CHALLENGING BARRIERS TO HEALTH

Communiqué

Summer 2007 Issue Number 47

Reaching out to excluded women

ANNA GAUDION

Medact's Reaching Out Project has produced a new 'Maternity Access and Advocacy Pack' – a picture-based resource to promote more effective use of maternity services. The pack is targeted particularly at marginalised women from black and minority ethnic communities and is intended to be used by groups of women outside the clinical setting.

Black African women, including newly arrived asylum seekers and refugees, have higher maternal mortality rates than other women, and many of the migrant women who die have had major problems accessing maternity care.

Ros Bragg, who leads the Reaching Out Project, says an increasing number of women are being refused maternity care or are failing to attend appointments for fear of being charged huge sums of money. 'Women who have recently arrived may be reticent to engage with maternity services. They may not speak English. They may not understand the reasons for so many blood tests and scans. We hope this pack will give them the confidence to attend their appointments and to discuss their care with their midwife or doctor.'

See page 6 for details of how to order the pack.

Iraq needs medical supplies now

The Iraqi government estimates that 70% of Iraqis who have been critically injured in violent attacks throughout the country will die (WHO, April 2007). The difficulty of getting to hospital, combined with a shortage of doctors, basic medical supplies and appropriate follow-up are causing these deaths.

The international humanitarian community has yet to make any serious effort to alleviate the ailing health system in Iraq.

Many shipments of medical goods have reached Iraq, and their contents have been successfully distributed. The most recent was a one-tonne container packed with medical supplies specifically requested by hospitals in Baghdad and Basra.

The transport of this container was sponsored by Human Relief, which shows that the security situation does not inhibit the entry and distribution of all medical goods. We hope that many more shipments will help fill the huge vacuum left in the Iraqi health system after years of war, sanctions and now deprivation.

Dr Heba Al-Naseri

If you would like to contribute towards future shipments of medical goods into Iraq please contact Heba Al-Naseri: h_alnaseri@yahoo.co.uk

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Dr Lesley Morrison coordinates Medact in southern Scotland

MOUTHPIECE

A nuclear-free Scotland?

Dr Lesley Morrison

This spring there was a historic event when the Scottish people voted (very marginally) for an SNP government. Some of them voted for independence. Very many of them voted against Trident and to punish Tony Blair for Iraq, while not actually wanting independence. The majority of Scots value the powers that Holyrood holds but they also value the union of nations pushing against one another, both benefiting from the potentially creative tension.

The SNP, along with the Greens and the Liberal Democrats, have a one-seat majority. The Tory Party remains staunchly pro-nuclear weapons, as does the Labour Party, with only a handful of Labour rebels in the Scottish Parliament prepared to vote against their party policy. The Liberal Democrats support the retention of Trident, but oppose its replacement at this time. The Greens were among those from smaller parties who were squeezed out, as people either voted for the SNP or very definitely against it.

Anti-nuclear government

Although for the first time ever in the UK, we have a party in government which is avowedly anti-nuclear weapons, the parliamentary nuclear arithmetic remains about the same. The twelve members of the smaller parties and three of the four independents who lost their seats were all Scottish CND supporters.

Alex Salmond does not have the power to rid Scotland of Trident, but he may be pleased to respond positively to a planned request from Green MSPs for a Scottish government inquiry into the safety and environmental issues raised by the transport of nuclear weapons on Scotland's roads (both environmental protection and roads are under the control of the Scottish Parliament).

There is optimism in Scotland for a successful legal case for the prevention of the movement of weapons of mass destruction. Such a case would also serve to highlight the nuclear convoys, each carrying fully-armed nuclear warheads with up to seven kilos of plutonium travelling up Scotland's motorways every couple of months.

In June, the Scottish Parliament voted against renewing Trident – the first time Holyrood has taken a clear position on the issue. The motion, backed by 71 MSPs to 16, also congratulated the majority of Scots MPs for voting against a replacement system. But it acknowledged that renewal was the responsibility of Westminster.

The Scottish government also announced that it was to hold a summit as part of its campaign against nuclear weapons. The motion, backed by the SNP, Liberal Democrats and Greens, was also voted for by several Labour MSPs – including Malcolm Chisholm, who resigned as a minister in the last government over Trident.

The jobs issue

Much was made by Labour in the Holyrood Trident debates about job losses if Trident were to leave the Clyde. In fact, Faslane is the HQ of the Royal Navy for Scotland, Northern Ireland and Northern England and two thirds of the workforce would be unaffected in the event of non-renewal of Trident. Plus, as Rosie Kane, an articulate opponent of Trident points out, 'You don't create firing squads to give people jobs'.

Undoubtedly, since devolution, people in Scotland feel closer to their parliament and the parliamentary process feels more accessible. School children are encouraged to visit the (now less controversial) parliament building and the committee rooms are frequently booked by MSPs meeting with groups of constituents. Local taxation replacing council tax and the extent to which air travel directly into Scotland should be increased were common threads of pre-election campaigning.

There is still hope

Scotland's energy policy was, and is, a focus of strong debate with a varying commitment among the parties to renewables and the Greens are firm in their total opposition to nuclear weapons. Powerful images of massive windpower generators straddling areas of natural beauty and special habitat on the remote island of Lewis characterise the debate. Scottish Friends of the Earth and others are doing a good job of alerting people to the environmental crisis and Faslane 365 and Scottish CND are keeping Trident firmly on the agenda, but perhaps none of us have been effective enough yet at making the links between the two. Very much the work that Medact does so well…

Just prior to the election, I was privileged to be invited by the Moderator of the Church of Scotland to represent Medact at a meeting of church people, lawyers, academics and policy makers. The mood of the meeting, called 'Where now? The UK after Parliament's decision on the replacement of Trident', was that there is still hope. The decision is not immutable, and we need to work hard to stop the Westminster government going further down the immoral road of acquiring new nuclear weapons. We must also encourage the Holyrood government to do what it can to rid Scotland of them.

