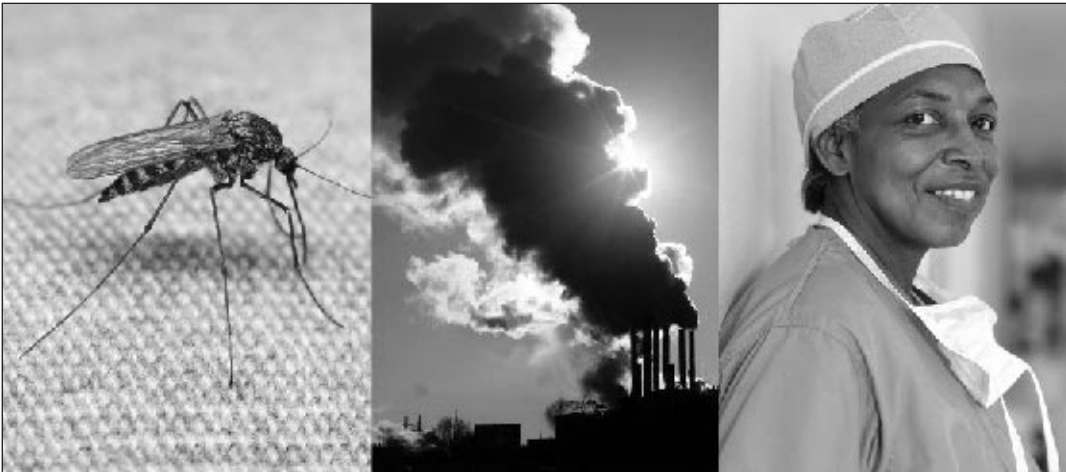


Communiqué

Winter 2011 Issue Number 60

Global Health Watch 3 launched worldwide



Global Health Watch 3, an alternative world health report, was launched in the UK at University College London on November 24.

Written by active citizens and academics from around the world, the report demands to know why so little has been achieved in promoting global health. GHW3 offers radical solutions and includes many case studies of active citizenship and resistance. It proposes a framework for challenging the existing order on the basis of the right to health.

Speakers at the launch included Medact Vice-President Professor Gill Walt of the London School of Hygiene and Tropical Medicine, and David Woodward of the New Economics Foundation.

Medact's Director Marion Birch said 'By exposing the link between the health of individuals, and a blind drive for constant growth in an inequitable world, Global Health Watch 3 reveals the true cost to health of a flawed and unjust system.'

See page 2.

Refugee workshop for GPs

At the annual conference of the Royal College of General Practitioners in October, the Refugee Health Network, hosted by Medact, held a workshop entitled *A Denial of Care: Primary Health Care of Vulnerable Migrants*.

The workshop, chaired by Medact trustee, Dr Gilles de Wildt, aimed to help GPs deliver health care to refugees, refused asylum seekers and victims of trafficking. Many GPs said that they are confused about who they can and can't register.

See page 5.

Preventing torture

In September, Medact published *Preventing Torture, the role of physicians and their professional organizations: principles and practice*, a report considering how professional medical bodies can work towards eliminating medical complicity in torture. Part of a work in progress, the report highlights case studies of both medical complicity and actions to prevent torture, in Italy, the UK, Israel, the US and Sri Lanka. The report was publicized in the *Lancet* (online on Sept 8), then in the *BMJ* (BMJ 2011;343:d5766).

For a copy of the report, contact marionbirch@medact.org.

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Why I joined



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**Amit Sengupta is
Associate Coordinator,
People's Health
Movement, India**

MOUTHPIECE

Global Health Watch is an agent of change

Amit Sengupta

Conceived in 2003 as a collaborative effort by activists and academics from across the world, the Global Health Watch (GHW) questions present policies on health and proposes alternatives.

The first and second editions, published in 2005 and 2008, were hailed for their groundbreaking analysis and mobilizing call to action. GHW3 has been coordinated by five civil society organizations – the Peoples Health Movement, Medact, Health Action International, Medicos and Third World Network.

GHW3 provides an overview of the multiple crises facing the globe – the financial, food and fuel crisis (the ‘three Fs’) – as well as two ‘slow burn’ crises – global warming and development. It argues that these are not transient but indicate a deep ‘systems failure’ of capitalism that is informed by neoliberal theory and practice.

