July 3rd , 2020

LSHTM former and current staff and students on Black Lives Matter

Holding our institutions accountable for their silence

June 8th, 2020

Updated on August 30th , 2020

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Statement following LSHTM messages on June 4th

In the ten days following the murder of George Floyd by the Minneapolis Police Department, hundreds of thousands of people in the United States and beyond stood up to condemn the systemic racism, state-sanctioned violence, and white complicity that made this abhorrent act possible.

Among the wider LSHTM community, many felt betrayed and disillusioned to see that ten days of global protests and anguish were necessary before LSHTM released a statement to 'acknowledge' that racism is also an issue in the UK and beyond.

In this same period of time, **over 600 staff**, students and alumni agreed on a far stronger statement that forcefully speaks out against racism in all its forms and recognises the harm that white supremacy inflicts on a daily basis to Black people, including those who have dedicated their professional and academic careers to LSHTM.

The signatories of our original letter came together to urge the university to take a vocal stand against structural racism and to support the Black members of its community in dealing with the fallout.

However, the collective stories and experiences brought to light have laid bare the imperative necessity to do much more. Indeed, it is clear that structural change, beginning with a far greater representation of people of colour among the university's faculty, staff and directors, is needed to transform colonial patronage into true partnership in the mission for better global health.

We understand how tempting it is to point to the good work that LSHTM does worldwide to advance public and global health as proof that our institution is on the 'good' side, and that only a bit of tinkering is necessary to further promote equity, diversity, and inclusion. But anti-racism is not an easy position that should make us feel good, it is an uncomfortable practice that should constantly challenge us to grow, acknowledging painful truths and institutional injustices.

A broad coalition of students, staff and alumni has already united to support each other and the School on the road to reckoning with LSHTM's colonial past.

We thus urge the school's leadership to also commit to digging out the colonial and racist roots that still permeate the School's curriculum and teaching practices. The deeply entrenched, institutionalised problems caused by white supremacy are too pervasive to resolve through piecemeal initiatives – LSHTM must lead in action as well as in words to transform its culture towards a more inclusive and just community.

Original Letter to LSHTM on Black Lives Matter statement

A large and very appropriate public outcry has been taking place in response to the murder of Black Americans at the hands of the police in the United States of America. These protests have extended to other countries globally, including the UK.

Our societies are being traumatized by the systemic, institutional racism that pervades the structures that govern and rule our citizenry. Black people live in fear every second of every day that their name will be the next one that needs to be remembered. This is not exclusively an American problem; it shapes Black and Brown lives in the UK as well.[1] [2]

As leaders, you have a responsibility to your Black employees and students to openly and loudly affirm that they are safe from racism and discrimination at work and school, that you vehemently oppose and condemn the actions of the police officer in Minneapolis who murdered George Floyd in cold blood, along with the hundreds who went before him.

Systemic racism is a pandemic on top of the COVID-19 pandemic.

LSHTM non-Black staff and students can only imagine the deep and distinct pain that Black people must endure but they, too, see the terror, injustice, physical and psychological damage that systemic racism inflicts on their Black family, friends, colleagues, neighbors, and fellow citizens.

LSHTM Black students and employees' lives have been traumatised repeatedly and they must show up to work and school every day with a positive attitude and consistent productivity that benefits each LSHTM colleague and fellow students.

What must living in that fear everyday do to a person's mind? How are we helping our Black colleagues and students? What resources have we offered them? Have we contacted every single one of them, asking what they need from us, how we can support them? How are we working with our non-Black employees to remind them that inherent bias runs deep and that we are each responsible for unlearning racism and learning anti-racism? How have we, and can we, address this in our teaching curriculum and research practices?

How will we address this with our employees, students and alumni? **Ignoring it is not an option.**

We do a deep disservice to ourselves by turning a blind eye and pretending that these events aren't impacting all of us, particularly our Black employees, students and their families. We ask these questions because we care deeply about the people who work and study at LSHTM.

LSHTM has a responsibility to Black students and employees to openly and loudly affirm that LSHTM is a safe place to work and study, free from racism and discrimination. If LSHTM is truly a great place to work and study, we must continue to prove it.

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[1] https://www.theguardian.com/uk-news/2020/jun/03/met-police-twice-as-likely-to-fine-black-people-over-lockdown-breaches-research

[2] https://novaramedia.com/2020/06/01/the-uk-is-not-innocent-police-brutality-has-a-long-and-violent-history-here/

Our employees deserve this, our students deserve this, our culture deserves this. To this end, there are many antiracism educators that could make meaningful contributions to LSHTM, and it would behove the School to commit to long-term investments in such services.

We would like to see LSHTM take a stand and remind its students and employees that they care about their safety, wellbeing, and right to exist and live free from racism and injustice.

Public agencies, foundations, school districts, leaders, and activists across the world have been taking a vocal stand, and we feel that LSHTM should speak out as well. The statement can be as simple as below and posted on your website and social media pages. Feel free to customize and expound. The important thing is to unequivocally condemn racism and be willing to call out racism against Blacks/African people:

"We acknowledge the pain and suffering that anti-Black racism causes and continues to cause.

We speak out against racism in all of its forms.

We speak out against oppression.

We stand in solidarity with those who pursue equity, justice, human dignity for all, and an end to racism.

We recognize systemic racism as a global pandemic"

We want LSHTM to affirm that #BlackLivesMatter outside of poverty and "developing" countries.

Dear Professor Piot, you recently said "*now that I have faced death, my tolerance levels for nonsense and bullshit have gone down even more than before*" so please stand with us and unashamedly oppose racism and oppression.

These statements and testimonies are shared on behalf of the following 682 signatories:

1. **Emilie Koum Besson - Black African - Alumna and staff**
2. **Elisabeth Waller - Alumna and ex Staff**
3. **Ainy Zahid - Ally- Current DL student**
4. **Camille Le Baron - Ally - Staff**
5. **Cova Bascaran - Ally- Staff**
6. **Megan Auzenbergs - Ally, alumni and staff**
7. **Shanise Owens, Black American - Alumna, MSc GMH/Previous VP of Taught Courses**
8. **Sarah Oeffler, Ally - Alumna**
9. **Brianna Burke - Ally, Alumna**
10. **Giulia Chiandet - Ally, Current Public Health Student**
11. **David Humphries - Ally - Alumni**
12. **Isaac Yen-Hao Chu - POC- Current student**
13. **Ellie Marsh - Ally, Alumna**
14. **Jordan Jarvis - Ally- current DrPH student**
15. **Krizelle Cleo Fowler - Ally - DL student**
16. **Camille Bou - Ally - Alumna MSc Health Policy, Planning and Financing**
17. **Lenna Saleh - Ally - Alumna, MSc Public Health**
18. **Daniel J Carter - Ally - Staff & MSc Medical Statistics alumnus**
19. **Meggan Harris - Ally - DL student of Public Health**
20. **Maria Lewandowska - Ally - Student of Reproductive and Sexual Health Research MSc**
21. **Ieva Steinberga - Ally - MSc Student of Reproductive and Sexual Health**
22. **Benedicte Rosier - Ally - current MSc student of Reproductive and Sexual Health Research**
23. **Penelope Williams - Ally - current MSc student of Reproductive and Sexual Health**
24. **Farida Abudulai- Black African American- current MSc Student of Reproductive and Sexual Health Research**
25. **Rebecca Forman - Ally - Alumna**
26. **Corrina Horan - Ally - current MSc Student of Reproductive and Sexual Health Research**
27. **Gabriella Watson - Ally - MSc Student Reproductive and Sexual Health**
28. **Rumbi Anne Gumbie- Black African British Citizen- current MSc Reproductive and Sexual Health Research**
29. **Nisso Nurova - POC - Alumna and former employee**
30. **Yuta Addo - Black African British - current MSc Reproductive Health Research**
31. **Belinder Nahal - Ally - Student of Reproductive and Sexual Health MSc**
32. **Maana Lindqvist - Ally - Student of Reproductive and Sexual Health Research**
33. **Jessica Edney- Ally - student of Reproductive and Sexual Health Research**
34. **Shivani Kochhar - POC - current student of Demography & Health**
35. **Sahar Ahmed - Black African - MSc Reproductive and Sexual Health Research**
36. **Rosalind Douglas - Ally - current student of Demography and Health**
37. **Georgina Adair -ū Ally - current student of MSc Demography and Health**
38. **Paula Melizza Valera - POC - current student of MSc Global Mental Health**
39. **Zainab Ismail - POC - Current MSc Demography & Health student**
40. **Florence Halford - Ally - Current CID MSc student**

41. **Charlotte Barke - Ally - Current MSc Demography and Health student**
42. **Charles LeNeave - Ally - Current MSc Control of Infectious Diseases student**
43. **Sarosh Naqvi - POC - Current Student of MSc Reproductive and Sexual Health research**
44. **Rosa Nassivila - Black African - Current Student of MSc Reproductive and Sexual Health research**
45. **Kirsty Bennet - Ally - Current MSc Control of Infectious Diseases student**
46. **Laura McGeachie - Ally - Current MSc Control of Infectious Diseases student**
47. **Dariya Nikitin - Ally - Current MSc Control of Infectious Disease student**
48. **Jacob Poepping - Ally - Current MSc Public Health for Development student**
49. **Emma Inhorn - Ally - Current MSc Public Health for Development student**
50. **Karen Freilich - Ally - Current MSc Reproductive and Sexual Health Research**
51. **Viola Graef - POC - Current student MSc Public Health**
52. **Margaret Dunne - Ally - Current MSc Control of Infectious Disease student**
53. **Pablo Ruiz Cuenca - Ally - Current MSc Control of Infectious Diseases student and President of Student Representative Council**
54. **Hannah Whitehead - Ally - Current MSc Control of Infectious Diseases student**
55. **Maria Carla Marrero - Ally - Current MSc Public Health student**
56. **Annie Howard - Ally - Current MSc Control of Infectious Diseases student**
57. **Eleanor Clarke - Ally - Current MSc Control of Infectious Diseases Student**
58. **Aaron Littlefield - Ally - Current MSc Public Health for Development student**
59. **Jimmy Chu - Ally - Current MSc Public Health Student**
60. **Jordan Cahn - Ally - Current MSc Control of Infectious Diseases student**
61. **Eleri Jackson - Ally - Current MSc Control of Infectious Diseases student**
62. **Lionel Kadzem - Black - Current MSc Public Health for Development student**
63. **Kashvi Shah - POC - Current MSc Public Health Student**
64. **Lorenzo Arena - Ally - Current MSc Control of Infectious Diseases student**
65. **Priyanka Rajendram - POC- Alumna**
66. **Monika Esders - Ally - Current MSc Public Health for Development student**
67. **India Clancy - Ally - Current MSc Public Health student**
68. **Edgar Munatsi- Black African- Current MSc Public Health for Development student.**
69. **Ryan Andang Tanjoh- Black African - Current MSc Public Health for Development student**
70. **Ciara McCarthy – Ally – Current MSc Control of Infectious Diseases student**
71. **Curtis Rodgers - Ally - Current MSc Control of Infectious Diseases student**
72. **Ada Humphrey- Ally- Current MSc Public Health**
73. **Nina Firas - POC - Current MSc Nutrition for Global Health**
74. **Emma Chan - POC - Current Student, MSc Reproductive & Sexual Health**
75. **Deanna Fleary- African American- Current student, Epidemiology**
76. **S. Benedict Dossen - Black African - Alumni - MSc Global Mental Health**
77. **Andrea Mazzella – Ally – Current MSc Epidemiology student**
78. **Catriona Skarnes- Ally- Current MSc Public Health student**
79. **Carter Newman - Ally - Alumni - MSc Global Mental Health**
80. **Salina Tewolde-African American- Current student, Epidemiology**
81. **Sadhbh Moore - Ally - Current student, MSc Nutrition for Global Health**
82. **Martina Brayley - Ally - Current MSc Epidemiology student**
83. **Richard Ivey - Ally - MSc Nutrition for Global health student**
84. **Sarah Mahayni - POC - Current MSc Nutrition for Global Health student**
85. **Alexa Vasquez - POC - Current DL MSc Epidemiology Student**

86. **Isabel Ashbaugh - Ally - Current MSc Epidemiology student**
87. **James Bell - Ally- Current MSc Epidemiology Student**
88. **Kieran Tebben - Ally, Current MSc Epidemiology Student**
89. **Rachael De Menezes - POC - Current MSc Nutrition for Global Health**
90. **Caroline Kim - POC - Current MSc Epidemiology student**
91. **Aidan Yuen - POC - Current MSc Epidemiology student**
92. **Kirsty Andresen - Ally - Current MSc Epidemiology student**
93. **Chang Tsz Yu- POC- Current MSc Demography and Health**
94. **Lucy McCann- Ally- Current MSc Nutrition for Global Health**
95. **Anna de Serpa Pimentel- Ally- MSc Reproductive and Sexual Health Research**
96. **Joanna Kuper (Bruegel) - Ally -MSc Public Health for Development**
97. **Ian Karrington (they/them) - Ally - MSc Public Health - Health Promotion**
98. **Nora Charron - Ally - Current MSc Control of Infectious Diseases student**
99. **Salman Ramjaun - POC - Current MSc Epidemiology Student**
100. **Michelle Didero - white passing POC & ally - MSc Public Health**
101. **Lorna Orriss-Dib - Ally- Msc Public Health**
102. **Nikita Sinclair - Ally - Alumni - MSc Public Health (Health Promotion)**
103. **Elanor Watts - Ally - Current MSc Public Health for Eye Care student**
104. **Allegra Wilson - Ally - Current MSc Epidemiology student**
105. **Violeta Muñoz -Ally- Alumni- MSc Public Health**
106. **Clarisse Sri-Pathmanathan - POC - Current MSc Control of Infectious Diseases**
107. **Anja Zinke-Allmang - Ally - Staff**
108. **Rebecca Hermann - Ally - Current MSc Control of Infectious Diseases student**
109. **Amela Bander - Ally - current student**
110. **Annie Bergman- Ally- Current MSc Control of Infectious Diseases Student**
111. **Fiza Shoaib - POC - Current MSc Control of Infectious Diseases student**
112. **Jonna Mosoff - Ally - Current MSc Control of Infectious Diseases Student**
113. **Elisabeth Nelson - Ally - Current MSc Control of Infectious Diseases Student**
114. **Tinashe Cynthia Mwaturura - Black African -Current MSc Epidemiology Student**
115. **Maarten Vanhaverbeke - Ally - Current Msc Control of Infectious Diseases Student**
116. **Holly Fountain - Ally - Current MSc Control of Infectious Disease student**
117. **Amy Gimma - Ally - Alumna and Staff**
118. **Faith Aikaeli- Black African, Current student, Msc Epidemiology**
119. **Katie Munro - Ally - Current MSc Control of Infectious Diseases Student**
120. **Farihah Choudhury - POC - Current MSc Nutrition for Global Health student**
121. **Andrew Holtz - Ally - Current MSc Control of Infectious Diseases Student**
122. **Sasha Baumann - Ally - Current MSc Public Health for Development Student**
123. **Rhodri Edwards - Ally - Current PhD student**
124. **Temitope Fisayo - Black African - Current MSc Control of Infectious Diseases Student**
125. **Lioba A Hirsch - Black European - staff**
126. **Amy Ibrahim - Ally - PhD student within DIB**
127. **Saher Shah - POC - Current MSc Nutrition for Global Health student**
128. **Salma Hayder Ahmed - Black African- MSc DL public health- current student**
129. **Nilani Chandradeva - POC - Current MSc Control of Infectious Disease student**
130. **Ambika Lall - POC - Current MSc Control of Infectious Diseases student**
131. **Tisha Dasgupta- POC- Current MSc Public Health Student**

132. **Christina Williams - Black American/Caribbean - Alumna**
133. **Federica Margini - Ally - Alumna**
134. **Laura Kmentt - Ally - Current MSc Control of Infectious Diseases Student**
135. **Laura Williamson - Ally - Current MSc Nutrition for Global Health student**
136. **Simon Allan - Ally - Current MSc Public Health Student**
137. **Elliott Rogers - Ally - Alumni and Staff**
138. **Cynthia Ogundo- Black African- current MSc Public Health for eyecare student**
139. **Niesa Vernon - Ally - Current MSc NGH Student**
140. **Mansi Baxi - POC- Alumna RSHR**
141. **Arun Parajuli - POC - Alumnus**
142. **Nicole Itzkowitz - Ally- Current MSc Epidemiology student**
143. **Sandrena Frischer - Ally - Alumna MSc Public Health for Development**
144. **Ayodele Akinnawo- MSc Epidemiology**
145. **Camila Sarmiento - Ally - Alumna MSc Public Health for Development**
146. **Christoph Höhn - Ally - Alumnus MSc Public Health for Development**
147. **Misaki Sasanami - POC - Current MSc Control of Infectious Diseases student**
148. **Eilise Brennan - Ally - MSc Nutrition for Global Health**
149. **Jack Bickford-Smith - Ally - Current PhD student**
150. **Miriam Hillyard - Ally - Current MSc Epidemiology student**
151. **Natasha Salifyanji Kaoma- Msc. Epidemiology**
152. **Julie Hubbard - Ally - Alumni**
153. **Marietter Osundwa- Black African-current Msc Epidemiology student**
154. **Danielle Advani - POC - Current MSc Nutrition for Global Health student**
155. **Emma-Jane Murray - Ally - Current MSc Veterinary Epidemiology student**
156. **Mohammad Imteaz Mahmud - POC - Current MSc in Nutrition for Global Health student**
157. **Steph Ray - Ally - Current MSc Nutrition for Global Health**
158. **Anna Nakayama - Ally - Current MSc Nutrition for Global Health**
159. **Louise Honeybul - Ally - Current MSc Reproductive and Sexual Health**
160. **Alexandra Molina Garcia - Ally - Current MSc Public Health student Research**
161. **Lauren Hall - Ally - Alumna**
162. **Oghogho Orife - Black British African- Alumni**
163. **Janke Tolmay - Ally - MSc Control of Infectious Diseases**
164. **Miral Kalyani - POC and Ally - Alumni**
165. **Karen Wen - POC - Current MSc Global Mental Health student**
166. **Ellie Blake - Ally - MSc Nutrition for Global Health**
167. **Brooke Bowerman - Ally - Current MSc Epidemiology student**
168. **Andrey Krachkov - Ally - Curren MSc Public Health student**
169. **Nimue Smit - Ally - Current MSc Public Health student**
170. **Merel Sprenger - Ally - Current MSc Reproductive & Sexual Health Research student**
171. **Catherine Oke - Ally - Staff**
172. **Kallista Chan - POC - Staff, current PhD student and alumna**
173. **Alanna Jamner - Ally- current MSc Reproductive & Sexual Health student**
174. **Charlotte Mattey - Ally - Current MSc Reproductive & Sexual Health student**
175. **Max Eyre - Ally - alumnus**
176. **Pooja Swali - POC - Alumni**
177. **Nabila Shaikh - POC - Staff and alumni**

