Medact exists to support health workers to challenge the political and economic systems which damage health, and 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 work across four broad and inter-connected programme areas:

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

Medact is a membership organisation. Our members are made up of a range of health workers including nurses, doctors, midwives and clinical researchers, and form the basis of our campaigns.

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 in order to realise change.

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

To find out more about Medact membership, please visit medact.org/membership

---

Contents

What we’ve been working on:

8 Fossil Free Health
9 Doctors Against Diesel
10 Access to Healthcare
12 Arms & Conflict
14 PREVENT in the NHS
15 Research
16 Nuclear Weapons
17 AGM 2018
17 Food Justice
18 Economic Justice
19 Meet Our Movement
20 Local Groups
24 Treasurer’s Report
26 Thank Yous
27 Getting Involved

The movement:
Message from the Chair

I can hardly think of a time when Medact’s agenda has been more crucial or more urgent.

Today we live with the public health emergency caused by climate change, forced into the public eye by dedicated activists around the world. The risks of nuclear proliferation sharply escalated by events in Iran and North Korea. The plight of migrants facing charges for NHS care under the government’s ‘hostile environment.’ And health inequalities across the UK ever-widening as austerity continues to bite.

Now, more than ever, the collective voice of health workers is needed to challenge policymakers and governments, and I’m proud that Medact, working closely with our members and partner organisations, punches well above its weight in catalysing, galvanising and supporting this amazing potential. Throughout this past exciting year, our work has continued to expand in scope and grow in public profile.

A few examples. In response to the keen interest shown by members, we’ve significantly geared-up our challenging of NHS migrant-charging regulations, building on fantastic work done by our Migrant Solidarity Group. In addition, we’ve redoubled our efforts to persuade health organisations to disinvest from fossil fuel companies, with notable successes among the Royal Colleges. And we’ve also been able to expand our capacity for evidence-based research. Always a key area for us, our new Research Manager post will ensure that our research continues to be as rigorous as our members would expect of us, so we can drive our campaigning aims forward on firm ground.

This year has seen some changes to our Board of Trustees. We very much appreciate the time and energy Professor Neena Modi was able to contribute before moving on. We were very pleased to welcome Lesley Morrison, Margaret Jackson, Kitty Mohan and Lucy Singh to the board. And, as a new Trustee myself, I am delighted to be joining such a vibrant and enthusiastic team, and honoured to have been recently elected as Chair. We would also like to thank Alice Bell, Carlos Grijalva Eternod and Joanna Howard, who provided Medact with so much passion and dedication during their tenure, and who will be leaving the Board in September.

Among our excellent staff team, we were very pleased to welcome Guppi Bola as Interim Director during Sophie Neuburg’s parental leave. Guppi did a fantastic job, and we wish her all the very best for the future. Other staff changes during the year include the arrival of James Skinner, who joined as our new Access to Healthcare Campaigner, and Hilary Aked, our new Research Manager. We also bade farewell to Feryal Awan, who joined as our Peace and Security Campaigner in 2017.

We’re delighted to have Sophie back in the driving seat and are very much looking forward to working with her and the team in helping to build Medact and its membership into the powerful campaigning force for fair health so needed in today’s very unfair world.

Professor Alan Maryon-Davis FFPH FRCP FRCGP
Chair
Director’s Report

Guppi

Wow! 10 months as Interim Director has shot past in a second! Many of you will know that working here has been an absolute dream come true for me, and I’ve pretty much been on cloud nine since last September. Yes—even when writing late night funding reports!

At medical school, I was very quickly disillusioned by the medical-industrial complex mindset, the focus on individuals over populations, and the complete lack of political analysis in the curriculum. It was then that members of Medact inspired and guided me to think critically about health, and through our campaigns I explored structural inequality, root cause analysis and structural drivers of ill health.

Through this work, I became deeply politicised, setting up Healthy Planet for the then Medsin, organising around Global Health Watch in 2009, campaigning on climate change and health in 2014 to finally becoming a trustee of the organisation in 2016. Medact has been the locus of my activism, as I know it has for many members reading this, and that is just a reflection of the commitment we each have to the success of Medact’s work. I honestly feel that the past year has been a long-awaited homecoming.

I’m also so glad to be handing back responsibilities to an adventurous and thoughtful Director (that’s you Sophie!). I’m really excited to see where Medact goes over the next few years, and grateful to have had the chance to add what I could in that time.

Being in and out of the organisation for this short period gives me a chance to reflect on the past year’s activities:

**Highlights:** Working with the team to build attention to the politics in Sudan alongside the Sudan Doctors Union UK branch, doing the groundwork for media attention before many journalists were covering it.

**Wouldn’t do that again:** Late night Skype calls with the board to develop sets of organisational policies and procedures...

**Gratitude:** Obviously, the team—who have put up with a lot of enforced organised fun from me, trusting me as I learn in the role and taking risks together on big bits of work.

**The unexpected:** Honestly, the joy of the toastie maker in the office, which has multi-purposed as a waffle maker, veg griller, halloumi pan, roast potatoes and fried egg pan...

Sophie

This has been another year of growth for Medact, led so ably in my absence by Guppi, whose enormous energy and keen strategic skills have been a huge asset.

The number of health workers engaging with our work has continued to increase. We’ve grown our profile in the media, with more and more opportunities for members to represent us on TV, radio and in print. We’re reaching more people and further building our power to create real-world change.

In the coming year, in response to member and supporter feedback, we will be expanding into new areas of work. In our survey last year, many of you told us you had a keen interest in economic justice. So, with the support of a new grant from Friends Provident, we’ll be recruiting an Economic Justice campaigner to start with us in the autumn to lead a new programme of work.

Many people have also told us how much they enjoy our conferences as a space to learn, connect, and strengthen our movement. So we’re excited to be thinking about another Medact conference, which we hope will land in the spring of 2020. We very much want to co-create the conference with our members—so do get in touch if you’d like to be involved.

All this activity and success is of course down to our members and our staff team. On parental leave, I reflected that I have never before worked with a team so consistently skilled and engaged in their work. It makes me excited to be back in the office, looking towards the year ahead. And I can’t wait to spend more time with our wonderful members, who never cease to amaze me with their passion and commitment to create a better world.
In April 2019, the Government announced plans to repeal Section 21, ending ‘no fault’ evictions in England that have caused misery and hardship for millions of private renters.