Medact is an organisation of health professionals challenging social and environmental barriers to health world wide. It highlights the health impacts of violent conflict, poverty and environmental degradation, and acts with others to eradicate them.

Editorial Alison Whyte (Editor), Gill Reeve, Marion Birch, Moyra Rushby
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Russian IPPNW visits London

Five days after the Trident decision came the long-awaited visit of Professor Sergei Kolesnikov, a member of the Russian Duma and former IPPNW Co-President, with his wife Dr Ljuba Kolesnikov and Dr Vladimir Varkavenko, President of IPPNW Russia. Prof Kolesnikov addressed a very successful meeting of the All-party Group on Global Security and Non-proliferation at the House of Commons, speaking on 'Nuclear Proliferation: the view from Russia'.

Next day all three went with Medact delegates to the Foreign Office to discuss missile defence, Nato expansion and international implications of the vote to renew Trident. Finally Prof Kolesnikov spoke at a Medact meeting at St Mary's Hospital Paddington on 'Nuclear proliferation, global security and health'.

Sergei Kolesnikov, Frank Boulton, Ljuba Kolesnikov, Vladimir Garkavenko and Gill Reeve opposite the UK Foreign Office on March 20.

Not too late to cancel Trident

The government was faced with the largest rebellion on a domestic issue since Labour came to power in 1997 during the debate on Trident renewal in the House of Commons on March 14. It was also the largest backbench revolt over defence policy since Labour was elected in 1924. The best arguments were with the dissenters (see box).

Although the government won the debate, it lost public confidence. Many MPs switched to oppose nuclear weapons, partly due to opinion polls and partly due to intensive lobbying. Medact's Trident Briefing was widely used to lobby MPs. Perhaps to win the waverers, the government intimated that the decision was not necessarily final, since the design would not start for two years and the build considerably later. So the Brown government can still rethink this issue.

The Faslane protest continues; a dvd on the January health protest can be found on http://www.youtube.com/watch?v=--Kuipm K9qQ. Groups are invited to visit Faslane once more before the end of September when Faslane 365 comes to an end with a Big Blockade on October 1st.

Trident debate – what they said:

'In a world of 200 nations, 10 of which are nuclear powers and 190 of which are not, I would like an independent Scotland to be one of the 190, not one of the 10.' **Alex Salmond**

'The renewal of Trident depends absolutely on US co-operation. It ties us into a US view of the world, when many of us – perhaps most of us – would prefer a looser relationship and a greater recognition of the security that we derive from our place in Europe.' **Joan Ruddock**

'If Iran gets a weapon, Saudi Arabia will want one, as will Egypt, Turkey, Jordan and perhaps even the Gulf states, which have made some moves towards getting a capacity in nuclear technology. There will be very dangerous proliferation in the most unstable region in the world' **Clare Short**

'Yesterday's decision to replace the UK's Trident nuclear weapons system is illegal, immoral, obscenely expensive and utterly irrelevant to the real security threats we face today.' **Caroline Lucas (MEP)**

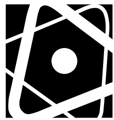
Missile Defence

MD is now back on the international security agenda following the US decision to build new missile defence sites in Eastern Europe, and to develop those in other contentious areas such as the UK (see Action).

A group of concerned NGOs including Medact were invited to the MOD to discuss current missile defence issues. There was little agreement on Missile Defence, but it is hoped that further meetings will take place.

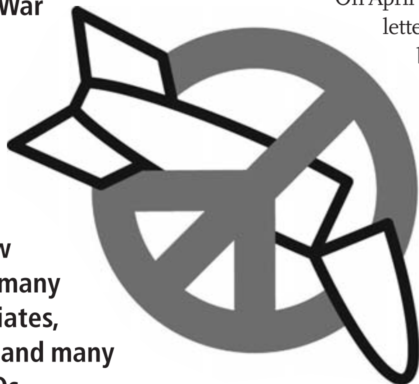
WMD Awareness Programme

The programme continues to raise the issue of nuclear disarmament, particularly to the unconverted. At the Guardian Hay festival in June, WMDAP President Robert Hinde introduced David Attenborough who spoke to a packed session on global warming. Jon Snow linked the two biggest threats to the planet – nuclear weapons and climate change. Further gigs and a showing of Anthropology 101 will take place at the Edinburgh Fringe Festival in August (see www.comeclean.org.uk).



Call for nuclear weapons convention

A new IPPNW campaign, initiated by the Medical Association for Prevention of War (Australia), was launched at the NPT Preparatory meeting in Vienna on April 30. The ICAN campaign has now been adopted by many other IPPNW affiliates, Mayors for Peace and many international NGOs.



ICAN models itself on previous civil society campaigns that successfully led to treaties to ban landmines and chemical and biological weapons. The International Association of Lawyers against Nuclear Arms, the International Network of Engineers and Scientists Against Proliferation and IPPNW have produced 'Securing our Survival (SOS): The Case for a Nuclear Weapons Convention', a new version of the 1997 report which sets out the case for adopting a NWC.

On April 20 the *Guardian* published a letter about the ICAN launch signed by Frank Boulton, and CND Chair Kate Hudson. CND has long been working for the adoption of a Nuclear Weapons Convention (the key demand of ICAN). Medact is now working with them and other UK NGOs such as Abolition 2000 to develop the campaign, initially with a joint petition (see Action).