The report tracks the links between the global food crisis with the replacement of food crops with biofuels, and the huge increase in speculative trading of food grains. It advocates urgent redesign of the global economic and political architecture to address health inequity and the rapid deterioration of living conditions impacting on health and access to health care.

The report states that many features of current primary health care are clear departures from the radical vision of the 1978 Alma Ata declaration. It makes a strong case for promoting public financing of health care predicated on a tax based financing system.

Evidence from China, India and the US shows the link between neoliberal economic theory and the collapse of health systems. While there are positive examples of government supported health systems in Costa Rica, Thailand and Sri Lanka, which advance better health and equity.

Issues that impact on health are examined through the lens of rights and equity. The report emphasizes the importance of greater scrutiny of upstream causes of poor health and inequity, within and across countries. The report argues for a way of addressing high maternal mortality and morbidity that is sensitive to women’s concerns and vulnerabilities. It discusses how technologies targeting women lend themselves to commercial appropriation and the victimization of women, especially in poor and socially disadvantaged communities.

GHW3 highlights mental health problems that are rooted in structural problems of inequity, rising consumerism and the marginalization of communities. It exposes the deep and persisting inequity in access to tools that control the spread of diseases. This is perpetuated by the global trade regime, the way the pharmaceutical industry is structured, and the manner in which research is heavily skewed in favour of biomedical interventions.

The report reminds us of the enormous challenges faced by health workers in conflict zones who collect and disseminate health care information. It makes links between the biotech industry and speculative finance, both premised on a ‘future’ that is illusory and often false. It

advocates for an approach to the climate crisis, based on ‘carbon budgeting’ to balance the need for decreasing greenhouse gas emissions while addressing the developmental needs of developing countries. It also raises concern about the renewed focus on ‘population control’ in many developed countries that seek to link the climate crisis with expanding population in developing countries.

GHW3’s scrutiny (or ‘watching’) of global institutions identifies fundamental problems in global health governance. There are now serious concerns that large corporations and a few developed countries are influencing the WHO’s constitutional mandate. Similar concerns exist about UNICEF’s role in promoting narrow biomedical approaches to malnutrition and its association with agribusiness and private corporations. While UN bodies face a crisis of legitimacy, alternate centres of power influence global policies – prominent among these being private philanthropies. GHW3 examines the priorities of the Bill and Melinda Gates Foundation and the alignment of corporate interests and philanthropic investment.

The GHW3 also proposes a theoretical framework for movements to intervene and challenge the existing order, and includes examples of how this is already happening in many parts of the world. It does not claim to have all the answers, but it can be an agent of change that is urgently needed.

To order a copy, contact Zed on 020 7837 4014 or email sales@zedbooks.net

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.

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Why we need medical peace work

Seven online, EC funded, medical peace work courses – a project in which Medact was a core partner – were launched at a conference entitled ‘Medicine and Conscience’ in Erlangen in Germany on October 14–15.

Participants visited the Nuremberg courthouse where SS doctors who carried out medical experiments were tried – a subject covered in MPW Course 2. Dr Paul Weindling of Oxford Brookes University spoke on the first evening about his research documenting the details of all the victims of these experiments.

At the conference, the 2011 International Medical Peace Award was given to Prof Dr Sebnem Korur Financi for her courageous and consistent opposition to torture and human rights abuses in Turkey. The 3,000 Euro prize was jointly awarded by International Physicians for the Prevention of Nuclear War (IPPNW) and the International Medical Peace Work Network.

Dr Financi – a founder of the Association of Forensic Medicine in Turkey – helped produce the Istanbul Protocol (*Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*). She also helped edit the Atlas of Torture, (now in English) and highlighted in Medact’s recent Preventing Torture report (see page 1). Dr Financi has been dismissed from her university post and reinstated several times because of her activities.

Other speakers included Dr Robin Coupland of the International Committee of the Red Cross and Dr Izzeldin Abuellaish, of the Dalla Lana School of Public Health in Toronto. Dr Abuellaish, who lost three daughters when

Israeli shells hit his home in Gaza in January 2009, gave a deeply personal address about the importance of breaking down barriers. His experiences are documented in his book *I Shall not Hate: a Gaza Doctor’s Journey*.

