



Medact is a membership organisation that brings together the health community to challenge the political and economic systems which damage health, and advocate for a world in which everyone can truly exercise their human right to health.

We recognise 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 believe the health community has incredible potential to drive progressive social change.

We organise campaigning across four broad and inter-connected programme areas:



Peace & Security



Economic Justice



Climate & Environment



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.

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Health workers march in London in May in solidarity with Palestinians against ongoing Israeli state violence and dispossession

Introduction

A year of campaigning for transformative change



Professor Alan Maryon-Davis (he/him)
Chair, Board of Trustees

It's nothing less than inspirational to see how the Medact community has responded to the many injustices triggered or exacerbated by the COVID-19 crisis. In the last year, health workers across the country have drawn attention to particularly egregious issues and campaigned for meaningful change. You'll see in this report what a great job our team here at Medact are doing to skill up and support these brilliant member-based initiatives.

Our Peace & Security lead, Reem Abu-Hayyeh, describes how the Medact community's Securitisation of Health group has developed a series of Alternative Prevent trainings: critical awareness raising, created for health workers, by health workers, and an excellent example of Medact's member-led work this year.

On the Climate & Health front, Ben Eder and Rob Abrams, outline the many member-led actions being taken as we build up to COP 26 in Glasgow in November, including a vital new publication to support our Health for a Green New Deal campaign. Members of the Medact community have put together action-orientated briefings to inform our campaigning, established new local relationships and fired up a real head of steam to hit hard at just the right moment for maximum impact.

Siddhartha Mehta talks about how we've set up our Economic Justice programme involving nearly 800 members and partners who are helping to shape the strategy, speaking out in the media, conducting research, and recruiting others in the work towards an economy centred on health and wellbeing.

Our work on the Patients Not Passports campaign has highlighted inequity in access to healthcare as a massive issue during the pandemic, and James Skinner, our Human Rights lead, focuses on the

impact of the Hostile Environment on equal access to the vaccine, describing our work with a wide range of partner organisations in the Vaccines for All Campaign.

And Hil Aked, our Policy and Research Manager, outlines the truly impressive output of the Medact Research Network this past year, with research-oriented members across the country contributing their passion and skills to produce three major briefings to underpin our campaigns.

As you look through this year's report, I hope you'll be as impressed as I am by the many examples of great things being done – a strong list of initiatives and achievements in any normal year, but especially so given the difficulties thrown up by repeated lockdowns and the serendipity of self-isolation. The Medact community is really buzzing!

As ever, I am grateful to my fellow trustees on the Medact Board for their dedication in supporting and overseeing the governance of our organisation, ensuring it is well-managed and sufficiently funded to fulfil its purpose. We are currently in the process of reviewing our founding documents and exploring how different models of Medact 'membership' and the Medact 'community' relate to how we govern ourselves as a member-led charitable organisation.

Finally, this year we said farewell to our longstanding trustee/treasurer, Paul Cotterill, who has kept watch over our finances with great dedication over the years – thank you so much, Paul. And we warmly welcome Hannah Wright who has taken up that mantle. We are also very happy to be joined by three other new trustees: Richard Copsey, Hannah Harniess and Lorraine Haye. You can check out our full new Board line-up on the Medact website.

My fellow trustees and I very much look forward to working closely with our Co-Directors during Sophie's maternity leave, and of course with the wider Medact community over the coming year.

Fighting for health justice into year 2 of the pandemic



Sophie Neuburg (she/her)
Executive Director

There's no doubt about it, this year has been a difficult one. Health workers have been under enormous and sustained pressure, and unfortunately there's little sign of let-up. In wider society, those communities already suffering the worst impacts of health inequity—both in the UK and globally—continue to be hardest-hit by the pandemic.

Throughout all of this, we've been awed and moved—yet again—by the continued commitment of health workers to fight injustice and work towards a better world. And as Director, I've been hugely impressed by the creativity, skills, and sheer determination of our fantastic staff team who've kept the quality and agility of our campaigns going now through 18 long months of online working, lockdowns, and political uncertainty.

Here at Medact we're clear we must make sure new injustices arising during the pandemic don't get locked-in, and that as the acute phase of the crisis recedes we don't return to the inequities of previously 'normal' life. Instead, we've been working this year with our allies to build the power and the confidence to win the fight for a society and an economy that truly values public and planetary health, and health equity.

Growing the depth and strength of our movement is absolutely central to this. We want as many people as possible to become part of Medact. We know how important it is to make sure everyone who joins our movement can have the support they need and feel valued getting involved in all the ways they want to. This year we've seen hundreds of people connecting

with their colleagues locally and across the country, taking leadership roles in key pieces of research, and joining in with webinars.

But we know there's even more we can do, and that's why we're paying a renewed focus on movement organising, and in-depth support and skills development for Medact groups and everyone in our networks.

In everything we do, we seek to actively help dismantle—and not reinforce—the power structures which lead to injustice and oppression both at home and globally. As ever, we've been working closely alongside grassroots groups representing people at the sharp end of injustices such as housing insecurity, low pay, and environmental damage. And this year, we've brought the voice and strength of the health community to the Kill the Bill campaign against the Police, Crime, Sentencing and Courts (PCSC) Bill. The PCSC bill not only threatens our right to protest, but directly attacks Gypsy Roma and Traveller communities, and threatens the health and wellbeing of Black and minority ethnic communities already disproportionately affected by police violence and detention.

In the coming year, we'll redouble our efforts to make Medact a warm and welcoming home for health workers to campaign on the justice issues they care about most. As I get ready to go on maternity leave, I'm sad not to be a core part of the coming year's work, as I think the opportunities for us to have lasting impact are huge. But I have no doubt that our excellent team of Co-Directors—made up of some of our most experienced staff—will guide the organisation with care and skill, and ensure we keep supporting our movement to strengthen and grow.

Peace & Security

Fighting securitisation in the NHS, and militarism around the world



Reem Abu-Hayyeh
(she/her)

Peace & Security Lead

It has been a busy year in the Peace & Security programme. Our work raising awareness of and challenging the Prevent duty in healthcare has grown exponentially, with our Securitisation of Health Group working hard to produce educational and supportive resources.

Members of the group collectively published FAQs about Prevent in the NHS, and a mutual support guide for people affected by Prevent. This then formed the basis of a series of Alternative Trainings on Prevent in the NHS, two of which were held in March and May 2021, with guest speakers clinical psychologist Tarek Younis, and crime and human rights barrister Susan Wright. Over 40 people attended each training, and it was encouraging to see a high level of critical engagement from health workers of all backgrounds.

As a continuation of our outreach and awareness-raising, we worked closely with the Muslim Doctors' Association to organise an event held in July 2021 on Prevent in the NHS, where we heard from our Research Manager Hil Aked alongside key representatives from the NHS, BMA and mental health charity Mind.