178. **Rachel Burns - Ally - Alumni**
179. **Shennae O'Boyle - Ally - Staff - Alumna**
180. **Luke Brandner-Garrod - Ally - Current PhD student in DIB**
181. **Charlotte Coles - Ally - Alumna**
182. **Oluwatoni Akinola - Black African - Current MSc Control of Infectious Diseases Student**
183. **Jama Jack - Black African - Staff**
184. **Neelam Iqbal- POC- Alumni (CID)**
185. **Verity Hill - Ally - Alumna**
186. **Megan Livingstone-Ally-MSc GMH**
187. **Shirin Nargis Fatima Ahmad - POC - Alumni (CID)**
188. **Hope Simpson - Ally - Alumna and Staff**
189. **Lara Rossi - Ally - current MSc Public Health**
190. **Arendall Piercey - Ally - Alumna**
191. **Layli Semple - Ally - current MSc Public Health**
192. **Hannah Lepper - Ally - Alumna**
193. **Maarja Sukles - Ally - Current MSc Public Health Student**
194. **Scott Tytheridge - Ally - current staff and alumna MSc Medical Entomology**
195. **Tirsa Couto - Black - current MSc Global Mental Health**
196. **HyunJu Lee - POC - Alumna MSc Nutrition for Global Health and ex Staff (EPH & SEHR)**
197. **Mathew Hennessey - Ally - Alumna**
198. **Sarah Parkinson - Ally - Alumna MSc Nutrition for Global Health**
199. **Ciara Hogan- Ally - Alumna MSc Nutrition for Global Health**
200. **Aminata Trawally- Black- Alum Msc Nutrition for Global Health**
201. **Eva Wilson- Black African- Alumna MSc Control of Infectious Diseases**
202. **Alexandra Beedle - Ally - Alumna MSc Nutrition for Global Health and former employee**
203. **Clare Sawyer - Ally, Alum MSc Demography and Health**
204. **Lucy Lafferty - Ally - Alumna MSc Nutrition for Global Health**
205. **Rosie Maddren - Ally - Alumna MSC Control of INfectious Diseases**
206. **Sanghee Han - POC - Alumna MSc Public Health**
207. **Vicki Ponce - Ally - Alumna MSc Public Health and current staff**
208. **Sarah Cassidy-Seyoum - POC - Alumna**
209. **Chloe Wong - POC - Alumna MSc Nutrition for Global Health**
210. **Alexandre Robert - Ally - Alumnus MSc Public Health**
211. **Sabrina Lee - Black Caribbean - Current Sexual and Reproductive Health Research**
212. **Alex Liang Kang Morgan - Alumni MSc Public Health**
213. **Munira Elmi- Black African- Alumna MSc Control of Infectious Diseases**
214. **Claire Holdreith - Ally, Alumna MSc Reproductive and Sexual Health Research**
215. **Kerstin Sell - Ally - Alumna Public Health**
216. **Giorgia Dalla Libera Marchiori - Ally and LSHTM Staff**
217. **Priyanka Shrestha- POC - Alumna MSc Control of Infectious Diseases**
218. **Ines Lin- POC - Alumna MSc Control of Infectious Diseases**
219. **Lucia Dansero - Ally - Alumna**
220. **Jennifer Ljungqvist - Ally - Current DrPH Student**
221. **Carly Marshall- Ally - Alumna**
222. **Tanaka Nyoni - Black African - Staff**
223. **Alexander Hayes- Ally- Alumnus**

224. **Rebecca Nash - Ally - Alumna**
225. **Laura Hallas - Ally - Current MSc Public Health student**
226. **Cicely Marston - Ally - Staff**
227. **Ana. Liesegang-Multicultural - Alumna**
228. **Leila Sellers – Ally – Staff**
229. **Jyoti Pershad - POC- Current MSc Public Health for Development Student**
230. **Isabelle Pearson - Ally - Staff - Alumna**
231. **Dóra Illei - Ally - Current MSc Control of Infectious Disease student**
232. **Emma Clark - Ally - Alumna**
233. **Michelle Choy - POC - Alumna, MSc Public Health for Development**
234. **Fauzy N. A. Nasher - multicultural (African) -Alumna - Staff**
235. **Charlotte Kerr - Ally - Student**
236. **Sian White - Ally - staff - Department of Disease Control**
237. **Joanna Furnival-Adams - Ally - Staff and MSc Control of Infectious Diseases alumna**
238. **Darlena David - Research Student**
239. **Yolisa Nalule - Black African - Alumna - staff - DCD**
240. **Laura Block - Ally - Alumna, MSc RSHR**
241. **Cath Beaumont - Ally - Staff - DCD**
242. **Kristine B. Rabii - POC- Alumna, MSc. CID**
243. **Kimberley Popple - Ally - Staff**
244. **Allison Enjetti - POC - Alumna, MSc.**
245. **Michelle Eilers - Ally - Alumna, MSc. D&H**
246. **Sophie Weston - Ally - Alumna and ex staff**
247. **Rachel Park - Ally - Alumna, MSc. CID**
248. **Nerissa Tilouche - Ally - MSc PH Student and staff member**
249. **Alice McGushin - Ally - Alumna, MScPH**
250. **Vanessa Anglade- Black- Alumna, MSc. RSHR**
251. **Julia Dunn - Ally - Alumna, MSc. GMH**
252. **Jessica Dennehy - Ally - current One Health MSc student**
253. **Meg Rawlins - Ally - Msc One Health**
254. **Abel Endashaw - Black African - Staff**
255. **Emily Balcke - Ally - noAlumna, MSc GMH**
256. **Nell Vitty - Ally - Alumna, MSc GMH**
257. **Jamie Scuffell - Ally - Alumnus, MSc CID**
258. **Isabel Byrne - Ally - Current MSc One Health student**
259. **Morgon Banks - Ally - Alumna CID, current staff**
260. **Irene Kyomuhangi - Black African- Alumna, MSc IID**
261. **Nina Finley - Ally - current student MSc One Health**
262. **Emily Meyer - Ally - Current MSc Public Health Student**
263. **Folafoluwa Adesina - Black - Alumna MSc Global Mental Health**
264. **Nichola Naylor - Ally - current staff**
265. **Melissa Co - POC & Ally - Alumna, MSc GMH**
266. **Debjani Goswami - Ally, POC - Alumna Msc GMH**
267. **Armon Ayandeh, Ally, Alumnus, MSc CID, MD**
268. **Rebecca Harris - Ally, honorary staff**
269. **Sojung Yoon - POC, current MSc Public Health student**

270. **Averie Gachuhi - Ally, MSc Reproductive & Sexual Health Research**
271. **Ranya Mulchandani - POC - Alumna**
272. **Juan Ignacio García - Ally, Alumnus, MSc CID, PhD**
273. **Emily Nightingale, Ally, alumnus and current staff.**
274. **Patricia Henley, Ally, alumna, student and staff**
275. **Loredana Gogoescu, Ally, Alumni**
276. **Katie Atmore, Ally, GMH alumna**
277. **Amy Yu - POC - Alumna, MSc Public Health for Development**
278. **Julia Puebla Fortier - Ally, current DrPH student**
279. **Annabel Sowemimo, Black British - Alumni MSc SRHR**
280. **Georgia Gore-Langton, Ally, current PhD student**
281. **Claire Collin - Ally - Alumna, Staff**
282. **Hayley Beth Free - Ally - current student MSc One Health**
283. **Sam Miles - Ally - staff**
284. **Astrid Hasund Thorseth - Ally - Alumna, Staff - ITD/DCD**
285. **Veronika Reichenberger - Ally - Alumna MSc RSHR, Staff**
286. **Eliza Thompson-allsop - Ally - Current MSc Control of Infectious Diseases student**
287. **Fiona Majorin- Ally - staff - Department of Disease Control**
288. **Karin Gallandat - Ally - staff - Department of Disease Control**
289. **Alyssa Thurston - POC - Current MSc Public Health student**
290. **Poppy Mallinson, Ally, Phd student**
291. **Courtenay Greaves - Staff**
292. **Tasnim Anwar - Alumnus - MSc Global Mental Health - MBBS**
293. **Asha Herten-Crabb - Ally - Alumna, MSc CID**
294. **Prima Alam - current PhD student**
295. **Enryka Christopher - POC - Alumna, MSc Global Mental Health**
296. **Sulochana Omwenga - Alumna, MSc Molecular Biology of Infectious Diseases**
297. **Louis James - Alumna, MSc Medical Parasitology**
298. **Lauren D'Mello-Guyett- Ally- Alumna & Staff & PhD Student**
299. **Hanna Omar - Alumna, MSc Global Mental Health**
300. **Kimberley Peek - Ally - Alumna, MSc CID**
301. **Freja Nielsen - Current MSc Public Health student**
302. **Marykate O'Malley - Ally, Alumna, MSc Public Health**
303. **Aasha Jackson - Black American - Current MSc Public Health student**
304. **Zena Andrews - Black - Alumna, MSc HPPF**
305. **Sarah Kuech - Ally - Almuna MSc PH4D**
306. **Gergana Manolova - Alumna, MSc GMH**
307. **Hannah Painter, ally, phd student**
308. **Elizabeth Adesanya - Black British African, current PhD student**
309. **Naomi Fuller - Ally - current PhD student**
310. **Eleanor Knuckey - Ally - Current MSc Public Health student**
311. **Awa Drame - Black - Alumna, MSc Public Health - M.D**
312. **Thomas Althaus - Ally - Alumnus MSc CID - MD/DPhil**
313. **Camilla Ducker - Alumna, Msc Public Health**
314. **Alasdair Henderson - Ally - Current staff and former student**
315. **Sophie Meakin - ally - staff**

316. **Tate Oulton - Ally - Alumnus, current staff & student**
317. **Emily Armstrong - Ally - Alumna MSc GMH**
318. **Apala Guhathakurta - POC - Alumna Demography and Health**
319. **Joel Hellewell - Ally - Staff**
320. **Sarah Bick - Ally - Alumna & Staff**
321. **Denise Ndlovu - current PhD Student**
322. **Alexandra Czerniewska - Ally - staff and alumna MSc PHDC**
323. **Jamison Merrill - Ally - Alumnus, MSc PHDC**
324. **Sarindi Aryasinghe - POC - Alumna and former employee MSc PHDC**
325. **Fariah Khan - POC - Alumna MSc Public Health**
326. **Dr Shuo Zhang- POC- Alumna MSC Global Mental Health**
327. **Maria Elizabeth Puyat - POC - Alumna MSc Public Health**
328. **Patrick Royle - Ally - Alumn MSc. PH**
329. **Alyce Raybould - Ally - Current PhD student**
330. **William Leung - POC - Current PhD student**
331. **Sarah Amele - Black - Alumna Msc Medical Statistics**
332. **Jessica Petz - Ally - Alumna, ex-Staff, MSc PHDC**
333. **Calum Davey - Ally - Current staff**
334. **Lauren Greenberg - Ally - Alumna MSc Medical Statistics**
335. **Julia Shen - POC - Alumna MSc PHDC, current PhD student**
336. **Jo Lines - Ally - Alumnus & Staff**
337. **Sarah Nakasone - Ally - Current MSc CID**
338. **Anthea Lai - POC - Alumna MSc NfGH**
339. **Kate Gannett Merrill- Ally - Alumna MSc Epidemiology**
340. **Anna Schultze - Ally - Alumna & Staff**
341. **Emma Weatherford - Ally - Current MSc One Health**
342. **Steph Key - Ally - Current MSc One Health**
343. **Deborah Murcott - Ally - Current Msc One Health**
344. **Emma Radovich - Ally - Alumna & Staff**
345. **Nicole Arenz Latorre - Ally - Current student, MSc One Health**
346. **Rebecca Penzias - Ally - Alumna & current staff**
347. **Fenny Louise Taylor- Black African & Alumna**
348. **Janey Sewell - Ally - Alumna - Dip Trop Nurse**
349. **Kimere Njeri C- African-Current MSC student, Nutrition for Global Health**
350. **Karina Chopra - British Indian - Alumna MSc Immunology of Infectious Diseases**
351. **Samuel Gonzalez Garcia - Ally - Alumni - MSc Health Policy, Planning and Financing**
352. **Jurugo Roberts Ali Duku - Current student- MSc Health Policy Planning and Financing**
353. **Samantha Davis - Ally - Student - MSc Global Mental Health**
354. **Harriet Yayra Adzofu- Black African Current student MSc Global Mental Health**
355. **Jowel Choufani - POC - Alumna MSc NfGH**
356. **Ellie Bergren - Ally - Current MSc HPPF**
357. **Meg G. McCarty - Ally - Current MSc Public Health**
358. **Kadima Simon Oware - Black African, Current MSc Public Health for Development student.**
359. **Sarah Meteke - Black - Alumna Msc Control of Infectious Diseases**
360. **Rizu - POC- Current MSc Public Health for Development student**
361. **Diksha Srivastava - POC - MSc Public Health Alumna**

362. **Raliat Akerele - Black African- Current MSc GMH**
363. **Justin Tjong - POC - Alumnus MSc Global Mental Health**
364. **Briony Pasipanodya - Black African - Current student MSc HPPF**
365. **Zainab Sulaiman - Black African - Alumna MSc Global Mental Health**
366. **Robert Fain - Ally - Alumnus MSc Public Health**
367. **Esnath Dzavakwa- Current student**
368. **Mathew Chow - Current MSc Public Health Student**
369. **Robert Okello-Black African, Alumna ,MSc CID**
370. **Katherine Rudd - Alumna MSc Global Mental Health**
371. **Rebecca Musgrove - Ally - Alumna MSc Demography and Health**
372. **Rosanne de Jong - Current MSc Vet Epi Student**
373. **Thanh Ha Nguyen - POC- Alumna MSc Global Mental Health**
374. **Alexandra Bleile - Ally - Alumna MSc Global Mental Health**
375. **Veronica Cho - POC - MSc Global Mental Health**
376. **Diliniya Stanislaus - POC - MSc Global Mental health**
377. **Kristen de Graaf - Ally, alumni and staff**
378. **Erica Esposito - Alumna MSc Global Mental Health**
379. **Lottie Howard-Merrill - alumna - current staff**
380. **Liza Coyer - Ally - Alumna**
381. **Zeinab Farahat - Alumna, MSc Public Health**
382. **Alissa Ferry - Ally - Alumna**
383. **Amber Clarke - Alumna and former staff**
384. **Zahra Omole - Black British African - Alumna and former staff**
385. **Esther Kim - POC - MSc Global Mental Health**
386. **Marcella Yoseph- Black African - Msc Global Mental Health**
387. **Annie Tremp - Ally - Alumna and staff**
388. **Tatjana Marks - Ally - Staff and future student**
389. **Victoria Cavero - Current student MSC Global Mental Health**
390. **Rana Elamin - Black African-American - Current student, MSC HPPF**
391. **Grace Marion Power - Ally - Current MSc Epidemiology and staff**
392. **Katharina Kranzer - Ally - Alumna & staff**
393. **Mary Giltinane - Alumna, MSc PH**
394. **Ioana Olaru - Ally - student & staff**
395. **Sofía Astorga Pinto - Multicultural - Current MSc Public Health student**
396. **Francesca Harris - Ally - Alumni, staff/PhD student**
397. **Oliver Baerenbold - Ally - staff**
398. **Rebecca Glover - Ally - Alumna (CID), staff, and current PhD student.**
399. **Chris Drakeley - Ally -alumni - staff**
400. **Tanya Marchant - Ally - alumni -staff**
401. **Elizabeth Brickley - Ally - staff**
402. **Sam Willcocks - Ally - staff**
403. **Heidi Hopkins - ally - staff (DCD/ITD)**
404. **John Manton - Ally - staff (PHES/PHP)**
405. **Melissa Neuman - Ally - staff**
406. **Gloria Pedersen - Ally - alumni**
407. **Helen Burchett - Ally - staff**

