



Medact exists to support health professionals to challenge the political and economic systems which damage health, and to work together towards a world in which everyone can truly exercise their human right to health. We believe the health community has enormous potential to drive progressive social change.

Medact recognises that health and well-being throughout our lives aren't just about individual bodies, diseases, and health conditions; rather, they are shaped by the social, economic and physical conditions in which we are born, grow, live, work and age. We know these social determinants of health are driven by political and economic systems that dictate how power and resources are distributed; and which have the capacity to create and exacerbate not only deepening social inequality but wider threats to health such as climate change, violent conflict, and human rights abuses.

We put movement building at the centre of our organisational purpose, working with a diverse set of partners including NGOs, grassroots groups, professional bodies and academic institutions to realise change.

We work across four broad and inter-connected programme areas:

-  Peace & Security
-  Climate & Environment
-  Economic Justice
-  Human Rights

Medact is a membership-based charity. We are guided by a Board of Trustees, and ultimately by our members, who are made up of a range of health professionals including nurses, doctors, midwives and clinical researchers.

Our funding is based on membership subscriptions; individual donations; and support from grant-making foundations. We rely on our membership to help us stay independent, and retain our critical campaigning voice.

To find out more about Medact membership, please visit [medact.org/membership](http://medact.org/membership).

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Medact is the UK affiliate of the International Physicians for the Prevention of Nuclear War (IPPNW)

Registered charity 1081097  
Company reg no 2267125

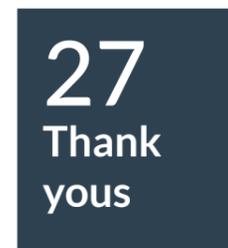
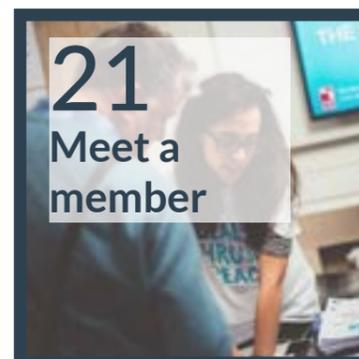
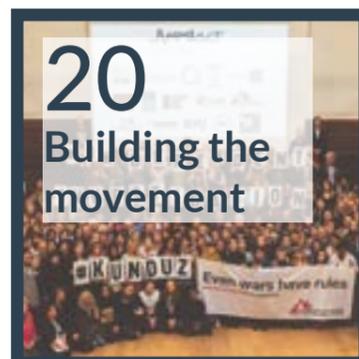
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The movement:





# Message from the Chair

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This has been a year of significant change at Medact. Dave McCoy stood down as Director in September. He has served as Trustee, Chair and Director over recent years, and was responsible for revitalising the organization and re-setting our direction. His energy and dedication are missed, and we wish him well in his other endeavours.

June Crown also stood down as Chair of the Board in January this year. She has had a long association with Medact, having served as Chair since 2014, and as President for a period of over 10 years prior to this. Her wisdom and guidance will also be missed. Frank Arnold is also standing down as a Trustee, having served two three year terms. He too will be missed.

We were very pleased to welcome Sophie Neuberg as full time Director last September. She has brought great enthusiasm to the role, as well as her campaigning experience with Friends of the Earth. We are also pleased to welcome Reem Abu-Hayyeh as our Peace & Security Campaigner, Becky Daniels as Movement Builder, and Deirdre Duff as Fossil Free Health Campaigner.

This report describes the work undertaken by Medact over the course of the last year. Once again it demonstrates the breadth and depth of our work, covering climate change, sustainable food systems, access to health care, militarism and of course our continued fight against nuclear weapons. Needless to say, none of this is possible or effective without a thriving movement of health professionals as members, and a sound strategy, and you can read about our work on movement building and strategy development as well.

I would like to thank everyone who has contributed to the work of Medact over the last year: staff and volunteers at the office, members of local and working groups, and Trustees. Without all of you, none of this would be possible, and Medact is needed now as much as ever!

**Dr Jeremy Wight**  
Interim Chair



# Director's Report

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It's not every morning you get an unexpected phone call from the Associated Press asking for your reaction to winning the Nobel Peace Prize. But that's exactly what happened in my third week as Medact's new Executive Director.

As an environmental justice campaigner, I'd watched Medact punch above its weight for some time, using the power and mandate of health professionals to create real impact in areas close to my heart – fracking, air pollution, and migrant health – and it was a real honour to be appointed to lead the organisation from September 2017.

So it was a surprise – but not a huge one – to see the ICAN coalition of which we are one of the UK hosts recognised by the Nobel Committee for its work towards the International Nuclear Ban Treaty. It felt like just one more sign of the importance of Medact's work. With ongoing uncertainty over Brexit, the continued strengthening of the far-right across Europe, and an increasingly belligerent climate change denier still in the White House, growing the power and voice of the health community in creating progressive social change is more vital than ever.

This year has seen an enormous amount of activity, and I'm so proud of the Medact staff team for their hard work and their skills – and grateful to our members whose knowledge, dedication and passion to change the world for the better I've found truly inspiring.

September saw the the fantastic Health Through Peace conference, bringing together over 400 health professionals from across the world for workshops, academic sessions, and films over three days.

Our Migrant Access to Healthcare campaign has grown from strength to strength, spurred on by our Refugee Solidarity Group, and supported in part by kind donations from members over the winter period. Working with a wide range of partners, we're now making significant headway in challenging Government policies which create dangerous, unethical borders in the NHS.

On climate change, we're making excellent progress too, with greater engagement from Royal Medical Colleges and other institutions in our divestment work, and an increasingly active Doctors Against Diesel group.

The team and I are very excited for the coming year, and in particular about the work we'll be doing to grow Medact's membership, building strength and capacity among health professionals to create long-term change for good.

But we can't do it by ourselves. We're building ever-closer relationships with partner organisations campaigning for the things we care about, collaborating to create a fairer politics and a safer, healthier world. Even more importantly though, we need the continued support of our wonderful members – to help us draw in their colleagues to our movement, and spread the word that when the health community speaks out, decision-makers listen, and that together we can really make a difference.

**Sophie Neuburg**  
Executive Director

# Developing our strategy

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We have been working on a new organisational strategy to make sure Medact can achieve as much as possible with the resources we have. This is being developed together by the team and the board, and has been informed so far by many conversations with active members and groups. We'll be asking all our members for their views before final sign-off – but here we share our thinking to date.

## What do we want to achieve, and how are we going to do it?

Medact's mission is to support health professionals from all disciplines to work together towards a world in which everyone can truly achieve and exercise their human right to health. We do this through research and evidence-based campaigning for solutions to the social, political and economic conditions which damage health, deepen health inequalities and threaten peace and security.

### Our vision for the world in 2030

By 2030, we are measurably closer to achieving a political and economic system which puts people's health and well-being at its centre. Economic equality is significantly increased; universal healthcare coverage is drawing ever closer; the world is becoming steadily less violent; and the UK is leading the charge to ensure a stable climate and healthy environment for all.