This year Medact has been escalating the campaign against migrant charging in the NHS alongside our Migrant Solidarity Group and partners at Docs Not Cops and Migrants Organise. As a result of our work, the Royal Colleges of Physicians, Paediatrics & Child Health, and Obstetrics & Gynaecology, as well as the Academy of Medical Royal Colleges, the Faculty of Public Health and the BMA have all now made public statements critical of the current regime, building pressure on Government to respond.

With our Fossil Free Health campaign, Medact has been working with members since 2014 to encourage medical institutions to join the global divestment movement against the fossil fuel industry. This year, the Royal Colleges of General Practice and Emergency Medicine, as well as the Faculty of Public Health and the British Psychological Society have now committed to fossil fuel divestment, sending a clear signal that fossil fuels are ‘the new tobacco’ and have no place in our society. We hope more will follow soon.

In 2018 Medact London supported the #ScrapSection21 campaign to improve renters’ rights with an open letter to housing secretary James Brokenshire and a demonstration outside Whitehall.

In April 2019, the Government announced plans to repeal Section 21, ending ‘no fault’ evictions in England that have caused misery and hardship for millions of private renters.
Medact in the Media

Medical organisations must divest from fossil fuels
The BMJ—12 Dec 2018

High pollution levels ‘causing huge reduction in intelligence’
The Guardian—28 Aug 2018

Call for action on Sudan protests
The Guardian Letters—1 Feb 2019

Why medics have to speak out on issue of Trident
The Herald—22 Sept 2018

Has your health been negatively impacted by your living conditions?
ITV London News—12 Nov 2018

Call for NHS overseas visitor charge to end
BBC Victoria Derbyshire—10 Jul 2019

Growing Engagement

944 members
800+ participants across 20+ events
800 new Twitter followers ↑25% on last year
Now 4.7k in total

1700 signatures across 14 petitions ↑110% on last year

1800 new email sign-ups ↑120% on last year
Now 5.8k people across our lists
Fossil Free Health

This year has been an exciting and successful year for health sector divestment, with the first big victories after our multi-year campaigning efforts.

In 2018 we had our first Royal College divestment win when the Royal College of General Practitioners committed to divest from all fossil fuels.

This was followed by the British Psychological Society and the Faculty of Public Health later that year. Most recently the Royal College of Emergency Medicine (RCEM) has now come out with its own commitment, and we are working hard with members to encourage other Royal Colleges and healthcare institutions to follow suit.

In accompanying efforts to reduce the social licence of the fossil fuel industry, we have pushed a number of health-related communications outputs on divestment via traditional and social media, and in healthcare-related publications and spaces.

We organised a BMJ editorial on fossil fuel divestment and have spoken about the health arguments for divestment at events such as London Climate Action Week’s “Divest Invest Your Capital”. We’ve also published a blog series on divestment on both the Medact website and other platforms including the Global Climate and Health Alliance.

Events and workshops in Leeds, London and Dorset have brought together members and supporters to work on this issue; and we’ve also begun a series of Fossil Free Health webinars, which provide our members with detailed advice and information on divestment-related issues and which also facilitate networking and peer-to-peer learning. This has included a number of local group members who have started divestment campaigns in their own areas.

Broader climate work

In addition to our divestment work, Medact has also continued collaborating with various climate and health organisations and groups to do broader pieces of work on health and ecology.

A focus of this work has been to highlight the health impacts of extractive industries in the Global South. We protested in solidarity with Zambian communities challenging the actions of Vedanta Resources at the Supreme Court; and alongside a range of Global South solidarity groups outside the 2019 Anglo American AGM, where we highlighted the health impacts of the company’s mining activities.

We have also continued to support healthcare workers who are opposing the fracking industry, and helped members to participate in a number of climate actions—including the march for climate justice before the UN COP24 talks in December 2018, and a mass lobby for climate action at Westminster in June 2019.
Doctors Against Diesel

The last 12 months has seen further growth in research exploring the wider impacts of air pollution on health. While links to respiratory health issues have been clear for some time, new pieces of research suggesting a connection between air pollution and worsening cognitive function—including linking it to psychotic experiences in young people—made news headlines this year. The granting of a new inquest into the death of Ella Kissi-Debrah—a nine-year-old girl from Peckham whose fatal asthma attack may have been linked to high levels of air pollution near her home—has also focused attention on the issue in London.

Doctors Against Diesel spokespeople have been in high demand to speak to the press and at campaign events about these issues throughout the year. We were featured multiple times in The Guardian, The Times, on the BBC and on Sky News; and we have been asked to speak at events by the Camden Green Party and the Mayor of London. Our Bristol local group in particular have also done some fantastic local campaigning on this issue.

In the coming year we hope to continue to increase our Doctors Against Diesel spokesperson network, and our localised campaign work. We would love to hear from you if you are interested in getting involved: info@doctorsagainstdiesel.uk

“This study adds to the concerning bank of evidence showing that exposure to air pollution can worsen our cognitive function. Road traffic is the biggest contributor to air pollution in residential areas and the government needs to act urgently to remove heavily polluting vehicles from our roads.”

—Aarash Saleh, respiratory medicine registrar and member of the Doctors Against Diesel campaign, The Guardian in 2018

Bristol doctors on air pollution: ‘The council isn’t taking things seriously enough’

By Alex Diggins on 3rd May, 2019

Medact Bristol highlighted the urgency of action on air pollution in a feature in the Bristol Cable.

For more information or to get involved, contact Deirdre Duff—deirdreduff@medact.org
Patients Not Passports

Having James Skinner start as our dedicated Access to Healthcare Campaigner in October has turbo-charged the growth on the Patients Not Passports campaign opposing the expansion of charging for healthcare and the introduction of immigration checks in the NHS.

In April we launched the Patients Not Passports Toolkit, a resource designed to support healthcare workers to advocate for people facing charging, and guide on how to start a local campaign group to resist the policy. We worked with Docs Not Cops and Migrants Organise to develop the toolkit and to hold two fantastic launch events, which saw over 500 people attend to hear about the campaign and how to get involved.

You can find our toolkit online at www.PatientsNotPassports.co.uk

The toolkit was accompanied by our new briefing: Patients Not Passports—challenging healthcare charging in the NHS, which gives campaigners a comprehensive and evidence-based understanding of where charging policy came from and the devastating impact it has on the patients and the NHS.