408. **Khalid Beshir - Black African - Alumni - Staff (ITD)**
409. **Aurore Iradukunda - Black African - Current M.Sc HPPF**
410. **Lauren Roddy - Ally - Alumni, MSc in RSHR '15-'16**
411. **Yufu Hosoi - POC - Current MSc Reproductive and Sexual Health**
412. **Clare Chandler - Ally - Staff (GHD/PHP)**
413. **Marielle Coutrix - Alumna, RSHR**
414. **Joanna Schellenberg - Ally - Staff (DCD/ITD)**
415. **Madhumita Shrotri - Ally - MScPH**
416. **Laura White - Ally - MSc NGH**
417. **Annie Brunskill - Ally - Alumni MSc CID**
418. **Jim Todd - staff**
419. **Samuel Rigby -Ally- MScPH**
420. **Abda Mahmood - Ally, Alumna- PhD**
421. **Ellen McRobie - Ally, Alumna RSHR**
422. **Thomas Canning - Ally, Alumna MSc Global Mental Health**
423. **Chandni Karmacharya - POC- MSc NGH**
424. **Abi Hay - Ally, Alumna, MSc Global Mental Health**
425. **Zaharat Kadri-Alabi - Current MSc One Health**
426. **Leslie Ayuk-Takor - Black African - Alumni**
427. **Charles Chineme Nwobu - Black African - Alumnus - MSc Public Health for Development**
428. **Barbara Jemec - Ally, LSHTM student, practical epidemiology**
429. **Gabriela Cromhout - Ally, MSc Tropical Medicine and International Health**
430. **Joowon Kim - non-White, Current MSc Public Health for Development student**
431. **Claudia Soares Dias - Alumna, MSc PH**
432. **Bernardo Garcia Espinosa - POC - Alumnus**
433. **Lakshmi Gopalakrishnan - POC - Aluma**
434. **Liz Fearon - Ally - Staff**
435. **Willow Mullin - Ally - Current DL MSc Public Health student**
436. **Hannah Hume - Ally - Alumna, MSc CID**
437. **Silvana Perez Leon Q- Current MSc Public Health for Development**
438. **Lisa Staadegaard - Ally - Alumna, MSc Control of Infectious Diseases**
439. **Denise Feurer - Ally - Current MSc Public Health student**
440. **Katie Hayes - Ally - staff & public health student**
441. **Kate Allan- Ally - Alumna, MSc Public Health**
442. **Kaitlyn Green - Ally - current student, MSc Global Health Policy**
443. **Chelsey Porter - Ally - alumna**
444. **Tess Hewett - POC - Current DL Msc Public Health**
445. **Remy Hoek Spaans - Ally - Alumna MSc CID**
446. **Jacqueline Mburu - POC - Alumna, MSc GMH**
447. **Saira Butt - Mixed - Alumna, MSc Epidemiology**
448. **Katherine McDaniel - Ally - Alumna, MSc CID**
449. **Sara Stone - Ally - Alumna, MSc CID**
450. **Joe Yates - Ally - Staff**
451. **Sarah Hartman- Ally - Alumna, MSc GMH**
452. **Laura Jung - Ally- Alumna, MSc Public Health**
453. **Caroline Marshall - Ally - Current DrPH Student**

454. **James Smith - Ally - Staff, Honorary Research Fellow**
455. **Nasreen Moini -POC - current DL MSc GHP student**
456. **Lara Killick, Ally, Alumna, MSc Public Health (Health Promotion)**
457. **Sally Babikir - Black African /Canadian - Alumna, MSc Public Health**
458. **Ray Kennedy - LSHTM alumna**
459. **Hannah Mitchell - Ally - Alumna MSc Epidemiology**
460. **Sophie Snel - Ally - alumna**
461. **Philipp Jaehn - Ally - MSc Epidemiology Alumnus**
462. **Constance Mackworth-Young - Ally - Alumna and current staff**
463. **Jose Maria Nunag - POC - MSc Public Health student**
464. **Oliver Cumming - Ally - alumnus (MSc PHDC) and current staff (DCD/ITD)**
465. **Joana Vieira Flores - Ally - MSc Public Health (Distance Learning) current student**
466. **Olivia Boyd - Ally - Alumna MSc Epidemiology**
467. **Rachael Metrustry - Ally - Current MSc Public Health student**
468. **Helen Weiss - POC - staff**
469. **Franziska Badenschier - Ally - Alumna MSc Public Health**
470. **Alyssa Ralph - Ally - Alumna MSc Public Health**
471. **Hélène Langet - Ally - Current MSc Global Health Policy (by DL) student**
472. **Bethany Atkins - Ally - Current MSc TMIH**
473. **Laura Haywood - Ally - Current MSc Public Health**
474. **Margaret Ho - POC - Alumna MSc Public Health**
475. **Palwasha Khan - POC - Staff**
476. **Rashida Ferrand - POC - Staff**
477. **Fatima H. Zanna - Black African - Alumna**
478. **Sarah Staedke - Ally - Staff**
479. **Becca Handley- Ally - MSc Medical Parasitology alumna and current staff**
480. **Layli Sanaee - Alumna MSc Public Health**
481. **Cleo Chevalier - Ally - Alumna MSc Public Health**
482. **Emily Satinsky - Ally - Alumna MSc Global Mental Health**
483. **Evelina Rossi - Ally - Current MSc Public Health for Development**
484. **Emilia Zevallos-Roberts- Ally- Current MSc RSHR**
485. **Ellen Beer - Ally - Alumna Msc Control of Infectious Diseases**
486. **Kevin Tetteh - Black African British - Staff**
487. **Tom Osborn - Ally - Alumnus MSc Public Health**
488. **Arielle Clemens - Ally- Grad of MSc Public Health**
489. **Sol Cuevas - Ally - Alumna**
490. **Rhona Rahmani - POC & Ally - Current MSc Global Health Policy**
491. **Marcelle Costa Marinho - black - current MSc Public Health for Development student**
492. **Erick Flores - POC & Ally - Alumnus MSc Public Health**
493. **Judy Lieber - Ally - Alumni, Current PhD student + staff**
494. **Coll de Lima Hutchison - POC - Staff**
495. **Luisa Kunz - POC - Alumna, MSc Public Health**
496. **Ove Spreckelsen - Ally - Alumnus, MSc Public Health**
497. **Erin McCloskey - Ally- Alumna, MSc Global Mental Health**
498. **Okuda Taylor - Black Caribbean / Canadian, current MSc TMIH**
499. **Sydnie Stackland - POC, Alumna, MSc Epidemiology**

500. **Edom Wessenyeleh - Black, Aluma, MSc Control of Infectious Diseases**
501. **Isaac Osei- Black African, Alumna, MSc Epidemiology**
502. **Thomas Pichl, Ally, MSc TMIH**
503. **Alice Blewitt, Ally, Alumna MSc Public Health**
504. **Fatima Sheik - POC - Alumna - MSc TMIH**
505. **Mina Kazemi - POC - Alumna - MSc Public Health**
506. **Ilhame Ouansafi - POC - Alumna MSc Public Health for Development**
507. **Lucy Paintain - Ally - Alumna (MSc CID), Staff (DCD/ITD)**
508. **Julia Rayner- Ally- Alumna (MSc CID), former staff**
509. **Rachel Wright - Ally - Alumna**
510. **Jane Grant - Ally - Staff (ITD/DCD), Alumna MSc Medical Parasitology**
511. **Thomas Kuebrich - Ally - Alumna MSc Public Health**
512. **Diana Sanchez Guadarrama - Ally - Current MSc Public Health**
513. **Emily Hilton - Ally - Alumna MSc Control of Infectious Diseases**
514. **Joanna Dowdell - Ally - MSc Public Health Student**
515. **Kamla Pillay - POC - MSc TMIH**
516. **Chileshe Mabula-Bwalya - Black African - Current MSc TMIH**
517. **Jenna Hoyt - Ally - Alumna MSc Public Health for Development**
518. **Jackie Cook- Ally- Staff**
519. **Leah Fisch- Ally- Alumna MSc Demography**
520. **Sameera A Hassan - Black American - Alumna - MSc Public Health, Vice President of Taught Courses, Student Representative Council 2017/2018**
521. **Mathilde Vankelegom - Ally - MSc HPPF**
522. **Bronwen Thomas - Ally - Alumna DTMH**
523. **Thaïs González - Ally - MSc RSHR, RD student**
524. **Mojca Kristan - Ally - Alumna, Staff (ITD/DCD)**
525. **Els Roding - Ally - RD student**
526. **Neha Singh - POC - Staff & Alumna (EPH/DPH)**
527. **Lara Sonola-Omitowoju - Alumna MSc Public Health 2010**
528. **Alexandra Kalbus - Ally - RD student**
529. **Melissa Bridge - Ally - staff**
530. **Victoria Miari - Ally - Staff**
531. **Lucy Cullen - Ally - RD student**
532. **Sham Lal - POC Staff**
533. **Mervat Alhaffar -Ally- Alumna & Staff**
534. **Ona McCarthy-Ally-Staff**
535. **Shiv Mahboobani- POC- Alumna**
536. **Roberta Alessandrini - Ally- Alumna NfGH**
537. **Amaya Bustinduy- Ally Staff ITD**
538. **Mardieh Dennis - Black - Alumna, RD/EPH**
539. **Mariana Rodo - Ally - Student MSc Public Health for Development**
540. **Laura Craighead - Ally - Alumna, MSc Vet Epi**
541. **Paola Cinardo - Ally - Current Student MSc Tropical Medicine and International Health**
542. **Harparkash Kaur - Staff (ITD/CRD)**
543. **Christopher Coffey - Ally- Alumna Nutrition for Global Health**
544. **Grace Gill - Ally - Alumna, MSc Medical Parasitology**

545. **Emma Hutchinson - Ally - Staff PHP**
546. **Josephine Reynolds - Ally - Alumna Public Health for Development**
547. **Esther Rottenburg - Ally - RD student**
548. **Tracey Chantler - Ally - Staff (GHD/PHP)**
549. **Rosemarie Ridley - Ally - Current Student MSc TMIH**
550. **Anita Skinner - Ally - Staff**
551. **Charlotte O'Leary - Ally - Alumnus of MSc Public Health**
552. **Santo Tripodi - Ally - Alumnus of MSc Public Health**
553. **Lauren Dalton - Ally - Staff**
554. **Tamara Pemovska - Ally - Alumna**
555. **Masiray Kamara - Alumni of DTM&H**
556. **Ingrid James - Black Caribbean - staff**
557. **Ana Djordjevic, alumna, HPPF**
558. **Rebecca Meiksin - Ally - Staff**
559. **Reena Gupta - Ally - Alumnus of MSc Public Health for Development**
560. **Katie McDowell - Ally - Alumnus of DTM&H**
561. **Roxanne Assies - Ally - Alumna MSc Public Health**
562. **Grace Hatton - Ally - Alumnus of DTM&H**
563. **Ayotemide Akin-Onitolo - African - Alumnus of MSc Public Health**
564. **Chris Buresh-Ally- Alumnus of DTM&H**
565. **Nathaniel Aspray - Ally - Alumnus of DTM&H**
566. **David Macleod - Ally - Staff**
567. **Ellie Baptista - Ally - Staff**
568. **Abigail Pratt - Ally - Current Student DrPH ITD**
569. **Aliza Waxman- Alumna of MSc Public Health in Developing Countries, 2011**
570. **Melisa Martinez-Alvarez - Ally - alumna - staff**
571. **Joe Flannagan - Ally - Alumnus of MSc Epidemiology**
572. **Prima Manandhar-Sasaki - Ally - Alumna MSc Epidemiology**
573. **Jesus Sotelo - POC, Ally Alumni MSc Epidemiology**
574. **Alex Blenkinsop - Ally, Alumna**
575. **Katherine Fielding - Ally, Staff**
576. **Amber Clarke - Ally - Alumni and former staff**
577. **Brian Serunjogi - Black African - Alumna, MSc in Public Health**
578. **Bethany Walters - Ally - Alumna, MSc PH**
579. **Jennifer Rutledge - Ally - Alumnus DTM&H**
580. **Jeffery Sauer - Ally - Aluma, MSc Epi**
581. **Justine Kahn - Ally - Alumna, MSc RSHR**
582. **Deniz Kaya - Ally - Current Student, MSc TMIH**
583. **Lauren Blacker - Ally - Alumna, MSc Nutrition for Global Health**
584. **Samuel Clifford - Ally - Staff**
585. **Monique Tan - PoC - Alumna**
586. **Jacqueline Knee - Ally - Staff**
587. **Gennifer Kully-Ally-Alumna-RSHR**
588. **Alex Gidley - Ally - Alumna, MSc Medical Parasitology**
589. **Christi Jackson - Ally - Current student, MSc TMIH**
590. **Nikita Arora - POC - RD student, GHD/PHP**

591. **María Laura Chacón - PoC- Current student MSc TMIH**
592. **Iona Smith - Ally - Alumna, MSc Control of Infectious Diseases**
593. **Niamh Murphy - Ally - Current PhD student**
594. **Parisha Katwa - POC - Alumna**
595. **Robert Butcher - Ally - Research Fellow ITD/CRD**
596. **Luzma De Leon Montano - POC - Alumna - MSc PH**
597. **Gwen Knight - Ally - Staff**
598. **Jiyeon Kang - POC - RD student, HSR/PHP**
599. **Judith Matsiko - Black British-African - Alumna - MScPH**
600. **Yoko Laurence - Black Caribbean - alumna/staff**
601. **Carlotta Starks- Latinx - Alumna, Msc Public Health**
602. **Federica Turatto - Ally - Alumna, MScPH**
603. **Tessa Cornelissen-Ally-Alumna, MScPH**
604. **Punam Mangtani-POC-Staff**
605. **Onikepe Owolabi- African- Alumnus,, PhD**
606. **Arja Huestis - Ally/POC -Alumna MSc Epidemiology**
607. **Amber Tickle - Ally - Alumna MSc PH**
608. **Johanna Kellett Wright- Ally- current MSc TMIH**
609. **Callum McGregor - Ally- Alumna MSC PH**
610. **Irial Eno - Ally - Alumna, DTM&H**
611. **Caroline Favas - staff and Alumna MSc PH4D**
612. **Ulla Kou Griffiths - former staff and alumna PhD**
613. **Patrice A Rabathaly Caribbean- Alumna, PhD & DL staff**
614. **Abdi Elmi - Black African - Alumna - staff - ITD**
615. **Darlena David - POC - current PhD student – PHP**
616. **Guillermo A. Garcia - Ally - Alumnus, MSc PHDC**
617. **Jazmyn T. Moore - Black American - Alumna, MSc Medical Parasitology**
618. **Marquette D. Moore Jr. - Black American - Alumnus, MSc Public Health**
619. **Sedona Sweeney, Ally, Staff and alumni**
620. **NinaSimone Minors, MSc Reproductive and Sexual Health Research**
621. **Christopher Jarvis, Ally, Staff and alumni**
622. **Christopher Rentsch, Ally, Staff and alumni**
623. **Fern Terris-Prestholt, Ally, Staff and alumni**
624. **Linda Amarfio, Black African, Staff**
625. **Anna Vassall, Ally, Staff and alumni**
626. **Nichola Kitson, Ally, Staff**
627. **Anna Foss, Ally, Staff and alumni**
628. **Tara Beattie, Ally, Staff and alumni**
629. **Graham Medley, Ally, Staff**
630. **Nurilign Ahmed,Black, and alumni**
631. **Kelsey Grey, Ally, Staff and alumni**
632. **Iya Conde, Black, alumni (MSc CID)**
633. **Hollie-Ann Hatherell, Ally, Staff**
634. **Rebecca Sear, Ally, Staff**
635. **Anna Carnegie, Ally, Staff**
636. **David Bath, Ally, Staff**
637. **Sarah Rafferty, Ally, alumni (Demography & Health)**
638. **Nalin Dhillon, MSc alumni**
639. **Lottie Platel, TMIH MSc**

640. **Marjam Esmail POC, MSc Alumni**
641. **Megan Auzenbergs, Ally, staff, alumni**
642. **Immo Kleinschmidt, Ally, Staff**
643. **Jocelyn Elmes, Ally, Staff**
644. **Joelle Mak, POC, staff and alumni**
645. **Josephine Exley, Ally, Staff and alumni**
646. **Amy Mulick - Ally - Staff and MSc alum**
647. **Helen Harris-Fry - Ally - Staff**
648. **Suzanna Francis, Ally, Staff and alumni**
649. **Erica Nelson, Ally, Staff**
650. **Pippa Grenfell, Ally, staff and alumni**
651. **Clare Tanton, Ally, Staff and alumni**
652. **Loveday Penn-Kekana, Ally, staff**
653. **Loraine J. Bacchus, Asian, Ally, Staff**
654. **Janet Weston, Ally, staff**
655. **Anushe Hassan - POC - Alumni, Current PhD student + staff**
656. **Tracey Chantler, Ally, Staff and alumni**
657. **Ruth Ponsford, Ally, Staff**
658. **Kathryn Risher, Ally, Staff**
659. **Anna Kramer, Ally, Staff and alumni**
660. **Nuru Saadi, Black, Staff**
661. **Kerry Ann Brown, Ally, Staff**
662. **Katherine Gallagher, Ally, Staff and alumni**
663. **Alicia Renedo, Staff**
664. **Kate Perris, Ally, Staff**
665. **Shelley Lees, Ally, Staff**
666. **Kaat De Corte, Ally, Student and alumna**
667. **Diane Duclos, Ally, Staff**
668. **Tanya Abramsky, Ally, Staff and alumni**
669. **Katy McCoy, Ally, Staff**
670. **Nicola Abraham, Ally, Staff and alumni**
671. **Emma Williamson, POC, Staff**
672. **Aysha Choudhury, POC, Staff**
673. **Susannah Woodd, Ally, Staff and alumni**
674. **Justin Dixon, Ally, Staff**
675. **Emily Eldred, Ally, Staff**
676. **Fred Martineau, Staff and alumni**
677. **Sabah Boufkhed, Ally, Alumni**
678. **Lucy Platt, Ally, Staff and alumni**
679. **Natasha Howard, family, staff, alumni**
680. **Gillian McKay, Ally, DrPH student**
681. **Hartley Dutczak, Ally, DrPH student**
682. **Sam Wassmer, Ally, Staff**

73 Testimonies & Recommendations from current & former LSHTM staff and students

1) Elisabeth Waller, Ally, MSc Medical Microbiology 2017/2018

One of the reasons I chose LSHTM as the university to go to for my MSc was because of the feeling of community, support and diversity presented by the School. I am disappointed to not have seen or heard anything through my alumni channels from the school concerning the injustices faced by the black community, particularly given the current situation. LSHTM should and MUST do better to show support considering how they benefit from their black employees, and collaborators. They MUST ensure they feel safe from prejudice in the School and valued.