Medact’s Director led a workshop at which participants discussed how to incorporate medical peace work into under and postgraduate medical training. As well as the courses, multiple choice questions and interactive e-cases (which are already available), teaching and student papers, e-books and PowerPoint

presentations will be ready by the end of the year.

The conference was organized by IPPNW Germany, the Medical Peace Work project of the EC Leonardo da Vinci Fund and the Institute for the History of Medicine and Medical Ethics.

You can find the courses at www.medicalpeacework.org

A free MPW bookmark is enclosed with this copy of Communiqué. If you would like a poster or postcards or want to give us feedback or suggest how we can get the courses accredited, contact marionbirch@medact.org



Prof Dr Sebnem Korur Financi who was awarded the International Medical Peace Award, with Medact Director Marion Birch, Stephan Kolb, IPPNW Germany and Acting Director, Nuremberg Clinic (left) and Klaus Melf, Scientific Coordinator and Assistant CMO, Troms County, Norway

Global health course to be held in London

The third UK International People’s Health University (IPHU) course entitled ‘People, Politics and Global Health: actions to change an approach’ is being held in London this year. The global IPHU, part of the People’s Health Movement, contributes to the struggle for ‘health for all’ by strengthening people’s health movements internationally. Courses have also been run in Kenya, Brazil, India, Senegal, Greece, Malaysia, Cuba and the US.

The course comprises one weekly session for seven weeks, from October to December. The theme is a developmental approach to health, focusing on action for change. Topics include globalization and health, health rights, health systems, social determinants of health, partnerships, community participation, healthy campaigning and the role of international NGOs. The course features Global Health Watch 3, which was launched on November 24.

Medact trustee Ruth Stern coordinates and facilitates sessions where students, doctors and other health workers share experiences. There are contributions from Health Poverty Action, UCL Centre for International Health and Development, London Metropolitan University and academics and trainers.

For more info on IPHU, see www.iphu.org Or contact ruthstern@blueyonder.co.uk



NHS – the campaign continues

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Medact members continued to point out the damage that could result to the NHS if the changes proposed in the Health and Social Care Bill are imposed. Many have written to newspapers, signed petitions and lobbied their professional bodies.

The Bill is designed to turn the NHS into a market, despite evidence that healthcare is unsuitable for market mechanisms. GPs are not trained to do commissioning and will have to use managers either displaced from the NHS or from private organizations.

The BMA Council is taking part in 'constructive engagement' with the government but many doctors are unhappy, particularly hospital consultants whose expertise has been ignored.

On October 10, nurses and healthcare users took part in a picket organised by Medact

member Gay Lee outside the HQ of the Royal College of Nursing. They urged the college to take much stronger action against the Bill, which they believe will destroy the NHS. The Bill had its second reading in the House of Lords the following day.

Action

To keep up with the campaign, see the **38 Degrees** website at www.38degrees.org.uk/page/s/Protect_our_NHS_Petition

Keep Our NHS Public have new postcards which you can order, sign and send. See: www.keepournhspublic.com/campaign/resources.php

Global health for tomorrow's doctors

In an increasingly globalized world, medical schools need to establish and enhance global health education to ensure that all doctors have the relevant knowledge and skills to practise safely and effectively in their home country.

The Global Health Learning Outcomes Working Group, coordinated by Oliver Johnson, Medact member and Teaching Fellow in Global Health at King's College London, has drawn up detailed learning outcomes in global health for medical students.

The Working Group, made up of 12 UK academics, students, and representatives of civil society with expertise in global health and medical education, developed a list of recommended global health competencies for medical students. The results, and a description of the process through which they were arrived at, were covered in a *Lancet* article on October 20.

On the same day the Association for the Study of Medical Education (ASME) ran a conference in Birmingham on 'Global Health Education for

Tomorrow's Doctors'. Speakers included Prof Sir Eldryd Parry, founder of the Tropical Health and Education Trust, and Prof Deborah Murdoch-Easton, Director of Learning and Teaching at Leeds School of Medicine.

Workshops addressed topics ranging from 'Global Health in the Core Curriculum', to 'Supervision and Assessment of Student Electives'. In one of the International Perspective parallel sessions, Medact director Marion Birch presented the online medical peace work courses developed as part of an EC funded project of which Medact is a partner.

