



## MCR History Talks: Health

*In episode one of this podcast series, Jessica and Adam discuss the history of health in Manchester. Joining them is Andrew Seaton from New York University. Andrew is a PhD Candidate in Modern European History at New York University. He is a political and social historian working on topics related to the history of science, technology, environment, and medicine. Jessica and Adam are also joined by Will Ranger from the Living Wage Foundation. Will is a Manchester based community activist and campaigner who specialises in the political and social history of the city.*

**Adam Waddingham:** Hello, and welcome to this podcast from the Manchester Literary and Philosophical Society, **MCR History Talks**. On today's episode, health. As we continue to feel the effects of the coronavirus, we're recording this from a safe, social distance. Alongside me is Jessica White and I'm Adam Waddingham.

**Jessica White:** Hiya. If you didn't listen to our last podcast, my name is Jessica White and I'm a PhD candidate at the University of Manchester. I look at the history of female identity from the 1970s with a specialisation in Moss Side and Hulme in Manchester.

**Adam Waddingham:** And just like Jess, I'm a PhD student also at Manchester. I work on the history of ideas and the development of Euroskepticism and I'm just entering my second year now.

**Jessica White:** So the podcast series came about in lockdown for members as a way to interact with the history and culture of Manchester in a new and different way. And what we aim to do is shed light on different aspects of Manchester's history in a way that probably, or maybe hasn't, been done before, or a different side to Manchester's history that you're not familiar with. So in the last episode, we looked at places and spaces of commemoration, and we looked at statutes within Manchester and we also looked at the Manchester carnival.

This week we're going to be looking at the health of Manchester. Manchester has a special place in the history of Britain's health system, which we're going to speak about today, but we're also going to have appearances from two other specialists in the area: Will Ranger and Andrew Seaton. We of course have been recording this in line with current health regulations at a safe distance.

So these discussions have all taken place over Zoom, so I would like to apologise if there are any sound issues - that is because it is hard to record under these circumstances.

**Adam Waddingham:** It definitely is. And just for context for everyone: I'm currently recording this in a cupboard and I know Jess you're also at home as well.

So it is a difficult and interesting moment, but I think health has never seemed so important for people. We both, at the moment, and everyone listening to this, will have lived through the effects of coronavirus and I guess just by way of starting really, what strikes you about Manchester today? When we think about our health history, Jess, what jumps out to you?

**Jessica White:** Well, I think for me being so involved in the university, which is completely opposite the MRI and Manchester Science department itself, is huge. I feel that having an excellent health system is really at the core of Manchester's civic identity.

And as we'll speak about, and as we'll hear from Andrew, Manchester was really at the forefront of innovative health practices, not only from 1948, but even before that, before the NHS even came into place. So, much alongside Manchester's history of being at the forefront of radical activity, I also think it's at the forefront of a lot of health history.

**Adam Waddingham:** Yeah, hugely, and I think that really strikes a tone with, like you say, uni being so close to the MRI, the building of the MRI in partnership with the university - I think that's something else that comes out from a discussion we'll have a bit later on when we look at Stephanie Snow's work. And also I think the responsive and preventative health care: Manchester as a place that's not just responding to health, but actually trying to take a lead in preventative healthcare, is really interesting.

**Jessica White:** Yeah. So Stephanie Snow is an academic at the University of Manchester, but she specialises in the history of Manchester's health system. And she speaks a lot about important, key figures within Manchester's health history; particularly James Niven. Who was James?

**Adam Waddingham:** James Niven was one of Manchester's prominent Chief Medical Officers, at a point when regional municipalities had health officials and health individuals leading at a local level. And the story of James is uniquely tied to the so-called 'Spanish flu' of 1917, and that period. It is ultimately quite a sad story. James, unfortunately, takes his life eventually.

But as one of these public health officials, he was one of the first to pioneer and develop, I guess, many of the things that we come to associate today with what is termed lockdown. So looking at closing public spaces, quarantining, which, you know, has a longer history, but Niven really applied these in the urban space of Manchester and was a really early proponent of putting health and public welfare above economic need. And of course, in the context of 1917, during the middle of the first world war, Niven's need for these lockdowns obviously fell on unsympathetic ears; but he did have a number of successes in Manchester that stand out comparatively different to other cities.