2) Nisso Nurova, Alumna and Former Employee

I consider myself a proud alumna of LSHTM, as it is an institution known for its leadership and passion for improving the lives of people globally. While I felt safe as a student at LSHTM and was surrounded by what felt like diversity, I was eventually saddened to realise that much of LSHTM's efforts on taking accountability for its colonial history is optical. This is now LSHTM's opportunity to show that we - the LSHTM community of current & ex employees and students, are cared for and appreciated. I hope that LSHTM will go beyond this statement and actively engage and elevate our colleagues and friends of colour, especially those from the black communities that are impacted by this atrocity, in dialogue and action to demonstrate LSHTM's commitment for diversity and inclusion.

3) Shivani Kochhar, POC, Demography & Health 2019/2020

The current Demography & Health curriculum is racist and colonial in nature, which reflects the school's apparent unwillingness to acknowledge and reckon with its colonial history as well as the white supremacist history of the field of demography. We had a final assessment for a course that was based on explicit population control in a "fake" Caribbean island, which willfully ignores the close ties between demography and eugenics, who sought to promote white supremacy by limiting the reproduction of black and brown women, via forced sterilization and other methods, among other things. Additionally, we had a past exam question about an explicitly nationalist country (also "fake") that was trying to implement a border patrol scheme. We were asked to list the advantages and disadvantages of each scheme. This has nothing to do with health and in fact militarized borders actively harm public health. It is very unclear how these examples tie to health rather than colonialism and the maintenance of white societies and norms. Eugenics was very briefly mentioned to us once in Population Studies, but the rest of the course lacks any sort of race, class, or political analysis despite demography being considered a social science.

4) (not comfortable with name) Black African MSc student

Colonialism and exploitation of resources is a major contributor to the health adversity Africa is going through. Yet here, a school founded on a colonial basis is attempting to fix these issues. I am not doubting their efforts, or intention, but the school and the way its run, and its HR policies, and home fees vs international fees, and all these PhD positions and funding made available only for British nationals all the time! it's a cycle, you're capitalising on African and Asian issues, and creating jobs for your own and advancing in your careers based on our problems which your colonialism has and still is playing a major role in its creation.

5) **(not comfortable with name), POC, MSc Student**

There were more than a few times I would sink uncomfortably in my seat in John Snow because of how these (white) lecturers would talk about the school's colonial history in a calm, academic way without ever condemning outright. Or that time in a seminar where we talked about the methodological and research ethics issues of analysing a sample, without permission, of a country with clear British colonial history, oh so academically. Why can't you just admit and state from the beginning that it's a really awful thing? Why pretend that there's this balance of pros/cons? Also looking at the)countries in which case we do research. I get that it's a funding thing, which itself is a problem. But when we say LMIC at the school, what we really mean is sub-Saharan Africa and South Asia, isn't it. Also, include contemporary colonial actions by international organizations in our curriculum. Health system "restructuring" pushed by the West (aka World Bank, WHO) was mentioned for <1min in class in term 2, that's it. This isn't old history, it's in our lifetime, and it needs to be taught.

6) **(Not comfortable with name), Ally, former MSc Student for RSHR**

Even though we had a different teacher for every class in our entire curriculum, I only remember having ONE black professor teach ONE class in ONE module in our entire program. Additionally, I didn't understand why almost all our readings and case studies were about research done in Africa--as if that was the only place in the world that needed RSHR. If LSHTM claims to be a public health school with GLOBAL importance, it is shameful that they did not expand that reading list and not only include research done all over the world but also have an extensive list about how colonization and white supremacy has impacted POC RSHR since the beginning of time. When a predominantly-white school is training a predominantly-white student body to eventually go on research trips to AFRICA and do "good work" there to advance sexual and reproductive health, and not even REALIZE (or realize, and totally ignore) that that is problematic white-saviorism, that school needs to change its entire approach.

7) **(Not comfortable with name), POC, MSc Nutrition for Global Health**

I would like to see greater representation of staff from various countries. The majority of those employed at high lecturing positions are white yet the school is centered around international development and work done in LMICs. I have seen very few POC lecturers and even less black

lecturers. This is something I have observed in all modules and is not unique to one MSc course. I believe LSHTM is not doing enough to diversify their staff members.

8) (not comfortable with name), POC, current MSc Student

The use of pictures of naked and poor people or children , and dilapidated health facilities from our countries was always painful to watch as a POC. It felt like a shaming in a classroom with my other classmates from 'richer' countries. The lack of coloured professors in the classroom, the lack of any POC in student support services was further disconcerting. Often in lectures, professors saying things like 'in Africa' or 'in African countries' was disgraceful to hear in an institution like LSHTM. Covid-19 affected us differently as students from the US , UK and EU didn't face the same issues as us -isolation and fear, many of us were barred from our homes. There was no acknowledgement of that by the school. LSHTM needs to step up. The one sad lecture on decolonisation by a white professor is not enough for me.

9) Several MSc Control of Infectious Diseases Students 2019/2020

The lack of focus on issues relating to the colonial history of infectious disease control in our course is **unacceptable**. Professors gloss over the racist history of "tropical" medicine and refuse to acknowledge any individual or institutional complicity in perpetuating these racist structures to this day. Community knowledge and needs are not taken seriously and community input is sought only to check a box, such as one lecturer who referred to “people in grass skirts who don’t know anything.” Some examples include professors telling us about terrible outcomes of research or public health interventions that negatively impact Black lives, without acknowledging this was at the hands of white researchers or acknowledging any personal responsibility or attempts to un-learn and do better. Another professor, who always made sure to turn off the recording prior to the lectures, talked about the danger of host country nationals “taking money from projects without proper oversight” and went on to emphasize the importance of hiring “servants” in order to “live in a somewhat civilised manner” while working in the “field.” Many students have submitted feedback about these and other statements, over many years, and nothing has been done to noticeably alter the curriculum, to significantly increase BIPOC faculty representation, or to remove the individuals perpetrating the aforementioned racist remarks from teaching. These are just a few, small examples of the multitude of racist and neo-colonial statements made by those who are supposed to be our leaders and mentors. LSHTM sees technical expertise in infectious disease control as apolitical. However, this is false, this is all inherently political and if the School actually intends to “improve health and health equity in the UK and worldwide” as purported in the mission statement, the administration and leadership must acknowledge and take a political stance to do the right thing. Some of us were also shocked and saddened to see the lack of POC and even fewer Black lecturers in a school that proudly claims to be an international institution. These improvements should have been made long ago, but starting today is not too late. It is the School’s responsibility to lead and assist in learning about colonial history and the un-learning of structural racism that comes from this colonial past and directly leads to the violence we see against

Black people today. We suggest the ENTIRE curriculum be re-written in collaboration with BIPOC representatives fairly compensated for their work and emotional labour. In addition, there must be much more BIPOC representation on the faculty to teach this new curriculum. **[In solidarity, Jordan Cahn, Margaret Dunne, Pablo Ruiz Cuenca, Eleanor Clarke, Clarisse Sri-Pathmanathan, Fiza Shoaib, Jonna Mosoff, Dariya Nikitin, Charles LeNeave, Laura McGeachie, Annie Bergman, Elisabeth Nelson, Florence Halford, Maarten Vanhaverbeke, Holly Fountain, Alejandra Ruiz, Annie Howard, Katie Munro, Kirsty Bennet, Andrew Holtz, Alyssa Godfrey, Ambika Lall, Nilani Chandradeva, Laura Kmentt, Misaki Sasanami, Ciara McCarthy, Dóra Illei, Sarah Nakasone, Hannah Whitehead, Yolisa Nalule (CID, 2012/2013), Armon Ayandeh (2012-2013), Claire Collin (CID, 2018/2019), Sarah Bick (CID 2017/2018), Sarah Meteke (CID 2015/2016), Katherine McDaniel (CID 2015/2016), Sara Stone (CID 2015/2016), Ellen Beer (CID 2017/18) Edom Wessenyeleh (CID 2017/18), Emily Hilton (CID 2017/18)**

10) **(not comfortable with name), POC, Msc Student**

The school has been trying hard to incubate a harmonious learning and teaching environment; however, I did feel uncomfortable when having certain classes. For example, as one of the few Asian students in the class, there were multiple occasions when the lecturer accused me to Asian nationalities that I don't belong to whenever examples related to Asia came up. I felt really embarrassed at the moment and considered the action quite racist.

Besides, I also found it weird that the school still uses examples from "fake" countries that clearly hint colonial history. The school curriculum also didn't mention other continents (i.e. Asia, Latin America) except Africa.

11) **Ian Karrington, Ally, MSc Public Health**

I want to echo previous statements calling for increased representation among lecturers - for a school that claims to be international, it was incredibly sad to see few if any POC lecturers. If, as members of the faculty have said to me, there are just not many POC people in the school (which is another problem that should be addressed), then a greater effortFai should be made to ask lecturers from outside the school - I know this can be done as many of my lecturers were from other institutions.

12) **(Not comfortable with name), Ally, MSc Public Health Student**

I think the school needs to review the imagery it uses on its website, in social media and during lectures. It is guilty of pushing this "white saviour" narrative and this is condescending and offensive (see a Facebook post uploaded today advertising the school's Diploma in Tropical Nursing for an example of such imagery).

13) Anonymous, Ally, MSc PH student

As noted above, there has been repeated mention throughout the year acknowledging that LSHTM is run by white people. If you are an individual white teacher/professor/etc. at LSHTM who can see this discrepancy, you are responsible for educating your peers. Practice what you preach. Hire more Black scientists, teachers, researchers. They are out there. They are more than qualified. Recruit Black PhD students. Your silence is unacceptable. Look at your Black students! They are trying to study for exams but because you are silent, they are taking time out of their dedicated study period to educate you (again). Your silence is burdensome. Your silence is shameful. Listen to your Black students and alumni and make immediate change based on what they say. You are indebted to them. Black people have been talking about systemic racism longer than anybody reading this has been alive. Listen and act.

14) Daniel J Carter, Ally, Staff and former MSc Student

I have been both a student and a member of staff at the School. Posting this statement condemning racism will be a meaningful start, but we (LSHTM) must understand that it does not go far enough, nor absolve the institution of its perpetuation of systemic racism and colonial practices.

These practices are reflected in the composition of our staff: Black and PoC staff are underrepresented at all levels of the academic system and our staff does not look like the UK, let alone the countries studied by members of this institution. Last year, only 43% of PoC RFs who applied were promoted compared to 68% of white RFs, and 40% of PoC Assistant Profs were promoted compared to 71% of white Assistant Profs. 100% of white full Professors were promoted to the next band while there were so few PoC full professors at LSHTM that the data could not be reported. Athena Swan and other institutional mechanisms are insufficient for meaningful change and we should take an explicitly intersectional approach to LSHTM's institutional racism. We should demand a public commitment to hiring and promoting Black & PoC academics throughout LSHTM and accountability if meaningful change in staff numbers does not occur.

LSHTM's standard curriculum does not include any major teaching about health and racism or police violence outside the (non-mandatory) Social Epi course. Theoretical Epi, including intersectional approaches and Critical Race Theory, is not taught. LSHTM does not have a Historical Epi class to cover the impact of (neo)colonialism in global health, nor does it have a Political Epi course to discuss the largest structural factors affecting public health.

There is clear demand for this content from students. Students should not face racism in the classroom and LSHTM's sensitivity/unconscious bias training is an inadequate solution to a systemic issue. We should work with the Decolonising Global Health movement at the School who are already actively seeking strategies to change culture at LSHTM to overhaul our curriculum. Importantly, central funding and time must be made available for Staff to properly engage in these necessary efforts.

Members of senior staff who hold power at LSHTM must take the time to genuinely listen and engage with the students who have written above about their experiences. We as LSHTM staff, especially those of us who are not PoC ourselves, must make a serious, continual commitment to change the institution.

15) Clarisse Sri-Pathmanathan, MSc Control of Infectious Diseases

I was shocked to hear a number of neo-colonialist and borderline racist statements in my lectures this year. I was also shocked to find a huge lack of Black and POC lecturers (only one Black lecturer and no more than 5 POC lecturers).

I can understand our lecturers are experienced and leaders in their field, however they also have a duty to teach in a way that is **progressive** and **respectful**. Many lecturers are very proud and quick to point out all the nationalities in the room, but time and time again fail to condemn the racist colonial practices they mention/show uncomfortable videos of and the neo-colonialism that continues to exist within Global Health.

I have more than once felt the need to question lecturers on their statements, however I do not feel there is a space at the School to voice these opinions, and actually be heard. Most of the feedback we released as a class this year has in fact yet to be addressed. I urge the school to be more vocal about these issues and to hold all of its staff and students accountable in a visible, proactive way. We also need a much more diverse teaching body.

Suggestions: A review board to 'quality assure' lectures before they are published and verify there are no images/videos/statements that are inappropriate and that continue to uphold the status quo/neocolonialism/racism.

More lectures and panels led by Black and POC lecturers; this can also be done remotely via teleconferences and is very easy to implement.

16) Amy Ibrahim, MSc Medical Parasitology, PhD DIB

I have both studied my masters and am currently studying a PhD at the school. I would like to echo above comments on the lack of diversity in high power roles at the school. We need to make sure that high roles are accessible to POC, we need to ask what the barriers are and how to address this directly to POC (whilst doing this we should also address the barriers for people with disabilities), not just to keep in line with diversity quotas set out by the government which are also likely to be written by white people.

We have a large amount of overseas research at the school, projects are usually led by a British (or other white) researcher who is paid according to LSHTMs salary banding that supervises talented indigenous researchers from the country in question - there tends to be pay gaps as not everyone in the research team is paid by LSHTM, even at high roles - can we address this? I should not be able to carry out the same research in a different country, being paid more than indigenous people carrying out the same research?

17) **Not comfortable with name, POC, current MSc Nutrition for Global Health student**

There have been quite a few occasions during teaching at LSHTM that I have felt that there was a disproportionate amount of white lecturers in Global Health denoted as 'leaders' in their field (research mainly abroad in LMIC) showing photos of POC (mainly Black and South Asian people) in undignified ways; partially clothed, looking very weak/helpless and emaciated which I feel continues to perpetuate the white/western saviour complex that I did feel quite a few lecturers had - commenting and passing judgement on cultures and customs of the native people in the country of their research, but that this was ok to say as they had seen it first hand for many years (seeing, understanding and respecting are very different things). One lecturer in particular spoke about his work that is primarily in the Gambia and how the people there "unsophisticated as they may be" were very happy to be contributing to good work in the name of Global Health. LSHTM is very loud and proud of its 'diverse and global student body' however I don't feel that the staff is reflected in the same way, and definitely do not feel that all understand the power of their voice and the ones that are in the room but too scared to speak out.

18) **Not comfortable with name, POC, current MSc student**

I agree with a lot of the points that have been raised by my peers in this letter. It can feel extremely undermining when you see a diverse classroom, but that this diversity is not reflected in the teaching body. And once you notice this ridiculous imbalance it's so hard to not be able to see it. It sometimes makes me wonder if I won't be able to get to those positions, because I don't see enough people like me in my lecturers and mentors. It allows me to doubt myself, and no one should have to feel like that when they were good enough to earn a seat at LSHTM in the first place.

19) **Not comfortable sharing name, ally, MSc alum**

I was repeatedly disappointed by the lip service paid by LSHTM with regards to acknowledging its colonial origins, and the repetition of condescending, racist (and quite often sexist) attitudes espoused by acknowledged leaders in their respective fields. It was obvious that several students were visibly uncomfortable at many lectures by these comments. I was shocked both by how often ethical considerations did not seem to be prioritised with regards to interventions carried out in LMICs, how concerns raised were either dismissed or, worse still, laughed off, and the lack of discussion about the neocolonial effects of global public health and what can be done to address them. Very little is taught about the social determinants of health, including racism, unless taking the optional Social Epidemiology module, and it was interesting that many of the lecturers were from neighbouring UCL, further highlighting LSHTM's lack of commitment to social epi, and that these lecturers seemed perfectly capable of delivering interesting and educational content without being insulting. Political epidemiology was completely missing. LSHTM can do so much more, and at a time so many schools of public health are making a stand the School will be left behind if

it does not address these concerns. I would like to add that more effort needs to be made with respect to increasing the diversity of staff, but also in retaining and promoting them.

20) Not comfortable with name, POC, current MSc student

Though the experience towards getting my Masters has largely been quite enjoyable there are quite a number of things that can be improved to make the experience better for everyone attending the programs but especially the POC. For one, how the teaching is done propagates the single story of misery, hopelessness, poverty, and death and for someone who has never been to Africa or Asia, they would be left thinking that the only work going on in these continents is the one done by the school with the POC having absolutely no agency and being purely at the mercy of the school without whom they would not have changed their circumstances. There are many good examples of countries in Africa/Asia which through government effort have been able to make huge improvements in health (Ethiopia/Rwanda etc) which can also be used in class to show that there is a lot of local effort which has led and continues to lead to big improvements in health outcomes thereby providing a balance of stories. There were also many patronizing statements made in class which were found to be offensive "poor people are hard to find-referring to a PHD student who did not complete the program", "the population in Gambia is simple and unsophisticated" etc which in future should be avoided. I think also in dealing with many public health problems we need to recognise that some of the issues in some countries have come about as a result of armed conflict and with countries in the West (including the UK) being some of the biggest sellers of arms, it would be nice for the school to be involved in some form of lobbying the government around this because otherwise the school is largely dealing with the outcomes (poor health) without doing anything to address the root cause.