Marion Birch says 'If the medical curriculum is to develop in step with key changes that are taking place in health, initiatives like this are essential. The Working Group and the conference are examples of how to take this process forward in a participative and inspiring way'.

'Global health learning outcomes for medical students in the UK', see: http://www.medact.org/hpd_education.php

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Centre for Primary Care and Public Health, Queen Mary, University of London

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- MSc, health systems and global policy

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Topics include:

- Health inequalities and social determinants of health
- Primary health care: theory and practice
- Health systems reform and planning
- Globalisation and the political economy of health
- Intellectual property, pharmaceuticals and health care
- Migration and health

Further information:
email: j.p.lancaster@qmul.ac.uk
www.blizard.qmul.ac.uk/study



Refugee Health Network reaches out to GPs

The Refugee Health Network organised a workshop at the recent annual conference of the Royal College of General Practitioners on October 21 entitled *A Denial of Care: Primary Health Care of Vulnerable Migrants*.

The aim of the workshop was to assist GPs in delivering care to and addressing the particular health and access needs of vulnerable migrants including refugees, refused asylum seekers and victims of trafficking among others. The session was chaired by Medact trustee, Dr Gilles de Wildt.

In her workshop on access and entitlement to healthcare for asylum seekers Dr Angela Burnett, lead doctor, Freedom from Torture and GP at the Greenhouse Practice in Hackney, explored the current legal access to health for these groups as well as explaining the practical barriers such as language and the lack of knowledge on the part of GPs about entitlement issues in particular.

Dr Burnett made a compelling case for GPs to use their discretion to register patients. She pointed out that research indicates that the actual cost of health tourism is negligible and that registration is vital to allow access to the full complement of medical care, which is necessary to address health inequalities.

Dr Charmain Goldwyn, Medact member and volunteer doctor with Medical Justice, discussed health in immigration detention, medical report writing and the work of Medical Justice. She covered the severe impacts of medical mismanagement in detention centres as a result of disbelief, lack of information or loyalties to the UK border agency. She also gave an outline of the information required for an effective medical report.

Dr Ian Walton, GP and PEC Chair at Sandwell PCT and Lisa Hill, Service Improvement Lead at Sandwell PCT, described an exciting and innovative method of commissioning for migrant health, which they have employed at Sandwell PCT. The approach is based on effective needs assessment beginning on the ground, integrated commissioning (as opposed

to silo procurement) and an integrated approach to primary care.

Also on the final panel were Dr Paramjit Gill, Chair of the RCGP Health Inequalities Standing Group and Rayah Feldman, researcher and author of the Women's Health and Equality Consortium's *Guidance for commissioning NHS services for vulnerable women migrants*.

The majority of questions put to the panel were about GP registrations. It is clear that there is still a huge amount of misinformation on the part of GPs about who they can and cannot register. Importantly, both Dr Gill and Dr Burnett presented compelling reasons why GPs need to use their discretion to register patients. Not least because not doing so for a particular group of patients could potentially leave GPs open to charges of discrimination.

The RHN will hold a Q & A session in December. To take part, register at www.refugeehealthnetwork.org.
Ezinda Franklin-Houtzager

Action

To download the presentations from the RCGP conference, see www.refugeehealthnetwork.org

If you have ideas about how we can reach GPs, please let us know at info@refugeehealthnetwork.org

Find out more about volunteering for Medical Justice and learn more about medical report writing here: www.medicaljustice.org.uk



Panelists at the Refugee Health Network workshop at the Royal College of General Practitioners conference, October 21.



Campaign against US bases goes on



Lindis Percy at Menwith Hill

The Campaign for the Accountability of American Bases (CAAB) evolved in 1992 following a history of opposition to NSA/USAF Menwith Hill in North Yorkshire. CAAB also campaigns against other US bases here and worldwide.

There are 12 US bases in England, occupied and controlled by the US Visiting Forces (USVFs), with a presence on other bases. They are secretive, unaccountable and out of control of the UK government. All the bases are known as 'RAF'.

We work with MPs in both Houses and we are creating a data base of all the Parliamentary Questions we have instigated concerning US bases.

We regularly monitor the Planning Departments at Harrogate (for developments at Menwith Hill) and Helmsley (for Fylingdales). In 1997 we discovered that Menwith Hill and later Fylingdales were to become a crucial part of the US Missile Defense system (in reality an offensive weapons system in space).

