



Medact

ANNUAL REPORT 2024-25

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ABOUT MEDACT

Medact is a movement of health workers committed to achieving health justice.

We understand that health inequity is driven by the political, social and economic systems that disproportionately harm marginalised communities. These injustices are not the result of isolated failures, but are rooted in decisions made by governments and corporations that prioritise profit over people's well-being.

From the violence of militarism to the exploitation of vulnerable workers and communities, we recognise that health is deeply entangled with broader struggles for justice.

We believe that health workers have a crucial role to play in challenging these systems and supporting transformative change. As people who witness and are often implicated in the violence of health inequity, we have a unique responsibility and power to act.

We organise across local and national groups to drive collective action and dismantle the structures that perpetuate harm.

Our priority areas, set out in our new Organisational Strategy 2025–30, span across:

- Migrant Access to Healthcare
- Ending State Violence: Anti-militarism and Abolitionist Approaches to Health
- A Healthy Housing and Energy System

These areas are not separate; they are all part of a larger struggle for a world in which health and justice are accessible to all.

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CONTENTS

A message from the Chair	4
A message from the Director	6
How we win health justice	8
Gaza under siege, health solidarity across the globe	12
Climate justice means housing and energy justice	16
Towards abolishing borders and violence in healthcare	20
Get involved	24

LEADING THE CHANGE FROM BELOW – BUILDING A COUNTERVAILING POWER FOR HEALTH JUSTICE

BY PROFESSOR ANUJ KAPILASHRAMI // CHAIR OF THE BOARD OF TRUSTEES

Another year of turmoil.

As I mark three years with Medact, I am painfully aware that these years have coincided with a relentless persistence of global wars and divisive politics. Wars in Gaza, Ukraine and Sudan have now entered their third years with no resolution. The crisis in the Middle East has escalated, with strikes risking further regional upheaval. These unprecedented humanitarian crises have claimed millions of lives and annihilated entire generations – leaving many orphaned, starving, and dispossessed of their lands, homes and hope for the future.

Amid this chaos, a troubling trend emerges. Calls and measures for tightening borders, fuelled by rising anti-immigrant sentiment and ethno-nationalism, coincides with displacements driven by militarisation, genocide and increased defence spending.

Investments in arms and nuclear infrastructure threaten civilian settlements and human security – e.g. 90% of people in Gaza have been displaced multiple times – highlighting the link between militarisation and human suffering.

Simultaneously, global powers are perpetuating conflict through bilateral sanctions, trade wars, aid cuts and the erosion of multilateral cooperation, undermining the science that has driven health gains. Underpinned by fascist, neoliberal and (neo)colonial legacies, these policies create conditions that risk widening inequities across countries, and populations.

Aid cuts imposed by the Trump administration in particular are reversing the gains made in health globally; a recent Lancet study estimates millions more deaths from AIDS, TB, unplanned pregnancies, unsafe abortions and child deaths across over 50 countries, exposing the deadly consequences of these setbacks. Global commitments to gender equality, human rights and equity are retreating, worsening conditions for the most marginalised.

In the UK, as elsewhere, growing disillusionment is evident as more people struggle to survive amidst a cost-of-living crisis, while social systems are overstretched and under strain.

This relentless loss of social, political and economic power – across both the majority and minority world – is palpable. Countering this underscores the urgent need for a countervailing power from below. Just as the epicentre of global power is shifting, with regions formerly colonised challenging old paradigms, countering sanctions, and forming new political and economic alliances, a new politics of movement building is necessary – one that articulates a new vision for health justice and activism.

At this year's All Member Assembly, we proudly unveil Medact's new strategy that presents this bold vision for transformative action, positioning Medact as a political home for those committed to health justice. Our strategy charts a clear path forward, defining new domains for action. Our mission is unwavering: **to achieve a world where everyone can live healthy, dignified lives, supported by political and economic systems that prioritise health justice.**

As WHO Director General Dr Tedros emphasised, peace is essential for resilient, equitable and healthy societies. The absence of peace, as starkly evident across all war zones, is detrimental to health, healthcare infrastructure and deepens inequities. Yet, health is a conduit for peace. Health practitioners and advocates have long highlighted the potential of health systems in not only mitigating conflict but also promoting peace.