While more of these training events are planned for the coming months, the group is looking to expand its educational reach by working on new, customised, profession-specific training sessions.

And earlier in 2021, we published *Racism, mental health and pre-crime policing: the ethics of Vulnerability Support Hubs*, co-written by Hil Aked, Tarek Younis and Charlotte Heath-Kelly as a follow-up to last year's False Positives report. Nearly 120 people attended the report launch where we heard from the authors and a representative from Mind. And our findings were reported on widely in the media, shining a light on a previously unscrutinised element of Prevent. Since then, we have engaged a number of health workers and representatives on the ethics underpinning the Hubs, and will continue to do so.

In our work to abolish nuclear weapons, this year we marked the momentous occasion of the long-awaited Treaty on the Prohibition of Nuclear Weapons (TPNW) coming into force, after Honduras became the fiftieth state to ratify the treaty in October 2020. Off the back of this, we campaigned to encourage local councils to support the TPNW, publishing a pack of resources for health workers and others to take local action against nuclear weapons. The pack has been taken up by many of our members in the health community, and has been shared with members of allied organisations such as Campaign for Nuclear Disarmament (CND) Scotland, the International Campaign to Abolish Nuclear Weapons (ICAN) and others.

We were very pleased to see Glasgow City Council pass a resolution in support of the TPNW in May 2021 and hope that many more councils will follow suit!



Marcelo Camus shares his personal experiences of resisting the damage of Prevent in his workplace at an Alternative Training on Prevent in Healthcare event, March 2021.

Health workers educating health workers about Prevent



Ameen Kamlana
(he/him)

East London GP
& member of Medact's
Securitisation of
Health Group

I've been a part of Medact's Securitisation of Health Group since its inception, and feel like I've been a part of its evolution and development.

We formed the group last year, off the back of the False Positives report launch. One of the first things we did was broadly identify where our needs and interests lay. This process resulted in the formation of two main sub-groups: on Support and Education. I've been mostly involved in the Education group, alongside a few other people—and we're generating many ideas, which I would like to see more investment in so that we can fully realise them. But despite our group's limited resources and capacity, we've achieved a lot.

The first thing we set about doing was creating an FAQ resource based on the False Positives report—because most health workers aren't aware of the reality of Prevent. These FAQs are now available on Medact's website, and they formed the basis of our Alternative Prevent Training events.

The work of our group is important to me as a doctor because—right from the very beginning of medical training—the value of non-maleficence is instilled in us, together with non-discrimination and, of course, evidence-based practice.

I believe that it is hypocritical for healthcare workers to hold such values without opposing the unevidenced, violently racist and politically-motivated Prevent programme. It's sustained by widespread Islamophobia (including within the NHS), enforced with oppressive government legislation and legitimised through the abuse of 'safeguarding' principles.

One of the many lessons I have learnt on this journey with Medact is that our unions and colleges are not doing nearly enough to help. In spite of their fixation with what cannot be done, our work continues to demonstrate that, in reality, there's so much that can be done—'where there's a will, there's a way'. After the public statements have been issued and photo opportunities have been posed for, why are minoritised communities left to do the actual work?

I look forward to seeing-through the remaining two Alternative Trainings, and gaining further insight and inspiration from those involved in them. Next, I'd like to help in developing Prevent training locally, to replace the current, official training (which is devoid of any critical thinking). I'm now more confident than ever that this can be done and, if so, it could serve as a model for replacing current Prevent training nationally.

Collectively within the group, we have energy and vision. We've also realised that we have a number of allies in influential positions. Our capacity and resources are limited (currently, one Medact staff member is part of the group alongside the rest of us volunteers)—but we're always looking for more people to join us in taking an active role to challenge Prevent and other harmful securitising policies in healthcare!

Climate & Environment

Laying the foundations of Health for a Green New Deal



Ben Eder (he/him)
Climate & Health Lead



Rob Abrams (he/him)
Organiser

We've been inspired over the last year by the creativity, joy and care of health workers and students building the health movement for climate justice. We have worked within the Climate & Health Group to shape the organising principles, structure and strategy for the Health for a Green New Deal campaign. It was incredible to launch it in April 2021, with hundreds of people joining us for the launch events, in our email groups and in online meetings since!

We have laid strong roots, and seeded the health movement for a just and green society – one that prioritises the health of people and planet over profit, and is embedded as part of a wider movement.

More than 20 members of the Climate & Health Research Cluster collaboratively wrote the briefing, *The Public Health Case for a Green New Deal*. We followed it up with an online launch gathering that saw hundreds from the health community delve into the Green New Deal: we talked about Racial Justice, heard the vision of a Global Green New Deal, and experienced a beautiful evening of poetry for climate justice held by Selina Nwulu and Sarah Lasoye!

Health workers and students across the country took action. People from Battersea to Newcastle lobbied MPs on the need for Green Jobs for All. Building power in local communities, people in Leeds helped to resist the expansion of Leeds Bradford Airport, and members of the health community campaigned for a London Mayor for Clean Air, sharing stories of the injustices of air pollution. In Scotland, health workers wrote to the First Minister calling for a green recovery, and co-organised a hustings. Medact Groups in Yorkshire and the East

Midlands are taking on local councils, demanding they divest from oil and gas industries.

And across the year, in the context of a global pandemic, we have been organising for health and climate justice to be prioritised at the global climate talks due to take place in Scotland, autumn 2021: COP 26. We started an open letter to the UK government and COP 26 leadership to demand health and climate justice at the talks, and we raised the links between health justice and climate justice at two of the COP 26 Coalition's global gathering events.

This year's successful launch of Health for a Green New Deal has been driven by the incredible work of members, who have written action-orientated briefings that inform our campaigning, organised tirelessly to form new local relationships and embedded our organising principles into practice. As we work towards our goal of winning both health justice and climate justice, we're both hopeful and grateful to be part of a community that is committed to reflecting on our practice – a group grounded in justice, that acts in solidarity with people and communities most affected by the violence of climate change both in the UK and globally.

Looking ahead at the year to come, we're excited to build on our foundation of collective power, to bring yet more health workers into the campaign as we take action at COP 26 and beyond.

OUR ECONOMY IS MAKING PEOPLE AND PLANET SICK

In the summer of 2020, as most of the world was emerging from the first wave of COVID-19, out-of-control forest fires raged from California to Siberia, spreading as far north as the Arctic circle. Underlying both phenomena was economic activity.