Medical Effects of Nuclear Weapons 2

An update of Medact's booklet, published in 1983, intended primarily for health professionals, written by Ian Fairlie is now on the Medact website.

NPT Review Conference

The 2007 Nuclear Non-Proliferation Treaty Preparatory Committee met from April 30 – May 11 in Vienna, to work on an agenda of nuclear disarmament and non-proliferation for the 2010 NPT Review Conference.

Britain and the other nuclear weapon states are required under Article VI of the NPT to 'pursue negotiations in good faith on effective measures relating to cessation of the nuclear arms race at an early date and to nuclear disarmament, and on a Treaty on general and complete disarmament under strict and effective international control'.

The NPT meeting got off to a shaky start because of procedural wrangling. But once this was sorted out there was a great deal of positive dialogue and a reasonable outcome was achieved. There was also support for the proposed new International Campaign against Nuclear Weapons (ICAN). In paragraph 10 of his summary, the chair said 'The advisory opinion of the International Court of Justice regarding the obligations of nuclear weapon states was recalled and support was voiced for the development of a nuclear weapons convention'.

Other highlights include expression of the need for full implementation of the 13 practical steps agreed in 2000, reference to concerns about modernisation in the UK and US, a paragraph on disarmament education, and a concluding paragraph on the valued contribution of civil society in the review cycle.

In brief

The Energy and Water Subcommittee of the US House of Representatives Appropriations Committee on 23 May eliminated all funding in fiscal year 2008 for the reliable replacement warhead, the first of a proposed series of new hydrogen bombs designed to replace a major portion of the US nuclear arsenal.

Gill Reeve, Medact WMD consultant

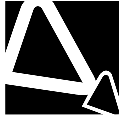
Action

ICAN

See the excellent downloadable materials on the ICAN website www.icanw.org , and sign the petition that will be presented annually to the 'Nuclear Terror States' at the UN. Also see a video about nuclear weapons states and the achievements of the peace movement. Contact your MP, trade union, local authority and local media. Find out if your mayor is involved through Mayors for Peace and if so, link up. If not, advocate joining M4P. A printed version of 'Securing our Survival' is coming soon. Sign and circulate the UK NWC Petition on the CND and Medact websites www.cnd.org; www.medact.org.

Missile Defence

Ask your MP to sign
Early Day Motion 1517 NATIONAL MISSILE DEFENCE
Jeremy Corbyn MP
That this House expresses concern at US intentions to develop National Missile Defence (NMD) bases across Europe and the UK's continued involvement at Fylingdales and Menwith Hill in both the operational and logistical components of NMD and the advancement of the space based infra red system; is further concerned that the programme will encourage a new nuclear arms race; fears that it will put the UK in the frontline in future wars whereby the US will have the technological and military capability to launch first-strike attacks without fear of retaliation; and recommends that the government withdraws its support and encourages the US to cease this programme, which is widely interpreted as aggressive not defensive.



Health crisis continues in Iraq

Last October, Iraqi doctors wrote in the British Medical Journal that more than half of those who died after arrival could have been saved with trained and experienced staff and adequate equipment, supplies and drugs.

Delayed arrival of patients due to difficult and sometimes denied access makes the work of remaining health professionals even harder. In the city of Samarra in May this year, an extended curfew and very limited movement of civilians through the heavily armed checkpoints at the gates of the city severely restricted access. This is not a new situation. In April and November 2004 access to health care in Fallujah was impeded and denied, and the neutrality of health professionals and ambulances not respected. There have been numerous similar instances.

As reported in Medact's most recent *Iraq Health Update*, most hospitals in Basra in spring 2006 had limited – and in some cases no – supplies of IV fluids, IV cannulae, antibiotics and oxygen. These items may have been available for private purchase but the time needed to buy them – as well of a lack of funds – can be life threatening.

Health services under attack

The Fourth Geneva Convention Article 17 states that: 'Civilian hospitals organised to give care to the wounded and sick, the infirm and maternity cases, may in no circumstances be the object of attack but shall at all times be respected and protected by the Parties to the conflict.' Not only have Iraq's health services been the subject of attack, they have also been neglected since the beginning of the occupation in 2003. Those in power have failed to protect the Iraqi health system. Instead, deterioration, fragmentation, politicisation and privatisation by the back door has been allowed.

In public health terms, a rise in communicable diseases is usually considered one of the medium to longer term effects of conflict. However the consequences can be all too short term for individual children – for example, children under five who happened to be in Samarra last May. Given the severe limits to resources and restricted movement, an acute episode of diarrhoea caused by difficulty in accessing clean water can be the start of an aggravated cycle of infection and malnutrition that can lead to death. The present mortality rate for children under five in Iraq is 125 per 1000 live births. In 1990 it was 50 per 1000 live births.

Iraqi clinics and hospitals are not the only health services trying to treat the tragic consequences of this war. In the continuing debate about improved survival rates for American soldiers, an unprecedented ratio of 1:16 has been suggested as the death to injury ratio, and it is clear that many more are surviving with severe brain injuries than would have been the case in previous conflicts.

Stark divide

As in all conflicts, medical knowledge is increasing. US military doctors in Iraq are discovering more about the contribution of Factor VII to the treatment of severe haemorrhage. While the official number of British soldiers seriously or very seriously injured in March 2007 was 144, as many as 4,800 personnel had been evacuated from Iraq on medical grounds. There are an estimated 20-25% of British soldiers who have mental health problems on their return and the appropriateness of the facilities to care for them is a subject of ongoing debate. Nevertheless the sharp divide in the quality of care available to the civilians in Iraq and the members of the multinational forces could not be starker.