The health community has a crucial role to play in uniting fractured societies, fostering trust and working in solidarity with those facing health inequity. Medact's 33 years of advocacy – and the efforts of health workers worldwide – stand as a testament to this.

Guided by this premise, our new strategy carves out interconnected pathways for organising and collective action towards healthier and more just societies.

These include targeting the roots, the material conditions, of poor health and health inequities, like housing and energy, and dismantling racist structures through abolitionist approaches to health. Guided by values of health justice, solidarity, people power, liberation and collective care, we reimagine organising as fostering deep and lasting relationships building power with communities, not for them.

In our divided world, an intersectional justice approach is not just relevant – it is indispensable. We must transcend single-issue battles, stand against all forms of oppression, and politicise the self, acknowledging our power, privileges and the spaces we occupy.

As we embark on this journey, I warmly welcome Anna Peiris, Medact's new Executive Director, who has swiftly and skilfully taken the helm to steer the organisation through turbulent times. As my tenure concludes, I plan to step aside and look forward to supporting Medact in new ways as we appoint a new Chair. The new leadership, combined with our strategic vision, and the participative development process through which we defined this vision, gives me tremendous hope for building the countervailing grassroots power that Medact aims to build with allies and friends.

Thank you for walking this journey with us, for your ongoing support and commitment to resist and reimagine. With renewed hope in our heart and unwavering determination, we move forward together.

A GROWING MOVEMENT FOR HEALTH JUSTICE

BY ANNA PEIRIS // EXECUTIVE DIRECTOR

The world is experiencing profound and escalating challenges to health and equity. From wars and state violence to the accelerating climate crisis. From spiralling inequality to the dismantling of our public health systems. Everywhere we look, communities are being pushed into conditions that make living healthy and dignified lives impossible. As health workers, we see these injustices play out in our local communities and feel their effects in our workplaces, where pressures from austerity and chronic underinvestment leave many of us struggling to provide the care people deserve.

At this moment, the role of the health community could not be more vital. Yet it is also clear that campaigning in isolation – focusing on individual issues, or speaking as fragmented voices – is not enough. The problems we face are too vast and too interconnected. If we are serious about health justice, we must act differently.

That is why Medact is shifting how we work as we have developed our new strategy. It reflects an honest recognition that our old ways of working – valuable as they have been – cannot meet the challenges of today. To build a world in which everyone can live healthy, dignified lives, we must root ourselves in community, centre solidarity and grow a movement powerful enough to shift the systems that shape our health.

Medact as a political home

Meeting the complex challenges to health and equity requires more than individual effort – it requires community. At Medact, we are committed to being a political home for the health community: a space where nurses, doctors, students, carers, public health professionals, and others can come together to learn, grow and take action collectively.

This is a place for connection, reflection and development. By sharing knowledge, exchanging perspectives, and supporting one another, members strengthen their capacity to address systemic health inequities with purpose and resilience. A political home is not just about membership or campaigns; it is about belonging. By bringing together people from across the health workforce, we ensure that our work is informed by real-world experiences and grounded in the communities we serve. Medact is building a space where health workers can grow as advocates, step into leadership, and act together to advance health justice.

Organising for health justice

Embedding organising as the foundation of our approach to health justice is a central priority for Medact.

In the past, we have previously campaigned by raising the voice of health workers in isolation – speaking on behalf of communities experiencing injustice. But that approach carries risks. At best, it can fall short of real change. At worst, it can reinforce harmful power dynamics, replicating the very inequities we seek to dismantle.

Our new approach centres on building deep, long-term relationships of solidarity with communities most impacted by injustice. This means organising with communities rather than for them. It means acting not as spokespeople, but as partners. It means recognising that the health community's role is not to lead from above, but to stand alongside – to bring our expertise, our networks and our voices into struggles led by those on the sharp end of injustice.