While it is commonplace to refer to the present era as the 'anthropocene' highlighting the impact of human activity on the earth's climate and ecosystems, environmental historian Jason Moore suggests the term 'Capitalocene' instead.¹ This highlights the fact that the root cause of climate change is not emissions and pollution produced by private commercial interests. Indeed, just 100 companies were responsible for over 70% of all global emissions since 1988.²

The growth paradigm at the heart of the economy harms our physical and mental health directly. In the UK, for example, more than 17,000 people die annually; the health of the general population had declined for the first time in 100 years³ and incidences of 'hearts of despair'⁴ and 'suicidal' depression⁵ more frequent.⁶ Fuelled by a perfect storm of precarity, overpaid work and deep cuts to public services, such economic policies, which make our society increasingly unequal and benefit only the very wealthy, are widespread across the globe.

Less visible, but just as devastating, are the indirect health impacts of climate and environmental destruction wrought by economic activity. For example, extreme weather events, leading to catastrophes like forest fires, are an aberration for part of a pattern studies show them becoming more frequent and intense every year. Their consequences include heat-related mortalities, droughts and respiratory and cardiovascular illnesses.⁷ Similarly, the disruption of ecosystems affects the availability of certain foods by degrading the fertility of land, once being the nutrition source for over 800 million people worldwide because of vast wealth inequalities.⁸

The climate crisis also interacts with patterns of infectious disease. As temperatures change and precipitation patterns shift, the reach of vectors such as mosquitoes is greatly expanded. In this way, we can think of diseases such as malaria and dengue fever as being 'climate sensitive'.⁹ Meanwhile, several studies have highlighted the links between commercial fisheries and aquaculture, of natural habitats and the increased potential for new zoonotic diseases and zoonoses like COVID-19. As deforestation – often for agribusiness expansion – forces wild animals into greater proximity with human population centres, 'zoonotic spillover' in which a virus jumps from one species to another, becomes more likely.¹⁰

Thus both the climate crisis and the public health crisis are essentially rooted in an economic system that exploits human and natural resources in pursuit of profit and exponential growth. It is the organisations who suffer the most as a result of these interlinked crises – but there are solutions for us all. The urgent need to reorient our economy to foster the health of people and planet underpins calls for a 'Green New Deal'.

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Organising for COP 26 and Health for a Green New Deal



Claire Gaughan
(she/her)

Glasgow GP and member of Medact Scotland

My main motivation for getting involved as an active member of Medact for the last year has been my concern about the climate crisis and its impacts on health justice. I have a young son and a daughter, and I want to work towards making sure they have a more sustainable, safer and fairer world in which to live.

In the past year, I worked on a video and letter that were sent to Nicola Sturgeon, asking her to prioritise a green economic recovery from the COVID-19 pandemic. I also helped to organise a climate and health hustings held in Glasgow ahead of the Scottish parliamentary elections.

Now, I am working with a group of healthcare workers across the country to arrange some actions and campaigning at the COP 26 summit, which will be held in Glasgow in November. It has been a great introduction to activism of this sort for me: to be connected with the wider movement, to hear about related campaigns and work being done by other organisations who are also involved.

I have really enjoyed all of this. The people I have met through Medact are welcoming, encouraging and inspiring. The structure of Medact allows you to contribute as much or as little as you are able to. It is also great to have some fellowship with others who are also keen to take action to protect the planet.

Amy Gwyther (she/her)

Junior Doctor, South West, and member of Health for a Green New Deal

I'm a proud member of the Medact Health for a Green New Deal group, which I joined in its infancy, at a time when I was increasingly in despair at the spiraling climate and ecological crises. Predictions for the future were overwhelming and I found myself questioning whether I was in the right career to make meaningful change.

But the enthusiasm and commitment of the members of Health for a Green New Deal has been genuinely inspiring. I can come to a meeting

dejected and disheartened at the most recent news headline, but I know that by the end of the evening I'll be full of hope and motivation.

As healthcare professionals, we have a duty to protect and promote the health of our patients and the public. Medact's approach to climate action through a lens of health and social justice gets to the heart of this duty. Climate change is threatening the foundations of health and widening inequalities across the globe. Through our support for a just transition to a Green New Deal, we can strive for a world where human health and the planet can thrive.

Economic Justice

Protecting the lives and livelihoods most affected by the pandemic



Siddhartha Mehta
(he/him)

Economic Justice Lead

Over the past year, we have established our Economic Justice programme, both in terms of making real impacts and in terms of involving our members. Nearly 800 people are now involved! Our members have led our campaigning work by shaping the strategy, speaking out in the media, conducting research, and recruiting others in the work towards an economy centered on health and wellbeing.

We focused our efforts on the plight of precarious, low-waged workers and renters, many of whom are migrants or from racialised communities, and many who were essential workers on the frontlines of the pandemic. Too many people faced an urgent need for financial protection, from loss of income and insecure housing. This was a systemic issue—and directly contributed to avoidable loss of lives and livelihoods.

Last summer, we joined with London Renters Union to organise a letter calling on the government to extend the ban on evictions in order to prevent the increase in risk and transmission of COVID-19. This letter was backed by 16 major public health organisations, and covered throughout the

mainstream UK media, with quotes from our members. These actions added to the public pressure that forced a government U-turn and brought about the eviction ban extension.

Also, in December, we called on the government to improve financial protections so that everyone can afford to self-isolate, together with the BMA, Association of Directors of Public Health, Deep End GPs, The Scottish Academy of Royal Colleges, and other health bodies.

In February, we published our briefing on economic justice in the UK during the pandemic, titled *Health Versus Wealth? UK Economic Policy and Public Health during COVID-19*. Over 100 people joined us at our launch event, where Professor Christina Pagel from UCL and Independent Sage, and Christine Berry—now the director of IPPR North—spoke on public health and economic policy alongside our Economic Justice Group members Dr Monica Sharman and Daniel J Carter. The event was also the launch of our support for the demands of the Independent Workers of Great Britain Cleaners and Facilities Branch on the need for fair furlough, and since then we have been using the report as a springboard to develop campaigns going forward into the next year that will change the immediate causes of harm from economic exploitation and help build an economy centred on health and wellbeing.



Online solidarity action demanding fair furlough for all workers

Our Economic Justice & Health Group

Emma Bridger (she/her)

Senior Research Fellow in Psychology, Birmingham City University

I got involved with Medact's Economic Justice & Health Group not long after the first lockdown in the UK in March 2020. I am a research academic with a particular interest in psychology, social justice, and health and economic inequality. I felt right at home amongst the other Medact members, who stem from a variety of healthcare and activist backgrounds

Working together on the *Health Versus Wealth?* briefing in 2020 was an opportunity to challenge the deeply troubling narratives around health and the economy that were playing out at the time.

Meeting up and organising online has been invaluable for me. I have gained skills and confidence around online organising, and I am continually inspired by other Medact activists' passion and purpose.