These resources are designed to support the numerous incredible healthcare worker-led campaigns emerging around the country. We are currently supporting local groups in Liverpool, Birmingham, Brighton, Cambridge, Bristol, and in four different NHS Trusts in London. Following the model we developed in Barts Trust last year, many of these groups have held powerful meetings to bring healthcare workers together, and run open letters calling on their Trusts to stand with them in challenging NHS charging. Many of these groups also work closely with community groups and local Keep Our NHS Public campaigns to build strong and diverse resistance to the “hostile environment” in the NHS.

The amazing work of our Migrant Solidarity Group and others has seen a host of healthcare institutions also speaking out against charging this year. A coalition of four Royal Colleges released statements in December calling for a suspension of the charging regulations and an independent review of the policy. In March, the Academy of Medical Royal Colleges followed suit, and then in April the BMA too called for an independent inquiry into the impact of charging for NHS care. Finally the BMA Annual Representatives Meeting in June saw doctors overwhelmingly voting for a motion calling on the BMA to oppose all charging for care. This is piling increasing pressure on the Government to end charging, while we continue to work towards more public statements with the other Unions and Royal Colleges.

Medact has worked with a number of medical institutions on statements critical of the current charging regime.

We’re excited to announce that we’ve joined forces with Migrants Organise and the New Economics Foundation and secured funding for the next two years. This will allow us to continue organising in NHS Trusts around the country and to develop community organising and research projects that will strengthen the campaign.

Medact has been supporting campaigns against charging at a number of different NHS Trusts.
Migrant Solidarity Group

Over the last year the Migrant Solidarity Group (MSG) focused much of its work on challenging the expansion of charging for NHS care, playing an important role in the Patients Not Passports campaign.

In December we had a major breakthrough as the Royal College of Physicians, the Royal College of Paediatrics and Child Health, the Royal College of Obstetrics and Gynaecologists, and the Faculty of Public Health became the first major healthcare institutions to publicly oppose charging. This was thanks to the tireless work of MSG members engaging their Royal Colleges, meeting with Presidents and policy teams, and delivering briefings on the impact of charging. The colleges put out a strong statement calling for suspension of the policy and a full independent inquiry into the impact of charging. This set the tone for the following statements from the BMA and the Academy of Medical Royal Colleges. This work is ongoing as members continue to engage their colleges and look to start lobbying MPs.

MSG members have also been working with the Royal College of Paediatrics and Child Health to research knowledge of and attitudes towards the NHS charging regulations among healthcare professionals working in child health. They presented the findings at the RCPCH National Conference, and wrote a hard hitting article for Archives of Disease in Childhood looking at the way in which the UK was failing to meet its obligations under the UN Convention on the Rights of the Child but charging undocumented children for care. The piece had a broad impact, making it into both the Independent and the Daily Mail.

In June the MSG joined forces with the MSF Take Action Group and Docs Not Cops to hold an evening of short films and discussion for World Refugee Day. Three films—beautiful, sad, and inspiring in equal measure—were followed by an engaging Q&A with the directors, all of whom had a personal connection with the films they had made.

We’ve also been pleased to welcome two new co-ordinators this year: Shona Mackinnon and Jonathan Broad, who have taken over from the wonderful Lisa Murphy. You may have noticed another slight change? That’s right, the group is now called the Migrant Solidarity Group as this better represents the range of solidarity work that the group does and the fact that it does not only focus on refugees.

For more information or to get involved, contact James Skinner—jamesskinner@medact.org

Members gather in support of the Stansted 15 at a Migrant Solidarity Group meeting.
Arms, Conflict & Militarisation

In December 2018, popular protests in Sudan began over rising living costs and unemployment, the dismantling of public services such as healthcare, and Omar al-Bashir’s 30-year repressive rule. The protests were met with violence, and in the first five days alone over 30 people were killed, with protesters arrested and detained without charge or access to legal services. In response to a call-out for international solidarity from the Sudan Doctors’ Syndicate, Medact co-ordinated an open letter to Foreign Secretary Jeremy Hunt calling for action from the UK government.

In the space of just two days, the letter was signed by over 200 healthcare workers, and later featured in a piece in the Observer. Shortly afterwards Jeremy Hunt made a statement calling for the end of the use of violence against protesters and a peaceful transition to civilian rule as per the protesters’ demands. Since then, we have worked with MPs to ask questions to the Foreign Office about how they will continue to take action.

Members of the Medact team have supported the Sudan Doctors’ Union UK, attending their inspiring national conference on an Alternative Health Policy for Sudan and speaking at press conferences about the significance of solidarity from the international medical community toward colleagues in Sudan. Most recently, we worked with Dr. Mohammed Abdelraoof Hussien to publish a blog giving context to the protests in the country.

In June 2019, we held a discussion with Dr. Enmanuel Vigil Fonseca on the Cuban health system and their medical international brigades, co-organised with the Cuba Solidarity Campaign and chaired by Medact member Dr. Imti Choonara. The audience were very engaged, and it was a good chance to hear about different ways of participating in humanitarian work.

In the same month we organised and took part in an interesting meeting to discuss the future of a new global alliance on health, war and conflict, in which we were able to contribute to the work of Health Through Peace—watch this space!

In May, members and staff attended the annual National Demonstration for Palestine to mark the 71st anniversary of the Nakba or Catastrophe. We formed a ‘health and social justice bloc’ alongside the UK-Palestine Mental Health Network and the Palestine-UK Social Work Network, a collaboration we hope to develop further in the years to come.

This summer we are writing to the Department for International Trade (DIT) alongside hundreds of health workers to urge them to stop supporting the Defence and Security Equipment International (DSEI) arms fair that will be taking place in London this September. We will also be taking action against DSEI, the world’s largest arms fair, in an event to coincide with Medact’s AGM.
Armed forces recruitment

In February 2019, we launched a much-awaited report written jointly with ForcesWatch: *Selling the Military—a critical analysis of contemporary recruitment marketing*. The report brought together research on the military’s marketing strategies, including statistics on how campaigns are targeted, as well as information on the health impacts of the recruitment of adolescents.

A successful launch in January saw Medact member Dr. Guddi Singh make a powerful case for prioritising child and adolescent well-being. We also heard from Scottish councillor Rhiannon Spear who led on efforts to make raising the age of recruitment to 18 an SNP policy.


For more information or to get involved, contact Reem Abu-Hayyeh—reemabuhayyeh@medact.org
Counter-terror policies and policing in the NHS

This year we began new research on the PREVENT duty in the NHS, with a particular focus on its implementation and impacts on practitioners and their relationships with patients. As a part of this, Hilary and Reem have been working together with the help of medical elective students to run focus groups with healthcare workers across the country, to understand their knowledge, experiences and views on PREVENT. We hope that the report will be published and launched later this year, and would love to hold meetings around the country—so get in touch with Reem if you would like to help us organise one by emailing reemabuhayyeh@medact.org.