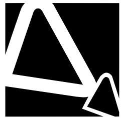
The current situation presents great risks to mental health: a study carried out in Baghdad in 2006 showed that 47% of children reported exposure to a major traumatic event during the previous two years.

In June, eminent Iraqi psychiatrist and Chair of the Iraqi Association for Child Mental Health Dr Abdul Kareem Salman Mahdi, sent a letter to UN Secretary General Ban Ki-moon outlining grave concerns about the mental health of Iraqi children, and requesting the UN to take urgent action. The letter was signed by 43 distinguished mental health professionals.

Despite the disastrous security situation in Iraq, many individuals and institutions are still doing what they can to provide Iraqi health facilities with what they need to save lives. Medact is supporting these efforts and we are campaigning to ensure that medical neutrality and effective support for health systems are not neglected in future conflicts, as they have been in Iraq.

Marion Birch, Director, Medact

Marion Birch and Dr Heba al Naseri's evidence to the Iraq Commission was broadcast on Channel 4 on July 4.



Campaigning for humane treatment

Medact has long campaigned for removing restrictions to free NHS care for groups currently excluded from receiving health care, including failed asylum seekers. We believe this constitutes a breach by the UK government of its obligations under the European Convention on Human Rights section 3: 'that no one should be submitted to torture or to inhuman or degrading treatment or punishment'.

Current charging regulations also fail to comply with our international obligations to uphold 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health' (International Covenant on Economic, Social and Cultural Rights, article 12).

Case study from the report

Mr S was diagnosed with bowel cancer after an examination at his local hospital last year. While pursuing further investigation, the hospital established he had been refused asylum, stopped the course of treatment and asked him to pay for all the care he had received so far. He was also asked to pay a deposit of £6,000 before he could start any treatment for his condition. Without resources, except occasional money sent by his family, the man has been unable to access the vital treatment for cancer that he needs. Ten months have now passed and his condition may be deteriorating.

To access the report or to download the report either in part or as a complete document please go to http://www.publications.parliament.uk/pa/jt200607/jtselect/jtrights/81/8102.htm

That is why Medact seized the opportunity to give evidence to the Joint Committee on Human Rights when it undertook to consider the provision of healthcare to asylum seekers, refugees and failed asylum seekers. We are grateful to Angela Burnett who represented Medact at the hearing.

The evidence presented by Medact addressed our four core concerns:

- too often the regulations which are vague and complex are applied incorrectly
- the lack of healthcare alternatives – unlike other European countries the UK has no free health care provision outside the NHS
- the current regulations allow individuals to justify racist behaviour under the guise of protecting or conserving public services
- changes in regulations should be evidence-based, not driven by popular opinion.

The Committee was quite clear in its final report that 'by refusing permission for asylum seekers to work and operating a system of support which results in widespread destitution, the government's treatment of asylum seekers in a number of cases breaches the article 3 ECHR* threshold of inhuman and degrading treatment'.

The Committee also found that 'no evidence' had been provided to justify the government's charging policy. Nor had the government produced any evidence to demonstrate the extent of what it describes as 'health tourism' in the UK.

To date, the government has not made any race equality impact assessment of the policy. The Minister of Health giving evidence agreed that no information had been collected centrally about the costs and benefits of charging refused asylum seekers for secondary care. The Committee also found that guidance issued to GPs was confusing and that 'awareness of the muddle had been around since 2004'.

Medact continues to help individuals who are often in harrowing circumstances, and the regulations remain unchanged.

Moyra Rushby

Action

The decision has yet to be made about widening the current regulations to include the withdrawal of access to primary care. So please take action:

- **Write to your MP explaining your concerns (as a health professional) about the current regulations and any proposals to widen them**
- **Ask your professional organisation to address this issue.**

Volunteer in a professional capacity with organisations such as:

- **Helen Bamber Foundation http://www.helenbamber.org/**
- **Medical Foundation for the Care Victims of Torture http://www.torturecare.org.uk/**
- **Medical Justice (who provide medical support to those who are or have been detained) http://www.medicaljustice.org.uk/wot%20we%20are.htm**
- **Project London http://www.medecinsdumonde.org.uk/projectlondon/default.asp**

Order a maternity pack

The Reaching Out Project's new 'Maternity Access and Advocacy Pack' is a picture-based resource with story boards covering pregnancy, birth and post-natal care. The storyboards are supported by a booklet with information on how to access maternity care, how to provide feedback to maternity units, entitlement to care and many other issues. It also contains a list of useful contacts.

The Pack was developed in close partnership with a number of black and minority ethnic community organisations. Medact has 20,000 copies for distribution. We are particularly keen to ensure wide distribution outside London. To order copies, contact Ros Bragg at rosbragg@medact.org

Ros Bragg, Reaching Out Project

Climate change: myths, facts and excuses

Six months ago, Tony Blair called the Treasury's Stern report on the economics of climate change the most important document about the future during his administration. Meanwhile, climate change has rarely been out of the news – from Al Gore's film 'An Inconvenient Truth' to the thinning of the Greenland ice sheet. We are better informed than ever about our changing climate.

STOP CLIMATE CHAOS

Strange then, that reputable sources such as *New Scientist* and the Met Office's own Hadley Centre still run stories dispelling climate myths, some even alleging climate change isn't happening.