**Jessica White:** I think what's so interesting about Niven is that he practiced what we call social medicine, where he looked beyond the microscope and he understood how the environments in which people live really affect their health stuff. The stuff that is common sense today, but was really at the forefront of public health thinking. So, he liaised with the sanitary authorities in and around Manchester to make sure that town planning was done in a way that improved the health of the working poor, to improve their health in general, and to prevent fever, smallpox, measles, all these diseases that really thrive in

dirty environments. Niven was one of those people who realized that fixing the environment would fix their health problems.

**Adam Waddingham:** Definitely. And I think that's something actually that Stephanie Snow picks up on. So I wonder if it's just worth saying a little bit about the article that Stephanie's written.

**Jessica White:** Well, Stephanie, as I said, she's not a historian, she's a specialist in health at Manchester. And what (is evident in) her research that we've read about for this podcast, which explores health and Manchester with a historical perspective, is that she sees Manchester as one of the first - because Manchester and its peripheral counties are so nebulous - she argues that Manchester was one of the first local authorities that managed to interconnect all these different councils in a way that hadn't been done before.

She talks about the connectedness between Salford, Manchester, central Manchester, Oldham, and a way for the local authority to manage all these different areas in a way that worked really well, and which hadn't really been done before.

**Adam Waddingham:** I mean, the thing that really jumped out for me: I really liked how Stephanie took a look not just at institutional development, but also embedded the individuals as well. So I know we've talked about James Niven, but also Stephanie pulls out the work of Dr. Duncan, and those longer histories of individuals, which I think are really important, alongside joint health units and these kinds of institutional developments as well. That struck me as really interesting, Jess.

**Jessica White:** Yeah. And what I enjoyed about her research was the changes in approaches to mental health. Salford was really at the forefront of, without trying to sound too crude, de-clinicalizing - if that is even a word - making less clinical approaches to mental health. In Salford they created these connections between the psychiatric hospitals and community care and social workers to really make treatment of mental health a community endeavour, as opposed to something that was embedded in hospitals, which for now, for us, for mental health problems, seems the norm and Salford was really at the forefront of that. And that was around the 1950s.

**Adam Waddingham:** Yeah, definitely. And that partnership comes across, I think, really clearly in some of the stuff, pulling out, both pre and post war, the links with the University of Manchester. I feel I'm giving them quite a big plug in this, but they have been at the forefront of work around Jill Pooley, of diabetes work. And also the actual physical constructions. And we talk about institutions and individuals - I think sometimes in looking at institutional change, literally building things like the MRI orthopaedics wing in the earlier periods is something that universities contribute to. So not the intellectual capital, but actually, you know, the bricks and mortar as well.

**Jessica White:** Well, exactly. And I think that idea of space is really important and whilst she looks at the MRI, she also pays attention to Moss Side and the work done to accommodate ethnic minority communities within Manchester, which obviously, from the fifties was becoming a huge site for the 'windrush' generation, particularly African Caribbean communities. In the 1970s, there was greater attention paid to the disproportionate number of African Caribbean people being treated for sickle cell

anemia. And it was in Moss Side that you see the first sickle cell centre opened in the UK with a focus on educating those people of African Caribbean origin, who had sickle cell anemia.

**Adam Waddingham:** And I think as well, one of the other things I really liked in this paper was it talks about the World Health Organization recognising Manchester as an age friendly city, which I thought was really nice. But there's this point that's quite prominent about lessons from the past and I'm thinking about some of the organizations in Manchester who are actually taking a really key role in unexpected areas of age relations, if you like. So the LGBT foundation, just off Canal Street, for example, working with elderly populations around identity, which isn't something that immediately jumps to mind when we necessarily think of health. But I think it says this kind of meshing of health and social (issues) is a really important way to think about stuff.

**Jessica White:** Yeah, definitely. Well, as we've discussed there, health and how it's conceptualized covers a broad range. So we sent Adam off in the digital sphere to discuss how health and work are particularly important for Manchester.

**Adam Waddingham:** It was a cold and drizzly day in June when I sat down for a socially distanced coffee with Will Ranger, an award-winning living wage campaigner and community organiser. As coronavirus has shown, health pretty much covers every aspect of life, but its effects are being sharply felt when it comes to the world of work and our working cultures.

I started by asking Will to explain what the Living Wage Campaign is and why historically Manchester's been important when we think about ways of working.