Since launching the briefing, we have focused the campaigns on intertwined economic justice areas: liveable incomes, housing and tax justice. In our education sub-group, we are developing resources to emphasise the health and economic consequences of upcoming policy decisions. Whilst it is frustrating to see the same mistakes of 2020 (and before!) being made, and the continuing false tension between the economy and public health, it is exciting to keep working with Medact allies on this and see where it takes us.



Monica Sharman (she/her)

Junior Doctor in Yorkshire & Humber

Having closely followed the Marmot *10 Years On* report and the policy responses to the pandemic, I was keen to channel my frustrations towards action, as a citizen and as a health professional. I am grateful for the opportunities that this Medact group has allowed since, including meeting with other like-minded individuals whom I continually learn a lot from.

In the last year, I was a speaker at the *Health Versus Wealth?* briefing launch event, sharing my

perspectives on the impact of the economic policy decisions on health as a frontline health worker during the pandemic. I also co-authored a BMJ article that illustrated the unjust ways we have seen economic policies impact our patients' lives during lockdown. It was empowering to see both publications shared and read widely, and a privilege to be able to contribute towards this work.

I am excited to continue working alongside Emma and Rebecca in our Education group, especially as we each have different professional backgrounds and perspectives to bring! We have recently started to explore narratives and framing of 'the economy' and inequality. I am also supporting the research group with work on tax justice and health, which has been eye-opening.



Rebecca Coleby (she/her)

Humanitarian Engineering Graduate

Over the last year in the research group, we have brought together the evidence basis for transforming the economy from a public health perspective, and also dispelled the false dichotomy between health and wealth the UK government

is trying to insist exists—you can take care of your citizens health and have not damage your economy in the process!

As a member of the education sub-group, I am excited to see the ways in which we use different forms of media to take the work of the whole Economic Justice team forward. Being part of this work improved my own confidence in my abilities to be a useful member of a campaigning team.

Human Rights

Continuing the fight for truly universal healthcare



James Skinner (he/him)
Human Rights Lead

Just as the vaccine rollout has dominated much of the first half of this year, much of our Human Rights work over the last six months has focused on the impact of the Hostile Environment on equal access to the vaccine. The groups in the Patients Not Passports Network led incredible work on the Vaccines for All Campaign, setting out our demands and then getting local authorities, GP practices, Royal Colleges, and local allies and organisations to sign up.

It was through this huge effort that 378 organisations signed the call for an end to NHS charging and data-sharing, extra support for primary care, and a public information campaign to reassure communities targeted by the Hostile Environment. Not only did this campaign mobilise unprecedented opposition to NHS charging from local councils, primary care networks, and health institutions—but it also allowed the groups in the Patients Not Passports Network to build powerful links in their local areas and demonstrate the need for the vaccine roll out to accommodate excluded communities.

In last year's Annual Report, we wrote about Simba, a man the NHS charged £100,000 for healthcare following a devastating stroke. Alongside Migrants Organise, we've continued to support Simba to challenge these charges and set up the Justice for Simba campaign against the Hostile Environment in the NHS. The campaign has continued to grow. The petition calling for his charges to be dropped

now has over 65,000 signatures! In October, as part of the Solidarity Knows No Borders national day of action, groups in the Patients Not Passports Network stood in solidarity with Simba, putting up his campaign poster in towns up and down the country.

Through our collaboration with the New Economics Foundation and Migrants Organise, we now have three Patients Not Passports publications that examine different aspects of NHS charging and provide evidence and arguments to support local campaigns. In 2019, we first published our briefing *Challenging healthcare charging in the NHS* and this year we've updated it, adding in the latest evidence and campaign developments. In *Learning from the international struggle for universal healthcare* we explore movements from countries across Europe that are similar to the Patients Not Passports campaign, looking at what tactics they used to win and what we can learn for our work here.

Finally, in *Migrants Access to Healthcare During the Coronavirus Crisis*, we conducted new research into the deterrent impact of NHS charging and data-sharing on migrant communities. We've since used this research to submit evidence to Select Committee inquiries and it's been quoted in papers by Independent Sage and Baroness Lawrence's review into the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities.



Simba Mujakachi with his partner Melissa leading the #JusticeForSimba campaign, outside Vulcan House in Sheffield. Photo: Michael Duggleby.

Challenging the Hostile Environment— in Bristol and beyond



Jasmine Schulkind
(she/her)

Junior Doctor in
Bristol, and member of
Medact Bristol

As a doctor in an inner-city emergency department, I've seen first-hand the consequences of both austerity and the hostile environment: people from migrant populations presenting with COVID-19 much later and much sicker, the moral dilemma of discharging homeless patients onto the streets, asthma attacks triggered by air pollution.

This year, I co-coordinated the Bristol Patients Not Passports group. This involved a new set of skills: in particular, how to facilitate online meetings so members feel valued and listened to, as well as how to engage new Medact members, organise actions and consider the longer-term strategy of Bristol Medact. Highlights from the year include holding a demonstration in central Bristol in October as part of the Solidarity Knows No Borders weekend of action and teaming up with local organisations to demand equal COVID-19 vaccine access.

I also joined the national Medact Research Network. I've previously worked on academic research

projects, but I was keen for a bit of a change and I really wanted to get involved in a project that would have a tangible and immediate impact. I got in touch with James, and alongside a couple of other enthusiastic volunteers from the network, we came up with an investigative research project. Our main aim was to find out more about the Hostile Environment immigration policy in the NHS, to better challenge it through campaigning.

Together, over the last year, we have submitted and evaluated Freedom of Information (FOI) requests to NHS bodies and the Home Office, and chatted to Overseas Visitor Managers (responsible for implementing the charging regulations in healthcare trusts). It was a steep learning curve (never having submitted an FOI before!), but it has been great to be part of such a dedicated and passionate group of campaigners doing this kind of research.

We now know a huge amount more about the Hostile Environment in the NHS, which will inform the Patients Not Passports campaign work both at a local NHS Trust level and in the courts over the next year. Though challenging at times during the pandemic, it was hugely rewarding to work towards ensuring access to healthcare for all, both at a local level and nationally.

Our movement



Becky Daniels
(she/her)

Movement Building
Manager

During a time when the health community has been under such enormous strain, it has been a privilege to witness the enormous energy and passion that so many of you have continued to pour into achieving our collective mission.

From reading our campaigns sections, I hope it is evident that this year more than ever before, people within our movement are taking a leading role in

envisioning the direction of our work, by building and executing Medact's campaigns and by creating high quality research that underpins our calls for change.

Looking forward to next year, we have exciting plans to focus on deepening the skills of our movement. We are currently building a curriculum that will include campaigning and organising training to support our movement to build our power, at a local and national level. And we will provide more support and resources for embedding an anti-oppressive approach in our work—in other words, how we will challenge the power imbalances and persecution that permeate our society.

Nearly 4000 people took action with us online across **9 different petitions**—including a number coordinated by our local groups.