As part of our Peace and Security work and linked to our work on PREVENT, Reem wrote an article for Open Democracy that was later republished in the Clinical Psychology Forum (no. 316, April 2019) magazine on the intersection between race, mental health and policing.

Securitising policies in the NHS such as the Prevent duty, policing and immigration-related charging and patient checks will be explored in more detail at the IPPNW Global Health Summer School in July 2019 on Migration and the Health-Security Nexus, where Reem is running a workshop and discussion with global health, security and health specialists from across Europe.

We have heard concerns about the introduction of counter-terrorism duties for healthcare workers.
Research

As an organisation mobilising evidence-based campaigns, Medact’s research work is a critical asset at the heart of everything we do. With our reports we always aim to produce useful knowledge with policy applications which can serve as a practical resource to those working in health and organising for progressive change.

Medact is uniquely placed to conduct research which directly contributes to creating a safer, fairer, better world and enabling people in the UK and across the world to live healthy, dignified lives. We maintain key relationships with academics working in health fields, including those straddling the spheres of scholarship and practice. Our reputation for putting our research to work in the service of positive campaigns for change gives us good access to a wide range of people working in health—starting with our membership, whose expertise and on-the-ground knowledge is invaluable. In this way, our research provides the rigorous, in-depth analysis which constitutes the solid foundations for advocacy to challenge the social, political and economic structures at the root of health inequalities.

This year, our Patients Not Passports—challenging healthcare charging in the NHS briefing condensed the research and knowledge gained from two years of engagement and campaigning into a guide for how the government’s NHS 2015 and 2017 charging regulations for overseas visitors and migrants (alongside a raft of other ‘hostile environment’ policies) cause harm by creating borders in the NHS—and how people working in health can and are challenging those policies, and pushing for access to healthcare for all regardless of immigration status.

Our Selling the Military report, meanwhile, exposed PR practices which target and attract often vulnerable adolescents. Produced jointly with partner organisation ForcesWatch, the report furthered the case for increasing the minimum age for UK military recruitment to 18, as originally set out in our 2016 report The Recruitment of Children to the UK Armed Forces.

Moving forward, our ongoing investigation into the implementation and impacts of the government’s PREVENT ‘counter-extremism’ programme in healthcare aims to ascertain what (if any) effect the drive to train those working in health to spot signs of ‘radicalisation’ is having on confidentiality, equality, stigmatisation of mental illness, and patient trust in the profession. While many actors—including health bodies like the Royal College of Psychiatrists—have expressed concerns about PREVENT, no organisation is currently supporting the health community to work on the issue. Our findings will provide the evidence base to inform public debate.

Beyond this, we are planning research into corporate and political forces preventing action on air pollution; and scoping work on the impacts of conflict, environmental issues and socio-political inequity on health.

Above all, we aim to continue to investigate the social justice issues people working in health tell us matter to them. Ultimately, just as campaigns that aren’t based on sound evidence won’t be effective in creating change, Medact’s research relies on the collective power of a vibrant movement within the health community in order to make an impact.

For more information or to get involved, contact Hilary Aked—hilaryaked@medact.org

Our Patients Not Passports briefing, released this year, provides evidence to support the arguments against charging.
Nuclear Weapons

Starting the year as we intended to go on, Medact's 2018 AGM was held in Scotland in September to coincide with the "Nae Nukes" International Peace Day rally at the UK's Faslane nuclear submarine base. We heard a number of really moving speeches, including poems from phenomenal makar Jackie Kay. Medact board member Dr. Lesley Morrison wrote an incisive piece for The Herald about why medics have to speak out on the issue of Trident to mark the occasion.

In the spring of 2019, members of the Nuclear Weapons Group wrote submissions to both the House of Commons Defence Select Committee and the House of Lords International Relations Committee on Intermediate-Range Nuclear Forces (INF) Treaty withdrawal and the Nuclear Non-Proliferation Treaty (NPT). Both submissions are now published on the Medact website.

Medact staff and members also inputted to a consultation meeting in London in advance of the 2019 Preparatory Committee for the 2020 Nuclear Non-Proliferation Treaty Review Conference, organised by the Foreign & Commonwealth Office (FCO), providing evidence on the significance of the humanitarian implications of nuclear proliferation.

Later in the spring we held an interesting meeting and discussion with Chuck Johnson, the Director of Nuclear Programs for the IPPNW, at the Medact office. Medact members, campaigners and healthcare workers attended to talk about the movement for the abolition of nuclear weapons in the UK and elsewhere. This provided a crucial space for discussion of the different tactics needed to ultimately bring us to a nuclear-free world.

And, of course, members of our Nuclear Weapons Group, Medact Scotland and Medact Tyneside all continue to be incredibly active with a range of initiatives on this crucial strand of Medact's work.

Nuclear Weapons Group

Heightened international tension this year moved the Atomic Scientists' Doomsday Clock to two minutes to midnight as US relations with Russia, North Korea and Iran became more aggressive, and Indo-Pakistani relations continued to simmer dangerously.

The Nuclear Weapons Groups (NWG) has seized a number of opportunities to respond to current developments. In November, we published a blog on the Medact website on the risks of US abrogation of the Intermediate-Range Nuclear Forces (INF) Treaty. In January, we submitted to two UK Parliamentary Committees: the Lords' International Relations Committee (on the Nuclear Non-Proliferation Treaty and nuclear disarmament), and the Commons' Select Defence Committee (on Intermediate-Range Nuclear Forces (INF) Treaty withdrawal and the Nuclear Non-Proliferation Treaty (NPT). Both submissions are now published on the Medact website.

We were lucky to host IPPNW Director of Nuclear Programs Chuck Johnson on a UK visit, which included meetings in Edinburgh with Scottish Parliament, as well as in Newcastle, Bristol and London.

Medicine, Conflict and Survival published articles by Rosemary Field, Elizabeth Waterston and Frank Boulton in 2018 promoting nuclear disarmament. Members of the NWG have also been contributing to the Don't Bank on the Bomb Scotland initiative—Dr. Michael Orgel published a blog on the Medact website introducing the new DBOTB toolkit, which was also featured in Peace News in 2019.

Frank Boulton continues to be Deputy Speaker of the International Council of IPPNW and attended IPPNW's Board Meeting held in Boston in October 2018. Members represented Medact at the IPPNW European meeting in Wroclaw.