It is hard to argue with the Fourth Assessment Report of the Intergovernmental Panel on Climate Change. It states that: 'warming of the climate system is unequivocal, as is now evident from observations of increases in global average air and ocean temperatures, widespread melting of snow and ice, and rising global average sea level.' The last time polar regions were significantly warmer than present for an extended period (about 125,000 years ago), reductions in polar ice volume led to 4-6 metres rise in sea levels – enough to submerge many major cities.

Atmospheric concentrations of greenhouse gases are accelerating due to two factors; emissions from human sources such as fossil fuel burning are still rising, and natural sinks for these gases such as oceans and forests are slowly falling, resulting in more emissions remaining in the atmosphere.

Urgent cuts are needed

Deep cuts in emissions and restoration of natural sinks are needed urgently. There has been a big shift in the thinking around 'safe' levels of emissions reductions towards an approach known as 'Monte Carlo Modelling'. This expresses the odds of achieving safe levels of carbon concentrations in the atmosphere. Some of the latest results blow away the dominant view about the scale and speed of action necessary to prevent dangerous climate change.

There is now a general consensus that global average temperature rise must be kept within two degrees above pre-industrial levels. Beyond this point some of the most dangerous processes catalysed by climate change could become irreversible (such as runaway positive feedback from the death of the Amazon rainforest turning trees back into CO_2). To preserve a 90% chance – in Monte Carlo terms – of staying below two degrees, greenhouse gas concentrations must be stabilised at or below 400 ppm CO_2.

When you realise that CO_2 levels are already almost 380ppm it is clear there is very little headroom left. To stay within 'safe' limits, global emissions must be halved by 2050. Allowing for equity between developed and developing countries and the historically higher contribution in the rich world this means the UK should make a 30% reduction by 2030 and at least an 80% reduction by 2050.

Challenging the 'bystander effect'

A recent report from the Institute for Public Policy Research suggests that this provides perfect conditions for the 'bystander effect', whereby people feel paralysed by the enormity of a problem. The locus of responsibility is still frequently assigned to government, industry and other countries, providing the perfect excuse for doing nothing.

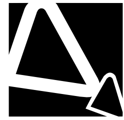
We can challenge this by way of the Government's Climate Change Bill. The Department for Environment, Food and Rural Affairs is consulting on the draft Bill until 12 June. It proposes legally binding targets for emissions reductions of 26-30% by 2020 and 60% by 2050 with five-year carbon budgets and an independent committee to oversee the process and advise on budget setting. Medact and our Stop Climate Chaos colleagues are lobbying for more stringent targets, annual accounting and for inclusion of emissions of the UK share from international aviation and shipping which are currently excluded.

Medact will also lobby for emissions budgets to be allocated to each sector of government, climate impacts of new policies across government and policies that come to fruition. A recent audit by University College London's Environment Institute found that the government is not on track to meet the proposed 2020 target, let down by domestic policies, particularly transportation and housing. Plans to double airport capacity between now and 2030 and a new £1.9 billion road building programme are sending out the wrong message. Going down this path will ensure mass paralysis and even the easy targets will be missed.

Dr Cathy Read is a Medact Board member

Action

You can register to assess your carbon emissions by going to www.rsacarbonlimited.org and clicking on CarbonDAQ. We will also ask you to pay a sum of money for each ton of carbon dioxide you emit in excess of the average UK personal emission of five tons per annum.



New beginning in Rwanda

Rwanda is lush, efficient and clean. Green hills surround the busy town of Kigali. Yes, the ghost of the 1994 genocide hovers: machete scars on necks, memorial sites, orphans and widows, and a slight unease among people. But the government is trying to leapfrog its development in a 20-year plan called Vision 2020 which they hope will quadruple the country's GDP.

To do this, they need a well-performing health system. Mike Rowson (former Director of Medact) and I visited Rwanda in March to look at health system innovations (donor co-ordination, community health insurance, and performance-based financing). Might Rwanda, we asked, provide useful lessons for other countries struggling with under-funded health systems, a skills drain, and poor quality of service delivery?

Multiple external aid programmes make health planning time-consuming and uncoordinated. Rwanda's Budget Support Harmonisation Group (UK, EU, World Bank, African Development Bank, Sweden, and Germany) meets twice a year to align their aid. But other donor and NGO projects still pop up everywhere and Rwanda has (so far) failed to control them. These projects bring short-term unpredictable funding and 'overcrowding' in disease areas like HIV/AIDS. Rwanda is opening its books to its donors so that its performance can be monitored. But when donors are asked, in turn, to evaluate each other's performances, they become coy and reluctant.

How do you fund a health service on $4 per capita per year? Donors' contributions increased this to $14, but it still isn't enough. Rwanda has introduced an independent, community-run insurance scheme (the Mutuelle), which pools risk at both district and national level. With an annual fee of £1, plus a user fee of 10% of illness cost, the scheme is popular and coverage has expanded from 7% in 2003 to 73% in 2006. Health service use has increased.

Another big challenge facing health policy makers is how to ensure that health services are of reasonable quality throughout the country to meet increased patient demand. Performance Based Financing, ('output based pay') links staff incentives to performance and shifts attention from inputs to outputs, and

eventually outcomes, in health care. The Ministry of Health sees output-based financing as a way to enhance quality and to motivate the underpaid health workforce. 'If PBF functions well it can double wages,' said one Dutch worker who is helping to install the complicated computer monitoring on which the scheme depends.

Rwanda has achieved a lot in the 14 years since genocide: health indices have improved; HIV rates are 3%; fraud in the health service is low; pharmaceuticals flow smoothly. But there is still a long way to go. Health staff are lacking and NGOs entice staff by offering better wages. Five new nursing schools are opening but there is a huge need for health trainers. It remains to be seen how well the performance-based pay will function but the Mutuelle insurance scheme holds much promise. We were impressed by Rwanda's enthusiasm and determination to get things right.