Over 1000 people signed our call for Health Justice at COP26.

200 people joined Medact Scotland in demanding a Just & Green Recovery plan from the Scottish First Minister.

Nearly 500 people supported a divestment petition organised by our Yorkshire group.

202 people joined Medact as members. We now have **1053 members total!**

2.1k people registered for one or more of **over 70 events**.

We published **3 new briefings** that were researched and written by Medact member groups.



When world leaders arrive in Glasgow for the COP26 climate talks in November 2021, they will have a critical choice to make: do we stick with business as usual, or do we lay the foundations for a fairer, healthier ecologically-sound future?

Covid-19 has intensified the need for a global green recovery that prioritises health and wellbeing. However, like the pandemic, the climate crisis does not impact us all equally. Those who have contributed the least to it are disproportionately also the ones most impacted.

TO: UK GOVERNMENT & COP26 LEADERSHIP

TO:
 Boris Johnson PM
 Alok Sharma MP, COP26 President
 Peter Hill, COP26 CEO
 Nigel Topping, COP26 High Level Champion
 John Murton, COP26 Envoy
 Mark Carney, PM's Finance Adviser for COP26
 Nick Bridge, Special Representative for Climate Change
 Archie Young, UK Lead Climate Negotiator

The UK, as host of the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26), holds a unique position of responsibility. In the midst of COVID-19, there is a pressing need for greater ambition and global cooperation to address climate change in order to avoid the next health crisis – where our warming world has a

Medact's open letter to the COP26 organising committee with our demands for climate & health justice, signed by over 1000 health workers

Healthy housing is a human right

by Guest Author | Jan 5, 2021 | Sign-Ons, Economic Justice

Children and families who are experiencing homelessness are facing severe risk, risk that has been exacerbated by the Covid-19 pandemic.

There is an urgent need to address the lack of adequate and decent temporary accommodation, and add capacity to the health system to support all families experiencing homelessness. This must also include tackling the underlying social and economic inequities trapping people, families and communities in cycles of poverty, poor health and despair.

This petition has been created by Specialist Health Visitors working with families experiencing homelessness supported by the Queen's Nursing Institute. Will you join us in calling for the Government to:

- Conduct an immediate Government Inquiry into the plight of families experiencing homelessness in temporary accommodation
- Guarantee that individuals and families who are destitute are always placed in accommodation, no matter what their immigration status
- Ensure children who are experiencing homelessness are given automatic health and education rights
- Provide priority access to NHS services for children experiencing homelessness, ensuring that a lack of ability to provide address ID is never a barrier to services

TO: ROBERT JENRICK, Secretary of State for Housing, Communities and Local Government;
 MATT HANCOCK, Secretary of State for Health;
 GAVIN WILLIAMSON, Secretary of State for Education

We, the undersigned, represent health visitors and other specialist professionals working with families who are experiencing homelessness. We are writing to raise concerns about the continuing plight of families who are homeless, which has been thrown into sharp focus during the COVID-19 pandemic.

There are 135,000 children living homeless in temporary accommodation across Britain, with a child becoming homeless every 8 minutes, and 183 becoming homeless every day, according to Shelter. This is the highest it has been in 12 years and 51% increase over the previous 5 years. This does not include the unknown number of families that are 'sofa surfing'.¹

Barriers to children's wellbeing and safety during COVID-19 outbreak

Children and families who are experiencing homelessness are facing severe risks. Families have been forced to live in one

A petition organised by a group of Specialist Health Visitors to Housing Secretary Robert Jenrick, demanding action to support families experiencing homelessness

The Medact community in Brighton



Anna Lewis (she/her)

Junior Doctor and member of Medact Brighton

I'm a Junior Doctor working in A&E in Eastbourne, although I live in Brighton, where I have been helping to coordinate the local Medact group over the last three years. It has been a real pleasure being involved in Brighton Medact, to be connected with other health workers in the city passionate about health justice, and, in the last year, taking part in the Patients Not Passports movement with them by protesting British Airways' role in deportation flights.

Over the last few years, we have worked as a group across a range of areas. The housing crisis is in sharp focus in Brighton, which has the highest levels of street homelessness in the UK outside of London. Three years ago, as a newly invigorated group, we therefore decided to begin by focusing on homeless health. Using our roles as mostly Junior Doctors and medical students, we initiated peer-led training around the importance of housing and health, and how to advocate for better health outcomes. Continuing on from that work on access to healthcare, more recently we have brought our attention to migrant rights and to opposing the charging regulations.

The pandemic has had a huge impact on the way we organise, our capacity as a group and the type of work we are able to do. It took us time to adjust to the overwhelming news cycle, the increased pressure in our workplaces, and to find the head space and energy for health justice campaigning.

However, it also highlighted to us how important our work at Medact is, and so we slowly came back together to re-focus our energies. I certainly took a lot of strength from our now-online group meetings in those difficult times, through sharing experiences, frustration and solidarity with one another. While we were working online, we started a monthly teaching series in order to benefit from the richness of experiences and interests in the group including around climate change and mental health, reflections from a year working on Lesvos, and access to healthcare.

I have loved being part of the Medact community in Brighton, and have learnt so much from the other members and through our collective organising work. I am moving to Sheffield to start GP training next month, and will miss my seaside comrades, but I look forward to getting stuck in with Sheffield Medact.

Medact Brighton members showing solidarity with the Justice for Simba campaign against healthcare charging (below) and attending PCSC Bill protests (right).





Health justice is racial justice



Mariam Jaffer (she/her)
Junior Doctor and
member of Medact's Race
& Health Justice Group

I'm a Junior Doctor working in South London, passionate about challenging the racial disparities pervasive in our society—and I'm one of the coordinators for the new Medact Race & Health Justice Group.

Racial inequalities have been well documented for years, in areas from health to housing to employment. However, it took the COVID-19 pandemic alongside worldwide anti-racism and police brutality protests last year for many in our society to take note of these injustices and their interconnected nature, unfortunately.

We formed the Medact Race & Health Justice group in an attempt to drive sustainable change and provide the scope for members to gather and challenge perceptions about race and the remnants of colonialism in the health sector. Over the past year, we have started a blog series to provide a space for members to contribute pieces related to race and health. We have also been facilitating a series of reading groups on topics ranging from the government's Sewell race report to the actions of healthcare leadership groups.

As coordinators, we have really appreciated Medact members' willingness to join us in this shared learning process, and we hope that members have found the events as thought-provoking as we have. Over the next year we intend to continue the reading groups and host a variety of events to reach more of our Medact community—and we hope that you join us in building our movement!



Medact members formed a 'health bloc' at protests against the PCSC Bill in London in Spring 2021.