### Our five-year goals - what we want to see by 2023

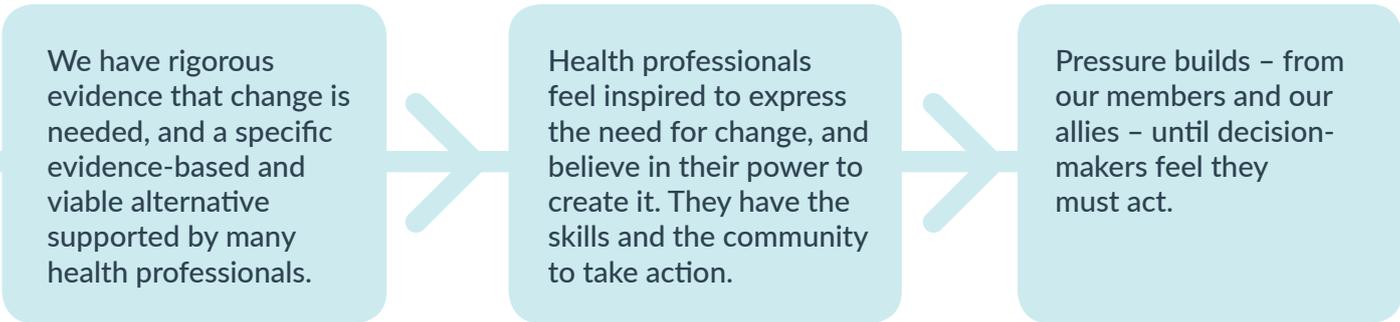
There exists a powerful and diverse movement of UK health professionals who are a force to be reckoned with in the struggle for health equity, and for a safer and more just world.

Medact is well-known for winning and helping to create the political space for our allies to win high-profile campaigns based on sound research and evidence, that will significantly improve health for all – now and for future generations.

### Our approach

To achieve our goals, we'll focus on growing and strengthening the movement of health professionals working to realise our vision; building our collective power to create change. We will *engage*, using evidence and storytelling; *organise*, by connecting people and building skills and capacity; and *escalate* by supporting our members to take action. We will maximise our influence by continuing to maintain our reputation as an organisation underpinned by top-quality research and analysis.

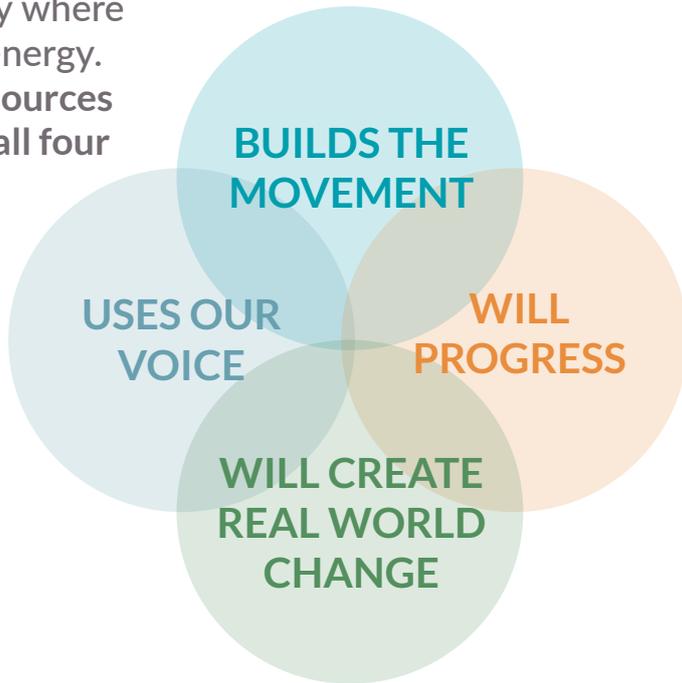
# Medact can create progressive systems change when:



## How do we decide our priorities?

There are a great many threats to health equity and human well-being, but we can't tackle them all at once. To have the greatest impact, we must choose carefully where to put our time and energy. **We will focus our resources on work which does all four of the following:**

- Cover issues on which the health community's voice is uniquely powerful, and on which Medact can add value



- Tackle systemic issues that a large number of health professionals care about, and which will draw them to Medact

- Take aim at issues on which there is a real and specific campaigning opportunity to make a difference, now

- The furthering or winning of which will have significant impact in reducing health inequities or tackling the wider determinants of ill-health

# Fossil Free Health

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Medact has been continuing its work to highlight the health impacts of climate change and to encourage health organisations to divest from fossil fuels. In particular, Medact has been working with the Royal Colleges and the British Psychological Society as they consider divesting their endowments from fossil fuels.

In October 2017, Medact organised a dinner for Royal College Treasurers, Finance Directors and Trustees at the Royal Society of Medicine. In collaboration with the Faculty of Public Health and the Climate Change Collaboration, Medact used this dinner to present the case for fossil fuel divestment. Three fund managers explained the rationale and practicalities of fossil-free and low carbon investing. Dinner attendees also heard from the chair of the Ashden Trust and the Vice-President of Investment Management of the Canadian Medical Association; both spoke of their experiences of divesting their organisations from fossil fuels.

Medact has also contributed to a number of demonstrations highlighting the widespread threats to health attributable to the fossil fuel industry. At the Annual General Meetings of BHP Billiton (Oct 2017) and BP (May 2018), Medact stood with frontline communities who are bearing the brunt of fossil fuel extraction and other forms of extractivism. In a letter of complaint to New Scientist, and protesting at the Shell Make The Future conference in July 2018, we have challenged the fossil fuel industry's efforts to maintain social license through partnering with scientific institutions, at the same time as its exploration for new reserves flies in the face of climate science which it has attempted to suppress over the years.

In July 2018, Medact put on a half-day training for health professionals on climate change, fossil fuels and health. The event featured educational sessions, which explored the health impacts of fossil fuels and examined the divestment theory of change. It also included workshop elements, where health professionals had the opportunity to plan their own contributions to the Fossil Free Health campaign.

In the coming year, Medact will continue our work to encourage Royal Colleges to divest from fossil fuels as well as providing technical support as they navigate the practicalities of the process. We will also be working to broaden the involvement of health professionals in the Fossil Free Health movement, and publicising upcoming divestment announcements to ensure they have maximum social and political impact.



For more information or to get involved, contact Deirdre Duff  
[deidreduff@medact.org](mailto:deidreduff@medact.org)

# Doctors Against Diesel

Our Doctors Against Diesel campaign has grown in strength and number as great attention has been brought to the outrageous levels of pollution in our cities and towns, and the evidence has mounted on the consequences this has for people's health.

In October 2017, we asked Chancellor Philip Hammond to deliver a bold budget to make sure that he takes action on air pollution. We called on him to increase road tax on new diesel cars, and use the money to establish a diesel scrappage scheme to support people on low incomes to transition to more sustainable and healthier transport options. Thanks to pressure from us and our allies, the Chancellor did announce a small increase in tax on some new diesel vehicles – but it wasn't enough, and there is much more to be done.

We have also produced a number of videos this year for increasing awareness of the health impacts of air pollution amongst the general public, which have been widely shared on social media.

As local councils continue the process of working out their plans for Clean Air Zones in cities across the UK, Doctors Against Diesel are working on their campaign strategy for ensuring that zones have the maximum positive impact on their surrounding area. We will continue to work to influence central government policy in our mission to reduce the impacts of air pollution on children's health.



