons were highlighted as potential partners.

#### **Partnerships with Jamaica.**

People suggested ‘investing in the Caribbean’ and ‘contributing to the wider discussion of repayment to countries/ communities directly affected by slavery’. Other suggestions included funding training for Jamaican/Caribbean medical students, NHS staff going to Jamaica or working with hospitals near Red Hill pen and further consultation with local African Caribbean and African Communities.

#### **‘We need to change our relationships with our [former] colonies’.**

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## Conclusion

Every penny of wealth extracted from enslavement is a stain on the Royal Infirmary's history. To modern eyes it seems it was a moral miscalculation on the part of the managers of a 'charitable' institution.

In none of the over 200 documents including hospital managers' notes, letters and minutes of meetings relating to Red Hill pen that helped to write this report is there a single example of anyone expressing an opinion that it was wrong, unjust, or inhumane. To the contrary, hospital managers were so grateful of the revenue stream they bought a painting of Dr Kerr for the hospital.

The managers' behaviour reflected the attitude of many white Europeans towards people of African and Indigenous descent at the time. Not only did they receive money from the work of enslaved people in distant lands they also knew of slavery's existence in Edinburgh. For example, in the mid eighteenth century the enslavers of a young man advertised for his recapture after he escaped from the hospital while a patient there. There is no evidence that the managers argued against his recapture.

By the nineteenth century however, people were pro-actively debating and challenging the ethics and morality of slavery across Edinburgh. Several people who argued to make slavery illegal visited Edinburgh and the hospital, including the formerly enslaved radical African American William Wells Brown. He noted that there were, by this time, small numbers of 'coloured young men' who were studying at the hospital and there seemed 'to be no feeling on the part of the whites towards their coloured associated except of companionship and respect'.

Today, NHS Lothian and NHS Lothian Charity, in partnership with staff, patients, the public and stakeholders want to talk about, come to terms with, and learn from this legacy of British slavery in our healthcare system.

## Recommendations

NHS Lothian and NHS Lothian Charity are joint descendants of the legacies of donations and endowments connected to the enslavement of people of African descent. We will implement the Independent Advisory Group's recommendations to address the legacy of slavery, help remove racism and inequality and to shape a positive future for everyone.

It is within NHS Lothian and NHS Lothian Charity's statutory powers to implement these recommendations. NHS Lothian's core purpose is 'to promote the improvement of the physical and mental health of the people of Scotland,' and it can do 'anything which is considered likely to assist in discharging this duty.' Likewise, NHS Lothian Charity is governed by this duty and the purposes of the Charity are, 'the advancement of health, through improvement in the physical and mental health of the people of Scotland' including 'the research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit.'

We know the harmful effects racism has on health and on the social determinants of health. Discrimination and racism contribute to inequality in health outcomes. The United Nations has recognised that 'the racist legacy of Transatlantic Slavery reverberates today in the harmful prejudices and beliefs which are still being perpetuated and continue to impact people of African descent across the world.' Medicine, healthcare and global health continue to be entangled with colonial attitudes, structures and practices.

Implementing these recommendations helps NHS Lothian comply with the Public Sector Equality Duty and allows us to consciously consider how, through our work, we can help to eliminate discrimination, advance equality of opportunity and foster good relations.

### **Public apology, statement, and official record**

NHS Lothian will issue a public apology and statement to articulate our understanding that the history of the Royal Infirmary of Edinburgh, and the wider history of slavery, explains much about racism and why Scotland looks how it does today.

### **NHS Lothian Implementation Group and Chair**

NHS Lothian will establish an Implementation Group to advise on and steer the delivery of the recommendations. The group will include representatives from NHS Lothian Board, the BME Staff Network and the local community. The group will aim to build relationships with health centres and hospitals in Jamaica and West Africa and explore opportunities for work with other organisations.

### **Tackle racial inequalities in employment and health**

NHS Lothian needs to ensure we have a diverse and inclusive workforce and have staff who challenge racial prejudice, bias, stereotypes, and negative and disrespectful attitudes. We need to reduce racial health inequalities.

We will learn from experts, including people with lived experience, to understand the impact of discrimination and other social determinants of health on racial health inequalities. We will take positive action in employment and services to remove disadvantage, meet different needs and increase the participation of people from BME communities.

### **Commission commemorative works and review current arts and culture activities**

NHS Lothian Charity will install a commemorative plaque at the Royal Infirmary of Edinburgh, respecting the people who suffered the horrors of chattel slavery. The Charity will review all artwork to understand any links to slavery.

The Charity will commission new artwork to represent people who opposed and fought against slavery and is representative of our ethnic communities.

### **Education about our history and legacies of slavery**

NHS Lothian will include information about the Royal Infirmary of Edinburgh's connections with slavery in induction and training for all NHS Lothian staff and will share this with local groups.

This should empower staff to develop an understanding of their own values, beliefs, and cultures and those of other staff and patients. It should help staff understand and challenge racism.

### **Partnerships with Jamaica and West African countries**

NHS Lothian will explore working with organisations in Jamaica and West Africa to achieve positive health outcomes for people. This will include considering how to establish joint centres for research, joint degrees in reparative justice and mutual connections between medical and healthcare students and leaders and supporting health improvement projects.

### **Undertake further research**

NHS Lothian will explore how to undertake further research to understand better the connections between other NHS Lothian hospitals and slavery. In addition, we will consider further research into the lives of the enslaved women on Red Hill pen.

We will explore partnerships to allow further research on medicine, slavery and colonialism, and the impact of British medicine on enslavement.



## **Apology made at the NHS Lothian Equality and Diversity Conference on 28 February 2024**

Since the founding of the Royal Infirmary of Edinburgh in 1729 and as Scotland's oldest voluntary hospital the Royal has a long and distinguished history due in the main to the dedicated staff who have built its reputation over the years.

However, as an institution dedicated to the care of individuals and with core values of compassion, honesty and integrity NHS Lothian needs to face up to and apologise for the fact that in the early days of this great hospital, wealth to support its activities was drawn from the practice of slavery that we now know was a crime against humanity.

As we near our third century we recognise and apologise for these historical acts and the impact on all the people who have suffered because of them.

The knowledge and understanding we have gained from examining the history of the Royal in more depth has reinforced our determination to ensure NHS Lothian is an organisation where all people feel welcome, as staff, patients and visitors and where we strive to achieve equal access to healthcare for all.

**Professor John Connaghan, NHS Lothian Chair**