21) Steph Ray, Ally, MSc Nutrition for Global Health

I agree with the previous comments on lack of diversity/ terminology used. I too would love to hear of innovation on the ground from a local perspective. I think the experience we've had of COVID distance learning shows us that although we really appreciate face to face lectures, they do not all need to be in person if good internet connections can be assured. This brings a new opportunity to bring in POC lecturers from overseas universities, NGOs etc, both to hear of local experiences and challenges and to help us to better understand the wider global health community.

22) Charlotte Mattey, Ally, MSc Reproductive and Sexual Health

I have two distinct memories from the first term (academic year 2019-2020) that left a very uncomfortable feeling in the room. The first was when a white-passing lecturer (not to make any assumption about her ethnicity), who was presenting her work on [COUNTRY-NAME-REDACTED], began with a preface stressing that she was [NATIONALITY-REDACTED], that she had been living there over a decade, her husband was [NATIONALITY-REDACTED], her son was [NATIONALITY-REDACTED]...where I wasn't sure if we were supposed to assume her

husband was black from that statement or also white-passing and this was somehow necessary credentials? I recognise this may have been an attempt at addressing the 'white-saviour' attitude, but the lack of diversity amongst lecturing staff on the course would perhaps be better addressed. The second was whilst seated in LG80 in Keppel Street, the majority of the class had arrived before the lecturer and sat as they usually did, which I would say was next to friends. The lecturer, also white passing, arrived and in what I think was meant to be a jovial way, asked the collected black students to move and disperse. The purpose, I assume, was to promote the school's emphasis on networking opportunities, encouraging people to sit next to people they don't already know. However, I can't say that the lecturer had any idea who knew who, especially amongst the white-passing portion of the class, who would also regularly sit in similar groups and room places and they were never asked to move. So, the impression the room was left with was that we had to arrange ourselves like a checkers board to give the aesthetic impression of networking. Perhaps more than a little tactless. I do not think this was intentional racism, I do however think it is something that should be addressed in staff training when promoting networking. It might be easy when reading this to think of these as isolated incidents. As two moments in a year. That those are good odds. However, I, as a white person, have never, in the entire year, felt singled out because of my race, nor at any of the institutions I have attended or worked for in my lifetime in this country. So by comparison to that, 2 in a year is already too many in a lifetime.

23) Jessica Edney, Ally, MSc student

Given that LSHTM was founded by a Medical Advisor to the British Colonial Office, who "strongly believed that doctors should be trained in tropical medicine to treat British colonial administrators and others working throughout Britain's tropical empire" (https://en.wikipedia.org/wiki/London_School_of_Hygiene_%26_Tropical_Medicine), I think it is LSHTM's duty to address its colonial legacy and actively work to fight racism and racial disenfranchisement.

It's sad to say, because there have been a lot of great moments during the MSc year and clearly there are staff members who feel the same way that the students do. However, lecturers who pick on non-white students in the class and ask where they are from (which I witnessed happening in a Family Planning Programmes lecture) have no place in a institution that is actually committed to values of equity and supporting diversity.

Nor is it appropriate to design an assessment task that makes up offensive names for imaginary ethnic groups (based on a fake ex-British colony originally designed to be an April Fools joke!). Is colonialism just a *joke* to this institution? Myself and other coursemates have made repeated complaints about other offensive remarks made by lecturers but we are yet to understand whether any meaningful action has been taken.

As one of the student reps for my course, I do regret not doing more to support my black and ethnic minority classmates, but this letter has been a sobering reminder to do better. I hope it will be for the School too.

24) **Sahar Ahmed, black African, MSc student**

"The white moderate actively avoids anything controversial, anything that could be seen as “political”. LSHTM, if you cannot publicly call out white supremacy, if you can’t denounce white nationalism, if in this moment when millions are risking their lives in a pandemic to protest against police racism and you think it’s too political or uncomfortable to say that Black lives matter and act/fund accordingly, then you are a white moderate and you are part of the problem."

25) **Neelam Iqbal, POC, Alumni (CID)**

Tropical medicine and international disease control has its roots deeply embedded in a racist, colonial history where black and brown bodies were not given autonomy or respect. As an institution that is leading in global health and has a slogan of ‘improving health worldwide’ there should be accountability and responsibility for the dark history of the school.

LSHTM should be at the forefront of the Black Lives Matter movement amongst other humanitarian issues in the world. We shouldn’t have to be petitioning for this. Do black lives only matter when you stand to profit from it?

in CID, pretty much all of our lecturers were white which I found baffling. Especially when learning about Ebola and NTDS. Also, when we were learning about WASH and ‘behaviour change methods’. Just listening to the lecturers, I felt offended by how patronising some of these schemes were. Can’t imagine how people in the local contexts must feel.

There’s next to no teaching about how problematic these initiatives can be on long term development and also on the psychological health of people in local contexts. Internalised colonialism is a very real thing in many people of colour.

26) **Not comfortable sharing name, POC, current MSc student**

As well as echoing sentiments above, I would like to hammer home a simple point. As an institution which ACTIVELY champions and attracts diversity of the student and staff body, which prides itself on this diversity, and which prides itself on its integral focus on shifting narratives and health efforts away from Western institutions and frameworks of health, to focus on and develop low and middle income settings, you should be ACTIVELY supporting the Black Lives Matter movement.

You cannot use your black study populations, your black ODA-eligible countries, your black students and your black staff, as credentials for your inclusivity and diversity - as evidence of your anti-racism. Instead, you must actively be allies for these people with whom you work and collaborate by being anti-racist.

As many have pointed out, the senior lecturers and staff at LSHTM are mainly white. Fine. But your work would not be where it is without the collaboration and contribution of black bodies, not only within research, but historically. This must be acknowledged through support of BLM as well as actively decolonising your teaching curriculum.

Perhaps beyond sharing lecturers, research projects and buildings, LSHTM could look towards your neighbours SOAS and UCL for ways in which this could be achieved.

27) Nimue Smit, Ally – MSc Public Health

I want to echo the lack of diversity in teaching staff that has been mentioned by almost all subscribers to this letter. I had not expected that when signing up to LSHTM. I further agree with the need for decolonization of our curriculum and want to add that this should go deeper than merely the topics covered but should burrow down to grow awareness and address the western value systems that these teachings and research are based on. We talk about consent but what meaning does consent have in a power and knowledge imbalance between researcher and researched? Why does the teaching only (briefly) mention autonomy, justice, beneficence and non-maleficence which are ethical concepts that emerged from western thought and ideologies, and neglects all other global forms of ethics? I consider it an institution's obligation to foster critical thinking and to make us as future researchers see and think about the person with their being and culture and not just the epidemiological output or patient data. Only then can we begin to break down the walls of inequalities and colonialization which public health is founded on.

28) Anonymous, Black African, Alumni Control of Infectious Diseases

As a young African, I was excited when I got accepted to LSHTM, to finally learn beyond the Eurocentric teachings I was taught. After a few weeks at LSHTM, I realized that the lecturers were teaching me Eurocentric ways to fix issues in Africa, Asia and beyond.

During my time at LSHTM, I did not have a single African professor teach me about diseases that plague their continent. The circumstances in the African continent today have been shaped by colonization and slavery, and yet the ones who are teaching us how to fix the problem were part of the problem to begin with.

LSHTM has been a pioneer in global health, and I am proud to call myself an alumni. Nevertheless, this institution capitalizes on developing countries issues by teaching from the perspectives of the colonizers. Though this is not the intention, these methods are detrimental to international development.

How many more white-led panels will be held at LSHTM to perpetuate the Eurocentric views in the world? One experience that I want to highlight is one with [NAME-REDACTED]. During a lecture, [REDACTED] made several racist comments that left me and my classmates hurt and angry. After speaking with other LSHTM students, we were told that [REDACTED] was known for his racist and neo-colonialist ideologies and comments. And yet, he continues to teach at this institution. These are types of behaviors that need to be addressed. People are not paying tuition to receive micro aggressions.

So please LSHTM, let us work together to fight racial inequality starting from the walls of Keppel St.

29) **(Not comfortable with name), Ally, Current PH MSc Student**

I support the comments in this petition; silence on this important matter from LSHTM is very concerning as a racialized person. I also wanted to add that LSHTM is perpetuating stereotypes of POC when they fail to incorporate the contributions of racialized people to the field of medicine and public health. Public health did not start in Europe or the UK, or with John Snow, it has been around for much longer and was developed by building on principles and ideas from other parts of the world. The pride with which the lecturers talked about PH measures in Western world makes it seem like it started and ended with the global north. Credit needs to be given to the cultures and non-European people that contributed greatly to this field, and continue to, without which PH would not be where it is.

30) **Michelle Choy, POC, Alumna - Public Health for Development**

I echo many of the comments made here and want to add that it would be great to see that LSHTM take action and move forward on open and transparent communication around plans and accountability for:

- Revising the school's response statement and emphasize that the school does not tolerate racial injustice and is working to systematically address issues of white supremacy in global health
- Meaningful and intentional efforts to raise awareness around the roots and basis of health inequalities and colonialism and how to decolonize the teaching materials, as well as deeply engaging students and staff to "define, identify, and disable problematic structures of privilege in international development" (link) and actively work towards the ways they can decolonize public health personally and professionally
- Racial diversification of staff and lecturers - would include changing hiring practices in significant ways and issue formal guidance on how the school will work to ensure this
- Inclusion of anti-racism language and material and health equity / human rights lens in all possible lectures and courses
- Inclusion of other sources and authorities of knowledge that are not just western in order to dismantle the white gaze
- Guidelines and policies around research being conducted and published (student and staff research) which would:
  - Promote more researchers / voices / analysis / engagement from formerly colonized nations - including researchers from the global north ceding their "power" and spaces of privilege
  - Ensure that the research is not exploitative and is centered around the dignity of any human participants
  - Ensure that research will include elements of capacity building for research partners in formerly colonized nations
- Student voices in a school-wide DEI committee (not sure if this is already the case)

- Analysing all communications and website imagery and language for "poverty porn" - how can you improve the narrative and change it to one of social justice?
- Making certain courses (such as around social determinants of health and ethics) be more available so they can be more widely taken by students
- Mandating student diversity orientation as a part of the onboarding process, with an emphasis on the history of colonialism and violence against people of colour in global health, to help students recognize biases in issues of race, gender, and social inequity

How can LSHTM leverage its prominent reputation and standing in the international public health space to rise above its colonial history to create necessary change and serve as a role model to other institutions and academics?

31) Anonymous, Current MSc student

Something I was disappointed with during my time at LSHTM was how the Public Health for Development programme was separated away from the general Public Health stream despite having largely similar curricula. It creates an unnecessary division between students and takes away from the international nature of the school, especially for those coming from outside the UK.

32) Not comfortable with name, POC, current MSc student

I was looking into applying for a part time job at the school, and there was a perfect part time research assistant role in an area I have experience and interest in. I emailed the school if I could apply, but then I was told that the requirement was 21 hours/week, which is one hour more than what I am allowed on my tier 4 student visa. I don't believe that one more hour per week was going to make a difference and I felt they put it there to prevent international students from applying to that job.

33) Anonymous, current staff member

On my first day of work we had a social session where we played a 'guess the flag' game. A flag came up that had a sword on it and a member of staff commented "trust an African country to have a weapon on their flag", I was truly shocked as no one said anything. Later on in my job a group was having lunch time discussions and a colleague was talking about her friend hooking up with a local while doing their project in Tanzania. Another colleague commented, "what with a black woman? Don't they all have AIDS?". That person is now doing a PhD in Benin. I have also been told that my hair looks "less professional" in certain styles and have been referred to as "ghetto" for singing music of black origins. You can't be a university that prides themselves on impacting global health and have little regard for the people you are trying to help

34) Irene Kyomuhangi, Black African, Alumna

1) LSHTM could definitely do more to bolster its claim to capacity development. It baffles me how research opportunities for diseases found in LMICs (and not at all in Europe) are made available only to EU/UK students (e.g. through restrictions on PhD scholarship funding or other research positions). This was the case for me when I finished my masters at LSHTM and was looking to apply for a PhD. I found a suitable one advertised by LSHTM but was informed I was ineligible to apply because I was not UK/EU. It was a malaria project. I'm from a famously malaria-endemic country and had even done my master's thesis on malaria.

2) There are major issues with how recruitment is handled for senior research roles in the global health sector in general. I would like to see LSHTM leverage its partnerships with Institutes in Africa (eg in The Gambia and Uganda) to hire Africans in senior/management research roles, rather than deploying white researchers to take on these roles, and paying them several times what they would pay an African for the same role, as is often the case.

3) There are also many Africans working on LSHTM-associated projects in Africa. Can we see this reflected in first authorship for publications?

4) LSHTM needs to do better with hiring POC researchers, specifically lecturers

35) Hannah Painter, Ally, PhD student 2016–2020

I echo many of the recommendations listed above. On joining the School I was disappointed to discover how disconnected LSHTM in London is to its other institutions in Africa. In my experience they appear to function almost entirely separately apart from PIs based both in London and at the units. I can only speak from a laboratory perspective here, but it feels there are so many opportunities for networking, knowledge exchange, collaboration and teaching being missed here and a way to better connect ECRs and laboratory staff working in the same fields must be found. I hope that the recent movement to a more virtual working environment might help facilitate these changes.

36) Emilie Koum Besson, Black Alumna and staff

The school doesn't seem to realize the messages they are sending to white staff and students.

- One day, a student in my class said, "why are we even working on programs to prevent hypertension in Africa? they can't afford it anyway". When I tried to argue the answer was "the lecturers said this".
- A gynaecologist friend got asked in his course if "they did c-section in Cameroon" - Can you imagine that professional students at LSHTM are questioning the ability of an African country to perform a simple surgical procedure?
- I was told that if expatriate doctors would leave the African continent, there would be no health system anymore because there are no African doctors, they all studied in the Global North and they don't stay anyway because they don't care about their people.

- A white student told me “white people should stop trying to impose UHC on African countries”. She thought she was being helpful and when I explained to her that my parents grew up in UHC in Cameroon and structural adjustment programs changed that. I talked about Nkrumah in Ghana, Sankara in Burkina Faso fighting for UHC and Maternal health, but she did not believe me because why would LSHTM NEVER mention it then? The worst feeling about all this is white people thinking that we are ashamed of the reality of our continent, that we are “not objective”, that we are embellishing. For me, who grew up between France and Cameroon and studied internationally, I was not “African enough” to speak up about it.
- A friend got told that she could not do her PhD in her native African country because she wouldn’t be objective. She wanted to do something for her country the same way UK researchers do but she had to fight 2 years while being self-funded to be allowed to START her project.
- In Health system class, we talked about public private partnership. The lecturers told us how “African governments are corrupt and how they should work with NGOs and UN agencies etc.” When I asked about Greece and the migrant crisis and Germany, and Calais, the teacher said, “the focus was on African countries”. How convenient is it to pretend that the Global North has the solutions whereas when faced with a similar situation, despite all the knowledge the results are even or worse? What message are they trying to send?
- There are so many more stories of microaggressions and racists comments like a lecturer referring to her black African counterpart of 40+ yo as a boy...

Many of us finished our year, looked at each other thinking that LSHTM just created a new batch of neo-colonialists. Every time you silenced our voices, you reinforced colonial and racists ideologies. This is not what we signed up to do.

37) Anonymous, POC, Alumn 2015-2016

I appreciate the effort for LSHTM to recognize the issues which are finally being discussed in mainstream media around the atrocious treatment of minorities by the majority. While recognition of the issue is a start, it does every little to challenge the realities of systemic racism which are part of the school’s past and present.

The LSHTM’s history of colonialism is not repaired by providing a small number of minority students the opportunity to study at an institution they would otherwise not be in a position to access. This institution can only advance by removing the barriers which prevent students from LMICs from accessing the education they need to contribute to population health, and guarantee higher representation of POC. Advancing global health necessitates the active participation of the beneficiaries of this mission, which the school has thus far failed to facilitate. Change is needed.

38) Nina Finley, ally, current MSc One Health student

LSHTM, I am asking you to be courageous in your support of Black Lives Matter. I appreciate that you put out a statement, but I know this institution can and must do more. In addition to acknowledging health disparities, can you acknowledge racist policing and systemic racism in the UK? Because your students, staff, patients and community members can't live in safety until this system is changed. In addition to acknowledging that "we all have a role to play" can you outline how the London School of Hygiene and Tropical Medicine has benefitted from White supremacy and supported colonialism, and explain how it is making reparations? Are you taking the recommendations of students and staff of color seriously and compensating them for their labor? Once these questions have been answered, what will you do to make sure the staff, especially White staff, are anti-racist in their teaching, interactions with students, and research? LSHTM has power and resources. Please, act more creatively and more courageously to demand a liveable world.

39) Julia Shen - POC - Alumna MSc PHDC, current PhD student

I agree with and echo most of the points above. I would also like to note that the School's operational choices in compliance with the UK government's immigration policies can also reify and reinforce structural racism, even if as an unintended consequence.

I had a relatively "light" encounter with the consequences of this as an American student on a Tier 4 visa during my MSc from 2015-16 and the first 18 months of my +4 ESRC-funded PhD that started immediately thereafter. I began experiencing flare-ups of a previously undiagnosed chronic illness that interfered with my ability to work, and which required a long wait to diagnostic procedures (cf. 6+ month waiting times for elective day surgery) and treatment by the NHS. I tried to explore my options to resolve this problem with the school's counselling office at the time - I wanted to take an interruption of studies, but I knew this would curtail my visa and implicitly my continuing access to NHS care, which would in many ways defeat the purpose of the IoS. When I presented my dilemma to a (white passing) counsellor, I was asked in a quite terse tone why I didn't simply have medical insurance in the USA. I responded that I did not, but I also was so stunned that I was unable to articulate at the time how unhelpful and insensitive this remark was. As a PhD student living in London on £18,600 p.a. who had already paid over £2k in home office fees including an additional £448 in 2016 for the Immigration Health Sur charge, I didn't exactly have an extra $600-900 available to me monthly to buy health insurance in the broken American system. Especially not after taking a student loan to partially finance my MSc studies at the School. The encounter worsened the burden of anxiety and despair I had at my situation, and I was only able to resolve this issue by changing my visa status to a Tier 2 - which I only had the random serendipity to do because my partner is British.