Professors Jonathan Grigg and Chris Griffiths handing in our petition to the Chancellor on diesel ahead of the Autumn Budget



For more information or to get involved, contact Becky Daniels  
[rebeccadaniels@medact.org](mailto:rebeccadaniels@medact.org)

# Sustainability & health in diets & food systems

The past year has seen the culmination of a number of strands of a multi-year project to develop awareness and understanding amongst health professionals, policy-makers, academics and civil society groups about the links between health and sustainability in relation to food.

The project has looked at the links that exist at all levels of the food system – “from farm to fork”, with core messages emerging from the research being the importance of reducing average meat consumption in UK diets, and the need to transition away from blanket antibiotic use in livestock farming.

A wide variety of potential intervention points have been explored, with work including suggestions for revision of UK dietary guidelines to incorporate the “less meat” message (following Scandinavian examples); development of teaching modules on healthy food and food systems for inclusion in undergraduate medical curricula; an analysis of the complex policy environment relating to food provision and the food environment in NHS hospitals; and bringing together a broad group of eminent health professionals to speak out on the health risks of antimicrobial resistance stemming from their excessive use in farming practices.

Two key outputs from this project took place in the autumn of 2017. In September, Medact coordinated a workshop and visit to a pig farm for a broad group of leading health professionals, including the Chief Medical Officer Professor Dame Sally Davies. The trip was at the invitation of industry body Responsible Use of Medicines in Agriculture (RUMA), following a joint letter printed in the Telegraph the previous autumn on the subject, again coordinated by Medact; and provided a fascinating hands-on insight into the real scale and nature of industrial agriculture.

The trip coincided with the release of two new Medact publications that have been developed over the course of the project. The first, *Digesting the Indigestible*, contains a situational analysis of the hospital food policy environment – bringing together in one place (for the first time, as far as we are aware) the wide variety of cross-cutting regulations and incentives faced by hospitals, in attempt to aid those working in this area to navigate them.

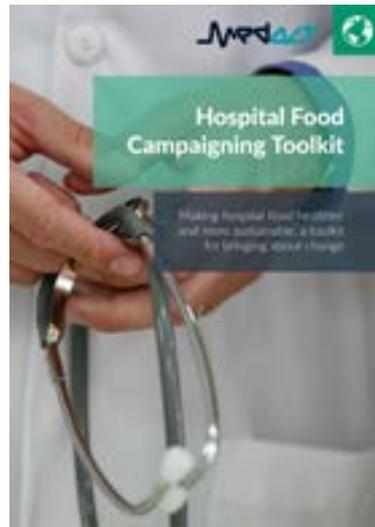
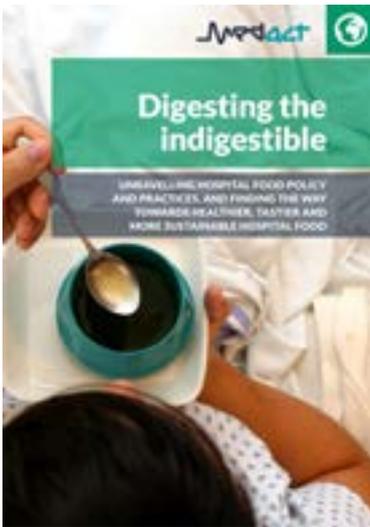
Visiting a pig farm with health leaders including the Chief Medical Officer and the heads of a number of Royal Colleges



The second, our *Hospital Food Campaigning Toolkit*, distills the key messages from the report, and provides a number of resources for health professionals interested in campaigning on this issue in their own place of work. It has been great to hear from organisations including the Soil Association and Public Health England how useful *Digesting the Indigestible* has been to them – and we are always looking for more health professionals interested in campaigning on food in their hospitals.

It was with some sadness that we had to bid farewell to Elizabeth Atherton and Josephine Head, who led work on this project so skilfully over the past two years, but we would like to take the opportunity to thank them for their excellent work.

A literature and media review conducted as part of the project evaluation demonstrated the swelling of interest in the nexus between food, sustainability and health during the project period - testament to the importance of the work being carried out.



Our hospital food report and toolkit are available online at [medact.org/hospital-food](http://medact.org/hospital-food)

This year has also seen the release of a chapter of the Food Climate Research Network's online learning resource FoodSource on antimicrobial resistance - co-written by Medact as part of this work.

# Global Health Watch 5

This year saw the publication of the 5th edition of Global Health Watch - the “alternative world health report” project in which Medact has been a partner since it was first begun in 2005.

For the UK launch of the book, Medact teamed up with partners at Health Poverty Action and the People’s Health Movement to host an engaging debate in Westminster, with speakers including shadow health secretary Jonathan Ashworth, Norwegian Professor of Public Health Steinar Westin, and former Medact Director David McCoy.

The debate explored what the UK can learn from places which are improving health by rejecting neoliberal economic policies - the theme of a new Health Poverty Action report that was also launched at the event.



Copies of Global Health Watch are available from the office, see [medact.org/ghw5](http://medact.org/ghw5)

# Migrant access to healthcare

Over the past year, Medact has been working to challenge government legislation that has created barriers to accessing free and safe healthcare for many migrants in the UK. Charging for secondary care, and denying those who are unable to pay upfront for certain kinds of care, goes against healthcare workers' duty of care to their patients, and provisions healthcare based on financial means and immigration status, not need.

For our part, we know that the reasons why people travel and migrate to the UK often relate back to global inequities – such as conflict, resource extraction, political and economic instability and climate change. Without accessible healthcare, health inequalities will continue to widen, and public health will suffer.

In the autumn of 2017, Medact joined campaign group Docs Not Cops and a number of other organisations in protests over the introduction of upfront charging and expansion of charging in community care. With shocking testimonies from impacted patients, the loud, creative and moving protests gathered a great deal of media attention. Medact member Ruth Wiggins was interviewed on the Today Programme on the day upfront charging was introduced.

In February 2018, Medact collected evidence from our members, to submit to the Department of Health and Social Care review into the impacts of the NHS Charging Regulations for Overseas Visitors (Amendments) 2017. The evidence – case-studies and testimonies from health professionals – showed some shocking impacts on patients, making clear how unethical and unworkable the charging regulations are. However, we and many others felt the review of the 2017 regulations was inadequate in its scope, and in particular ignored the impacts of the original 2015 NHS charging regulations. We coordinated a letter to the DHSC signed by over 30 organisations raising these and other concerns, recommending that the 2017 Amendments be suspended, and a full review be undertaken into the impact of the 2015 Regulations.

In May 2018 the Evening Standard - with comment from Medact RSG coordinator Dr Jess Potter - revealed that of 8,900 ID checks by London NHS Trusts as part of a pilot scheme, only 50 patients were identified as chargeable. In response, Medact coordinated a letter signed by 150 health professionals calling for the charging regulations to be scrapped, which was then published in the paper. The voices of health professionals are key in changing this policy, and the number of those who signed the letter just overnight shows the level of concern and outrage within the health community.