We've already seen this approach in action, with Medact members supporting tenants on the Nags Head in London to address long-neglected housing conditions, causing significant health issues, resulting in national media coverage and a £3 million commitment to estate improvements. By embedding organising into all our work, we can tackle the interconnected crises of our time in a way that is powerful, sustainable, and rooted in justice.

Communicating a vision of health justice

Clearly articulating a compelling vision of health justice is fundamental to how we work. Too often, health is seen only through the narrow lens of disease, diagnosis and treatment. But we cannot deny that health is political. It is shaped by housing, income, work, borders, policing, war and the environment we live in.

If we want to build a healthier world, we must help more people see these connections – and show that a better future is possible.

That means amplifying the voices of our members and of communities fighting injustice. It means producing knowledge and analysis that help to make the case for change. It means connecting the dots in ways that build understanding across society: that health is not only about the absence of illness, but about the presence of justice, dignity and care.

A new era for Medact

As Medact's new Executive Director, I am honoured to lead the organisation into this next chapter. Over the coming five years, our work will focus on strengthening the health justice movement. Growth for us is not measured simply in numbers – it is about building deeper roots, stronger connections, and greater capacity. It is about supporting members to take meaningful action across our priority areas – from housing and energy justice, to migrant access to healthcare, to ending state violence – in ways that are grounded in solidarity and oriented towards lasting change.

The challenges we face are significant, but so too is our collective potential. Across our work, we are already seeing glimpses of this vision in action: health workers organising with tenants to demand safe, warm housing and ending fuel poverty; working side by side in communities to abolish borders and violence in healthcare; resisting militarism in healthcare and campaigning for the liberation of Palestine.

This is just the beginning.

HOW WE WIN HEALTH JUSTICE

BY **JAMES SKINNER** // DEPUTY DIRECTOR: CAMPAIGNS & ORGANISING
& **CALUM BARNES** // MOVEMENT ORGANISER

When we talk about winning change on health justice issues, we don't just mean overturning a particularly harmful policy or changing the mind of someone who holds power. While these are important aims, at Medact we focus on confronting the material conditions that harm health, aiming to fundamentally change the power relations that give rise to health inequity.

We know we are most effective when our work is led by, and in solidarity with, the people most impacted by these inequities, building power *with* communities, not *for* them. Our organising – fostering deep and lasting relationships with the communities we work alongside – is fundamental to this approach. We see campaigning as a form of care, and solidarity as a form of prevention.

Over the last year we have seen the success of this approach across our Homes for Health campaigns, with tenants and health workers uniting to secure millions in increased investment in the quality of their homes, guarantees for priority re-housing, and apologies from neglectful landlords and councils. Alongside this we were a part of a national movement that secured a £13 billion government funding commitment to improve the energy efficiency of homes and invest in low-carbon heating.

The housing system has turned homes from sources of health and stability into sites of sickness affecting our minds, bodies and communities. At the same time, our reliance on fossil fuels has led to spiralling heating costs and a fuel poverty crisis – leaving millions of people unsafe at home. Our recent victories play a vital role in changing this system, which disproportionately exposes those with the least power to the worst health.

Stories from the ground

Barton House, Bristol

On November 14th 2023, residents of the Barton House estate in Bristol were evacuated en masse overnight due to structural concerns for the buildings. Communication from the council was inadequate, temporary accommodation was unsafe and undignified, and residents were left suffering in the wake of this mass-traumatising event, and with many unanswered questions about the safety of their homes. They quickly launched a campaign calling for dignity and respect, supported by the community union ACORN, which had been present on the estate for over five years supporting tenants organise for better housing.



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In August 2024, Medact Bristol were approached by residents who felt that the medical issues they were experiencing as a result of living in unsafe and undignified housing were being ignored. Together they campaigned for justice for the residents and in time came to write the Barton House report: "We do not feel safe here". This report brought together powerful testimonies from residents alongside analysis from local health workers. It outlined the systemic failures by the council and the resulting health impacts on residents.

Thanks to joint pressure from the community, ACORN and Medact Bristol, the council apologised and committed to many of the report's demands, including rehousing residents. This was a hard-won victory, led by the resistance of a community strengthened by years of organising on the estate – and it is just the start.