The Medact Research Network



Hil Aked (they/them)
Policy & Research
Manager

The Medact Research Network is more than a year old now and it's been brilliant to be involved. The plan was to unite some of the vast wealth of research expertise from our movement—and it has paid off!

In the short space of time since we launched, members have collaboratively produced a huge amount of work. Eight people co-wrote a Medact chapter for the forthcoming volume of Global Health Watch. And across the research clusters, we have published three briefings: *Health Versus Wealth?*, on economic policy during the pandemic; *Health & climate justice at COP26*, and *The public health case for a Green New Deal*.

Meanwhile, there's been deep investigative work going on behind the scenes to support our work resisting discriminatory migrant charging within the NHS.

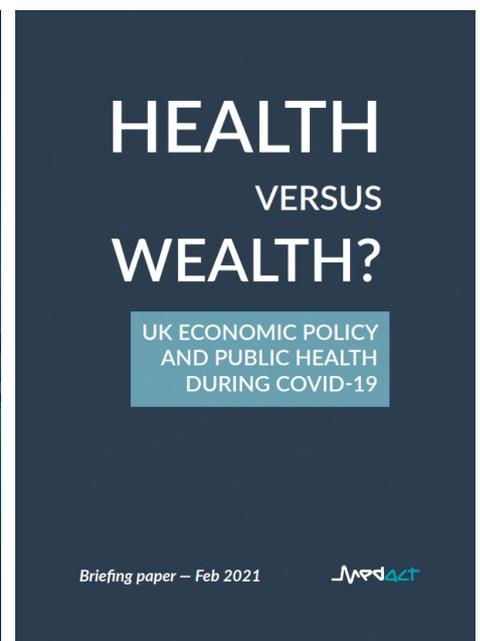
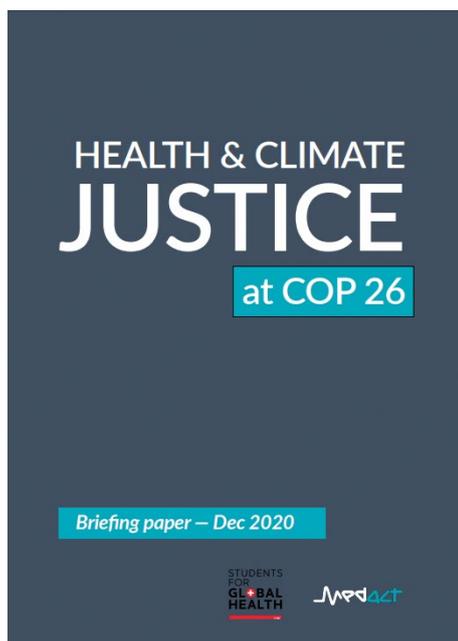
I've personally learnt a lot from being involved in this work, and we know from our reflective survey six months ago that members are overwhelmingly positive about the Research Network too.

During the pandemic, it's helped people stay connected, and I know from meetings just how much members inspire and support each other. Cultivating an active research community is a positive in itself, but we also see how our work is making a difference in the wider world, providing knowledge to support the intertwined movements for health, climate, economic and migrant justice.

Going forward, we want to continue not only producing great reports, but also thinking more about how we can most effectively learn from each other, diffuse skills and knowledge amongst members, and harness the expertise within our movement. Our survey highlighted several areas where we can improve. We want to offer more training, for example, like the ones we've previously done on Freedom of Information requests, but this time provided by members to members on a range of other topics. We also want to diversify the network so it better reflects the diversity of the health community.

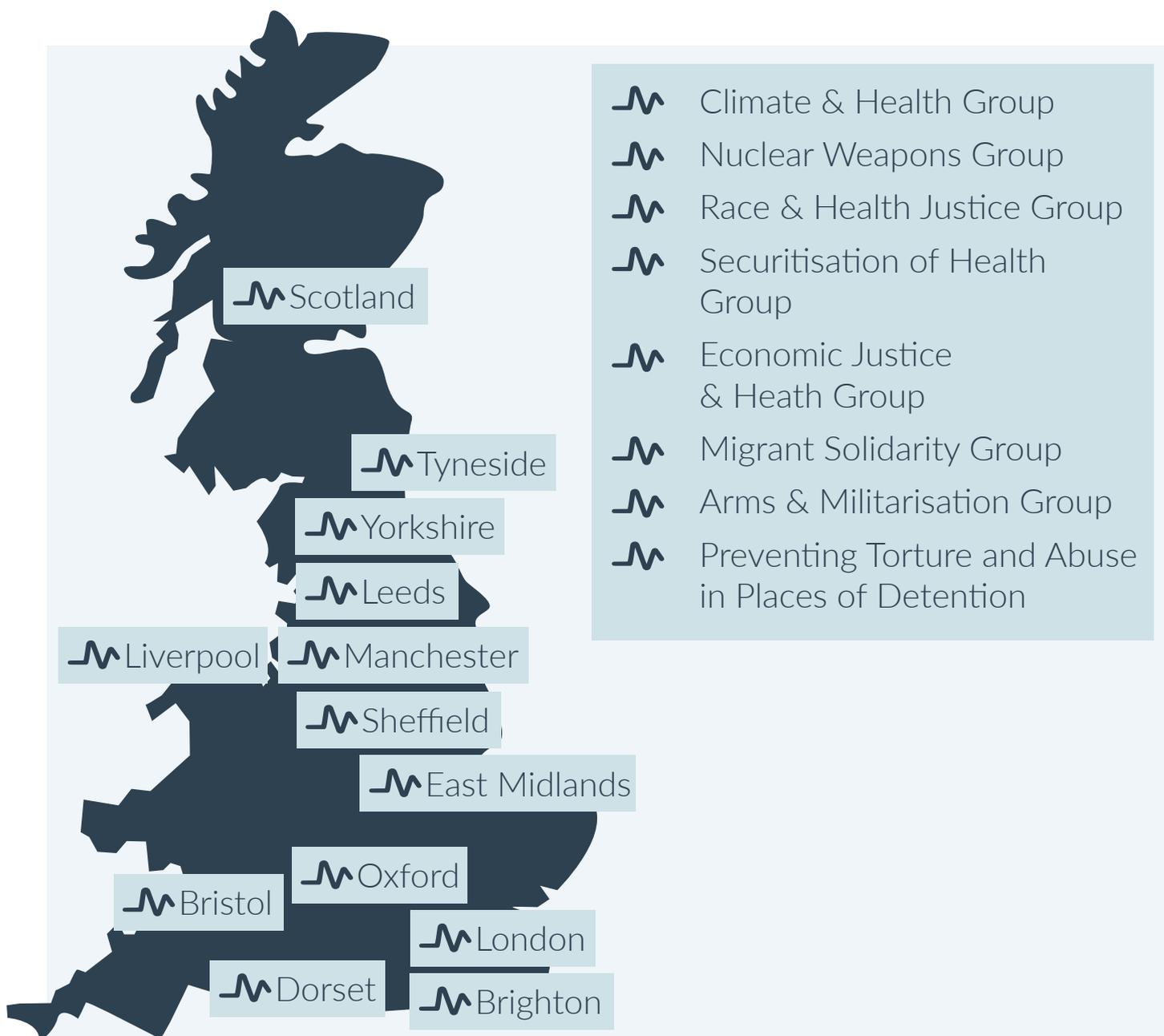
It's incredible that busy health workers, students and research professionals alike find time to participate in this work—and a testament to its value that they do. We're looking forward to what the next year will bring.