In July 2018, Medact along with partners Docs Not Cops and Migrants Organise organised an event in Tower Hamlets to bring together Bart's and Tower Hamlets health professionals to discuss the charging regulations and 'hostile environment' for migrants in the NHS. Despite competing with an England World Cup match, the event was packed. It marked an important step toward building a movement of local health professionals campaigning for change, and we are now planning to run similar meetings elsewhere. The event was also the launch of our new 'Patients Not Passports' lanyards, which health professionals can wear at work to show their support for our campaign.

Medact has also worked with Docs Not Cops to create a toolkit for healthcare workers on the issue of the 'hostile environment' for migrants in the NHS, with information about the charging regulations. The toolkit aims to empower healthcare workers by giving them ideas and the information they need to best advocate for their patients, and ultimately work toward the scrapping of harmful charging policies. The toolkit can be found online at [patientsnotpassports.co.uk](http://patientsnotpassports.co.uk).

Right: Lanyards produced with Docs Not Cops to help health workers to publicise the new toolkit in their places of work

# Refugee Solidarity Group

As the Refugee Crisis continues to be one of the defining issues of the 21st century, so the Medact Refugee Solidarity Group has continued to campaign and coordinate a range of actions on this issue.

Last September, a group of doctors and medical students from the RSG spent three days between Calais, Dunkirk and Brussels volunteering with the "Refugee First Aid and Support Team". We saw in the region of a hundred people and the main presentations were scabies, sore throats/headaches, wounds, fungal feet infections, muscle aches in people who had been walking for days on end and dehydration. Without a license to practice medicine in France, we were limited to providing basic first aid, but where this was otherwise lacking it was appreciated. In some part we felt the basic human interaction to be helpful, for people who otherwise experience such disregard and inhumanity from many sides. Led by Francesca Burns our members shared their observations from the visit by presenting at the Society for Academic Primary Care conference.

As we have witnessed the encroachment upon the NHS of hostile environment policies – such as 150% upfront charging, data sharing for immigration enforcement and ID checking – we have focused much of our energies on campaigning against these policies.

Articles and quotes by our members on this subject have been featured in a host of publications including the The Independent, The Evening Standard and the BMJ. Additionally we have spoken at many conferences and events including debating overseas visitor charging at the London School of Hygiene & Tropical Medicine, and the 1st World Congress on Migration Ethnicity Race & Health in Edinburgh. We have taken part in various protests throughout the year, including in front of the Home Office and the Department of Health.

As well as raising awareness of and objections to these policies through our media work, we are continuing to engage with our Royal Colleges on this issue; and to collaborate with and support the work and campaigns of Docs Not Cops and Doctors of the World. We were proud to support the successful #stopsharing campaign which led to the amendment of the Memorandum of Understanding between the Home Office and the DoH requiring the NHS to share patient records for the purpose of immigration enforcement.



Refugee Solidarity Group members at the #PatientsNotPassports march in September 2017



# Medical provision in immigration detention

Medact has continued its work to advocate for better medical provision for persons held in immigration detention, highlighting the serious risks faced by these individuals and the inadequacies of the current system.

2017 saw the Home Office commission a follow-up of the initial Shaw review into the state of welfare of vulnerable persons in detention, which took place in 2015-16. Having provided evidence to the first review, Medact was invited to submit something once more. Our submission, produced by Medact Trustee Frank Arnold with the help of experienced doctors from Forrest Medico-Legal Services, brought together data showing the lack of progress on the recommendations of the first review – namely significantly reducing the number of vulnerable individuals detained and the duration of their detention. The submission also included detailed consideration of the process for production of Rule 35 reports – the medical assessments intended to identify vulnerable persons for the purposes of safeguarding – comparing the theory of how these are supposed to work with how they do in practice; and made recommendations for strengthening the systems for auditing safeguarding provision in detention centres.

*“Prevention is better than cure - the most effective way to minimise harm to individuals identified as potentially vulnerable to the experiences of detention is not to detain them in the first place”*

*- extract from our submission*

Towards the end of 2017, Medact also worked with Forrest Medico-Legal Services and Asylum Welcome (Oxford) to put on a training for health professionals in the area on recognising and acting upon medical signs of torture or abuse, including forms of limited documentation which may be helpful as evidence in an asylum case, or as justification for producing a full Medico-Legal Report at a future time.

In the spring of 2018, we published a short piece of practical medical guidance for hunger strikers, in support of those detainees at Yarl’s Wood protesting against conditions at the centre and the UK’s policy of indefinite detention.



Medact's submission to the 2017 review by Mr. Stephen Shaw into welfare of vulnerable persons in detention - available online at [medact.org/resources](http://medact.org/resources)

# Child recruitment into the UK armed forces

The UK is one of fewer than 20 countries in the world that continues to recruit 16-year-olds to its military, with over 20 percent of new UK recruits under the age of 18. In 2016, Medact produced a report examining the health impacts of early recruitment – and on the basis of the evident harm has been campaigning for the UK to raise its recruitment age to 18.

A really important step in the #MakeIt18 campaign came in October 2017, with the Scottish National Party (SNP) voting overwhelmingly at its AGM to adopt raising the recruitment age as party policy. The motion was spearheaded by SNP's youth branch, using the Medact report as key supporting evidence. We were especially pleased to hear that it was young people – who are most impacted – leading the way.



Medact's 2016 report was used as key supporting evidence for the SNP Youth's campaign to raise the recruitment age to 18. In January 2018, the Defence Select Committee announced an inquiry.

In January 2018, the Defence Select Committee announced an inquiry into the mental health of UK armed forces and veterans. At Medact we responded by compiling evidence relating to the negative psychological and neurological impacts of early training and service on adolescent recruits into a submission, which has since been published on the Medact website. During the oral evidence stage of the inquiry, we co-signed a letter alongside Child Soldiers International UK and ForcesWatch expressing concern that the issue of the health impacts on adolescent recruits was not receiving sufficient scrutiny.

The impact of our 2016 report continues to be felt, with Medact being asked on a regular basis to provide media comment on the health impacts of adolescent recruitment, including this year in the Guardian, the Mirror, and an interview on BBC Radio Kent.

Peace & Security Campaigner Reem presented a paper on the topic of the health consequences of adolescent recruitment at the Network for Critical Engagement with the Defence Establishment at the Royal United Services Institute in May 2018. This was a good opportunity to meet and make connections with people from across the defence spectrum, including academics, health specialists, legal experts, and others. The presentation was well received, with many working in the field highlighting the lack of awareness about the issue amongst the community. We look forward to working with the Network more in future.

Reem is now working with Medact member and paediatrician Dr. Guddi Singh to write an editorial for BMJ Paediatrics on the issue – so stay tuned for publication!



For more information about this work, contact Reem Abu-Hayyeh  
[reemabuhayyeh@medact.org](mailto:reemabuhayyeh@medact.org)

# Health Through Peace 2017

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Coming just a month after the successful conclusion of the nuclear weapons ban treaty (TPNW) conference at the United Nations, and in the week of new North Korean missile and nuclear weapon tests, our second Health Through Peace conference was a timely gathering for the International Physicians for the Prevention of Nuclear War (IPPNW), for whom the event formed the 21st World Congress. 500 health professionals, academics and campaigners took part over the course of the 3 days, with 40 countries represented across six continents – including, amazingly, representatives from the IPPNW affiliates of both Iran and North Korea.