Nags Head, London

In 2020, the Nags Head Tenants Association formed to coordinate mutual aid during the pandemic. Soon after, the group turned its focus to tackling the significant neglect experienced by tenants and calling for widespread estate improvement.

In 2023, the Tenants Association launched a campaign with Medact London, London Renters Union and Disability Rights UK, demanding that their housing provider, Peabody, remedied widespread disrepair caused by neglect and structural issues.

Through this process, they exposed the devastating human cost of Peabody's failure, including the extent of significant respiratory illness exacerbated by mould and serious dereliction of care towards disabled tenants. Together the groups co-produced a report that through health-focused surveys and interviews laid bare this cost.

The powerful campaigning work and the impact of the report resulted in national media coverage and significant movement from Peabody to commit £3 million into the estate alongside a shift towards strategic consultation with tenants. The impact of the campaign shows how linking health evidence with tenants' voices can force systemic change, and this was possible because the community organised and came together around a shared vision.



The road ahead

These stories embody the pillars that underpin the Homes for Health campaign and will continue to guide our work going forward.

Homes for Health campaign pillars

Base-building & local organising: We support local Medact groups to build power in their communities by working alongside tenants, community organisations and allied stakeholders – increasing our collective ability to affect change.

National advocacy rooted in local struggles: We ensure national strategies reflect the experiences and demands of local organising. We elevate community-led stories and use them to advocate for structural policy change on housing and fuel poverty.

Coalition-building & movement alignment: We recognise that health justice cannot be won in isolation. We work in coalition to support broader housing and energy justice movements – using the voice and position of the health community to amplify grassroots struggles, share resources and increase campaign visibility.

Narrative change: We target the economic, political and social systems that produce poor housing and ill health. Our goal is to transform – not merely mitigate – the structural inequalities driving health injustice. We train health spokespeople and shift public discourse by framing housing as a public health issue.

In the year ahead, we're focusing on making homes healthier and more affordable. Rent and energy costs directly impact physical, mental and financial well-being. When rent is unaffordable, families are often forced into substandard housing or overcrowded conditions, increasing exposure to environmental hazards, stress and instability.

High energy bills and energy-inefficient homes not only drive up utility bills but can also lead to unhealthy indoor conditions – such as extreme temperatures, mould and poor air quality – that worsen chronic illnesses like asthma or cardiovascular disease.

We will be supporting movements campaigning for:

- Rent controls
- Energy social tariffs
- Community-led retrofit for low-income households

This work relies on Medact members in groups across the country standing with their neighbours to win health justice.

GAZA UNDER SIEGE, HEALTH SOLIDARITY ACROSS THE GLOBE

BY NINA RADULOVIĆ // COMMUNICATIONS LEAD

On 7th October 2023, Israel launched its deadliest military campaign on Gaza. Over the months that followed, bombs fell on hospitals, ambulances were targeted and thousands of health workers and patients were killed. In some cases, entire medical facilities were levelled. In others, doctors were shot dead as they worked.

This is not only a genocide, but a destruction of a health system and any hope of life. And as we are entering a new era of organising – built on the principles of health justice, collective care and solidarity – we will continue to campaign for Palestinian liberation.

Health justice is not neutral

Hospitals and clinics are meant to be places of care, but in Gaza, they have become sites of fear, grief and death. There, Israeli forces have damaged or destroyed at least 94% of hospitals. Oxygen plants are being bombed. Ambulances hit by airstrikes. Patients on ventilators are suffocating after power goes out. All of these actions are deliberate and part of Israel's war strategy.

For us, this matters because health everywhere is a human right.

Health justice is not about simply expanding access to services – it's about dismantling the institutions that make some people disposable in the first place. That includes dismantling the institutions of war, surveillance, borders and occupation.

The same logic that allows Israel to destroy Palestinian hospitals is the logic that criminalises migrants in the UK, that surveils Black and Brown patients, and that turns health workers into agents of the states. These struggles are connected.