We hold two annual demonstrations at Menwith Hill - Independence from America on July 4 and a demonstration in October specifically against Missile Defense. I have an ongoing case in Harrogate Magistrates' Court arising out of an alleged obstruction of three Ministry of Defence Police Agency officers in August at our Tuesday evening demonstration at Menwith Hill.

We achieve small steps of change and we persistently work towards CAAB's long-term aim, which is to see all the US military and their agencies back within their borders. For more information see: www.caab.org.uk

Lindis Percy, Joint Coordinator, CAAB

Reducing the damage of war

War is a health hazard, which is why Medact campaigns to reduce violent conflict.

As the technology of war has developed – from stone axe to atom bomb – so has the damage. Even a 'very small' nuclear war could cause millions of deaths.

Obviously our highest priority is to prevent nuclear conflict, but wars are likely to continue for a while at least. One approach to this problem is to opt for damage limitation. Although we would prefer that people did not become addicted to heroin, we minimise the harm by giving users new syringes.

The focus of the Non-Lethal Weapons for Peace campaign is to reduce the harm caused by the weapons of war. What if we had 'weapons' that protected us from invasion and restrained the aggressors – but without killing and wounding?

Such 'non-lethal weapons' (NLWs) are becoming available. They include stun guns and other devices. Both North American and European military are beginning to invest in NLWs. The spending is minute compared to that on lethal weapons research – but it's a start. NLWs are not perfect. They can be used by tyrants and thugs, but if you're alive, at least you have hope.

The greatest advances in human health have come from technologies such as disinfection, anaesthesia, surgery and immunisation. Perhaps the technologies of non-lethal weapons could reduce the hazards to our health that arise from war.

Andrew Greig worked with a CARE Australia medical team in Zaire and Rwanda in 1994. He is Coordinator of the Non-Lethal Weapons for Peace Campaign www.nonlethalweapons.com and author of 'Taming War – Culture and Technology for Peace'. For further details about the book and on obtaining a copy (electronic or print) contact info@tamingwar.com



Join the 2012 IPPNW Bike Tour!

In August 2012, 30 anti-nuclear activists from all over the world will cycle through Japan to spread the message and discuss nuclear issues. The trip is being organized by student members of International Physicians for the Prevention of Nuclear War (IPPNW).

The tour will start and finish in the two cities destroyed by nuclear bombs in August 1945. Beginning in Nagasaki, participants will cycle 500 km to Hiroshima, where the 20th

IPPNW World Congress will take place.

The aim of this tour is to remember and show solidarity with the victims and survivors of nuclear weapons, nuclear testing, uranium mining, nuclear energy and nuclear accidents while advocating for a nuclear weapons free world.

If you want to join, see: www.ippnw-students.org/Japan or email: biketourjapan@gmail.com



Scotland's International Peace Day

Scotland's International Peace Day on September 21 was hosted by Bill Kidd MSP and included presentations from ICAN vice-chair Dr Rebecca Johnson and Kerstin Grebak, vice-chair of the Women's International League for Peace and Freedom (WILPF).

WILPF's work on nuclear weapons has boosted global communication and understanding about disarmament work and has helped to promote understanding of the Nuclear non-Proliferation Treaty.

Dr David Hutchinson Edgar of Irish CND spoke from the perspective of a neutral state with similar concerns to Scotland. Trident Ploughshares founder Angie Zelter called on the Scottish government to engage with the question of how the legal status of Trident could be challenged. A good number of MSPs attended or requested the presentations, and several stayed throughout.

Bill Kidd MSP, who had put a motion of support for the event to the Scottish Parliament, promised to consider asking the new Scottish Lord Advocate to review judgments relating to the trial of the Trident three and their actions in disarming part of the Trident nuclear weapons system.

Hope was expressed that the Scottish Government may include an aspirational National Action Plan on Security Council 1325 as part of the tools required to explore what peace and security could mean for Scotland, be it independent or within the UK.

The following day conference participants joined delegates from Scottish CND, trade unions and the Church of Scotland in a meeting with Bruce Crawford, Scottish Minister for Parliamentary Affairs. They discussed a

proposed parliamentary resolution on nuclear weapons which will include support for a Nuclear Weapons Convention and the idea of a 'Minister for Peace.' They also explored possibilities for defence diversification and regulation.