A broad programme spoke to the role of the health community in facing up to a wide range of challenges including nuclear weapons proliferation, escalating violent conflict, creeping societal militarisation, and dangerous trends in recent years around the denigration of international humanitarian law.

Speakers and delegates alike appreciated the variety of content on offer, and the opportunity to engage with issues from the cross-cutting perspectives of the academic, medical, civil society and campaigning communities represented. We were joined by many eminent individuals from

across these fields, including Archbishop of York Dr John Sentamu; Austrian Ambassador and Permanent Representative to the United Nations Thomas Hajnoczi; former Director of the London School of Hygiene and Tropical Medicine Professor Sir Andy Haines; global coordinator of the World Health Organisation's Violence Prevention programme Dr Alex Butchart; incoming director of the World Medical Association Yoshitake Yokokura; and Director of Médecins Sans Frontières' Intersectional Legal Department Dr. Françoise Bouchet-Saulnier. Feedback from participants on the quality of the programme was unanimously positive – with comments highlighting the breadth, depth and originality of sessions. We are incredibly grateful to all the speakers and facilitators who contributed to the event, of which there were far too many to list by name here!

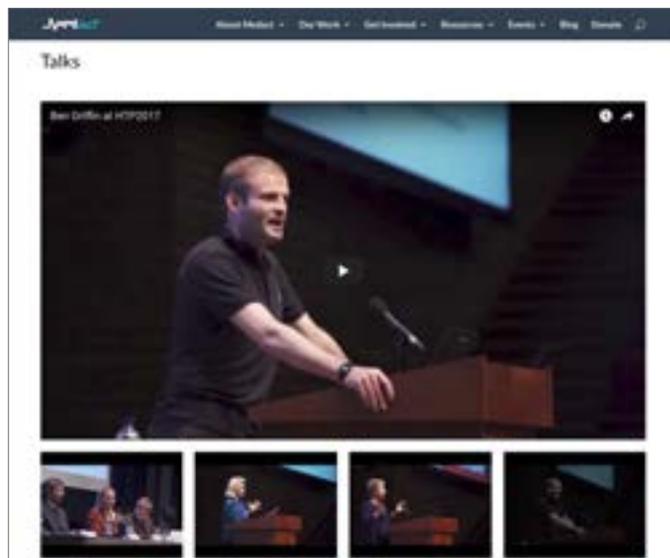
As with past Medact conferences, the delivery of the conference was dependent upon a large contingent of excellent volunteers. Indeed, the mixture of both health and social science students and others – most new to Medact and many to peace campaigning – rose admirably to the challenge, and provided a refreshing energy and enthusiasm that was an inspiration for all involved. We hope the experience will encourage many to stay involved with medical peace campaigning.



Collaborating on the conference was also an excellent opportunity for building new organisational alliances and bringing in many individuals new to Medact. An important motivation for the decision to host the conference outside the SouthEast was the hope of increasing engagement in these areas, and we were delighted to have members forming new Medact Local Groups in both Yorkshire and Glasgow off the back of the event, as well as the opportunity the conference presented to work more closely with existing groups in Scotland and Tyneside.

The conference also provided a powerful hook to gain traction on focus issues in both mainstream and alternative media before, during and after the event, with notable publications including a blog in the BMJ by speaker Taher Qassim drawing attention to the cholera crisis in Yemen at an early stage in its development; a piece on the climate consequences of a nuclear detonation in The Conversation and then the Mail Online by Director David McCoy; and a conference statement celebrating the achievement of the TPPNW, published by IPPNW and in Medicine Conflict & Survival.

This was without a doubt the largest and most ambitious Medact conference yet – and it is similarly unquestionable that it would not have been successful, indeed possible at all, without the incredible work of our Conference Organiser Emma Champion, and the assistance of conference volunteers Frances Player and Danni Rawle. We really cannot thank you enough – and would like to do so again on behalf of all who took part in the event.



A number of audio and video recordings from the event are available to watch and listen back at [medact.org/forum-2017](http://medact.org/forum-2017)

*“I don’t think I’ve attended anything quite like it! Excellent, inspiring & energising”*

*“The best IPPNW congress I have attended – many interesting new concepts, without compromising in-depth coverage of the important areas”*

*“It was wonderful to be with so many concerned and passionate individuals”*

## Health Through Peace In Figures:

40

countries represented in delegation

500

delegates attending the conference over the 3 days

75

CPD certificates awarded on the basis of certification from Royal College of Physicians

60+

speakers across 3 days of plenaries, academic sessions and workshops

70~280kt

US Intelligence estimate for the kiloton yield of the North Korean nuclear test on 3rd September 2017, the opening day of the conference

2

Nobel Peace Prizes awarded to nuclear weapons campaigns of which Medact has been a part

# Nuclear weapons

As many members who have worked on this area with Medact over the years can attest, one of the greatest challenges in campaigning for nuclear disarmament is the extent to which the issue is sidelined in political debate, mainstream media and the broader public consciousness.

It is for this reason, perhaps, that it was so pleasantly surprising that the many years of work by the many hundreds and thousands of individuals who have contributed to the International Campaign to Abolish Nuclear Weapons (ICAN) received due recognition in the form of the 2017 Nobel Peace Prize, following the successful completion of negotiations on the Treaty for the Prohibition of Nuclear Weapons (TPNW) at the United Nations in July 2017. This treaty has been the culmination of over 10 years of campaigning in which IPPNW and Medact have played an integral part internationally and in the UK.



Having initially started the UK branch of the campaign in 2012, Medact continues to be a coordinating partner in ICAN UK. Since the conclusion of the treaty negotiations and the Nobel award, attention has focused on how to support the country-by-country ratification process, and the agreement as a basis for pressuring the UK government, and attempting to change the conversation amongst the UK public – and we have been working with partners on developing the joint strategy for this.

To publicise the Nobel award, Medact and other ICAN UK partners staged a parallel award ceremony on the steps of the Ministry of Defence on the day of the official ceremony in Oslo, with Medact member Michael Orgel giving a memorable address.

We have continued to distribute copies of the Safer World report, published in summer 2017, as well as supporting members of the Nuclear Weapons Group with publication of a series of blogs on the Medact website. We also collaborated with IPPNW partners on a joint letter to European leaders in support of their continued commitment to the Iran nuclear deal, in light of the US's walking away from this.

Looking forward, we'll be taking the Medact AGM to Glasgow, to combine with mobilising a Medact contingent for the "Nae Nukes Anywhere" International Peace March to the Faslane Trident nuclear submarine base on the Clyde in September 2018. For more information about this, please contact the office - [office@medact.org](mailto:office@medact.org).

## Nuclear Weapons Group

It has been another busy year for the Nuclear Weapons Group, who have continued to push forward this area of Medact's work.

The group has aimed to engage with many prominent decision makers and influencers, including the Secretary of State for Defence and the British Red Cross, and have continued to work with and support a range of organisations including TPNW, MPP and ICAN and the BMA.

Posters produced by group members depicting the effects of a 100 kt detonation over various UK cities have been hugely successful – one depicting the impact on Southampton currently hangs in the Mayor of Southampton's office.