Dorothy Logie is an international health consultant

Taking healthcare to the streets

The international medical aid agency Medecins du Monde (MdM) is renowned for its work in Afghanistan, Sierra Leone or Darfur. However, it is also active on our doorstep. MdM's 'Project London' was launched in January 2006 with the aim of filling a gaping hole in UK healthcare provision for some of London's most vulnerable populations.

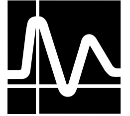
Operating in the premises of Praxis (an organisation supporting people displaced by war, conflict, impoverishment and environmental degradation) in Bethnal Green, East London, Project London targets vulnerable migrants, street sex workers and the homeless. Volunteer doctors, nurses, administrative staff and medical students offer clients medical and social support and advocate on their behalf to help them access mainstream health services.

A common problem encountered is GPs' reluctance to take on patients such as undocumented migrants who may not have proof of address or may have complex and challenging health needs. Pregnant women who have been refused asylum are also finding it extremely difficult to access free antenatal care – something defined by the UK Department of Health as 'immediately necessary treatment' and therefore not grounds for refusal, but eminently chargeable.

Several regulations simply make no clinical sense: for failed asylum seekers who may be legitimately appealing their case or waiting to be deported, treatment of opportunistic infections associated with HIV infection can be considered 'immediately necessary', but the NHS will not provide antiretrovirals. This places doctors in difficult positions; their patients even more so.

Where next for Project London? Outreach clinics are in their early stages. Meanwhile, some of our most vulnerable citizens are still going without medical care. Denying access to these people in order to save the NHS money cannot be justified on legal, moral, public health or human rights grounds. For too long, the majority of the medical community has kept silent. It is time for us to speak out.

Rosie Crane



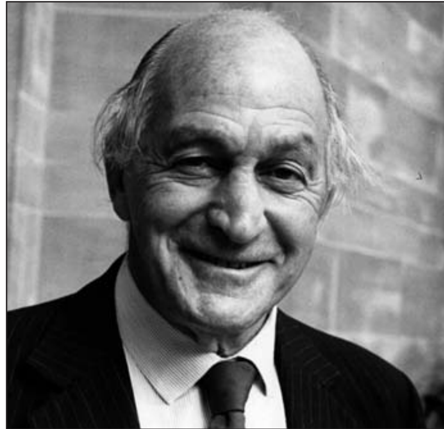
Bill Hoffenberg – a man of courage: 1923–2007

During the sixties, I worked in the endocrine unit at Hammersmith Hospital where I first met Bill Hoffenberg. Like many endocrinologists from all over the world, he visited, usually in his summer break, to discuss matters of mutual interest with the director Professor Russell Fraser.

Bill was someone who immediately impressed, by virtue of his distinguished appearance and charming manner. He was well-known in the field of endocrinology, particularly for his work on thyroid disorders, and was renowned as a fierce opponent of the apartheid system in his native South Africa, at great personal and professional risk.

Eventually, it was made impossible for him to practise medicine in South Africa and he and his family came to the UK in 1968. Initially, he worked at the MRC's establishment at Mill Hill and at the New End Hospital in Hampstead. In 1972, he was appointed to the prestigious post of Professor of Medicine at Birmingham University, where he remained until 1985. There, he introduced new ideas in medical education and developed a department of endocrinology of international fame.

In 1983, to the delight of his many supporters,



he was elected President of the Royal College of Physicians. He held this post for six years, and was at the centre of major changes in health care, his views quite often putting him at odds with the Tory government.

The Medical Campaign Against Nuclear Weapons (MCANW) was very fortunate that Bill agreed to become President on the death of our first President, John Humphrey, in 1987. Like John, he was a major figure on the international medical and scientific stage and had amply demonstrated his liberal views.

He was, however, no figurehead as President, but actively involved in running the organisation. I well remember one morning he rang me about a curious episode when our membership records, but nothing else, had been taken from our then headquarters near Waterloo Station. He was very calm about this, which gave me an insight into the problems he had encountered in South Africa, when the theft of a membership list would have seemed relatively unimportant.

He remained President of MCANW until it joined with the Medical Association for the Prevention of War (MAPW) to become Medact in April 1992 and he was Medact's first President. On retirement in the UK in 1993, he and his wife moved to Australia where their two sons lived, but he remained an active Vice-President. He then became Professor of Medical Ethics at the University of Queensland. With the change in administration in South Africa, he was able to visit on many occasions.

Bill was a man of charm, humour, humility and enormous courage, who lived his principles and made immensely important contributions in a large number of different fields.

Martin Hartog

Death of a campaigner: Janet Bloomfield

Janet Bloomfield, who died aged 53 on April 2, was involved in many peace and nuclear campaigns. Chair of CND (1993-96), founder member of the global council of Abolition 2000, international campaign co-ordinator of Abolition Now!, she was also a key figure in the Weapons of Mass Destruction Awareness Programme (WMDAP) set up by Sir Joseph Rotblat.

In 1983 Janet joined CND; 10 years later she became chair and developed its campaign around the UN 1995 Review and Extension Conference of the Nuclear Non-Proliferation Treaty. This included the publication, in 1994, of the influential Blueprint for a Nuclear Weapon Free World.

From 1995 she was the British director of the Atomic Mirror, which uses the arts to transform understanding of security from a reliance on nuclear weapons. From 1997 Janet worked with the Oxford Research Group on nuclear issues. Her excellent booklet on dialogue with decision-makers was enthusiastically taken up by Medact members. She was also instrumental in creating the Joseph Rotblat memorial lecture on nuclear issues at the Guardian Hay Festival.