Three Medact Research Network briefings published this year



Member groups

Medact's local and issue-based groups provide spaces for health workers around the UK to connect with like-minded individuals, and to develop and run local or issue-based campaigns.



Getting involved

The best way to **find out more** about Medact is by subscribing to our email list at medact.org/emails. We'll send you updates on current work and opportunities to get involved.

You can also:



Find your nearest group at 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



See medact.org/calendar for what's coming up soon (right now all our events are taking place online, so there are many opportunities to join events without any geographic constraints!)

We'd also love to hear from you If there is a specific issue you want to work on or an idea you would like to talk to us about. You can contact our Movement Builder Becky Daniels at rebeccadaniels@medact.org

Medact in the media



TJ Chuah (they/them)
Communications Manager

Having joined the team only a few months ago in March 2021, I certainly can't take much credit for the incredible array of media work that Medact has done in the last year. Braving the lights and the press, people from members in our local groups and issue groups to our staff crew have shone a light on health injustices, from insecure housing in the middle of a pandemic, to secretive and racist counterterrorism police operations.

I can only cover a fraction of our media appearances, but just to give you a taste...



Our local campaigns to rid the UK of nukes in accordance with the UN Treaty of the Prohibition of Nuclear Weapons were covered in all-important regional newspapers from Falkirk to Camden.

The Patients Not Passports campaign made important media interventions across the last 12 months including in the Guardian, with James also appearing in key online platforms the Huffington Post and Vice. London Medact's climate campaigner LJ Smith was quoted in the Guardian and in BBC News calling the capital's air pollution levels "a public health emergency", and some of the authors of our briefing *The public health case for a Green New Deal* also made their case in the BMJ.

In the Autumn of 2020, our Economic Justice & Health team made waves campaigning for an extension to the coronavirus eviction ban following our open letter to the government. Siddhartha and group members appeared all over, including in the Financial Times, the Independent, BBC News, and more—Medact member and research fellow at the London School of Hygiene & Tropical Medicine Daniel J Carter was quoted in iNews and the Guardian, and penned an opinion piece on protecting renters for the BMJ.

NEWS

Home | Coronavirus | Brexit | UK | World | Business | Politics | Tech | Science | Health | Family & Education

England | Local News | Regions | London

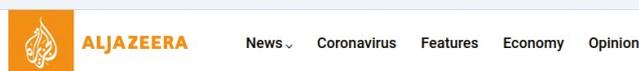
London air pollution: Campaigning teenagers put up warning signs

12 March



Co-founders of Choked Up: Destiny Boka Batesa, Anjali Raman-Middleton and Nyeleti Brauer-Maxaia, ENVIRONMENTAL DEFENSE FUND

Most recently, our latest report *Racism, mental health and pre-crime policing: the ethics of Vulnerability Support Hubs*, in which we revealed how the Prevent programme co-opts mental health workers, was covered from the Guardian to Al Jazeera and everywhere in-between. Hil rounded out this coverage by appearing live on Sky News, ensuring that much-needed public scrutiny was as wide as possible on this previously-unreported yet shocking element of UK counterterrorism policing.



News | Police

UK counterterror mental health project raises ethical concerns

A six-year-old is among thousands suspected of 'extremism' to have been assessed in hubs set up by counterterrorism police, medical charity says.



Vulnerability Support Hubs were set up in 2016 and have since become an established part of the UK's counterterrorism framework [File: Chris Neill/EPA]

We've evidently made a big impact in the media this year, and I am deeply grateful to everyone who contributed, from laying the research groundwork to standing in front of a camera—especially to the health workers in our movement who stepped up. In this new role of Communications Manager at Medact, I'm collaborating with our team to think up ways we can make this impact even better in the years to come, and I'm looking forward to developing Medact's communications strategy this year so that we can reach even more people with an even broader range of health worker voices. Stay tuned.

Our funding & finances



Hannah Wright (she/her)
Treasurer



Benjamin Walpole (he/him)
Operations Manager

Despite the considerable challenges of the past year, we are pleased to be able to report on another strong 12 months for Medact's finances—in which we have been able to grow the work of the organisation whilst providing a stable basis for our operations and our dedicated staff team.

At the end of the financial year to January 2021, the key figure for core funds stood at £292,706, up from £223,946 twelve months prior to that.

Successful grant fundraising efforts led to a £74,261 increase in our effective annual income—from £361,138 to £435,399.

This in turn allowed us to increase expenditure on our work. Accounting for funds from shared grants disbursed to partner organisations, organisational

expenditure was up £70,251—from £297,835 to £368,085. On the ground, this translates to the addition of the Economic Justice Campaigner, Campaigns Officer and Organiser roles to the staff team.

Having weathered the immediate storm of the pandemic, the task going forward will be to sustain our new level of activity in the face of a tightening grant funding environment. Continuing to grow our membership income will be absolutely vital for this—so we wanted to take this opportunity to urge members to continue raising awareness of the organisation amongst health groups and, if at all possible, consider making a small addition to their existing membership contributions.

The past year has shown the clear need and relevance of Medact's work, and so we are very grateful to all members and the Medact staff—whose hard work and support is responsible for our continued success and security.

Balance sheet

* Full financial statements for the year are available through the Companies House website or on request from the office

	31 Jan 2021	31 Jan 2020
Assets		
Cash at hand or in bank	£ 356,142	£ 261,314
Other current assets	£ 45,888	£ 29,202
Equipment & other fixed assets	£ 1,165	£ 460
Total assets	£ 403,195	£ 290,976
Current liabilities	£ 7,237	£ 5,827
Net assets	£ 395,958	£ 285,149
Charity funds		
Core funds	£ 292,706	£ 223,946
Designated funds	£ 6,695	£ 6,180
Restricted funds	£ 96,557	£ 55,023
Total charity funds	£ 395,958	£ 285,149

For more information about supporting Medact financially—including the possibility of making a legacy gift—please contact Hannah Wright on treasurer@medact.org, or call the office on 0207 324 4739.