I do not necessarily believe that this counsellor was individually racist, and I know that LSHTM has to comply with the legal requirements of the UK to continue as an institution and receive funding. However, I have heard so many stories from fellow RD students and staff from non-EU countries of humiliation, great personal financial expense, and in some cases lost degrees or jobs because of the complications of Home Office compliance. Specifically, many of these cases

reflected situations in which LSHTM transferred most or all administrative burdens onto individual students or staff, instead of having effective management processes or institutional support mechanisms in place to actually offer help, much less challenge the problems in this system. Where LSHTM views immigration compliance as a box-ticking exercise but then transfers all risks and responsibilities onto individuals, we become mere boxes to tick ourselves. Based on my other experiences, LSHTM administration features many such processes that leave all staff frustrated. However, because immigration status affects so much of work and life in the UK, poor administration in visa support imposes heavy, disproportionate burdens on international students and staff.

Obviously these Home Office regulations and problematic programmes like Prevent are not overtly racist in their construction, but in reality, they will always disproportionately impact adversely and transfer burdens of compliance - including mental ill health - onto people of color, especially from the very global South countries we claim to serve in our mission. When the School chooses to uncritically, and insensitively, perpetuate the worst bureaucratic harms of these policies, it is perpetuating racism and other structural forms of discrimination. I am certain that many of my colleagues, especially those with darker skin and/or without English as a native language, have been hurt and blocked in far worse ways than my experience.

I think the above issue is very likely to contribute heavily, alongside other 'apolitical' bureaucratic choices, to the leaky pipeline of diversity that we have in our institution. Many others have pointed out here that the School is curiously very diverse in the student body, but that the institution like other UK universities becomes increasingly stereotypical (white, middle class, male, European) as one examines higher professional ranks. I had an incredible time on my MSc (Public Health for Developing Countries), and thoroughly enjoyed the learning I had from my incredibly diverse and experienced classmates as well as from my by-and-large sensitive, thoughtful course directors and instructors. I am sad to say that my experience since as a PhD student and part-time casual teaching staff has disappointed me in many ways on how much LSHTM can actually practice what it preaches, including the above personal experience.

When the school chooses to perpetuate large financial differences in international vs. home fees, raise staff RD fees, and impose heavy administrative burdens on students for immigration compliance and other matters, it may not be racist in intention. But it is undoubtedly going to perpetuate racial inequality in its empirical effects. Equally, when LSHTM leadership chooses not to advocate on these matters using its powerful voice either in private fora or in public, then the institution fails to stand up for our whole community.

40) Gergana Manolova, Alumna, MSc Global Mental Health

I would like to add my voice to the concerns of many expressed above regarding the credentials of LSHTM as an international development school while at the same time limiting the range of people who can study and teach, preaching but not practicing diversity and clinging to outdated modes of thinking and behaviour more befitting colonialism. Personally as a white European I haven't

experienced many of these things directly (if you discount the fact that Eastern Europe is almost completely lacking on the LSHTM map of concerns, but as others have pointed out, it seems to be exclusively concerned with the continent of Africa), but I have witnessed some of the lapses where LSHTM could have done better and hadn't, simply through lack of thinking. A very simple example is that it took until 2017-18, as I heard, to introduce halal options in the canteen. Yet it is obvious that there are very many students from all corners of the world who deserve to have their needs respected. If you don't have the resources to do the planning, just ask people how you can do better. Keep them informed with what you're planning to do in order to do better. Let them know when you're going to be doing better. This kind of transparency and open policy is the basis of true respect, equality and feeling of dignity.

41) Anonymous, POC, Alumna, MSc Nutrition for Global Health

LSHTM is renowned for its leadership in public health research. Although my experience as a student was generally positive, I was disappointed by the complete lack of integration of social science courses in our curricula. How are students supposed to be trained to be leaders in global health if they are not taught about the problematic histories and contemporary politics of global health, beyond one optional course? How are we supposed to be informed and productive epidemiologists, statisticians, nutritionists, mental health practitioners, and researchers if we are not taught about the way our disciplines were founded as tools for racist, colonial systems and the ways these structures continue to manifest today through our work? Sound global health research cannot ignore the power dynamics and contexts in which their methods and metrics were formed and continue to shape knowledge produced about communities around the world. Knowledge production is itself political action, and unfortunately continues to be a predominantly Western, white, male dominated field. I was dissatisfied with my training at LSHTM due to its ahistorical and apolitical teaching. Taking an ahistorical, apolitical approach in global health curricula and syllabi is problematic not only because it sends the wrong message to current and prospective students of colour, but it also does a disservice to and harms the communities that we are trying to serve. It also reproduces the problematic power dynamics of the field-- dynamics that are heavily linked to race. Professors need to do better in designing curricula and syllabi that expose students to diverse sources and amplify knowledge produced by black scholars and scholars of colour. I recall not being assigned enough sources by black scholars in my courses despite most of our courses being centered on communities that are predominantly black. Professors need to think hard about their role in anti-racism action. They need to take it upon themselves to do their homework before recycling the same syllabi over and over. Professors need to do the work and not feel intimidated or insulted if students provide feedback on how to diversify their syllabi. Moreover, professors need to ensure that they don't include diverse scholars in their syllabi in a tokenistic way - engage with the work of black scholars and scholars of colour the way you would if it were your own work. LSHTM as a whole need to do better in designing curricula and producing knowledge that are reflective of different experiences, positionalities, and subjectivities. Finally, LSHTM needs to change its name: "Tropical Medicine" is a racist term, get rid of it.

42) Robert Okello,Black African,Alumna,Msc CID 2014/2015

As an Alumna of this great institution, I must admit that my experience was great and at no moment in class or seminar or tutorials did I feel being treated differently because of my skin color. However there is still a lot to be done for LSHTM to be considered racially inclusive;

1-LSHTM has research and simulation units/centres spread across LMIC-Sub Saharan Africa ,even in my country(Uganda) however most of the senior research and placement opportunities in all these African Centres are "white-skewed", major research roles and opportunities in LSHTM centres in Africa are for white people and black Africans are relegated to support roles. LSHTM is not short of qualified, and experienced Black African/POC Alumni with knowledge of local context however they have chosen to take a path which glorifies white-man over all other races.

2-After I completed my MSc CID in 2015,I had interest to further my studies however most PhD scholarship opportunities offered either by or through LSHTM had strict conditions which were socially exclusive of sub-Saharan African Alumni/candidates.

It's worth noting that LSHTM was founded to further the health interest of British Monarchs and therefore LSHTM has to be seen working with other stakeholders to decolonise the values and philosophy on which it was founded, there is no way LSHTM can claim to be "apolitical" the time is now to act.

43) Maana Lindqvist, Ally, current MSc

Early on things started to sound wrong. I remember a few occasions where my black and poc classmates were singled out. Assignments with fictional countries that had, apparently, been recently 'updated' were inherently racist in nature. I saw mostly only white staff members. And everything about the school seemed to echo the colonial history, no matter how loud the word *decolonising* was shouted.

I suggest that instead of holding onto its colonial history, the school should consider starting at changing its name. I've had this conversation with many fellow students. London School of *Hygiene and Tropical Medicine* screams colonial. So does SOAS and Imperial etc. but we are talking about our institution. Even more importantly, I've not once heard it referred to as such. Instead, the London School is referred to as an institution of *public health*. Why then, can we not call ourselves the London School of (International) Public Health? You cannot hold on to tainted roots and try to disregard them at the same time.

Furthermore, health today is as inherently political as foreign affairs or global finance. Apoliticising education about health is dangerous, as it brings forth ignorance.

44) Anonymous, Black African/ British, NGH Msc alumni

Whilst I enjoyed my time at the school and the opportunity to learn from a world leading institution on global health, I can think of many instances where I felt othered and where there was a total

lack of sensitivity to black people and issues. I was a student representative in my year, and someone raised that they would like more teachers/lecturers from LMICs, so I raised this at a meeting with staff. I remember laughter by a lot of the staff, including from a POC researcher, and a complete disregard for the concern raised. It made me feel like I was being ridiculous for bringing it up or overthinking it. Yet the fact that I remember it so vividly indicates that it is a memory that has stuck with me. It was only when the BME network presented statistics of who was employed at senior and administrative levels disaggregated by ethnicity, that I could not statistically deny the reality I saw before me. This was over 3 years ago. What has changed since then? Many of the affiliated in country centres still have European leadership, and frustrated local staff who feel stuck and unable to rise to levels of seniority despite their expertise and experience. I did not have a single black lecturer throughout my time at the school. The George Floyd murder brought back memories of many racist incidents, for example being in the Gambia for my field research, at a retreat where a number of European researchers were flown out to attend - and the researchers making jokes about "Black Pete" and about walking around with slaves on the streets of the Netherlands. I cried myself to sleep that night and felt completely disconnected from and disappointed by my white colleagues who said nothing and some who even laughed along despite the fact that I was visibly uncomfortable and upset. Another time I was asked to present because they wanted to show "diversity" - but there is a difference between genuine inclusion and tokenism, and my participation felt like the latter. I remember walking into a meeting - the only young black female, and I had changed my hair - someone said to me "I prefer it to those in dreadlocks you had" - or something to that effect. This was in a meeting of my superiors and where I was the minority and the least senior person in the room. I instantly felt uncomfortable. I could reel off so many more examples - but I think the ones above and from all the other students are sufficient. I think there is often a sense that because the school is working on issues in countries with majority black and brown people, with a mission to do good globally, that the staff and students are immune from racism and that is simply not the truth. The school is a great institution and has played a role in the development of some of the world's greatest leaders in global health - all the way to current Director General of the WHO. However, if the school does not heed these concerns and take action, the mission of equity and improving global health will fall flat, keep it behind the times, and seem like disingenuous lip service.

Also - racism and injustice is not political. It is an issue of human rights.

45) Anonymous - Ally - staff

You only have to look at LSHTM's own diversity data, showing % BAME staff at different grades for academic and professional support staff (figures 4 and 6 here: https://www.lshtm.ac.uk/media/34381) to see that there is a serious problem at the School.

46) Anonymous Black African Student

It is time LSHTM decolonizes its entire curriculum. The entire programme has no mandatory colonial history/anti-oppression module which is imperative for future global health "leaders" to understand. I was shocked to realize that many students didn't have an understanding of the colonial history of "tropical medicine".

LSHTM first needs a change of name if it really wants to part from its colonial past. As a black student, it has been clear that this institution is rooted in white saviourism. Stop rewarding students who promote blatant white saviour practices such as Peace Corps. Stop focusing on what there is to ‘’save’’ in LMICs and engage in conversations around the pervasive effects of whiteness in setting the Global Health agenda at the expense of the so called "most vulnerable" you are looking to save.

- Signed a tired student who can't believe they are paying thousands of pounds to be fed a white saviour curriculum.

47) Anonymous current MSC Black African Student

In one of our modules, we were given an assignment to conduct the design of an impact evaluation. We were given two choices to choose from:

1. An *elaborate* account of a mental health programme in the UK, with clear details about the regions in question and appropriate data to support the design of an evaluation.
2. A *brief* description of a FICTIONAL vaccination programme in an UNNAMED AFRICAN VILLAGE. No contextual factors were given which made the design of the evaluation hard.

I have called out the professors regarding this issue and nothing has been done. The recurrent narratives portraying Africa as a monolith are common in LSHTM curriculum, and the International development field as a whole and needs to stop. Africa is NOT a monolith and treating an entire continent as such only perpetuates narratives that are reductive, colonial and that further justifies the "need" for the "benevolent West" to come and "save us".

48) Anonymous, Staff Member

The School has collaborative teaching programs in Japan, China and Singapore, but not in SSA. The staff members in the former MRC units in Uganda and the Gambia retain the divisive “international” and local categories, which means that locally employed staff have inferior contracts.

If the School wants to be considered a leader in Global Health, then it needs to get rid of its colonial image and get involved with communities in African countries.

49) Anonymous, MSc.PH student

https://www.npr.org/sections/goatsandsoda/2019/11/04/774863495/this-congolese-doctor-discovered-ebola-but-never-got-credit-for-it-until-now?t=1591467430827

The fact that LSHTM is led by someone who has thoroughly capitalised on neo-colonialism in global health is emblematic of the institution's attitude. The careers and reputations of all senior faculty have been built upon the countless contributions and efforts of anonymous non-White academics, practitioners and leaders, whose names have been written out of the history of 'tropical medicine'. This injustice needs to be recognised and openly discussed. The white saviour complex that plagues LSHTM and the wider global health 'community' needs to be eradicated. Senior staff must take the lead, starting with Peter Piot - please explain to us how you came to be credited with discovering Ebola when you were thousands of miles away from the outbreak, please tell us about the contribution of local doctors who live and work 'in the field', please tell us about Dr. Jean Jacques Muyembe.

50) Anonymous, current MSc Control of Infectious Diseases student

I have been concerned with some of the discussion around international research and would encourage the MSc CID program to re-evaluate how they frame their summer research project opportunities for students. Currently, the summer project is presented as an opportunity for personal, academic, and career growth for students in the CID MSc course, with a strong emphasis on conducting a project abroad. However, there is little to no discussion of the repercussions of sending students with little experience to conduct research abroad, often in countries where they have never been before, to interact with (largely non-white) communities they may know nothing about. Both staff and students consider these opportunities a major draw for the CID program, but both staff and students need to ask themselves – are these research opportunities coming at someone else's expense? Often it felt like the gravity of what students were being asked to do – to go to a community that is not their own to try and have an impact on the health of that community – was lost in the noise of finding a project that was 'exciting' and 'interesting' to students. It was framed as only an opportunity for students, with no discussion of the power hierarchies that allow for these opportunities (racial, colonial, socioeconomic, among others). I can appreciate that staff are trying to center what students want, but in this case, when there are actual people whose wellbeing is impacted by this research, perhaps what students want isn't what should be centered. This year CID students were not able to conduct international research due to the coronavirus pandemic; next year, I hope both staff and students in the CID program can critically evaluate and discuss the circumstances in which students should go abroad to conduct their research, with an understanding that the needs and wellbeing of the international communities in which much of LSHTM's research is conducted may outweigh a student's desire to go somewhere 'exciting' for 6-weeks of international research experience.

51) Not comfortable sharing name / non-white Current MSc student

I am a current MSc student at the school and one of a few students from East Asia. I believe LSHTM should make ethics sessions (please led by non-White women) compulsory to all students and staffs. And I hope this session can start from teaching very basic things such as: Stop referring people as 'African' and 'Asian' while you call the others 'British' and 'German' / Worked with MSF doesn't mean that you are such a nice humanitarian non-racist / Stop sharing your pictures with non-white friends on LinkedIn to prove your political correctness.

52) Not comfortable sharing name, black African Current MSc student

I attended a book signing event at the school for a book called "Plagues and the paradox of progress". the writer graduated from LSHTM and was proudly introduced by LSHTM dean. one of the main arguments he gave was that life expectancy is improving in Africa but the quality of life is still bad because there are a lot of young people and not enough jobs, and that Africa should try to compete with Asia, and bring in international investment - basically compete with Asia in cheap labour! I thought this was very wrong and cannot be what the school stands for, yet, he was celebrated at LSHTM. I went to the writer and tried to ask him for clarification, but he completely ignored me. I tried to read the book but found it really offensive for me as an African student.

53) Anonymous, Ally, Alumnus

I read this letter and the testimonies with great sadness. It should be beyond question that LSHTM has a colonial legacy – this is a fact; if you disagree, educate yourself. LSHTM staff (and students) have a responsibility to acknowledge this and to understand that colonialism, especially British colonialism, is defined by violence, oppression and racism.

I attended an LSHTM event recently featuring Jeffrey Sachs. A member of the audience from the area in Ghana being discussed tried to ask a question (57:00). He was interrupted aggressively by Jeffrey Sachs who said, "let us just help everyone understand…" before again imposing his perspective over the Ghanaian man's (58:38). The LSHTM chair then silenced the man by saying, "ok, can we go to another question" when the Ghanaian man had not actually asked his question (59:15). I had already listened to Jeffrey Sachs for 30 minutes. I wanted to hear the Ghanaian man's question. How did the chair not see a powerful, arrogant, white, US academic shouting down a black Ghanaian man's perspective at LSHTM? That is what I saw.

Why is it predominantly students and junior researchers confronting these issues and not LSHTM leaders? The "discovery of Ebola" is a case-study in post-colonial exploitation with the role of African, Congolese, scientists, such as Dr Jean-Jacques Muyembe, only recently acknowledged. LSHTM needs leaders who will now act with personal humility and conviction to enable institutional reflection and action.

54) Emilia Zevallos-Roberts, Ally, MSc in Reproductive & Sexual Health Research

I was disappointed that LSHTM's statement on #BlackLivesMatter was written with no action message, just with obscure, vague wording that undercuts the Black Lives Matter Movement.

- Your letter begins **"The death of George Floyd in Minneapolis..."** What happened to George Floyed was **murder** and saying anything else eludes acknowledging the gravity of what happened.
- **"LSHTM is committed to addressing inequalities within and outside the institution, as reflected in our mission to improve health equity."** A mission statement does not reflect commitment. Intentionally hiring a diverse faculty and actively participating in the student's decolonization movement reflects commitment. For instance, a police force mission statement is: "safeguard the city and protect its residents and visitors with the highest regard for the sanctity of human life." Quoting this mission statement does not absolve anyone of injustice nor is it substantial.
- What happened to George Floyd was not a matter of **"inequalities"** it is a matter of overt white supremacy.
- In general, the letter expresses vague solidarity without identifying specific things that need to change within LSHTM and what actions LSHTM is going to take to do something about it. If LSHTM wants to join the #BlackLivesMatter movement it should do so intentionally. Vague platitudes are not the way to go.