She is survived by her husband Richard and by her two children, Lucie and Robin.

Gill Reeve

Dr Gerard Ballance: 1915–2007

Medact member Gerard Ballance worked for many years as a GP in Cambridge. A founder member of Cambridge MCANW, he remained steadfastly anti-nuclear.

In 1959 Gerard went to work in what was then Rhodesia where he opened a clinic in the Harare Township. In 1964 he and his family moved to an Anglican Mission near the Mozambique border, where he stayed until 1968. Gerard and his wife Bridget were regarded as political dissidents.

After his retirement, he and Bridget returned to Zimbabwe, where he worked as a Hospital superintendent for two years.

In 1991, aged 75, he helped to equip a hospital laboratory in Southern Uganda and at 79 he was still working hard in Cambridge collecting sewing machines for Africa.

Gerard was an excellent doctor and expert in tropical medicine and his concern for everyone he came into contact with shone out. At his funeral, "Ishe Komborerai Afrika" (God Bless Africa), was sung as a tribute to all his work in Africa, seeking the freedom and right to health of all people.

Dr Monica Shutter and Gillian Ballance

The Right to Health: Medact AGM and conference

Medact's AGM on June 16 was followed by a conference on 'The Right to Health'. Naaz Coker, Chair of St George's Healthcare NHS Trust, and Medact Vice-President, said the right to the highest standard of healthcare is being upheld by the NHS. However she added 'For the first time in my life I am filled with huge anxiety about how we can deliver health in its broadest sense. We may be expecting too much from the NHS.' She insisted that government targets have resulted in 'huge improvements'. However she said 'big inequalities still exist nationally and these have increased since 1997'. Ms Coker told the conference that there must be more debates about human rights in the NHS, however she warned that human rights can be forgotten when financial cuts have to be made.

Judith Bueno de Mesquita, Senior Research Officer to Paul Hunt, UN Special Rapporteur on the Right to Health said that in recent years there has been a convergence of health and human rights. 'For many years campaigners focused on issues such as detention and torture' she said, adding 'vulnerability to ill-health through being denied basic amenities are also human rights issues.'

Naaz Coker, Medact Vice President, and Chair of St George's Healthcare NHS Trust, spoke at Medact's AGM

Professor Victor Sidel, Distinguished University Professor of Social Medicine, Montefiore Medical Centre, and Albert Einstein College of Medicine, New York, said it was important to refer to the right to 'medical' care, rather than 'health' care. He warned the conference that the UK may be set to embark upon the same road towards privatisation as the US, where huge inequalities exist because millions of people who can no longer access medical care are suffering poor health as a result.

Lancet freed from arms trade

On June 1, Lancet publisher Reed Elsevier announced that it will no longer be involved in organising arms fairs around the world. The decision followed a high-profile campaign highlighting the incompatability of organising arms fairs and publishing medical journals.

This astonishing about-turn was a result of individual and collective action by the academic and medical community, combined with disquiet from the public, investors and company employees.

The company announced the momentous decision to exit the defence exhibitions sector as follows:

'Our defence shows are quality businesses which have performed well in recent years. Nonetheless, it has become increasingly clear that growing numbers of important customers and authors have very real concerns about our involvement in the defence exhibitions business.'

Congratulations to all Medact members who helped to bring this about!

Action

The DSEi arms fair is still due to take place from the 11th – 14th September 2007. Campaign Against the Arms Trade and other groups will continue to keep up the pressure, to highlight the horror of the arms fair and campaign for its closure. See www.caat.org.uk or call 020 7281 0297.

Food a political weapon in Zimbabwe

A new study carried out by the Solidarity Peace Trust, Kwazulu Natal, South Africa, supports the view that food is being used as a political weapon in Zimbabwe. The study, 'Some reflections on childhood malnutrition in Matabeleland' appears in the next issue of Medicine, Conflict and Survival.

The article describes how, in rural Matabeleland, many children fall short of their potential due to long-term marginal food supply.

The report concludes that there was 'compelling evidence for the intention of the political elite to keep food away from starving people', and asserts that the Zimbabwean government has shown 'wilful neglect of the nutritional state of under-fives'.

Some reflections on childhood malnutrition in Matabeleland, Solidarity Peace Trust, South Africa. Medicine, Conflict and Survival, 2007. 23 (3)

MEDICINE CONFLICT AND SURVIVAL

JULY ISSUE: articles include:

'The value of war for medicine: questions and considerations concerning an often endorsed proposition' – Leo Van Bergen

'Is military action ever justified? A physician defends the 'Responsibility to Protect' – Neil Arya

'Lost: listening to the voices and mental health needs of forced migrants in London' – David Palmer and Kim Ward

'The third era of human rights: global accountability' – Keith Suter

'Global warming: is nuclear power the answer?' – Dr Ian Fairlie

MCS is a designated journal of IPPNW and Medact, published quarterly by Routledge, part of the Taylor Francis Group. To find out how to subscribe, email: info@medact.org. Abstracts can be viewed through the Medact website: www.medact.org/pub_mcs.php

Medact News

E-Bulletin

Medact produces a regular e-mail bulletin for members, with news and events. If you don't already receive it and would like to, please send an email to info@medact.org.

Thanks

Thanks to everyone who has given to the Iraq appeal. So far we have received £8,061.