Members have undertaken monthly tasks to publicise issues related to nuclear weapons, such as distributing copies of the Medact's Safer World report to local hospitals and medical school libraries.

The group also made significant contributions to the York Congress, and members have produced several blogs for the Medact website, including "Taking the finger off the red button" and "The dangers of nuclear distraction".

# Militarisation & the arms trade

With thousands in Yemen killed under daily bombardments, and public infrastructure collapsing as a result of violence, millions are affected by a lack of food, clean water and access to medical facilities. Similarly, the continuing siege on Gaza and killings of hundreds of protesters in May 2018 has led to an ongoing public health crisis. Medact believes that militarism and conflict is a key underlying root cause of poor health worldwide, and we therefore campaign for the prioritisation of public health over the profits made by the arms industry.

We have published a series of blog posts under the banner of 'Forgotten Conflicts', exposing and analysing conflicts across the world and their health impacts. These have included articles on the war in Yemen by Yemeni physician and public

health specialist, Nada Taqi, and on health crises in Myanmar in the backdrop of violence and systematic killings of the Rohingya people, written by Cavitha Vivekanthan.

In response to the Undersea Defence Technology conference in Glasgow in July 2018, Medact and Medact Scotland coordinated a letter from Scottish health professionals urging Glasgow City Council to not welcome arms fairs in the city in future. An article was published in The Scotsman reporting on the letter, with quotes from Medact Scotland members. We are happy to report that as a result of the protests and demands from different elements of civil society, Glasgow City Council committed to no longer hosting arms fairs.



For more information about this work, contact Reem Abu-Hayyeh [reemabuhayyeh@medact.org](mailto:reemabuhayyeh@medact.org)



# Building the movement

Over the past few months I have enjoyed getting to know many of Medact's members and supporters. A common question I've received from many of you has been *what does a movement builder actually do and why do we need one?*

In answering this question, let me draw your attention to Medact's emerging new strategy. Our vision for the future is a hopeful one. We want to see a world in which everyone can truly achieve and exercise their human right to health.

But today's reality clearly does not mirror this vision. Environmental damage, violent conflict, and structural inequality have a significant negative impact on human health both within the UK, and abroad. Globally, policies adopted by governments, businesses and even civil society organisations further restrict access to healthcare; entrench inequality, are destructive to the environment, and perpetuate violent conflict.

In order to change the current reality and strive for a fairer, safer and healthier world, there are two areas of work in which it is my role to support members:

## Campaigning

As we continue to look for evidence based solutions to problems, we must make sure that the right people are hearing our recommendations – and that we are taking actions that make decision makers feel pressured to implement policies that benefit more people. For this reason, a large part of my role involves understanding what our Local Groups are working on, and supporting them to design and build campaigns on these issues. By working with members to build petitions, organise protests, speak to decision makers and garner media attention for their work – we can ensure that the campaigns that you run have a real impact on the issues we all care about.

## Growing

We need to be loud, and we need to be many. We must increase Medact's membership base so that we have as many people as possible engaged in this vital work. The more of us who are jointly calling on big businesses, governments, Royal Colleges, NHS Trusts and our local councils to change their policies, the more likely it is that decision makers from these organisations will listen to us. Part of my role as Movement Builder involves working with members of our Local Groups to run events, meetings and campaigns that engage healthcare professionals across the country, bringing in new people to get involved in Medact's work.

Medact enables health professionals to create progressive social change. Together, we have a vital role in shaking up the status-quo. In my role as Movement Builder, I am here to support you, our members, to create the change that you want to see in the world.

The pages of this report contain a host of exciting projects that our members have been working on, and some of their plans for the future. If you would like to work with me on building your local group, running a campaign or growing our membership base, please do get in touch.

**Rebecca Daniels**  
Movement Builder  
[rebeccadaniels@medact.org](mailto:rebeccadaniels@medact.org)

# Meet a member

## Jess Potter



I'm a respiratory registrar and I am currently in the last year of my MRC-funded PhD which uses qualitative methods to explore healthcare access amongst recent migrants to the UK with tuberculosis.

I became involved with Medact because, through my research, I became increasingly aware of the ways in which laws and policies were increasingly restricting migrants' rights to access healthcare. I really wanted to meet other people who shared my concerns and to work out whether, together, there was anything we could do. Medact's Refugee Solidarity Group provided that platform and is a constant source of inspiration and support.

Since I joined over a year ago we have focused on challenging the government's hostile environment policies in the health service. We joined other groups to protest the Memorandum of Understanding which has now been scrapped and joined a barricade outside the Department of Health to protest the introduction of upfront charging in October last year. We have used our particular expertise and experience as healthcare professionals to expose the harms caused by these policies in the media and we continue to lobby our professional bodies and unions to call on the government to repeal NHS charging regulations.

## Sonia Adesara



I'm Sonia Adesara, a junior doctor. I have always had an interest in politics and human rights. As a doctor, you get a unique insight into the issues and struggles people face.

The opinion of health professionals continues to be respected by the public. Medact is a forum for me to use my 'medical voice' to campaign on issues I care about, and I believe organizing and campaigning together with like-minded individuals can be a powerful force for change.

It can be very difficult as a doctor when the health of your patients is affected by factors which you are unable to control. In the new Medact London group, many of us felt we could see the impact of austerity policies was having on the health and well-being of our patients. Housing, in particular, the lack of safe, quality housing was felt to be a worsening issue in London and in light of Grenfell, we felt that this was an area that urgently needs political action. We hope to organize an effective campaign on this issue and use our medical voice to put pressure on those with the power to implement change.

## Dr Michael Orgel



I am Dr Michael Orgel, a retired consultant in substance misuse treatment for NHS Lothian.

Following hearing Dr Helen Caldecott speaking about Nuclear Weapons and Nuclear War in 1983 at Stanford University, I left my job as Chief of Medical Services for the Haight Ashbury Free Medical Clinic Drug Detox and Aftercare Project in San Francisco. I travelled to visit Hiroshima where I was guided around the city by a Hibakusha\*. I travelled on to London to commence work for the NHS and joined Medact.

As a member of Medact I was privileged to assist Professor Joseph Rotblat of Pugwash to produce a report on the effect of nuclear bombs falling on London. I have since continued to campaign on the key issue of nuclear weapons with Medact Scotland. Some of my highlights include attending UN negotiations on the Treaty to Prohibit Nuclear Weapons, representing Medact at a die-in demo on the steps of the MOD on the eve of ICAN receiving 2017 Nobel Peace Prize, and working with partners to found Don't Bank on the Bomb Scotland.

\* nuclear bomb survivor

# Medact local groups



## Medact Scotland & Glasgow

Medact Scotland has continued to work on raising awareness about the potentially catastrophic impact of Trident and the importance of the Nuclear Weapons Ban Treaty. We have had letters on this issue published in many major news outlets including the Guardian and the Scotsman.

We have been engaging Scottish decision makers in our work – participating in the cross party disarmament group at Holyrood – and member Michael Orgel attended the UN negotiations on the Treaty for The Prohibition of Nuclear Weapons in New York.

Members were involved in the Don't Bank on the Bomb relaunch conference and participated in a number of other ICAN activities. We were also present at the IPPNW Congress, and helped organise the IPPNW Student bike ride from Faslane to York which accompanied this event.