Janet Fenton, Convenor Scottish branch, WILPF, said 'The required change in the nuclear weapons states is for governments to abandon the view that nuclear weapons are a symbol of status and wake up to the reality that they are a liability'.



Janet Fenton, Convenor, Scottish branch, Women's International League for Peace and Freedom, listens to the debate.

First international ICAN conference

Around 150 people from around the world gathered for the first ICAN international conference in Geneva from September 17-19. Participants discussed new strategies for strengthening the movement to abolish nuclear weapons.

Sessions included expert analysis, presentations from ICAN activists, campaign workshops and strategy discussions with new project proposals on divesting from companies which produce nuclear weapons and how the nuclear fuel chain relates to abolition.

Contributions from the speakers – designed to help campaigners rethink arguments for abolishing nuclear weapons – were extremely useful and highly appreciated.

The catastrophic humanitarian consequences of a nuclear explosion, and how trade unions and churches can use their networks to



campaign, were addressed in presentations given by John Borrie of the United Nations Institute for Disarmament Research, Peter Herby of the International Committee of the Red Cross, Tilman Ruff and Andreas Nidecker of International Physicians for the Prevention of Nuclear War, Rebecca Johnson of the Acronym Institute, and Akira Kawasaki of Peace Boat.

Other presentations focused on strategic planning and opportunities for action, and stimulated debate among campaigners eager to take the next steps in campaigning for abolition.

The conference also aimed to reach new audiences by holding a special day for campaigners from Africa and the Middle East. The conference has been documented on the ICAN International website, with podcasts of the many inspiring and informative presentations. See: www.icanw.org/conference2011

Action

ICAN-UK needs your help to get more MPs to support a global ban on nuclear weapons.

- Please ask your MP to sign EDM 1987 today
- Let us know if you receive a reply from your MP or about any other progress
- Go to: <http://cnd.iparl.com/lobby/56> to email your MP



Could nuclear power counter CO₂-driven climate change?



In 2004 James Lovelock FRS, who proposed the Gaia hypothesis in 1972, pronounced that 'only nuclear power can now halt global warming'.

Along with many impeccably green environmentalists such as the late Bishop Hugh Montefiore (founder and former director, Friends of the Earth) and Stephen Tindale (executive director, Greenpeace UK 2000-2005), Lovelock supports 'Environmentalists for Nuclear Energy' (EFN).

EFN supports renewable technologies but concludes that even when maximised they could not satisfy global demand. The EFN's website states 'nuclear and renewable energies are much cleaner: they have absolutely no global effect, produce only very small amounts of waste that are easy to manage, don't affect the planet's climate, and... if well managed are sustainable in the very long term'.

The website contains no reference to the military use of nuclear energy, yet the specific technology used by nuclear industries produces materials for the most deadly weapons of mass destruction ever devised. Furthermore, the EFN advocates the re-processing of used fuel rods into 'new fuel elements to produce more energy'. Such technology is inextricably linked to the production of weapons-grade materials.

As of late 2011 there are in excess of 23,000 nuclear weapons in the world, and the hard-won

'Nuclear Non-Proliferation Treaty' (NPT) is creaking badly. An Indo-Pakistani nuclear war could well lead to a 'nuclear winter' for a decade or more, long enough to eliminate all human life.

EFN supporters claim that we are doomed - either by the prospect of nuclear war or by uncontrolled climate change - and they fear climate change more than a nuclear exchange.

Having examined the EFN proposals, I believe there is still time to minimise (if not eliminate) the world's nuclear arsenal but only if the supply of weapons-grade materials is also minimized or eliminated.

This means cancelling the nuclear industry (apart from decommissioning). Lovelock claims that problems posed by the disposal of nuclear waste are greatly exaggerated. We are still decades away from 'vitrification and geological burial', not least in our understanding of the effects of chemical and radiation-induced corrosion. And both systems would generate CO₂ through the use of cement encasement.

I fear that the nuclear industry poses such a major hazard that it must be combated at all levels. The world faces an uncomfortable choice but in spite of the economic melt-down in the west, nuclear advocates still pursue their capitalist ventures. Sadly they have seduced the EFN into supporting their cause.