In July 2018 Tomasz Pierscionek of Medact joined European IPPNW delegates in Paris for a meeting with a representative of President Macron at the Élysée Palace to discuss the US withdrawal from the Iran Nuclear Deal.

To find out more or get involved please email nuclearweapons@medact.org.
Food Justice

“Every day I see people at my clinic who are not able to afford good quality food and that then makes them unwell. That is heartbreaking. I’m giving them pills that they don’t need, if they could just have access to food that is affordable and good.”
—Rajive Mitra, GP

This year saw a pivot from our previous work on food to start to explore the role that Medact could play in advocating for “food justice”—a just and fair system which ensures that everyone has access to healthy, culturally-appropriate food at an affordable price.

In January 2019 we hosted a workshop to help develop ideas for future projects. We heard from several grassroots food justice activists and from people who work in health on how food insecurity affects their patients.

We are currently working on a new short film about food justice which we look forward to releasing later in the year.
Economic Justice

“Our member and supporter survey last year made clear the level of interest in building our work on issues of economic justice, including homelessness, housing and food poverty. Across the country, three of our local groups took up issues relating to housing and homelessness to work on over the course of this year.

In December 2018, we embarked on a project to collect testimonies from health workers about their experiences of how economic deprivation impacts their patients’ health. The answers we received highlighted the urgent need for us to take action in this area, and were used in Medact submissions to the Select Committee for Work and Pensions Inquiry into the ‘welfare safety net’ in December and the Children’s Future Food Inquiry at the start of 2019.

Concerns around economic deprivation also guided developments in our work on food this year, to look more closely at intersectional issues around “food justice” (see previous page).

Aware that much more is needed to build our work in this area, we are delighted to have secured funding from the Friends Provident Foundation for a new member of the team to lead on this. We are very excited about the potential this new role offers to build more strategic campaigning on the intersections of health and poverty in the coming year, and very much look forward to supporting members across the UK with this.

“Poor, overcrowded housing and lack of money for food and bills have a significant impact on the health of many of my patients. Stress related to trying to raise children in these conditions (without adequate food or safe accommodation) affects my patients’ mental health and ability to care for themselves and their families.”

—Speech and Language Therapist, Devon

For more information about our work on economic justice, contact the office—office@medact.org
Meet Our Movement

Over the past year it has been a real pleasure to work with so many fantastic people from across our movement. Whether supporting members to seed and grow new local groups, helping existing groups with campaign planning, or prepping spokespeople for TV, I am constantly inspired by the passion in our movement for fighting the conditions which create health inequality.

The following pages showcase some of the inspiring individuals and local groups we have worked with through the year. I look forward to seeing how things have continued to grow when I return from parental leave next summer!

—Becky Daniels, Movement Builder

Ellen Wood and Victoria Stanford are two junior doctors and the founders of Medact Bristol

Ellen: I first discovered the scale of the environmental issues facing our civilisation today during my medical elective in Costa Rica. The air quality of cities was terrible, the rising sea level was visibly decimating coastlines, and plastic pollution was rife in rivers and waterways. I became passionate about environmental issues and through my work as a doctor in Bristol I began to understand the connection between environment and health and realised that a healthy natural world leads to healthier humans. When I was approached by Victoria and presented with the chance to co-found Medact Bristol, acting as lead for environmental issues, I naturally jumped at the opportunity to bring together two crucial aspects of my life: medicine and the environment. Through Medact I have been able to explore the field of public health and focus on issues I cared strongly about whilst improving the health of patients and the public in the process.

Victoria: I have always been passionate about the role of the doctor as an advocate for tackling the socio-economic and political obstacles which prevent patient health and well-being. Having been involved with global health student action groups, I wanted to set up Medact Bristol with Ellen to address key public health issues in our city. I became particularly passionate about the issue of migrant access to healthcare through various work with medical NGOs in refugee settlements in France, Greece and Lebanon and it became clear to me that the UK’s hostile environment significantly contributes to the poor access we see for migrants in this country. I strongly believe it is our role as healthcare professionals to influence policy, law and our own practice in order to achieve equitable access for all.

Piyush Pushkar is a co-chair of Medact Manchester involved in work on access to healthcare and PREVENT

I am a CT3 psychiatry trainee in Manchester, but for the past three years I have taken time out of training to do anthropological research. In my PhD project, I have investigated the NHS and what it means to us here in the UK, specifically through working with political activists campaigning against cuts and privatisation.

I have been involved with Medact since 2015, when I got together with some friends to restart the Manchester local group. Adolfo Gilly once wrote “perhaps the most crucial sentiment is that of justice—the realization that you are not in agreement with this world”—and after the result of the 2015 general election, we most definitely realised that we were not in agreement with this world. More importantly, we felt that we could come together as health workers to do more for a more just world, starting right here in Manchester.

As doctors, we thought the best place to start, using our skills and knowledge, was through health-related issues. Alan Kurdi’s tragic death in September 2015 brought the waves of forced migration to our consciousness, and was the stimulus for us to start thinking about access issues for refugees and asylum seekers, which has been a focus area for the Manchester group.
Sarah Boutrus is a Paediatric Registrar and member of the Migrant Solidarity Group

I am a Paediatric Registrar with many years’ experience of working with vulnerable migrant groups in the UK and abroad: supporting access to healthcare and providing care to victims of trafficking and detained migrants. I have watched in despair as recent governments have increasingly restricted access to the NHS. Without the skills or confidence to campaign on this issue, I was grateful to join the inspiring group at Medact working to challenge these restrictions and fight for true universal healthcare. With a group of other child health colleagues we engaged our college, the Royal College of Paediatrics and Child Health (RCPCH), initially pushing for a statement against the NHS charging regulations; which came out in December 2018. We then conducted a survey of child health professionals on their attitudes/knowledge of the charging regulations, and asked respondents to report on cases where patients and their families were impacted by these regulations. The evidence of harm that came out of this survey was staggering and included two intra-uterine deaths and several delayed attendances leading to intensive care admissions in vulnerable children. We presented our findings to a shocked and outraged audience at the RCPCH annual conference in May. We hope to publish our findings soon and will continue to present this evidence and lobby for the scrapping of these regulations.

Local Groups

Across the UK, our local groups run their own campaigns to battle the big issues that affect health.