Income & expenditure

For the 12 months ended 31 January 2021

	FY20-21	FY19-20
Income		
Individual donations		
Membership	£ 66,872	£ 64,230
Appeals	£ 20,851	£ 22,485
Other donations	£ 21,430	£ 24,105
Legacies	£ 678	£ 7,000
Gift Aid	£ 16,069	£ 16,997
Total individual donations	£ 125,900	£ 134,817
Grants		
Core grants	£ 11,000	£ 10,000
Project grants	£ 281,245	£ 196,353
Total grants	£ 292,245	£ 206,353
Other misc. income	£ 17,254	£ 19,969
Income for own operations this year	£ 435,399	£ 361,138
<i>Grant income received for project partners</i>	£ 62,308	£ 105,569
<i>Grant income carried forward for future years (/brought forward from previous)</i>	£ 41,385	£ (15,141)
Total income	£ 539,092	£ 451,566
Expenditure		
Fundraising		
Appeals	£ 2,611	£ 1,321
Payment processing	£ 2,881	£ 2,538
Total fundraising	£ 5,492	£ 3,859
Operational		
Affiliations & support for other charities	£ 1,753	£ 2,645
Communications	£ 3,172	£ 2,996
Research & publications	£ 818	£ 1,917
Events	£ 2,522	£ 3,171
Other direct expenses	£ 1,864	£ 1,500
Total operational	£ 10,129	£ 12,229
Payroll		
Core staff	£ 149,073	£ 134,675
Project staff	£ 154,469	£ 99,751
Total payroll	£ 303,543	£ 234,427
Admin & governance		
Staff training & recruitment	£ 2,003	£ 4,663
Finance & legal	£ 3,906	£ 4,445
Office	£ 1,579	£ 1,174
Premises	£ 41,349	£ 36,061
Trustee expenses	£ 85	£ 978
Total admin & governance	£ 48,923	£ 47,320
Expenditure on own operations	£ 368,085	£ 297,835
<i>Grant income disbursed to project partners</i>	£ 60,198	£ 107,569
Total expenditure	£ 428,283	£ 405,404
Surplus (/deficit) on core funds	£ 67,314	£ 63,304
Surplus (/deficit) across all funds	£ 110,809	£ 46,163

Hello & goodbyes

Hello Ben!



Ben Eder
Climate & Health
Lead/Organiser

I joined the Medact team last September as the Climate & Health Lead. Before this, I was working in an A&E after completing my foundation training as a doctor in London, and I have been organising to address health inequities inside and outside of the NHS over the last 10 years as a Medact member. Starting in August 2021, I will have moved roles to be the Movement Organiser, working with Becky to develop our Organising Strategy and Training Curriculum. Thank you to all the people that I have worked with over the last year—I'm so looking forward to continuing to work with you and members across the movement as we organise for health justice.

Hello TJ!



TJ Chuah
Communications Manager

Hello! It has been delightful to join the Medact team, starting in March of 2021 in the new role of Communications Manager. I have nine years' experience doing professional communications in the NGO and charity sector, and for the last few years I have been campaigning in movements for social justice both in and out of my paid work. Most recently, I worked at the global justice charity War on Want, helping to communicate its messages of solidarity and its campaigns on issues from workers' rights to climate violence. Over the next year, I'll be focussing on developing a communications strategy for Medact and managing our communications processes.

Goodbye Siddhartha!



Siddhartha Mehta
Economic Justice Lead

As I say goodbye to Medact, I'm excited to see that our campaigning and collective work with our members has built such a great base that is working towards health and economic justice for all. I will be leaving Medact in September and will go from being an employee to a lifelong member based out of New Zealand. My immediate plans are to help support the COVID-19 efforts in New Zealand and in the long-term to keep working with other health workers towards achieving health justice.

Goodbye Aiyan!



Aiyan Maharasingam
Campaigns Officer

I consider myself lucky to have worked for Medact for the last 18 months. Being part of the organisation is a deeply rewarding and unique experience, which I will never forget. Medact has grown from strength to strength during my time here and this is down to the hard work, dedication and talent of my colleagues and our fantastic supporters. I feel pleased to have contributed towards this in my own small way and I really look forward to keeping up with Medact's work as I move on to new challenges. Thank you and see you all again soon!

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:

Shani de Alwis, Sarah Ashcroft, Charlotte Heath-Kelly, Sree Jagadeesan, Tarek Younis.

A huge thanks also to all of our fantastic member groups, and their coordinators—who are so central to what we do.

We would like to extend our thanks all the organisations and groups we've worked with this year, including:

Campaign Against the Arms Trade, the Centre for Health and the Public Interest, Concerned Health Professionals UK, Divest Parliament, Docs Not Cops, Eating Better, Fossil Free UK, Global Gas and Oil Network, Green New Deal UK, Health Declares a Climate Emergency, Health Poverty Action, International Campaign to Abolish Nuclear Weapons (ICAN) and our ICAN UK partners, International Physicians for the Prevention of Nuclear War, the Joint Council for the Welfare of Immigrants, the Justice for Simba campaign, Keep our NHS Public, Liberty, London Network of Nurses and Midwives, Medicine Conflict & Survival, Migrants Organise, the New Economics Foundation, the New Economy Organisers Network, People's Health Movement, Race & Health Collective, Resist & Renew & Students for Global Health.

We are very grateful for the financial support received from:

The European Climate Foundation, the European Public Health Alliance, the Friends Provident Foundation, the Joseph Rowntree Charitable Trust, Open Society Foundations, the Paul Hamlyn Foundation, the Polden-Puckham Charitable Trust & the Trust for London.

And the guidance of our Board of Trustees:

Alan Maryon-Davis, Hannah Wright, Richard Copsey, Jonathan Monk-Cunliffe, Hannah Harniess, Lorraine Haye, Margaret Jackson, Penelope Milsom, Kitty Mohan, Lesley Morrison, Lisa Murphy, Anne Schulthess, Annabel Sowemimo, Tom Wakeford, Jeremy Wight.

A final thank you to outgoing Trustees:

Paul Cotterill, Daniel Flecknoe, Sridhar Venkatapuram.

Trustee attendance at Board meetings*:

Alan Maryon-Davis - 6 of 6, Jonathan Monk-Cunliffe - 6 of 6, Margaret Jackson - 4 of 6, Penelope Milsom - 5 of 6, Kitty Mohan - 1 of 6, Lesley Morrison - 4 of 6, Lisa Murphy - 2 of 6, Anne Schulthess - 3 of 6, Annabel Sowemimo - 3 of 6, Tom Wakeford - 3 of 6, Jeremy Wight - 6 of 6, Hannah Wright - 4 of 5, Richard Copsey - 3 of 3, Hannah Harniess - 2 of 3, Lorraine Haye - 2 of 3, Paul Cotterill - 1 of 1.

* Noting that the pandemic impacted several Trustees' ability to attend meetings in different ways this year



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