**Will Ranger:** The Living Wage Campaign is, generally speaking, an attempt by civil society organisations, churches, mosques, trade unions, and so on, to campaign for big employers to pay their staff a real living wage - the real living wage as defined by the Living Wage Foundation, which is calculated to include the cost of living in an area as well as other metrics. It is calculated by the Living Wage Foundation, which was set up by Citizens UK, the UK's home of community organising, and the success of the campaign has resulted in over a billion pounds being put into the pockets of low paid workers. In terms of the importance of the campaign for Manchester, I think it is fair to say that Manchester has a long history of organisations, of groups of individuals advocating on behalf of people on low pay, working class communities and so on, in response to mass changes in the workforce and in terms of urbanisation, industrialisation and so on. We have found that the Living Wage Campaign in Greater Manchester has been at home here.

**Adam Waddingham:** So I'm very conscious, Will; we're sat having, a cup of coffee, a very socially distanced cup of coffee and COVID has thrown these questions of how people work and the ways in which people can work in healthy working environments into sharp perspective. I wonder if it's just worth saying a little bit on how you've found the last couple of months as a public health issue for ways that you're working, but also how other people have had to adapt to changing work environments as well.

**Will Ranger:** I think me personally, I have found that a key part of community organising is the building of relationships between people. And so obviously that is much harder when you can't actually go to people's workplaces or places of worship or whatever it may be. So there is an added dimension of difficulty.

But, it's not impossible. You can still stay relational and still maintain relationships over Zoom and through your phone calls and emails and things. It's not ideal, but it is not impossible. We actually were, our campaign group were, looking to drop a new list of campaigning priorities. But actually we've decided to refocus that because of the discourse around key workers, and that's been something we've been looking at - ways to ensure that key workers in Greater Manchester and across the country, are paid enough to live on. It's not impossible.

**Adam Waddingham:** I really liked there where you're talking about the idea of key workers. And I think one of the things that comes through, particularly in looking at the history of Manchester, it's these historical roots to ideas of fair working practices and fair conditions for workers, in a healthy and liveable sense. I just wondered if there's anything you could say in terms of how Manchester, as a place, has experienced these moments for workers, of changes say, in the health of their condition, you know, the health of their working environment.

**Will Ranger:** Well, certainly, I mean, Manchester's history as a massive industrial centre has resulted in the place itself being a centre for working class activism and for pushing back against exploitative working practices. And indeed I believe, the orders of the cooperative movement were founded up in Rochdale, and I believe the Trade Union Congress had one of their first centres in Manchester as well. So it's not a coincidence that the resonance of the Living Wage Campaign is in a similar place. So in terms of where we are at the moment, I think it's important to have a conversation about how we as a society are going to rebuild after this. I mean, there's been a slogan, amongst civil society organizations called "build back better", which is basically the idea that we look at society in a more holistic way. And we can look at that through an economic sense or a social sense, but also through a health sense, and we (can) decide we are the masters of our own destiny in that sense, we (can) decide what the economy is like. We (can) decide what society is like, because these are social constructs - we build societies and economies to serve us. So if we can have this opportunity to start afresh, then that conversation is happening in Manchester already. You don't need me to tell you that - everyone's already talking about it.

**Adam Waddingham:** Yeah. And those ways of, like you say, building back, I'm just very conscious something like, for example, some of the campaigns that Manchester saw, those acute campaigns around I guess what we call today the introduction of health and safety legislation, but you know, safe working environments is something that's quite ingrained actually in Manchester's social history, I think.

**Will Ranger:** One of the things that I thought was particularly fascinating was how health and safety as a concept has gone from this thing that has been perceived as over burdensome and derided, as you know, silly, and people in Westminster and Whitehall say, "you can't get hold a cup of tea like that" or whatever, you know, these nonsense stories you hear. But then as soon as there was a question of

employers forcing people to go back to work, an obscure part of health and safety legislation was put on Twitter and they said, "Oh, this is the legislation where if you think it's not safe, you are legally entitled not to go into work". And that was reshared about a hundred thousand times. People were going "Oh, I didn't know that I didn't have to go in if I think it's unsafe", and obviously exposure to COVID would we give you pause to think. So, I think that is an interesting dynamic as well, where people have been made to be numb to this idea that safety is this thing that is...I don't know how to say it. It's kind of this thing that people have been taught almost to look down upon, but then as soon as it comes into focus, we all go, "well, obviously everyone wants to be safe".