- Medact Scotland
- Medact Tyneside
- Medact Manchester
- Medact Plymouth
- Medact Birmingham
- Medact Yorkshire
- Medact Bristol
- Medact Oxford
- Medact Dorset
- Medact London
- Medact Brighton
- Medact Cornwall
Medact Birmingham

Newcomer to the Medact family: Medact Brum. We are excited about being a platform for health workers to contribute to the excellent activity against structural injustices in the West Midlands.

Our passions so far include divesting from fossil fuels, sustainability in the NHS, and migrant health—but all new ideas and themes are welcome. Our first informal networking meet-up will be at the end of July: we hope to meet lots of new members then!

Get in touch to get involved: birmingham@medact.org

Medact Brighton

We are excited to have re-launched the Brighton branch of Medact this year with great enthusiasm. As a new group we spent time building a community of health activists in Brighton and choosing an issue close to our hearts to focus on. We are now looking at homelessness and health due to the very high levels of homelessness in Brighton.

As a first step to getting involved in this field, we hosted a meeting with other local groups already doing fantastic service provision and campaigning around homelessness to establish where our efforts could be most useful.

Our initial focus has been on improving knowledge and reducing stigma amongst health workers and to this end we put on a very successful training session for junior doctors in recognising homelessness and the health implications. We are looking forward to extending this training to other health professionals, and to begin campaigning for the local trust to improve services available to those at risk of homelessness.

Get in touch to get involved: brighton@medact.org

Medact Bristol

We have been delighted by the enthusiastic response our new group in Bristol has received. So far we have worked on two major campaigns around air pollution and migrant access to healthcare. On the former, we have organised public lectures, co-ordinated an open letter with over 70 signatures from healthcare professionals to our mayor Marvin Rees urging him to address the illegal air pollution in the city, and carried out research to highlight the lack of awareness of air pollution amongst clinicians. Guidance produced by the group for both healthcare professionals and patients is now available on the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) website and to GPs practising throughout the southwest England area.

Our access to healthcare group has delivered numerous training sessions for clinicians in hospitals and GP practices on the current law and legislation around migrant access, charging policy and our role in delivering safe care based on human rights. We’ve also joined forces with the Bristol Patients Not Passports group and been involved at protests against maternity care charging, and have formally asked the University Hospitals Bristol Trust Board to scrap these charges.

Get in touch to get involved: bristol@medact.org

Medact Cornwall

Medact Cornwall are Medact’s very newest local group, founded in July 2019. We are currently a small but enthusiastic group of healthcare workers keen to effect change in our local community. Most of our interests lie in sustainable healthcare, climate change and divestment. We are aiming to organise a sustainable healthcare conference in 2019 and are very keen to hear from others locally who would be interested in joining us in the future!

Get in touch to get involved: cornwall@medact.org
Medact Dorset

Inspired by the need to act against a local oil rig, the climate crisis and the global health emergency this poses, three local GPs have set up a new Medact Dorset group this year.

We got off to a great start with our first meeting in May. Our current focus is on divestment and we have been working on a strategy to get the local government pension fund to divest from fossil fuels. We have successfully encouraged local councillors to join the pension fund committee and are continuing to work on securing their commitment to completely divesting this large pension fund.

We will also be representing Medact and Medact Dorset at the Nesta conference in July, where a panel will be discussing the role of health workers as advocates.

Our aims for the future are to continue to grow the newly formed Dorset group and to see definitive action from local government on divestment.

Get in touch to get involved: dorset@medact.org

Medact London

Since the relaunch of Medact London last year, we have been working on the impacts of the housing crisis, which is rife in London.

Last November we went to the Ministry of Housing to deliver an open letter, signed by over 200 healthcare professionals, to James Brokenshire, demanding he abolish Section 21 of the Housing Act. This legislation enables no-fault evictions, which are known to be a leading cause of homelessness. In April 2019 the government announced they would be scrapping Section 21 and this is now going through consultation.

We feel the impact of the housing crisis on health cannot be ignored. So our plan is to continue to focus on housing, and particularly on how health is impacted by temporary accommodation and how we, as people who work in health, can take action.

Get in touch to get involved: london@medact.org

Medact Manchester

2018–19 has been another active year for Medact Manchester. We have supported a student from the University of Manchester with research highlighting issues about healthcare access for asylum seekers and refugees (ASR), published in the British Journal of General Practice in February. The results from our repeat survey of healthcare practitioners about perceptions and beliefs about healthcare provision for ASR will be published later this year.

Our lecture series continues, with a brilliant lecture from Dr Tarek Younis which critiqued the role of PREVENT in a healthcare setting, and encouraged those working in such settings to question its use.

We are planning more activity in the next 12 months as we hope to stage our first conference. This is in the early stages of planning at present, and we are hoping to work with our local networks as well as with the Medact office to make it an exciting and illuminating event. We’re always looking for more members and would love to hear from anyone interested.

Get in touch to get involved: manchester@medact.org

Medact Oxford

In September 2018 Medact Oxford got off to a flying start with our Homelessness, Housing and Access to Healthcare event. Over 60 people attended and the evening planted the seed for a campaign to encourage our local trust to improve their pathway for homeless patients.

However we need your help to make this happen! While there was lots of interest in the event, it’s been difficult to get others to take a role in pushing this exciting work forward and we need more members in Oxford to help us progress on this vital issue.

Get in touch to get involved: oxford@medact.org

Medact Scotland

Medact Scotland continues to be active in the work to rid the UK of Trident. Following the successful AGM in Glasgow last September, we joined the demonstration at Faslane which resulted in several press articles.

Thanks mainly to Michael Orgel and Guy Johnson, our work with Don’t Bank on the Bomb is progressing and, having been active in the protest against the arms fair in Glasgow last year, we’re looking forward to contributing to the DSEI protest in London in September. In August we will be hosting the next ICAN general meeting. We have also developed close links with the Glasgow branch of Docs not Cops over the course of this year.

Get in touch to get involved: scotland@medact.org
Medact Tyneside

This year Medact Tyneside have continued their vital work advocating for Newcastle City Council to endorse the Treaty on the Prohibition of Nuclear Weapons. It was a pleasure to host Chuck Johnson from International Physicians for the Prevention of Nuclear War and arrange his meeting with Newcastle City Council on this topic. We also enjoyed giving talks to Students for Global Health on climate change and nuclear war.

Get in touch to get involved: tyneside@medact.org

Medact Yorkshire

Medact Yorkshire continues to grow in strength with active members in both our large cities and the more rural areas. Our main campaign focus is currently on Fossil Free Health work: we have supported the Climate Emergency motion to the Council in East Riding, and the frontline opposition to the proposed new gas field in East Yorkshire. We are making excellent progress with the Council Pension Fund Divestment campaigns in North and East Yorkshire by gathering support from a wide range of local health professionals and by direct engagement with the Council.