Collective struggle births collective action

Global solidarity is not symbolic – it's action. The recent Global Sumud Flotilla, launched by civil society to deliver aid to Gaza and challenge the illegal blockade, has been met with attacks from Israel. The flotilla represents what governments have failed to do: break the siege, uphold international law and stand for human rights of Palestinians. This same spirit of resistance is alive here in the UK, where health workers are taking action to confront complicity of our own institutions.



But one of the most significant fronts of resistance has been the No Palantir in the NHS campaign, which Medact is proud to support alongside Health Workers for a Free Palestine, Corporate Watch and Just Treatment. The campaign is a coalition of health workers, patients and campaigners pushing back against the UK government's decision to hand over NHS data to Palantir Technologies.

Palantir is not just any tech company. It is a US spy intelligence company which provides technology for US Immigration and Customs Enforcement (ICE), the UK Ministry of Defence and the Israeli military.

And yet, in November 2023, it was awarded a £330 million contract with NHS England to create and manage the NHS's most powerful data infrastructure – the Federated Data Platform (FDP). The contract between NHS England and Palantir has faced increasing opposition since Palantir announced its partnership with the Israeli military to provide advanced AI weaponry for use in military operations, including in Gaza.

In June of this year, thanks to the tireless organising by activists, health workers, patients and trade union members, the British Medical Association (BMA) – the doctor's union – passed a landmark motion opposing Palantir's involvement in the NHS. This is a significant step – and a clear signal that health workers are refusing to let tools of surveillance and genocide be embedded in systems of care.

Health workers are drawing a line

Resisting Palantir's grip on the NHS doesn't happen just at the national level – it's a fight many are taking up locally. The success of the FDP rollout depends entirely on whether local NHS trusts adopt it, which means that organising at the local level is one of the most powerful ways to disrupt and sabotage the contract. Whether a trust hasn't yet signed on or is already using the platform, there are strategic ways to intervene – from demanding transparency, to raising concerns about data ethics and pushing for rollbacks where possible.

The No Palantir in the NHS campaign toolkit offers a step-by-step guide to organising locally, with tools to help health workers, patients and activists build pressure and take action. While technical failures in the rollout have already caused significant issues – and that's helpful for campaign momentum – we must stay focused on the core issue: Palantir's involvement is not just a technical risk but a moral and political one. No matter how well the technology might work, Palantir's role in the Gaza genocide makes its presence in the NHS utterly indefensible.

Saying no to Palantir here is saying no to genocide in Gaza. Resisting Palantir is about refusing our health system to be co-opted by companies that profit from war and genocide. It's about stopping the militarisation of healthcare and protecting patients and communities from becoming targets of surveillance.

How to stand in solidarity with Palestine

In November and July, hundreds of health workers attended welcome calls to join the No Palantir in the NHS campaign. Many more are already taking action and organising in their communities, hospitals and ICBs. You can start by using the [No Palantir in the NHS open letter template](#), adapting it to your local trust or hospital, and gathering signatures from fellow health workers to send to decision-makers. Patients and members of the public can also make their voices heard by submitting responses from trusts to the [Just Treatment tool](#) or leafleting outside hospitals with local Palestine solidarity groups.

You can speak with your local union reps and ask them to support the campaign by raising it at meetings or even exploring targeted action, such as refusing to work on the FDP. There's also work to be done with royal colleges, ICBs, local councils and MPs – all of which can play a role in stopping this rollout. And if you are wanting to [express solidarity with Palestine](#), the British Islamic Medical Association has published clear guidelines on how to do so safely and confidently.

As Health Workers for a Free Palestine powerfully remind us: “Businesses that trade in death should have no place in our healthcare system.” In stopping Palantir here, we not only resist surveillance and privatisation, but we push back against a system that profits from violence.