So it's one of these changing concepts that I think is important to consider going forward when we do rebuild.

**Adam Waddingham:** Yeah, definitely. And one thing - I've just quickly been scrambling around trying to find, whilst you've been talking, Will; you were completely right when you said about the first Trade Union Congress that was held here in Manchester. And, a little bit of a shout out for the University of Manchester's History and Heritage tours: they actually cover this. So off from Sackville Gardens and the campus around Sackville, the North Campus, is the original site, the original building (where) the first Trade Union Congress meeting took place...and in that kind of vein then, well, I guess one thing that jumped to mind as well is if we're looking at fair working practices and what we'd call the Living Wage Campaign - How successful has that been then in Manchester?

**Will Ranger:** Well, nationally, there's now over 6,000, close to 6,500 Living Wage employers. And, as I said earlier, since 2001 when the foundation was set up, there's been over a billion pounds into the pay packets of low paid workers. In terms of Greater Manchester, there is a lot of work to be done. I know that Oldham Council and Salford Council, and now Manchester Council are all accredited with the foundation or in the process of accrediting. The University of Manchester, accredited in February 2019, which is (a campaign) I was proud to be part of...

And now there's also Cheadle Mosque in Stockport...They were the first mosque in the UK to accredit with the foundation. There's also lots of trade unions, like Unison, doing fantastic work on this issue, particularly in the care sector. So there is a lot of groundswell support for this, but I think there are notable exceptions, which increasingly people are finding untenable.

The main examples that people often give is the Premier League clubs. So, in the Premier League at the moment, there are five teams that are accredited with the foundation and they are, off the top of my head, West Ham, Chelsea, Everton, Liverpool and Crystal Palace, and the other 15 aren't. Now, obviously you don't need to know much about football to know that Manchester United and Manchester City are quite well off. And also as a Man United fan, the fact that Liverpool have already.. Not only have they won the league, they've also beaten us to that as well: it is slightly annoying. It's frustrating.. But yeah.

**Adam Waddingham:** Okay. So there's still work to be done then?

**Will Ranger:** Yes, definitely.

**Adam Waddingham:** Okay. So I'm conscious my coffee's slightly running to the end of its cup. So I guess just to wrap up, Will - Is there really something to be said then about the history of Manchester, the history of its working practices, and health? Those intertwined bits that really, at the moment, we've kind of lived through this period; this moment where all of those (issues) have been thrown into sharp, sharp contrast, but also I guess historically looking at Manchester, these practices of safe work and health?

**Will Ranger:** I think what you said at the beginning about how health is something we have now come to realise touches all parts of our lives; I think that is important to recognise either both from a Manchester point of view and just from a general perspective as well.

If health can be re-understood to mean not just, "Oh, I've got a cough, I'm sick. I'm going to the hospital." It also means, "okay, are you stressed at work because you don't know if you're going to make your bills at the end of the month?" - hence the importance of the Living Wage - then that's going to impact your health. If you are having to commute to work in a massively polluted environment for half an hour, 40 minutes, that's going to impact your health. If you are having to work very long hours, you might not get enough sleep or you might not have enough leisure time. That's going to affect your health. So looking at work in a broader context, not just about your health and safety at work itself, but also what patterns of work we are doing as a society, that is also important.

In terms of Manchester, I know that there's been quite a lot of recent jobs created in the so called 'gig economy'. And again, for people who work in them, they will tell you themselves it's incredibly precarious and (whilst) it can be good for people, particularly young people, students, you know, they might want to make an extra 50 quid a week working for Deliveroo, that's fine. But if you're trying to support families, it's completely unsustainable. So there is a kind of balance that needs to be struck there as well, which we need to, as a society, go on and think about.

**Adam Waddingham:** Okay, well thank you, Will. That's really, really helpful and really insightful. That was Will Ranger joining me, who is a Living Wage Campaigner and community organiser.

**Jessica White:** Thanks Will for that really excellent discussion and great insight into the Living Wage Foundation.

**Adam Waddingham:** Yeah. And despite being socially distanced, you know, doing stuff over Zoom again, I think Will pulled out really, these kinds of ways of conceptualizing health go beyond, like we talked about already, beyond immediate health care.