Additionally, in light of the recent changes to the GMC undergraduate curriculum, we are working with the Hull and York Medical School to include much more on sustainability, climate and health and the wider determinants of health.

Get in touch to get involved: yorkshire@medact.org

Members of Medact Scotland before the Nae Nukes Anywhere demo at Faslane.
Treasurer’s Report

A robust balance sheet does not in itself bring about the effective health justice campaigning set out in our charitable objectives, but without one effective campaigning becomes harder, as pressures to balance the budget impinge on the confidence both to invest for the longer term and react to events in the shorter term.

It is pleasing, therefore, to be able to report on another good financial year for Medact, and the strength of our current balance sheet. Core funds held at the end of the financial year (January 2019) amounted to £171,828, up from £108,139 twelve months prior to that. This puts us safely on the upside of our refreshed reserves policy, which the board agreed this year so as to ensure the appropriate safety net in the event of any significant future downturn in income (see full accounts filed at Companies House for details).

Grant income coming in during the 2018–19 financial year also increased on the previous year, and as Sophie has reported, it is excellent that we have been able to raise sufficient new funds to be able to move properly into the economic justice field, in line with members’ aspirations.

An effective campaigning charity will only ever be as good as its staff, and we need to look after those staff—not just on a day-to-day basis through the provision of a safe, pleasant and supportive working environment, but through investments which allow for career development within the organisation. We have therefore spent time this year on refreshing and updating our salary scales, and on the development of what we hope will be a sector-leading parental leave policy. All such developments have financial implications, but the board believes that such measures are well justified as we develop our organisational capacities.

Alongside this, we have invested time in the further development of our financial controls and reporting mechanisms. This is dull stuff, but essential for the ongoing sound governance of the organisation, as well as the development of our reputation for excellence with current and future funders. To this end, while it is not a statutory requirement given our scale of operation, we had our accounts fully audited this year, instead of ‘independently examined’, and I am pleased to report a clean bill of health.

The only mild disappointment is that in the financial year to January 2019 our membership income did not increase at the same rate as other income sources, rising by only around £1,500 on the previous year. Membership income is vital to us, as it is unrestricted and thus allows us to invest in our future. The challenge is to translate the growing profile and reach which Sophie highlights in her Director’s report into membership growth. I would not be doing my job as Treasurer, therefore, if I did not take this opportunity to urge existing members to reflect on two things. Firstly, which other health folk do you know who share our values, and who might be encouraged to join at this exciting time? And secondly, I would ask existing members to consider whether they could afford to add a little bit to their existing contribution.

Lastly, I must offer my thanks to all the staff of Medact, whose professionalism, dedication and energies to make the world a better place in turn make being on the board such a pleasure.