We are now supporting the Medact office in organising the upcoming AGM and dinner event in Glasgow, and look forward to hosting Medact's members at this event and at the Nae Nukes Anywhere march at HM Naval Base Clyde at Faslane the day after the AGM on 22nd September.

To get involved, email [scotland@medact.org](mailto:scotland@medact.org)



## Medact Manchester

The Mancunian contingent of Medact has been busy again in 2017/18.

In the autumn of 2017, we published the results of a survey we conducted exploring how much healthcare professionals know about refugees and asylum seekers' health and their eligibility to NHS health care. Having set out to identify learning needs, our results showed concerning knowledge gaps, with 1/3 of respondents believing that refused asylum seekers were ineligible for free emergency care. Group member Pippa Kang is currently refining and repeating the survey, so keep your eyes peeled for post-charging regulation results.

Our free evening lecture series has this year featured Sandhya Sharma from Safety4Sisters, Estelle Worthington from Asylum Matters and Dr Mustafa Alachkar from Rethink Rebuild Society. These interactive, inspiring sessions offer a change for everyone to learn from local experts and always allow space for discussion, usually with snacks, babies and the odd trip to the pub.

We have also taken to the streets outside Manchester Royal Infirmary with our signs and megaphones to raise awareness about the introduction of the new NHS charging regulations in October 2017. Setting up a border control point, and offering to check people's passports as they passed to enter the hospital proved quite effective for this!

To get involved, email [Ruth Wiggans - manchester@medact.org](mailto:manchester@medact.org)

## Medact Oxford

After a short fallow period in 2017, Medact Oxford is reigniting in 2018.

September will see our exciting relaunch event – Homelessness, Housing and Access to Healthcare – where we will hear from a panel of experts in this field. We will explore what role health workers can play in ensuring that homeless and vulnerably housed people can access healthcare. As Medact Oxford we aim to achieve definite outcomes locally, and make our voices heard nationally where appropriate in order to effect change.

To get involved, email [Dr Robert Shaw - oxford@medact.org](mailto:Dr Robert Shaw - oxford@medact.org)

Across the UK, our local groups run their own campaigns to battle the big issues that affect health - protesting against fracking, organising against the arms trade, and campaigning to ensure that migrants have access to healthcare.

As a member led organisation, our local groups are at the heart of what we do.

## Medact Tyneside



In Tyneside we have continued to host a range of meetings and events across the city, as well as working to engage local decision makers.

Events have included meeting at the local Mosque to discuss confidence building measures in the community, film screenings and talks at the local library, a musical lunch party for local Medact members and a talk on child rights for Students for Global Health.

We have engaged with local decision makers regarding the Treaty on Prohibition of Nuclear Weapons and the NHS Reform Bill.

We have also been busy distributing copies of Medact's Safer World report on Britain's dependence on nuclear weapons, and helped to organise the English leg of International Physicians for the Prevention of Nuclear War Students bike ride that accompanied the York conference.

To get involved, email [Elizabeth Waterston - tyneside@medact.org](mailto:Elizabeth Waterston - tyneside@medact.org)

## Medact Yorkshire



Inspired to bring Medact to Yorkshire, two local GPs have been making steps to form a new local group in the area.

In June 2017, we organised a talk at York University to introduce the idea of a local group, with speakers from prominent local anti-fracking campaigns. We followed this up with a meeting to discuss fracking and share ideas for future action – these included waste in the NHS, inhaler recycling, migration health and rights, inequality as a determinant of health, social prescribing, air pollution and fossil fuel divestment.

A number of us have represented Medact at the fracking frontline in Kirkby Misperton and also had a presence at the national Students for Global Health conference in Leeds.

While the realities of large distances between members and a wide spread of interests are posing their challenges, we are tenacious and keen to address these issues and take this group forward with increased vitality and purpose in the year to come.

To get involved, email [Margaret Jackson - yorkshire@medact.org](mailto:Margaret Jackson - yorkshire@medact.org)

## Medact London

Medact London relaunched in the spring of 2018, and has been working hard to find an area that its members are keen to focus our energy on.

As health professionals working in London, many of us have seen the impacts of the housing crisis and poor quality housing on patients health, with the vulnerable so often the worst affected. With this in mind we have decided to campaign on the issue of austerity, housing and health, and are currently planning our first campaign around renters' rights.

To get involved, email [london@medact.org](mailto:london@medact.org)

# Treasurer's Report

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Medact had a good year financially, with significant improvements to our profile in terms of long term sustainability and flexibility, and by extension our potential for effective campaign work.

The headline figures for charities with significant flows of grant funding can be misleading, and so it is with ours this year. Thus, while the headline figure for total funds held by the charity at the end of the year show a reduction from £165,021 to £140,271, this masks the fact that unrestricted funds, not tied to any specific project delivery, increased from £56,311 at the end of January 2017 to £108,140 at the end of January 2018.

This shift in funds represents a significant favourable move towards one key organisational objective – the capacity to direct resources towards an agreed cause or priority without having first to seek specific funding to do so; in a fast-changing health and political environment, this will make a big difference not only to our effectiveness, but to the creation of a virtuous circle, in which our capacity for prompt response draws in more unrestricted funds, creating greater pro-active capacity, and so on.

The principal reason for the reduction in total funds between January 2017 and January 2018 is the in-year 'deficit' of £57,877 on restricted funds (of which the vast majority is grant funding paid on condition of expenditure on an agreed project). This is not a cause for concern. It merely reflects the completion of a number of grant-funded projects this year, for which the grants have been received and the income accounted for in the last two financial years, but for which the corresponding expenditure continues into this year. This financial year's deficit on grant income versus grant-related expenditure is thus simply a consequence of the surplus in the last two financial years on the same.

New grant income for the 2017-18 was £85,615, but grant application successes in the 2018-19 year to date (not reported here) already far outstrip that figure. They also contain a higher percentage of funding that can be used to cover our core costs, thus further promoting the sustainability and effectiveness objective referred to above.

As with headline figures for funds held by the charity at year end, so with headline figures for income: they need a brief explanation of the underlying figures.

So while the total income for the charity in 2017-18 (£365,186) was remarkably similar to 2016-17 (£356,087), the income profile is very different.

While the 2016-17 profile was dominated by grant income, the 2017-18 income profile includes the £127,849 income from the hugely successful Health Through Peace conference of September 2017. This matches almost exactly the expenditure on the conference (£127,953), but the essential cost-neutral nature of the event should of course be measured not only in pure financial terms but in terms both of wider effectiveness and Medact's own burgeoning reputation as a campaigning charity that, as our new Exec. Director says in her report, punches above its weight.

In terms of unrestricted income, it was pleasing to see a rise in memberships subscriptions income for £58,109 to £63,104, even in advance of the appointment of our dedicated Movement Builder, from whom a beneficial consequence is likely to be increased membership as we build our progressive health movement. Appeals income also rose from £8,526 to £19,090, with some of this increase thought to be associated with the Health Through Peace conference.

In summary, I am delighted to be able to bring such a positive financial report to members and other interested parties. It is a report, with associated figures, which I hope gives evidence of the coalescence between our financial strategy and the progressive health campaign work we are delivering, and intend to deliver in the future.