So thinking about health in a mental and physical sense I think goes beyond hospitals or clinics to also think about workplaces as well. I'm quite conscious, Jess, because we're not actually allowed on campus at the moment. It's quite disruptive not being able to go into a workplace, but it has made me think about health and safety in a different way.



**Jessica White:** And also it's not only campuses that we're not allowed to go into, but we're also, for the first time, not really encouraged to go to our local health centre or GP practice - Which leads us on to our next guest.

**Adam Waddingham:** Yeah. So despite being socially distanced right now from our traditional health centres and buildings which provide care, arguably they've never been more important. So to explore this and much more, Jess went along to discuss all things health with Andrew Seaton, who's a PhD candidate at New York University.

**Jessica White:** So with us now is Andrew Seaton from New York University. Andrew, do you want to just explain to us a bit about what it is exactly that you research?

**Andrew Seaton:** Yeah, Hi. So my research is a new history of the National Health Service. Most histories of the National Health Service that have been written focus on charting internal reforms, the administration of the service. And I'm trying to write a different type of history of the NHS, which is more broadly situated in politics, society, culture - all these things that the NHS obviously, as such a pivotal institution in Britain, speaks to. So I'm trying to write a political, social and cultural history of the National Health Service.

**Jessica White:** And you've recently published an article about one particular aspect of the NHS, which is health centres. What is the history of health centres within Britain?

**Andrew Seaton:** Yeah. So health centres are one of these things that are seemingly boring and mundane, but (they are) something that I actually get quite excited about. Health centres will be familiar to many of your listeners as places where they will go and access general practitioner services, nursing services, you know, get an immunisation, whatever it might be. But actually, that way of, and that form of general practice is actually a very recent phenomenon. So the beginning of the National Health Service general practice looked very, very different to what we might know today.

General practice was a very small scale operation where you would usually go and see your local doctor, usually working alone, or maybe with one other doctor: small units of GPs. Then, the doctor's surgery would often be in the doctor's own house or in something like a converted shopfront, an ad-hoc structure. Things like appointment systems did not exist at the beginning of the NHS and for a long time actually. Instead, you would turn up at the doctors and just wait for your turn to see the doctor. So health centres to me are a means of tracking how general practice changed over the course of the NHS. So health centres are one of these things that seem ordinary and boring and mundane, but actually are very useful to see how general practice changed over the first few decades of the NHS.

**Jessica White:** Yeah. When I was reading your article, I was so.. I think we really take them for granted, don't we? Now it's such a normal feature of our health service. So obviously because health centres were kind of innovative after the war, there had to be a bit of experimentation and you've looked at one particular case in Manchester.

What can you tell us about this particular aspect of Manchester history?



**Andrew Seaton:** So when the NHS was founded, in the NHS Act itself, there was a provision to provide a health centre for every community in the country. However Britain, when it came out of the Second World War, did not have a lot of money. There was a shortage of labour. There was a shortage of building materials and other resources that all were directed either towards housing or industry. And therefore the health centre program really fell by the wayside. And there weren't really that many health centres in operation in the 1940s, the 1950s, and even the early 1960s.

So, examples like the Manchester health centre, which you just mentioned were actually very, very important in showcasing in the earliest NHS what a health centre could do. In 1954, a new health centre opened in Manchester called the Darbshire House Health Centre and it opened in the Longsight area of Manchester which, in itself, actually has other claims to the importance of medical history: the famous public health reformer Edwin Chadwick, who was responsible for many of the key 19th Century public health legislation was also born in Longsight. So the Darbshire House Health Centre opened in 1954 in Longsight, and its significance is that it is one of the very, very few, just a handful of health centres that are opened in the early NHS.

**Jessica White:** That's great. So what were some of the first experiences? What were patient's experiences of first using one of these health centres?

**Andrew Seaton:** So when Darbshire House Health Centre opened it had, I think, five general practitioners, as well as a nurse and some public health functions, like children's clinics and so on. And so in that sense, it really filled a gap in the area. But there really were a lot of poorer areas in the country with social deprivation. There was a lot of under-doctoring so it was very hard actually to access a quality doctor, let alone other public health services. And what the Darbshire House Health Centre offered was these facilities in one place. So in that sense, a lot of people welcomed the arrival of the health centre; it provided a shared, 'one stop shop' for these kinds of facilities in a way that wasn't there beforehand.