Paul Cotterill
Treasurer

Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>Jan 19</th>
<th>Jan 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>£ 1,368</td>
<td>£ 638</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>£ 192,635</td>
<td>£ 130,320</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>£ 12,872</td>
<td>£ 14,023</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>£ 44,992</td>
<td>£ 12,805</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>£ 250,498</td>
<td>£ 157,148</td>
</tr>
<tr>
<td>Creditors—amounts falling due within one year</td>
<td>£ 12,883</td>
<td>£ 17,313</td>
</tr>
<tr>
<td><strong>Net Current Assets</strong></td>
<td>£ 237,615</td>
<td>£ 139,835</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>£ 238,983</td>
<td>£ 140,473</td>
</tr>
<tr>
<td>Funds of the charity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>£ 171,828</td>
<td>£ 108,139</td>
</tr>
<tr>
<td>Designated</td>
<td>£ 681</td>
<td>£ 681</td>
</tr>
<tr>
<td>Restricted</td>
<td>£ 66,476</td>
<td>£ 31,653</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>£ 238,986</td>
<td>£ 140,473</td>
</tr>
</tbody>
</table>
## Income and Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Jan 19</th>
<th>Jan 19</th>
<th>Jan 19</th>
<th>Jan 18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Restricted Funds</td>
<td>Unrestricted Funds</td>
<td>Total Funds</td>
<td>Total Funds</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Donations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>£ —</td>
<td>£ 64,802</td>
<td>£ 64,802</td>
<td>£ 63,141</td>
</tr>
<tr>
<td>Appeals</td>
<td>£ —</td>
<td>£ 19,051</td>
<td>£ 19,051</td>
<td>£ 19,139</td>
</tr>
<tr>
<td>Legacies</td>
<td>£ —</td>
<td>—</td>
<td>—</td>
<td>£ 7,000</td>
</tr>
<tr>
<td>Other Donations</td>
<td>£ 948</td>
<td>£ 14,638</td>
<td>£ 15,587</td>
<td>£ 18,903</td>
</tr>
<tr>
<td><strong>Total Individual Donations</strong></td>
<td>£ 948</td>
<td>£ 98,492</td>
<td>£ 99,440</td>
<td>£ 108,184</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>£ —</td>
<td>£ 10,000</td>
<td>£ 10,000</td>
<td>£ —</td>
</tr>
<tr>
<td>Climate &amp; Ecology</td>
<td>£ 42,053</td>
<td>£ 10,000</td>
<td>£ 52,053</td>
<td>£ 15,000</td>
</tr>
<tr>
<td>Human Rights</td>
<td>£ 25,536</td>
<td>—</td>
<td>£ 25,536</td>
<td>—</td>
</tr>
<tr>
<td>Peace &amp; Security</td>
<td>£ 90,734</td>
<td>—</td>
<td>£ 90,734</td>
<td>£ 55,614</td>
</tr>
<tr>
<td>Conference</td>
<td>£ —</td>
<td>—</td>
<td>—</td>
<td>£ 15,200</td>
</tr>
<tr>
<td>Hosted Projects</td>
<td>£ 27,261</td>
<td>—</td>
<td>£ 27,261</td>
<td>£ 22,500</td>
</tr>
<tr>
<td><strong>Total Grants</strong></td>
<td>£ 158,325</td>
<td>£ 10,000</td>
<td>£ 168,325</td>
<td>£ 70,614</td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracts with Partners</td>
<td>£ —</td>
<td>£ 17,740</td>
<td>£ 17,740</td>
<td>£ 14,104</td>
</tr>
<tr>
<td>Events</td>
<td>£ —</td>
<td>£ 480</td>
<td>£ 480</td>
<td>£ 127,848</td>
</tr>
<tr>
<td>Gift Aid</td>
<td>£ —</td>
<td>£ 34,251</td>
<td>£ 34,251</td>
<td>£ 5,826</td>
</tr>
<tr>
<td>Other Misc Income</td>
<td>£ —</td>
<td>£ 1,005</td>
<td>£ 1,005</td>
<td>£ 908</td>
</tr>
<tr>
<td><strong>Total Other Income</strong></td>
<td>£ —</td>
<td>£ 35,737</td>
<td>£ 35,737</td>
<td>£ 134,582</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>£ 159,273</td>
<td>£ 144,229</td>
<td>£ 303,502</td>
<td>£ 313,382</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>£ —</td>
<td>£ 3,892</td>
<td>£ 3,892</td>
<td>£ 4,402</td>
</tr>
<tr>
<td>Operational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliations</td>
<td>£ 489</td>
<td>£ 1,384</td>
<td>£ 1,873</td>
<td>£ 2,114</td>
</tr>
<tr>
<td>Communications</td>
<td>£ 2,074</td>
<td>£ 498</td>
<td>£ 2,573</td>
<td>£ 24,251</td>
</tr>
<tr>
<td>Events</td>
<td>£ 3,115</td>
<td>£ 1,377</td>
<td>£ 4,493</td>
<td>£ 137,201</td>
</tr>
<tr>
<td>Publications</td>
<td>£ 1,200</td>
<td>—</td>
<td>£ 1,200</td>
<td>£ 8,832</td>
</tr>
<tr>
<td>Consultancy</td>
<td>£ 2,375</td>
<td>—</td>
<td>£ 2,375</td>
<td>£ 9,448</td>
</tr>
<tr>
<td>Staff Expenses</td>
<td>£ 19</td>
<td>£ 506</td>
<td>£ 525</td>
<td>£ 622</td>
</tr>
<tr>
<td>Staff Training</td>
<td>£ 99</td>
<td>£ 207</td>
<td>£ 307</td>
<td>£ 1,179</td>
</tr>
<tr>
<td>Misc. Charitable Activities</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>£ 413</td>
</tr>
<tr>
<td><strong>Total Operational</strong></td>
<td>£ 8,885</td>
<td>£ 2,590</td>
<td>£ 11,475</td>
<td>£ 181,535</td>
</tr>
<tr>
<td>Hosted Projects</td>
<td>£ 27,487</td>
<td>—</td>
<td>£ 27,487</td>
<td>£ 25,000</td>
</tr>
<tr>
<td>Payroll</td>
<td>£ 106,763</td>
<td>£ 70,779</td>
<td>£ 177,542</td>
<td>£ 133,754</td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>£ 338</td>
<td>£ 464</td>
<td>£ 802</td>
<td>£ 2,427</td>
</tr>
<tr>
<td>Finance &amp; Legal</td>
<td>£ 103</td>
<td>£ 1,466</td>
<td>£ 1,570</td>
<td>£ 1,304</td>
</tr>
<tr>
<td>Office</td>
<td>£ —</td>
<td>£ 5,088</td>
<td>£ 5,088</td>
<td>£ 9,165</td>
</tr>
<tr>
<td>Premises</td>
<td>£ —</td>
<td>£ 29,956</td>
<td>£ 29,956</td>
<td>£ 28,908</td>
</tr>
<tr>
<td>Governance</td>
<td>£ —</td>
<td>£ 300</td>
<td>£ 300</td>
<td>£ 709</td>
</tr>
<tr>
<td>Project Overhead Contributions</td>
<td>£ 7,642</td>
<td>(7,642)</td>
<td>£ —</td>
<td>£ —</td>
</tr>
<tr>
<td><strong>Total Administrative</strong></td>
<td>£ 7,746</td>
<td>£ 29,169</td>
<td>£ 36,916</td>
<td>£ 40,088</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>£ 150,882</td>
<td>£ 106,432</td>
<td>£ 257,314</td>
<td>£ 384,780</td>
</tr>
<tr>
<td><strong>Surplus/Deficit</strong></td>
<td>£ 8,390</td>
<td>£ 37,796</td>
<td>£ 46,187</td>
<td>£ (71,398)</td>
</tr>
</tbody>
</table>

For more information about supporting Medact financially, including the possibility of making a legacy gift, please contact Sophie on sophieneuburg@medact.org or 0207 324 4736.
Thank Yous

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

Too many people play a part in Medact’s work each year for us to thank everyone we should individually, but we would like to name:


We would also like to extend a special thanks to all of our fantastic member groups and their co-ordinators:


Thanks also to all the organisations and groups we’ve worked with this year, including:

Acronym Institute for Disarmament Diplomacy, Article 36, Campaign Against the Arms Trade, Campaign for Nuclear Disarmament, the Centre for Health and the Public Interest, Concerned Health Professionals UK, Docs Not Cops, ForcesWatch, Greenpeace, Health Poverty Action, International Physicians for the Prevention of Nuclear War, Medicine, Conflict & Survival, Migrants Organise, the New Economics Foundation, Resist & Renew, Students for Global Health & the Sudanese Doctors Union.

We are very grateful for the financial support received from:

The Joseph Rowntree Charitable Trust, Open Society Foundations, the Polden-Puckham Charitable Trust, the Sainsbury Family Charitable Trusts, the Waterloo Foundation, the Trust for London.

And the guidance of our Board of Trustees:

Alice Bell, Paul Cotterill, Jonathan Cunliffe, Carlos Grijalva Eternod, Daniel Flecknoe, Joanna Howard, Margaret Jackson, Alan Maryon-Davis, Penelope Milsom, Kitty Mohan, Lesley Morrison, Lucy Singh, Sridhar Venkatapuram, Jeremy Wight.

While those of us in the office did not know her personally, we have heard many touching tributes this year to longstanding member and stalwart volunteer Mary Holdstock, who sadly passed away over the New Year period. Our thoughts are with her family.
Getting involved

There are many ways to get involved in Medact’s work. You can:

Join a local or issue group near you: check out the web page to find your nearest group: medact.org/groups

we can support you to build a team of people in your area so you can tackle the issues that matter to you

Start a new group

Come along to an event: sign up to our mailing list to ensure you get our latest news about events and campaigns: medact.org/emails

Is there a specific issue you want to work on or an idea you would like to run by us?

Get in touch—email rachelpiper@medact.org