Photos in article: Talia Woodin

CLIMATE JUSTICE MEANS HOUSING AND ENERGY JUSTICE

BY **MARIA CARVALHO** // CLIMATE & HEALTH CAMPAIGN & PROGRAMME LEAD
& **TJ CHUAH** // DEPUTY DIRECTOR: OPERATIONS & COMMUNICATIONS

In the UK, the climate crisis has often been framed as an issue affecting other people – *global warming may eventually reach our shores, but for now, it's a problem for poor people in the third world*. This view is not only factually incorrect but also morally indefensible. Worse, it's a recipe for disaster. With the trajectory of the climate crisis, it's critical that people here, in the imperial core, recognise their stake in this crisis – not just to protect their own lives but to help avert a global catastrophe that will lead to millions of deaths.

To address the interconnected crises of climate, housing and energy, Medact's climate programme has, since last year, aligned with our economic justice work under the banner of *Homes for Health*. This strategic shift connects our climate work with urgent housing and energy issues, emphasising that the climate crisis is no longer a distant threat – it's here, already knocking on our doors.

The economic and health burdens caused by a broken energy system, coupled with shoddy, inefficient housing, are the most immediate ways people in the UK are being harmed by the climate crisis.

Climate justice as health justice

At the heart of both the climate and housing crises is a shared cause. Driven by capitalist greed, the global fossil-fuel energy system is pushing us to the brink of complete climate breakdown. Impacts are already being felt globally, and with a three-degree rise in global temperatures inevitable, the situation will only worsen.

While communities in the global south are harmed by wars over oil and reckless extraction that poisons people and land, the UK is grappling with its own impacts. Fuel poverty is claiming lives, as the poorest are forced to choose between heating their homes and feeding their families, in a country with some of the world's highest concentration of wealth.

The health harms from cold, damp homes are glaringly obvious, as our members see in their frontline work daily. Respiratory illnesses, cardiovascular problems, asthma and poor mental health are all exacerbated by inadequate housing and energy access. These harms are directly linked to a structural problem in the UK's energy system: privatised energy and for-profit housing systems that prioritise profit over people's health.

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Our reliance on volatile fossil fuel markets, paired with underdeveloped renewables, has left many households facing unaffordable energy costs. Add in the inefficient, poor-quality housing stock – that ranks among the worst in Europe – and well over a decade of austerity putting the squeeze on people's incomes, and it's clear that many people in the UK don't have access to the energy they need in order to stay warm and healthy.

In addition to a shared cause, these crises have a shared solution: a just energy transition that will deliver both lower emissions and warmer, healthier homes.

We need to reach zero emissions yesterday to avert the climate catastrophe – but doing so as soon as possible also gives us the opportunity to redress the UK's broken energy system, with publicly controlled, fully renewable energy that's accessible to all while creating green jobs.

The role of health workers in a just energy transition

Through organising efforts, health workers can connect frontline medical experience and patient stories with the systemic causes, making the case for policy demands that protect both people and the planet. Health workers are therefore well positioned to use their voices as levers to shift power – as part of community grassroots campaigns, in solidarity with and led by residents, for warm, affordable and sustainable homes – and to advocate for policies that end fuel poverty.

Cold homes and fuel poverty have rightly become a major topic in the media, and health workers have a key public advocacy role to play. By sharing their experiences as witnesses to the harm of cold homes, showing that fuel poverty is a health crisis, while giving a public health framing to the demands for urgent climate and housing policy action – such as funding for insulation, energy price guarantees and renter protections – they can help shift the narrative and push for the urgent policy changes needed.

Action for national policy wins

Winter Fuel Payments

The Labour government came to power last year on a platform of neoliberal continuity, and true to their word they promised unnecessary cuts that would kill. This included cuts to Winter Fuel Payments, a meagre and insufficient but lifesaving policy providing support.

We opposed this move from the first mention, with a media blitz bringing the health-community voice to the narrative.

We organised for more than 400 health workers to deliver a letter to government officials demanding action on the deadly health impacts from cold and damp.

Medact Bristol member Martín Valls Garcia penned a *Tribune* piece, “Cold Homes Kill”, saying the cuts would “exacerbate a cost-of-living crisis that many people are struggling to survive, the consequences of which are seen in our waiting rooms in A&E and general practices.” And London member LJ Smith wrote a powerful opinion piece in the Metro, telling the stories of patient impacts she sees as a respiratory consultant.