Announcing…

New BSc in international Health:
UCL is offering a new undergraduate course in international health to help raise awareness of the importance of training health professionals with a global, multicultural perspective on health. See www.ihmec.ucl.ac.uk

Around the UK

Scotland

Medact's contact for south Scotland, GP Lesley Morrison would like to develop a network of Medact members. Lesley is also the contact for Tweeddale Peace Group and Faslane 365: lesley@ljmorrison.fsnet.co.uk

Bristol

Medact would like to hear from any health professionals in the Bristol area who would like to get involved. Contact Martin Hartog: ms.hartog@tiscali.co.uk

Tyneside

Medact in the Northern Region would like to hear from local members who would like to be kept informed our activities or get involved. Please contact Liz Waterston: 0191 281 6752; a.j.r.waterston@ncl.ac.uk; 20 Burdon Terrace Jesmond Newcastle NE2 3AE

Worcester

A study day addressing global health issues will be held on Thursday 11 October at Charles Hastings Education Centre, Worcestershire Royal Hospital, Worcester. Details from: fmhog@onetel.com

Key Dates

August 5-26: Edinburgh Fringe Fest showing of stunning short film: 'Anthropology 101 – The "end of the world" lecture!' 5.00–7.00pm The Three Tuns, 7 Hanover Street.

September 28: 'They get free mobile phones, don't they?' Cockpit Theatre, London. See box.

October 1 : The Big Blockade. Faslane 365 comes to an end. Groups are invited to come to the base one more time before then – or on the day.

October 3–4: Nuclear Weapons: The Final Pandemic. An international conference on the medical dangers posed by new nuclear weapons and nuclear weapons states in the 21st century. Organised by the International Physicians for the Prevention of Nuclear War, the Catastrophes and Conflict Forum of the RSM and Medact. See www.ippnw.org

October 26: Elisabeth James lecture by Helen Bamber. See box on page 12.

They get free mobiles… don't they?

A new multimedia documentary theatre production from Birmingham-based Banner Theatre, which busts some of the myths about refugees and asylum seekers.

September 28 at the Cockpit Theatre in Paddington, London. http://www.bannertheatre.co.uk/.

Medact members who want to support this show can also buy tickets which Medact will donate to refugee groups. If you would like to do this, call 020 7 324 4739

Why I joined Medact

Political decisions affect us all, and NGOs play an important role in influencing those in power on issues I care about such as war, climate change, poverty and aid. Not being able to single-handedly address these issues means joining an organisation that is actively campaigning and raising awareness about them.

My interest in the hows and whys of global politics informed my decision to study Political Science and International Relations at university. The project I chose was 'Women and Refugee Problems in Rwanda', in which I highlighted the causes of the conflict, and the lacklustre and last-minute efforts of the international community.

In the words of Sadako Ogata, the then United Nations High Commissioner for Refugees 'public opinion wasn't much interested in our quandary, when some aid agencies pulled out they hoped to wake up the world but it didn't happen'.

I was looking for an organisation that works to solve or raise awareness on violent conflict, human rights, poverty, disease and other contemporary issues competing for international attention.

I have been with Medact for over two months now and it has been how I imagined it to be. Except that I underestimated the magnitude and importance of the work being carried out by so few yet capable staff with such limited resources. Working with Medact is as close as it can get to fulfilling my aspiration.

Pat Onoapoi, is Medact's new administrative officer

☐ **Yes, join me up to Medact**

Membership subscription per year:

☐ £15 if annual income is less than £12,000
☐ £30 if annual income is less than £20,000
☐ £40 if annual income is less than £25,000
☐ £75 if annual income is more than £25,000

Supporter (non-health professional) as above

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The opinions expressed in *Communiqué* are those of the authors and do not necessarily reflect those of Medact.

Help our anti-nuclear campaign

Sixty two years after the devastation caused by the nuclear bombs dropped on Hiroshima and Nagasaki, our government has chosen to renew the Trident nuclear weapon system. However this was not without strong opposition and there is still a great deal more we can do.

The International Campaign to Abolish Nuclear Weapons (ICAN) is a new and exciting campaign, initiated by IPPNW, launched at the 2007 preparatory meeting of the Nuclear Non-Proliferation Treaty in Vienna. Its aim is to achieve a Nuclear Weapons Convention (NWC) to ban the development, possession and use of nuclear weapons. It makes abolition imaginable because it refers to previous chemical, biological and landmine treaties, setting out practical steps that could lead to nuclear weapons being safely eliminated by all parties.

Medact is already promoting this campaign – please download and sign the petition on our website. The next Hiroshima appeal will be for funds to pursue this campaign, to try to ensure that we do not lose momentum in trying to achieve a nuclear-free world.

Caring for victims of torture

Elisabeth James Lecture 2007

October 26
Speaker: Helen Bamber

This year's Elisabeth James lecture will be given by Helen Bamber, founder of the Medical Foundation for the Care of Victims of Torture.

Helen Bamber has been working with people traumatised by life-threatening events since the Second World War. At the age of 20, she was in one of the first rehabilitation teams to enter the former German concentration camp of Bergen Belsen. She remained in Germany for two years, responding to survivors' traumatic experiences of torture and atrocity.

In 1985, Helen established the Medical Foundation for the Care of Victims of Torture which has earned a worldwide reputation for its response to the practice of torture and the treatment of its victims.

In 2005, she established The Helen Bamber Foundation to provide care to survivors of gross human rights violations who fall outside the remit of other organisations but who are suffering physical and psychological injuries.

The Foundation aims to educate the public and influence decision-makers on all issues regarding gross violations of human rights, torture and atrocities, and their effects on those who suffer them.

London venue to be confirmed. Medact members £8. Non members £12. For further details see www.medact.org