**Paul Cotterill**  
Treasurer

# Accounts

## Income & Expenditure

	Jan 18	Jan 18	Jan 18	Jan 17
	Restricted Funds	Unrestricted Funds	Total Funds	Total Funds
<b>Incoming Resources</b>				
Voluntary Income				
Membership Subscriptions	£ -	£ 63,141	£ 63,141	£ 58,109
Appeals	£ -	£ 19,090	£ 19,090	£ 8526
Other Donations & Legacies	£ 898	£ 25,056	£ 25,954	£ 24,298
Gift Aid	£ -	£ 5,826	£ 5,826	£ 8,485
<b>Total Voluntary Income</b>	<b>£ 898</b>	<b>£ 113,113</b>	<b>£ 114,011</b>	<b>£ 99,418</b>
Income from Charitable Activities				
Project Grants	£ 85,615	£ 22,700	£ 108,315	£ 227,040
Events	£ -	£ 127,849	£ 127,849	£ 16,767
Contracts with Partners	£ -	£ 14,104	£ 14,104	£ 11,242
Consultancy Work	£ -	£ -	£ -	£ 1,550
Sale of Educational Materials	£ -	£ 900	£ 900	£ -
<b>Total Income from Charitable Activities</b>	<b>£ 85,615</b>	<b>£ 165,553</b>	<b>£ 251,168</b>	<b>£ 256,599</b>
Investment Income	£ -	£ 8	£ 8	£ 70
<b>Total Incoming Resources</b>	<b>£ 86,513</b>	<b>£ 278,673</b>	<b>£ 365,186</b>	<b>£ 356,087</b>
<b>Resources Expended</b>				
Fundraising Costs	£ 450	£ 8,812	£ 9,262	£ 8,067
Charitable Expenditure				
Affiliations & Support For Other Charities	£ 255	£ 1,895	£ 2,150	£ 2,113
Communications	£ 11,344	£ 12,462	£ 23,806	£ 8,990
Consultancy	£ 7,848	£ 1,600	£ 9,448	£ 9,370
Depreciation	£ -	£ 768	£ 768	£ 769
Events - Conference	£ -	£ 127,953	£ 127,953	£ 26,657
Events - Other	£ 6,560	£ 1,504	£ 8,064	£ 2,118
Hosted Project Costs	£ 25,000	£ 414	£ 25,414	£ 42,881
Office Costs	£ 53	£ 2,671	£ 2,724	£ 14,731
Publications	£ 8,832	£ -	£ 8,832	£ -
Rent, Rates & Utilities	£ 4,549	£ 24,360	£ 28,909	£ 29,541
Staff & Volunteer Expenses	£ 379	£ 1,347	£ 1,726	£ 2,800
Staff Recruitment & Training	£ 45	£ 3,562	£ 3,607	£ 1,969
Wages & Pensions	£ 79,073	£ 39,901	£ 118,974	£ 180,377
<b>Total Charitable Expenditure</b>	<b>£ 143,940</b>	<b>£ 218,436</b>	<b>£ 362,375</b>	<b>£ 322,316</b>
Governance Costs	£ -	£ 18,098	£ 18,098	£ 11,080
<b>Total Resources Expended</b>	<b>£ 144,390</b>	<b>£ 245,345</b>	<b>£ 389,735</b>	<b>£ 341,463</b>
<b>Net Incoming Resources</b>	<b>£ (57,877)</b>	<b>£ 33,328</b>	<b>£ (24,548)</b>	<b>£ 14,624</b>
Funds Brought Forward	£ 108,710	£ 56,311	£ 165,021	£ 150,397
Transfers Between Funds	£ (19,183)	£ 19,183	£ -	£ -
<b>Total Funds Carried Forward</b>	<b>£ 31,651</b>	<b>£ 108,821</b>	<b>£ 140,472</b>	<b>£ 165,021</b>

# Accounts Continued

## Balance Sheet

	Jan 18	Jan 17
<b>Assets</b>		
Current Assets		
Cash at bank and in hand	£ 130,320	£ 156,856
Accounts Receivable	£ 14,023	£ 1,550
Sundry Debtors & Prepayments	£ 10,000	£ 30,276
Other Current Assets	£ 2,805	£ 1,580
Total Current Assets	£ 157,148	£ 190,262
Fixed Assets	£ 637	£ 1,406
Total Assets	£ 157,785	£ 191,668
<b>Liabilities</b>		
Accounts Payable	£ 8,799	£ 5,743
Sundry Creditors & Accruals	£ 8,223	£ 12,360
Other Current Liabilities	£ 291	£ 8,544
Total Liabilities	£ 17,313	£ 26,647
Net Assets	£ 140,472	£ 165,021
Restricted Funds	£ 31,651	£ 108,710
Designated Funds	£ 681	£ -
General Funds	£ 108,140	£ 56,311
Total Funds	£ 140,472	£ 165,021

\*Our full Statements of Financial Activity are available on the Charity Commission website here:  
<http://beta.charitycommission.gov.uk/charity-details/?regid=1081097&subid=0>

# Thank yous

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What we do is only possible with the support and involvement of our members, supporters, volunteers, partners and funders.

There are many individuals to thank, including:

Alice Munro, Andy May, Anish Thuraisingham, Anna Hicks, Anna Lewis, Carla Stephan, Danni Rawle, David McCoy, Emma Champion, Feryal Awan, Frances Player, Frank Boulton, James Ogle, Jess Potter, Josephine Head, June Crown, Karishma Patel, Neal Russell & Ruth Stern.

So many people have put so much into Medact's work this year that there are too many of you to thank individually - but without you, Medact wouldn't be Medact!

A special thanks goes out to our fantastic member groups:

Medact Glasgow, Medact London, Medact Manchester, Medact Nuclear Weapons Group, Medact Oxford, Medact Refugee Solidarity Group, Medact Scotland, Medact Tyneside & Medact Yorkshire.

Organisations we've worked with this year have included:

Acronym Institute for Disarmament Diplomacy, Article 36, Campaign for Nuclear Disarmament, Child Soldiers International UK, Docs Not Cops, Greenpeace, Health Poverty Action, Hull-York Medical School, International Physicians for Prevention of Nuclear War, Maternity Action, Médecins Sans Frontières UK, Migrants Organise & University of York.

We are very grateful for the financial support received from:

The Joseph Rowntree Charitable Trust, the Esmée Fairbairn Foundation, the Polden-Puckham Charitable Trust, the Sainsbury Family Charitable Trusts, the Strategic Legal Fund & the Waterloo Foundation.

Our Board of Trustees:

Alice Bell, Alice Blewitt, Carlos Grijalva Eternod, Daniel Flecknoe, Frank Arnold, Guppi Bola, Jeremy Wight, Joanna Howard, Jonathan Cunliffe, Paul Cotterill, Penelope Milsom, Sridhar Venkatapuram & Yannis Gourtsoyannis.

We also wish to recognise the contributions made to Medact and the wider peace movement throughout her lifetime by Judy El-Bushra, who sadly passed away in August of 2017.



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Medact is an affiliate of the International Physicians for the Prevention of Nuclear War.

Registered Office: As above.

Registered Charity No. 1081097.

Company Registration No. 2267125.