We were proud to be part of the mounting pressure, in coalitions including Warm This Winter and the End Fuel Poverty Coalition, that brought about the government U-turn on Winter Fuel Payments in June 2025. While this is only one part of the solution, it’s an important win that will continue to save lives while we push for more comprehensive systemic changes.

The Warm Homes Plan

The same new Labour government came into power with the election promise to reduce energy bills and invest at least £13.2 billion into a nationwide Warm Homes Plan. However, by 2025, that promise was wavering. In response, we, alongside renters’ rights groups and campaigners, demanded that the government honour its commitment. We launched an open letter to Wes Streeting and published a report, Home, Sick Home, which outlined the extent to which inadequate housing impacts the work and lives of health workers.

When the government failed to respond, we escalated the pressure. Medact members – together with tenant unions, Fuel Poverty Action and energy-efficiency campaigners – held a protest outside the Department of Health and Social Care, and delivered our open letter, signed by several royal colleges, to Wes Streeting, calling for life-saving energy efficiency schemes to be maintained. We also held a roundtable in parliament with a coalition of health workers, renters and campaigners where we spoke about the experiences of tenants in the.

By June 2025, coordinated pressure across the UK led to a second government U-turn, reaffirming its commitment to the Warm Homes Plan.

Collective action: The path forward

These wins demonstrate that lasting change is possible through collective action. When communities and health workers unite in coordinated pressure, they can save lives and shift policy.

As we look ahead, we will continue to fight for a world in which every household has a warm, affordable and sustainable home. Our work will continue to focus on building alliances between health workers, tenants, renters and climate activists so that we can push for a just energy transition. Ending fuel poverty is not just an aspiration; it’s a necessity. Through collective action, we can create the systemic changes needed to protect both our health and our planet.

TOWARDS ABOLISHING BORDERS AND VIOLENCE IN HEALTHCARE

BY COL FALLOWFIELD // HUMAN RIGHTS & HEALTH CAMPAIGN & PROGRAMME LEAD
& SARAH LASOYE // TRANSFORMING PEACE & SECURITY CAMPAIGN & PROGRAMME LEAD

On the 12th August 2021, Henok Zaid Gebrsslasie, aged 23, died whilst detained under the Mental Health Act at a Psychiatric Intensive Care Unit in Coventry. Just 10 days earlier, he had been arrested after being found in extreme distress on a bus. Henok, who fled Eritrea at the age of 14 to escape compulsory military service, arrived in the UK in May 2020 seeking asylum and safety. During his detention in the psychiatric unit, it took nine days before he was with a Tigrinya interpreter. By then, it was tragically too late.

Henok's death exposes the lethal intersection of violence in policing, borders, psychiatry and a carceral health system that views some lives as expendable. These systems, rooted in the belief that some people are "deserving" of care and others are not, perpetuate violence and harm, particularly toward the most vulnerable. Healthcare, an institution meant to heal, too often becomes a site of violence, perpetuating structures of exclusion, punishment and neglect.

Healthcare as a site of violence

Healthcare cannot be separated from systems of violence such as war, borders and policing. Health is not an individual concern but deeply interwoven with the communities and environments in which we live. The belief that healthcare is a neutral institution obscures its role in reproducing structural violence. The violence of borders, policing and war is inseparable from health. Whether it's the systemic racism embedded in policing, the trauma of war, or the stress of living under constant surveillance, these forces affect people's wellbeing every single day.

Medact's research has shown how policing in particular harms public health by criminalising the very conditions that lead to poor health and suffering. In this context, an integrated abolitionist approach to health offers a transformative framework for achieving health justice – an inclusive vision where care is accessible to all, and violence and oppression no longer define the systems that affect our wellbeing.

Why abolition?

Abolition is often misunderstood as the mere removal of institutions. But abolition is about freedom – not the kind you can buy or grant, but a freedom that is fought for collectively. As Ruth Gilmore, the abolitionist geographer, writes: “Abolition is not absence, it is presence. ... Abolition is building the future from the present, in all of the ways we can.” In this sense, abolition is both about dismantling oppressive systems and creating something new – systems of care that truly nurture and support life.