I understood when other organizations, new to activism or social justice, put out these murky statements of solidarity, afraid to say the wrong thing. But I expected more from LSHTM. An ice cream company can serve as a good reference of what I would have like to see form a leading global health institution:

https://www.benjerry.com/about-us/media-center/dismantle-white-supremacy

P.S. If any doubt remains, this may have been one of the most poorly chosen subject lines:

[MSc Students] 2019/20 #33 Good luck, Black Lives Matter and doctoral DGH call

Sandwiching Black Lives Matter between a "good luck" and a "doctoral DGH call" was definitely NOT the way to go.

55) Maria Lewandowska, Ally, Current MSc in Reproductive and Sexual Health Research

It was with great disappointment that I witnessed LSHTM's prolonged silence after the murder of George Floyd and the subsequent Black Lives Matter protests in USA and worldwide. It was shocking that a performative and widely criticised black square on Twitter preceded a genuine and substantive statement.

I came to LSHTM with no background in public or global health; it was all new to me, and somehow I assumed that the controversial name of the school would surely be addressed in our curriculum; I assumed that we would learn and critique this colonial past as a part of our education here. Unfortunately, that did not really happen - aside from the new student- and staff-led 'Decolonising Global Health' campaign, there was not much in the existing curriculum that addressed the power issues involved in running an institution that mostly researches, as its own terminology has it, 'low- and middle-income countries', which most often just means an undefined country in Sub-Saharan Africa. The curriculum visibly lacked a critical approach, based on both humanities and social sciences, that would address the colonial relationships and institutional racism that the School is still so visibly involved in.

The 'white - saviourism' that most of our research designs and analyses were based on was never addressed as a part of the study program; rather, it was treated as the default. LSHTM builds its capital (I use that word consciously, taking into account the fact that higher education in the UK has become a commercial service rather than an educational mission) upon research conducted in Africa, while barely hiring any non-white academic staff, and charging international students double the fees of 'home' students.

Nonetheless, my experience at LSHTM has been life-changing - I have learned things that I'm passionate about, I've been directed onto a career path that I feel thrilled to pursue, and finally I have met incredible people from all around the world, who created a supportive and vibrant community that I know most universities can only dream about. This makes it even more difficult to see clearly how many things in our education here were thoroughly wrong, unacceptable and in a dire need of a change. Only if that change starts to come to life, we will all be able to be proud alumni of the School, and hopefully continue to make it better for the years to come. If the School really wants to live up to its mission of improving health worldwide, it needs a fundamental reform of its structures. It needs to start with changing the name of LSTHM - there is no room for "tropical" in the Global Health of the twenty-first century. Further actions would be to include postcolonial critical theory as a crucial part of the curriculum, revising the HR hiring practices, and levelling the course fees for all students.

56) Anonymous, Ally, Current MSc Public Health for Development Student

Let me begin by acknowledging that the diversity in the student body, particularly in Public Health for Development, should continue to be expanded upon and celebrated. This is the cornerstone of LSHTM's success and potential in public health. Unfortunately, as many peers have mentioned, the multiplicities of LSHTM's students and alumni are sorely lacking when it comes to lecturers and course content. As an institution, LSHTM requires an immediate restructuring to reckon with its colonial, white-centric, and racist past and present.

First of all, much of the terminology commonly used is problematic. The United States is not "America." Using this term willfully ignores the many other countries that comprise the Americas

and promotes an exclusively Western point of view. Outside of North America, there was a serious under-representation of Latin and South American case studies across the curriculum. When discussing African countries, both in exam questions and in lectures, referring to a vague "rural country X in Africa" furthers the inherently incorrect idea that the continent is a monolith with a standard low-level of health. There is no reason to not provide country-specific examples.

Second, the curriculum is presented as distinctly apolitical and unavailable for critical appraisal. There were no spaces for students to discuss their positionality, emotional reactions to content matter, or reflect on their experiences during the school year. This is a missed opportunity for an institution to support and engage with its multiracial, multinational students, many of whom have uprooted and relocated to London, some from humanitarian settings.

Third, the representation of LMIC populations was alarmingly condescending. The WASH behavior change lectures presented low-income communities (again, often without country-specification) as under-developed and uninformed people unable to identify a solution on their own. There was no mention of national efforts/successes or how income inequities and institutional oppression inhibit structural change. As we well know, many LMICs have made major strides in developing mobile health technologies (e.g. Kenya), implementing health-focused environmental reforms (e.g. Rwanda) or enforcing nutrition regulations (e.g. Peru, Mexico) - the list goes on and on. I note here that the HPPP module did a adequate job with this in discussing different country health systems that transitioned to Universal Health Coverage (e.g. Thailand). The achievements of non-Westerners in public health must be recognized within the classroom, and all saviour imagery disallowed.

Fourth, for an institution who purportedly is committed to improving the lives of Black Africans, where was the condemnation of the most recent murders and ever-existent injustices against Black Americans (and Brits)?! To fail to take a stand is to remain complicit. Do better. On that note, inequities within HICs were glossed over or altogether skipped in the curriculum—the heightened health risks and barriers to accessing care among low-income minorities, multi-generational immigrants, indigenous peoples, and undocumented residents must be addressed.

Finally, the name must go. Let a new title (e.g. London School of International Public Health) reflect the impending internal changes to promote LMIC leadership, equitable partnership, and the redistribution of funding on a global scale.

I urge administrators to read this testimonial and the statements of my peers, staff, and alumni as evidence that we believe in this school and its future.

57) Marcelle Marinho - Current MSc Public Health for Development student

I'm a South American student, which is kind of rare at the school. Since I began my studies at LSHTM I noticed some "behaviours" from the professors, staff and students that have been bothering me since then. First of all, the common sense of talking about 'America' or 'Americans' when they want to refer to the US. Usually to say something bad about them. As you may all know

America is a whole continent, so this kind of generalization may be offensive to people. The same thing happened when they were talking about Asia and Africa.

Second, in a course named Public Health for Development I missed discussions about Latin America and Caribbean, as we do with Asia and Africa. There are also developing countries in Latin America that need to improve their health systems and people's health.

Third, we had amazing lectures with specialists about public health from developing countries, especially in African continent, with lots of experience working in the field. Even though they were not Africans, and we know that makes such a huge difference in their understanding of local culture, habits and the way people live in the country.

A lot of students are africans and have years of experience in health care, so why don't let them discuss and bring their knowledge to the classroom? I felt like there was never time for real discussions, to share our knowledge about the specificities in our countries that affect how the health system works and people's life. Fourth, the "white-saviourism" is really present at the school. With it comes a kind of paternalism for poor people and a white superiority ("I know what is the best for poor (and usually black) people"), considering people are not able to make choices for themselves and they have to be taught what is the best for them. Allied to this, public health actions focused on charity, meaning they are implemented at a point in time and not created to really strengthen local health systems and improve the level of care in that place. So, my suggestion to the school is to insert in the curriculum a mandatory module about ethics in public health. Also, create groups like the one about Decolonization and invite students, professors and staff to participate. These actions must involve everyone in the school, and not only the students. This is about institutional change, not only talking about it but changing the way the school behave

58) Victoria Cavero, Current Student MSc Global Mental Health

In general, I have had a good time at the School, but I have missed not having some things.

I am from Latin America, and getting to know people from different countries has helped me to have a deeper and more realistic understanding of Asian and African countries. One thing that they always highlighted were the inequalities and disparities within their continents; and specially in the case of Africa, that not all places are poor, but many disparities exist between and within their countries. So, the homogenous picture that many lecturers presented should change. In general, I understand that most research is conducted in low-resource settings, including those in Europe, so it would be better to provide a little background about the country in general, and specify that this particular research was held in a setting with this particular characteristics, to avoid maintaining this stereotyped view that countries from the "Global South" are all very poor that need help from the "Global North".

Since the School works with many international partners, it would be great if they invite these other researchers to present their work. I have loved to have lecturers from Zimbabwe and India presenting their job to us, and this should be done more frequently. And these presentations do not need to be in person; virtual ones can be equally valuable.

Avoid using "fake places" when describing an intervention/research. It would be better to just have the real name and invite students to discuss what happened there, what went wrong and why, and how to avoid repeating those mistakes. We had classes in which we reviewed papers and discussed their methods and conclusions, and this was very important to be more critical with the research that is published, regardless of the journal's prestige. I think we could be doing something similar instead of having fake names to present experiences that happened in real life.

And finally, please stop referring to the US as "America". America is a whole continent! And Canada and Mexico are also North America, so if you want to refer to the US, please just say US.

59) Anonymous, Black African, Current MSc Student

I have enjoyed my time at LSHTM, and particularly interactions with students from all over the world. However, one of the first things I noticed is just how White the teaching and leadership structure at the school are. This is in itself an important lesson and message: "Sure, you can come here and get a qualification, but don't bother aspiring to be a professor or research lead: we don't offer PhD funding and we don't hire people who look like you." There were numerous examples of casual but virulent racism in the teaching--the way Black women's bodies were presented like pathology specimens in one lecture, the way Australian indigenous people's ambivalence towards the healthcare system was presented in another; how a third eminent professor described hospital conditions: seemingly for shock value and humiliation. The message in those and similar microaggressions: you may be claiming to want to help, but you see us (non-White people) as little better than animals. The School's lack of advancement opportunities for African students feels unacceptable to me, given that the institution and its people have made their names and careers particularly on the African continent, and claim to be committed to its advancement. Real advancement would be identifying and recruiting PhD candidates and tenure track professors. If you truly can't find them (which I am hard-pressed to believe is true), then create them.

Please also add meaningful decolonising global health content to every curriculum; there is SO much content, and so many potential facilitators. Difficult conversations MUST be had, not for the sake of putting anyone down, but to create a more equitable health environment.

60) Anonymous, Black British African - MSc Reproductive and Sexual Health Research

On my first day at LSHTM we had a group exercise where the lecturer asked students to stand at different places in the room according to where they had travelled from. As I had travelled from the UK and have lived here for 20 years, I naturally went and stood with those who were from the

U.K. I’m not sure what it was about me that prompted the lecturer to walk up to me and directly address me by putting his hand on my shoulder, looking straight at me to say ‘where are you originally from?’ As if I had somehow made a mistake and found myself standing in the wrong place.

He then proceeded to offer ‘Don’t you want to go and stand over there?’ Pointing to where the students who had travelled from Africa were standing. I was embarrassed and annoyed not because I am not proud to be African but because I had understood the exercise as he had said it, ‘where has everyone travelled from?’ Also, if I had chosen to identify as British in that moment then why was it up to him to suggest I identify as something else?

I wanted, in that moment, to explain that my parents had British citizenship long before they came to the UK and that my grandparents were British citizens (subjects) too. That my great grandfather was part of a group of soldiers who were sent to fight in the 1st world war. But wouldn’t lecturers at a Global university know that it is wrong to ask people to explain where they are ‘originally from’?

That day, a painful wound was opened, which I have grappled with ever since. I echo all the other comments about the content of the curriculum. A video shown in one of our Sexual Health modules depicting how British soldiers had ‘sex’ with Indian and African women because of their ‘sexual appetites’ was so pointless that throughout its screening I had chest pain, and the only reason I didn’t walk out was because of the position in the room I was sitting, which would have caused a scene.

I think it’s important for the lecturers to recognize the magnitude of emotions they evoke just by being part of the institution and sometimes their prejudices are hard to hide or might even be unconscious, but they can have a detrimental effect on us, that may potentially shape our world view in regards to Global Health.

61) **Anonymous, Black British African, Alum**

Something that stuck out to me, as well as the other Black students on my course, were the sweeping statements made about Africa and Africans. These statements were not always made by students but sometimes by both guest and LSHTM lecturers. One example occurred during a lecture where we were briefly discussing the 2014-2016 Ebola outbreak. A student suggested that Africans, despite being trained, were unable to properly take temperatures at screening checkpoints. This comment went unchecked and was actually endorsed by the lecturer. Perpetuating the dangerous idea that even African health officials do not really know what they are doing.

62) **Mardieh Dennis, Black, Alumna RD/EPH**

During my first month at LSHTM in 2015, I attended a Black History Month talk called "Why Isn't My Professor Black?" which, for me, perfectly encapsulates how the school approaches diversity and inclusion – only in name and not in substance. While I acknowledge that Black people are diverse in appearance, I would venture to say that none of the speakers looked Black, nor did any speak about the experience of being a Black person in academia. When I say Black, I mean people of African and Caribbean descent. LSHTM's Director gave a welcome address and then promptly left the event, as he said he had another engagement to attend. Similarly, few, if any, professors or senior faculty attended the event. Instead, I sat in an auditorium of fellow Black students being lectured by non-Black people on why we do not have any Black professors. From day one, this event helped me to quickly understand the frustrating truth about why I would see no Black professors or senior academic staff during my time as an RD student: the leadership and academic staff simply do not care.

Although LSHTM has made recent statements in support of diversity, inclusion, and decolonization, this needs to be backed up by action for Black students, staff, and research partners to believe that it is more than a superficial attempt to protect the school's image. Some additional comments and changes that I would like to see enacted in a timely manner are outlined below.

1. First, the school should stop obscuring its lack of Black students (particularly at the RD level) and academic staff by presenting aggregated statistics on people from 'Black and Minority Ethnic (BAME)' groups. While non-Black people of color experience challenges in academia, they are not the same as those experienced by Black people, and we therefore should not be grouped together when monitoring progress towards improved diversity and inclusion.

2. The school needs to develop a time-bound strategy for transforming the student body and staff (at all levels) to reflect the racial and ethnic distribution of London. Specifically, approximately 13% of LSHTM's MSc students, RD students, junior/mid-level academics, and professors should be Black.

3. The school's leadership needs to stop dismissing constructive criticism and seriously consider how to change the culture of the school, particularly among senior academic staff. During my time as an RD student, there was constant turnover in the Diversity and Inclusion Officer position – I believe there were four people in this position during my four years. I had the opportunity to engage with two of them, both of whom were Black women, and they informed me that they experienced a lot of resistance by faculty members against relatively small measures to make the school's environment more inclusive. If there continues to be no true commitment to diversity and inclusion at the most senior levels and no accountability for racist and racially insensitive behavior, there will be no meaningful change in the racial climate at LSHTM.

4. Reading the testimonies outlined in this document, it is apparent that LSHTM has failed to create a safe environment for its Black students and staff. The school's leadership needs to make it clear that racist and racially insensitive teachings, speech, and behaviors are not

welcome at LSHTM. Additionally, LSHTM's leadership needs to establish and publicize a safe system for reporting such events, including transparent processes for holding people accountable for this unacceptable behaviour.

5. Among the RD students who started during my time at LSHTM, I knew of five who subsequently withdrew from the school. Four of these five students were Black. I found the school's inability to retain the already small number of Black RD students alarming. Did anyone in the school's leadership even notice? Did anyone care? Has there been any demonstrable effort to improve retention of Black students and make them feel like valuable members of the school's community?

6. To increase the number and retention of Black RD students, LSHTM should establish studentships and post-doctoral funding opportunities specifically for Black researchers. While I noticed that the school does tend to fund some African students from its overseas research sites, the school needs to also actively recruit and earmark funding for Black British researchers specifically, as they continue to experience barriers within the broader UK education system of which LSHTM is a part.

7. Finally, I encourage LSHTM to branch out from its antiquated and colonial leaning 'tropical medicine' moniker and do more to address some of the challenges faced by underserved Black communities in London and the UK. For example, under the leadership of a racially diverse team, the Johns Hopkins Urban Health Institute aims to facilitate collaboration between the university & its surrounding communities while improving health and reducing health inequities. LSHTM prides itself on its work to improve health in low- and middle-income countries. Have there been any attempts to hire and/or encourage researchers to do the same in the school's own backyard?

63) Fenny Louise Taylor, Black woman and LSHTM Alumna 2018/19

I walked into the corridor of this University and realized my blackness. In Liberia I am a minority because I am a woman, but race does not exist there because all Liberians are black or of negro descent, so being in London for the first time I am a minority because of the color of my skin.

I love LSHTM. I believe it is a good school but there is no reason why it should be so WHITE! As a school whose primary focus is on African countries and most of the research carried out is done in Africa. They can do better with representation. They can do better with hiring more black and African lecturers.

I have always been aware of the color of my skin, even though where I am from race doesn't exist but at LSHTM I was made aware even more.

My first time seeing a black staff at the school was a security guard at the front of the reception and it was nice seeing a familiar face. The next time I saw a black person was the bathroom cleaner, then it was the cashier in the refectory, it was the lady who dishes you food behind the counter, it

was the guy who wipes the wall and then I never saw a black person until the beginning of my 2nd semester, when a beautiful looking black woman walked into my family planning class. I cannot express to you the joy that filled my heart when I saw a black, educated woman as my lecturer. I am yet to meet a black person at this school who holds a powerful position.

Not only is this a shame but it doesn't make sense why there are not a lot of black people at the school. Every year a good number of Africans attend lshtm and black people. I am sure some of them are qualified and interested in holding positions at the school but they are usually hired to work for the lshtm in a country in Africa. Now this is a great but why not them working at LSHTM in London.

We have got to be intentional about representation. We're not going to wake up someday and see black people or people of color in high positions. We have got to be intentional about making sure we hire qualified black people not to patronize them but to give them an opportunity they are qualified for.