But in other ways, the health centre, not uncommon to other health centres throughout the country, actually experienced some degree of.. not hostility, but certainly ambivalence or indifference by some patients towards it. So things that were different about the Darbshire House Health Centre, that would have appeared quite a change to some of the early patients going to it were: the fact that you were going to a larger building rather than your local doctor's house or shop or whatever it might be, as I mentioned - and the Darbshire House Health Centre was based out of a converted hospital, so it wasn't a purpose built building. It was a converted hostel from the late 19th century. So quite a large building that would have, to some patients if you look at the evidence, actually appeared quite intimidating and a little bit impersonal as an institution. Other factors that patients were worried about were things like if an appointment system was brought in, whether that would cause problems. And so then these changes that health centres embodied did create some worries among the first patients that use them.

**Jessica White:** Hmm. It's funny. Isn't it? I'm just thinking now about how they're so ubiquitous. But, I saw someone just walking out of my local health centre at the end of my road, and it's deserted because

of COVID, and I'm just wondering if we could see maybe a retreat back to these more intimate style practices where GPs operate, maybe out of their house.

Have you thought about this, as a result of the coronavirus pandemic?

**Andrew Seaton:** Yeah, I think that's a really good point, actually. So if we think about it, you know, broadly speaking from when the NHS comes in, more of an individualized model of general practice, to more of a communal model by the sixties, seventies, and eighties, based out of group practices and health centres.

Like you said, things like the pandemic have almost, in some ways, seen a return to more individualized patterns. I think another way you could see that even before the pandemic is a lot of conversations about accessing the doctor remotely through apps and through video calling. So there were, even before the pandemic, I think, conversations about how can you provide greater access to general practitioner services, without necessarily getting people to go into a health centre or even a hospital. Hospitals the same, right? There's a real shift towards treating people at home or an attempt to shift to treat people at home rather than in hospitals. So I think, yeah, you could see it in that way.

**Jessica White:** Thank you so much, Andrew, that's been great.

**Andrew Seaton:** Thanks for having me.

**Adam Waddingham:** That was Jess there talking to Andrew Seton. And I think that was also a really interesting interview. Again, Jess, thinking about the spaces of health and how health is conceptualized.

**Jessica White:** And not only that, but also the importance again of Manchester. The fact that Andrew is based on the other side of the Atlantic, despite being British, of course; and that Manchester stands out in his research as an important area within the history of the NHS really is a testament to the importance of the city in regards to the history of health in the UK.

**Adam Waddingham:** Definitely. And I'm really conscious that one of the organisations, one of the research projects coming out of Manchester - again, I told you, I'm giving such a plug for the university (laughs) - but the 'NHS at 70' research project - I know that's something we're both aware of, but...the NHS as an organisation in the UK, looking at its institutions, I think, is so important.

**Jessica White:** I feel like we could go and talk about this for so much longer. There's so much that we haven't included in this discussion, particularly as we've touched on the history of HIV and AIDS and Manchester's place within that history, which would deserve a whole podcast in itself.

So, hopefully, with this small podcast we've given a bit of an insight into an unknown aspect of Manchester's history, which in turn brings this edition of MCR History Talks to a close.

Thank you so much again for joining us. And don't forget to follow us on Twitter. Our handle is @UOMPG - that's mine and Adam's collective Twitter. There's also the Manchester Lit and Phil's own Twitter page as well @manlitphil. So thank you, Adam.

**Adam Waddingham:** Thank you, Jess.

**Jessica White:** We'll see you in a fortnight for our next podcast, which looks at the history of tourism in Manchester. Bye bye.

**Adam Waddingham:** Bye bye.

This podcast was produced by Jessica White and Adam Waddingham for The Manchester Literary & Philosophical Society, and was published in July 2020.

The papers discussed were:

Stephanie J. Snow (2015) Health and Greater Manchester in Historical Perspective, *Representation*, 51:4, 439-452

Seaton, Andrew. "The Gospel of Wealth and the National Health: The Rockefeller Foundation and Social Medicine in Britain's NHS, 1945–60." *Bulletin of the History of Medicine*, vol. 94 no. 1, 2020, p. 91-124

The Manchester Literary & Philosophical Society would like to warmly thank Jessica and Adam for their contribution to our e-programme.