Prisons, borders and the military exist in order to control, exclude and oppress. These systems also cause harm, especially within healthcare. Applying abolition to health means dismantling these violent structures while building new systems that prioritise care, community and social justice. The violence and oppression – from the use of nuclear weapons to the everyday brutality of policing – lead to illness and death. While healthcare must be part of the solution, it cannot function in isolation.

To achieve health justice, we must invest in dismantling the institutions that harm people and replace them with systems that provide universal care, safe housing, education and social support. This dual action – removing violence and building alternatives – is central to the abolitionist approaches to health.

Borders as violence within healthcare

Borders are not just lines on a map; they are mechanisms of structural violence embedded in public services, including healthcare. The government’s “Hostile Environment” policy, which was introduced under Theresa May in 2012, has extended immigration controls into the NHS. This policy involves practices such as NHS charging, data sharing with the Home Office and the denial of healthcare to migrants based on their immigration status.

This system doesn’t just create fear – it actively denies people access to essential care, worsening their health and sometimes leading to death. For example, people like Simba Mujakachi, who woke up from a coma to find himself saddled with £90,000 in medical debt, face both the trauma of illness and the violence of exclusion. In the NHS, healthcare workers are increasingly becoming border guards, and hospitals become sites of surveillance, complicit in state violence against migrant communities.

Militarisation, war and everyday violence

While militarisation and war are often seen as extreme forms of violence, they exist on a continuum with everyday state-sanctioned violence. Resources are diverted away from healthcare and social care to fund military operations, policing and border control.

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The ultimate form of state military violence, nuclear weapons, sits alongside these everyday structures of violence in a continuum of harm. As made clear following the US and Israel attacks on Iran, we must also resist all attempts from global powers to manufacture public consent for militarisation – and attacks on nuclear facilities – under the guise of acting in the interest of security.

Through [Don't Bank on the Bomb! UK](#), Medact's Nuclear Weapons Group are working to remove violence inflicted by nuclear weapons by campaigning for banks to divest from nuclear weapons producing companies. Alongside this, the [Abolitionist Approaches to Health group](#) work to resist the violence of policing, criminalisation and securitisation practices within and beyond sites of healthcare.

Towards health justice: reclaiming care

Abolitionist health calls for dismantling violent systems while also building alternatives that sustain life. This vision goes beyond a mere critique of current systems – it offers a concrete alternative.

This alternative includes:

- **Universal access to healthcare:** Everyone, regardless of status or identity, deserves access to care.
- **Redirecting resources:** We must move resources away from militarisation and policing and instead invest in healthcare, social services and community support.
- **Community-based care:** Rather than relying on the police to respond to crises, we need to invest in community-led healthcare responses that do not criminalise people in distress.
- **Global solidarity:** Health justice is a global struggle. Resisting war and borders requires international solidarity and commitment to resisting the systems that harm us all.

Racism, colonialism, war, the military-industrial complex and borders all contribute to health inequity. Abolitionist health justice links these struggles, recognising that liberation is collective – that health cannot coexist with borders, war and militarised societies. We must confront the root causes of violence and oppression, not just treat the symptoms.

By embracing abolition as a framework for health justice, we move closer to a world where care is not a commodity, but a universal right.



GET INVOLVED

The best way to find out more about Medact is by subscribing to our email list at www.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
- Join a local or issue group near you
- Join us for an event
- Start a new group

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

See www.medact.org/calendar for what's coming up soon.

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 Organiser Calum Barnes at calumbarnes@medact.org

JOIN MEDACT

Join the Medact movement: support our work to fight for health justice through research, campaigns and collective action.

By becoming a member, you help strengthen our efforts to challenge the systems that create health inequity. Medact membership is open to all who stand in solidarity with our values of health justice, solidarity, people power, liberation and collective care, especially to the health community.

Become a member today at
www.medact.org/membership
or reach out to us at
membership@medact.org



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