Another problem with not having representation is that stories are told differently. I cannot begin to tell you some of the ignorant things I have heard of African countries and to Africans. My days in some lectures were filled with annoyance and anger. Some lecturers made it seem like African countries were the problem and creator of all the bad health things. They only spoke of Sub-Saharan Africa like these problems are exclusive to the region. Now don't get me wrong. There is a lot that needs to be done to improve the quality of health in some African countries.

For a school that is built upon research in African countries, it is appalling to hear the ignorant things some lecturers had to say about the continent. I heard once a lady said children in Guinea were so hungry they ate rats. I heard a personal tutor tell a young African woman that she doesn't think people from where she's from will get funding for a PhD. This is just some of the things I have heard from Africans at the school.

The problem with having white people talk about the health problems in African countries is that some and I must say most of them do not speak about it fairly or with dignity. They don't explain the nuances and complexities that exist behind these problems. They do not tell you what is right. They tell you a single story, they perpetuate a single and dangerous narrative about the continent, and we know from Chimamanda that a single story is dangerous.

In 2019 there is no reason for LSHTM to be so WHITE!!!!!

64) Amber Clarke - Ally - Alumni and former staff

I studied an MSc programme at LSHTM two years ago and while the quality of the teaching and study resources was excellent, especially the statistics and epidemiological study design modules as well as some of the more clinical content (malnutrition focused in my case), the teaching at LSHTM takes an extremely problematic and unacceptable position assumed to be ‘a-social’ and

largely ‘a-political’ in terms of their view of and teaching on global health, Development and the Aid Industry. The School teaches students, a large number of whom are white people from the Global North, how to research and design health programmes for the Global South, without any recognition that the Development industry is based on/in the project of Colonialism and neo-Colonialist thought and practice.

I left LSHTM having never heard the terms ‘Bretton Woods’, ‘the International Monetary Fund’, ‘The World Bank’, ‘Structural Adjustment (SAPs)’, ‘Colonialism’, ‘Neo-Colonialism’, ‘the Development Industrial Complex, ‘the (capital D) Development Industry’, ‘World-Systems Theory’, ‘Critical Development Studies’, the list goes on. LSHTM turns out hundreds of white people (I’m speaking for my demographic, the demographic largely in Leadership roles within the School and in the Development Industry at large) every year with serious white saviour complexes and correspondingly problematic thought and practice, which they are completely unaware that they have because they have never had any education surrounding or discussion of these issues within the school (unless perhaps they took a special optional module, which most of us did not). It is unquantifiable how dangerous, irresponsible and unacceptable this is. I identify myself as having been one of these students; it is only post-MSc, after leaving LSHTM, that I embarked on a journey of unlearning and re-education on my own.

Real history, sociology and politics education, explicitly including the history and legacy of Colonialism, Imperialism and racial Capitalism, is grossly omitted from any form of public education in almost any country in the Global North. However, the fact that LSHTM positions itself as teaching ‘best practice’ in an industry that was *born* from Colonialism without educating students on it and challenging it is on a daily basis, is, in my opinion (and the opinion of the Critical Development Studies field of theory and thought at large) absolutely unforgivable. LSHTM *must* address the colonialist nature of its own self as an institution, its industry and its teaching.

65) Julia Rayner - ally- Alumna, CID

Racism—globally—is clearly one of the most fundamental determinants of (ill) health. This is intuitive, the epidemiological evidence for it is stark, and most importantly, the black and brown people for whom this is their lived experience, have been telling us this for generations. We need to learn how to listen. Anti-racism is an essential bedrock of any understanding and practice of public health and health equity. It is not enough for one the leading schools of public and global health to merely "acknowledge" it's an issue (something that came shamefully late). LSHTM must be unequivically and actively anti-racist. Internally, examining its own complicity in racism, and externally as a powerful voice for change. You undermine the external work you participate in by not properly confronting, owning, and addressing the internal.

It is unacceptable to not have faced the colonial roots, and neo-colonial culture that is embedded in public health. It is unacceptable to not own the racism of the history (and present) inherent

concepts of "hygiene" and "tropical medicine." And in owning (clearly, verbally, loudly) that racism, to then work tirelessly in actively dismantling it.

"*As a community we strive to... contribute, in our small way, to the fight against racism.*" Yours should not be a small voice in this fight. It is not "small" work to turn the analytical prowess of LSHTM inward, toward its own complicity.

"*We all have a role to play and that university spaces are not free from racism and discrimination.*" University spaces are not only "not free" from racism, but they are actively complicit in perpetuating it. Universities are generators and gatekeepers of knowledge, and therefore of norms, values, and attitudes; these are then translated into policies and practices with utterly concrete outcomes. Particularly given the fields that LSHTM move in, recognizing this is an essential, crucial part of anti-racist work of the institution. How and by whom knowledge is generated, and the substance of what is generated is an absolutely critical part of how power structures are produced and reinforced in the world. The sizable majority of teachers, leaders, heads of departments and units, etc. being white means that not only are implicit biases shaping the classes, curriculum, programs, and research agendas, but that the perspective of whiteness is being centred in all of those areas, and therefore dominates the narrative. Whiteness is not neutral. A white majority of teachers, leaders, heads of departments and units also means you are sending a message—making a choice—about who is regarded an expert, and what expertise is. About who is allowed to pass on knowledge, and ultimately what that knowledge is.

66) Coll de Lima Hutchison - POC - Staff

Staff and students are taking important steps to address ongoing racism and the legacies of colonialism that LSHTM continues to benefit from and perpetuate. Some of these activities have received a degree of support from members of the senior leadership team (SLT) and comms team. Until now this support appears to be given based on the implicit condition that any action taken does not tarnish LSHTM's brand as a global leader in health. It's hard not to read such support, for example well-meaning public statements that condemn racism in an "apolitical" manner, as attempts to capitalise on present and past tragedies to market LSHTM.

If LSHTM's mission is genuinely 'to improve health and health equity in the UK and worldwide" then SLT and LSHTM as an institution (i.e. via its branding) must be active in their encouraging (including financially) more open and critical reflection and action within the school and as a "leader" in global health, in its collaborations, partnerships and funding arrangements. If it fails to do this, it will continue to be the major beneficiary of its colonial history, entrenching racism and inequalities even further and perhaps even leading the way in instituting new forms of inequity and inequality.

67) Anonymous - Black staff member

I would like to put forward my testimony that there is a big problem within PSP (professional services) with race and that the movement now within the school to dismantle structural racism *must* include PSP in all faculties and at the most senior levels. PSP, as far as I'm aware, has more BME staff than the academic staff cohort at LSHTM. However, the prospects for BME PSP staff are bleak. How many Department Manager's and Faculty Operating Officers can we name that are from an ethnic minority?

It is not uncommon to see BME PSP staff remaining static at the same level for many years in contrast to white colleagues recruited into the same or similar position. For example, I have witnessed BME PSP staff being told that that admin staff do not get promoted. I have also witnessed white colleagues being recruited into a similar position who were given one-to-one mentorship by a manager and promotion opportunities within a short space of time. I have witnessed BME PSP staff who had not had any real conversation about their progression with their manager in many years. If there is no real pathway to promotion in PSP, in comparison to the academic pathway, this variation should not take place. BME PSP staff are also ambitious and worthy of investment in their professional development.

It is well known regarding structural racism in workplaces that it can manifest in white colleagues being favoured for training, mentorship and promotion opportunities. It has been recognised in the academic pathway at LSHTM. I would like to point out that it is a big problem within PSP as well. The lack of structure as to how PSP staff can progress seems to only promote a culture of racialised favouritism. In addition to the above, I have witnessed and been confided in about bullying of BME PSP staff by senior white colleagues which has gone ignored. It gives the impression that they are unappreciated, and yet LSHTM cannot survive without its BME PSP staff.

Any strategy to address racial discrimination and inequality at LSHTM must fully include PSP. Otherwise it is only part of the picture.

68) Sedona Sweeney, Ally, Staff and alumni

I have been at LSHTM for about 10 years, starting as an MSc student, then working my way up from Research Assistant to Assistant Professor whilst also doing a staff PhD. As a white woman from the USA, I have encountered so many privileges which have gotten me to the position I am in today. Some of them are small, but over so much time they have added up to a huge advantage.

I applied to the HPPF MSc with top grades, from a not-so-top university in the USA, which I chose because it was free for me to attend and money was tight. Would I have been here if I had attended a university of the same relative caliber in a country other than the US? Probably not.

Over my years at the School, I have probably held about 10 different contracts, and thus 10 different UK visas. For each, I was left to figure out the UK visa system on my own. All my visa applications were uncomplicated, which meant that while it was annoying to keep needing to apply for a new

visa it did not pose any substantial threat to me or my livelihood to have to do so. When I needed my passport back quickly for upcoming travel, I was able to travel to UK visa offices for same-day appointments because I have the disposable income, do not have caring responsibilities, and knew that the application process would go smoothly. When, five or six years into building a life in the UK, I was unable to open a bank account because my employment contract and visa were expiring within 6 months, I was able to shrug it off as a mild inconvenience. My existing bank accounts worked fine, and I wasn't planning to apply for a mortgage anytime soon anyway. Each of these things that I was able to write off as inconveniences would not be so minor for someone with a different background. Each of them are also addressable by reforming School policies and procedures.

Most of the projects that I have worked on have been in Africa and Asia. I have been on projects which have not been willing/able to pay enough to employ high-quality staff in those countries, or provide the staff they did hire with the training they needed. I have been on projects where collaborating partners in LMICs had to start working without them receiving a proper contract or being paid, because the contracts system at LSHTM was held up. Neither I nor any of my colleagues have ever, to my knowledge, been challenged on whether our collaborations with LMIC partner institutions was equitable. Of course, we do this in our own right, but this has never been highlighted as an institutional priority by LSHTM.

I completed my staff PhD last year, having chosen to do a staff PhD as it was the only way I could afford to do a PhD. I paid a total of about £800 for the PhD over the 5.5 years – these fees have since increased to a level that are beyond my, and so many others', affordability thresholds. Like so many other junior staff at LSHTM, I juggled the PhD alongside many (at one point four) different, unrelated projects. It was like Olympic-level mental gymnastics to jump from thinking about chronic diseases in Uganda, to intimate partner violence in Ecuador, to needle exchange programmes in the UK, to tuberculosis in South Africa. It was hard work, but I was able to complete it in 5 ½ years. This was thanks to a very supportive supervisor, but also hugely due to my incredible privilege. Due to my background, I've never had to deal with the constant micro-aggressions and stress that so many people face more than daily, freeing up my mind to focus on my work. I was supported the whole way, which I know is not the same experience for all PhD students.

This is getting long but does not even begin to scratch the surface. There has been so much pain and trauma described in the testimonials of the previous letter, but it is also important to reflect on the flip-side – and recognize the privileges that white LSHTM students and staff have encountered as a result of the School's policies. I do not deserve these privileges, and I likely would not be here if it were not for them.

69) **Julia Shen, POC, student and alumni**

For the most part, I loved my MSc at LSHTM (Public Health in Developing Countries 2016) and I have thoroughly enjoyed teaching on an MSc module (Economic Evaluation) since 2017. But two years ago, I stopped being a student ambassador and asked our Admissions team to take my contact details down.

Increasingly, I cannot recommend LSHTM as a place to study and work. I have personally faced issues described in the original letter.

Overwhelmingly, I have seen and heard too many instances of RD and staff colleagues being un(der)paid, overworked, and disrespected when trying to get support. I recently spoke with a white British colleague at the Health Foundation, who was so discouraged by her experience working at the School on a clinical trial that she had written off ever studying an MPH, though I have now tried to convince her otherwise. Her LSHTM employment - and the cultural problems she saw - soured her on the entire sectors of global health and international development.

A huge trigger for me to stop being an ambassador was the experience of a black British RD student who reached out to me. I enthusiastically encouraged her to apply in 2017 as a student ambassador, knowing that we simply don't have enough people with her excellent background at LSHTM, and the institution would have benefited enormously from all the diversity she represents: not just personally, but professionally. She reached out to me as she was also coming from the private sector: her employer believed enough in her demonstrated talent, skills, and vision to fund her PhD. Like most RD students, she found the work difficult and isolating, but unfortunately, this student's research supervisor disliked her work and essentially bullied her out. That staff member is still at LSHTM. Despite occasional calls and coffees, there was nothing I could do to help this student while the School simply failed to support her and her vital research. If I met another potential rising star like this former student, I could not in good faith tell them to come to LSHTM. Our 'support structures' fail too often. They set us up to fail.

70) Ngozi Erondu, Former staff and student (added 13th of June)

I wrote a lot of my experience with LSHTM here. I'll add to that with this: when I was an assistant professor, what hurt me the most was the dismissal and lack of empathy for the financial sacrifices that staff and doctoral students from low and middle income countries have to make to work for or attend the school. One African DrPH student that I know had a supervisor who left to work for WHO. The student was then passed around by reluctant staff who did not have time for him for more than a year. And he kept paying tuition, even though he was not getting anything in return. I tried to support him but was too junior to do so by myself. refused to refund his tuition fees for the time that he had lost.

This type of thing was even more common when it came to paying overseas consultants on time. LSHTM would sometimes take up to 6 months to pay them. I went to Professor Piot once to report this. He resolved my issue, but everyone knows that the chronic disorganisation and inefficiency

of the schools administrative systems hurts LMIC staff and students the most. It is wrong and must be rectified. I was one of the few academic black staff at the school. I left.

I am saddened but not surprised to read all the testimonials captured in this document. I hope the school will take decisive actions to dismantle the systemic inclusive and discriminatory practices.

71) Andrea Mazzella, Ally, current MSc Epidemiology student (added 10th of June)

An external lecturer in the *Epidemiology in Practice* module, a White man, made a passing remark that "in Africa" it can be very difficult to sack incompetent field staff, and that one must do something terrible in order to be sacked, giving the specific example of "raping someone's daughter". After this was raised as problematic at the end of the lecture, the lecturer apologised by email "to any students whom [he] offended" for using "such a hyperbolic example".

Another external speaker in the same module, again a White man, gave a clearly paternalistic lecture about public health issues in Sub-Saharan Africa.

Despite the stated mission of improving health in the UK and "worldwide", the vast majority of content in the curriculum is drawn from countries that used to be colonies of the British Empire. Particularly, there is extremely limited content related to countries in Latin America, Eastern Asia, Western Asia, North Africa, and any European country that is not the UK. What is the reason behind this, if not historical colonialism and current neo-colonialism?

I also think it is very telling that so many of the testimonies below are written anonymously. What does this say about the perceived safety of non-White people reporting instances of racism? Do we feel like the School would openly accept criticism without repercussions?

72) Anonymous, Ally, Alumni and staff (added June 10)

I have been at LSHTM for over a decade, first as a student, and now as staff. While the measures announced by Peter Piot in his email of June 9th are a start, much further work is necessary to address the colonial systems of the School, many of which are fundamental to the way the School operates.

First, it is important that the School acknowledge publicly that black and POC academics are under-represented within the School – especially at senior levels – and announce a strategy to close this gap. This is not mentioned in any of the LSHTM statements on Black Lives Matter, but it is a fundamental flaw in our makeup as an institution. Transferring ownership of this problem back onto staff, in the form of Athena Swan and Decolonizing Global Health committees, are not adequate solutions for this problem. This must be a problem taken on at senior levels.

The School should also reform its hiring practices for staff based in the UK. My experiences with immigration at the School echo those that many others have described. I have been at the school for about as long as Peter Piot, and at no point have I felt that the school was 'on my side' with immigration. After six years as an LSHTM staff member, I still could not get visas lasting longer

than 6 months or open a bank account because I was still on 6-monthly contracts. These experiences were difficult for me, as a white, English-speaking, middle-class person with no caring responsibilities and a supportive line manager. I cannot imagine how they would have been for somebody who does not enjoy my privileges.

The school should also reform its Research Operations systems. Our research operations systems are slow and tend to put the burden on our collaborating partners. A recent project of mine ended up requiring partners to fund projects out of their own pocket for 8 months while LSHTM struggled with setting up sub-contracts.

Finally, a reform of the teaching curriculum is long overdue. Also long overdue is a reform of trainings available to staff in the Talent & Educational Development system. The school should include anti-racist and anti-colonial trainings in the PGCILT qualification, and in required trainings for new staff. The current EDI training does not go far enough to address this.

73) Alex Adjagba, Alumni, MSc HPPF 2007/2008 (added June 9, 2020)

The silence of LSHTM with regards to "BLM" does look really disappointing in many ways. I have experienced myself the trajectory of several African students who went from the **"excitement"** to be accepted in the school, gradually to the "**feeling of being the ones being helped overseas**". This has materialized in many lectures and several situations where for example, a lecturer would make comments that are properly racist without even realizing it. Obviously, they did take advantage of the fact that, having come from so far, you don't want to jeopardize your degree by responding to them. Situations of abuse of authority were many. I was told by a lecturer that" **oh it's so great the school can bring students from Francophone Africa as well, so some capacity can be built there"**. I did respond to him, saying that, unfortunately, I had to work for 2 years so that I could afford the totality of the 21000K expected from Non-European students. For him to assume without knowing this kind of thing, just because of my skin color, was devastating and disappointing.

I think that, just like other UK universities (Liverpool, UCL…), that probably all benefited from philanthropists such as Colston, who were also major slavers, and also from British colonialism, LSHTM should come out clearly and state the concrete measures they are taking to deal with such issues and not pretend that the school is the only island in the world where discriminations and ignorance of the past, are stopped at the entrance gate.

Finally, given all the work being done in Africa by its researchers and staff, LSHTM should make compulsory some sort of learning about the history of African NATIONS, (not countries) so that, when researchers and lecturers see someone from the continent, they would refrain from certain attitudes.

The school will only get greater in the eyes of those that have paid large amounts of money to come there and be victims of racism and discriminations.