Frank Boulton, Chair of Medact

Health information and climate change: getting the message across

On September 28, a discussion about the challenges of communicating the evidence of how our changing climate will affect health, organized by the Catastrophes and Conflict Forum (CCF), Medact and the Climate and Health Council, was held at the Royal Society of Medicine.

Dr Claire Bayntun, Public Health Specialist, of the CCF, set out the challenges in interpreting climate change information, accessing reliable data and communicating risks.

In highlighting the awesome scope of the issue, she said, "...people find this hard to communicate, and hard to absorb, not least because there are inherent uncertainties.

However, the outcomes will have non-negotiable impacts on our global population."

A clear and evidence-based presentation from Professor Hugh Montgomery, Director, Institute for Health and Performance, University College London, gave the long view of climatic changes to the globe over millions of years, showing that current climatic changes are dramatic and man-made, and include loss of habitat, an impact on the ecosystem, mass migration and changes in bacterial disease and vector-borne disease.

Medact member Dr Judith Anderson, Chair, Psychotherapists and Counsellors for Social Responsibility, explained that when traumatised we cannot construct a narrative, which in turn restricts our ability to take constructive action and take stewardship of the future. She proposed that as well as behaviour change, we should consider values, meanings, identity and our relationship to the ecosystem.

Asher Minns, Director of Communications, Tyndall Centre for Climate Change Research, gave a lively and alternative talk on how concepts of risk are presented in the media, the dangers of 'climate porn' and suggestions about how to overcome the challenges of communicating uncertainty.

Everyone left with food for thought and action.
Marion Birch



Co-benefits of acting on climate change

On September 23, Medact and the Climate and Health Council (CHC) jointly ran a brainstorming session for health professionals on how best to tackle the challenge of climate change. Participants discussed sustainable healthcare education, waste and land use and Project Genie, an education project about climate change for children.

Medact member Tony Waterston introduced the session by saying that although the issue of how climate change will impact on health has been eclipsed by the financial crisis, it should be seen as part of the same problem.

Robin Scott, co-founder of the Climate and Health Council said that health professionals have moral legitimacy and can influence the political process and define an appropriate global framework. He said they need to hammer home the co-benefits of tackling climate change and the message across that what's 'good for the climate is good for health'.

The meeting decided that health professionals should compile data on health benefits and a health Stern report – stressing the benefit of tackling climate change for individuals as well as the financial benefits.

The fact that the NHS has a carbon footprint as big as confederations of states means that in a global context we can affect vast changes. Three layers of engagement with the NHS were identified – as a consumer of goods and provider of healthcare, as a large employer it has strategic influence and it also has considerable political influence.

Breakout groups discussed how to bring about

change in the clinical environment, how to communicate with and influence NHS staff and how to incorporate health and climate change issues into student education. Among the ideas coming from group discussions were:

- The Carbon Trust has already supported some trusts to measure their carbon footprint. Red, amber and green environmental league tables could be introduced. Trusts could target procurements and attribute responsibilities to staff.
- Carbon reduction could be part of mandatory inductions.
- Infection control staff could provide guidelines on how to avoid excess clinical waste and how to encourage recycling.
- Pharmacies, which have 60% of the overall procurement share, could play a key role.
- Specialties can take specific actions. See: www.1010global.org/uk/organisations/health/take-action-checklist and www.climateandhealth.org/ten_practical_actions
- Boards and foundation trusts could appoint champions to lead on climate change and drive action forward.
- Appliances which can be safely switched off when not being used, could have green stickers.
- Students could go to the dean and asking for climate change issues to be included within the curriculum.
- Health professionals should monitor the carbon footprint of medical electives and conferencing



Health and military experts call for urgent action

Climate change poses an immediate, grave and escalating threat to the health and security of people around the globe, warned health and military and security experts at a meeting hosted by the BMJ in London on October 17.

A statement released at the meeting warns that climate change will not only bring a global health catastrophe, but has the potential to threaten global stability and security.

It urges the EU to adopt urgently a 30% CO₂ greenhouse gas reduction target by 2020 and national governments 'to strive to adopt climate change mitigation targets and policies that are more ambitious than their international commitments.'

The statement outlines how rising temperatures and weather instability will lead to more frequent and extreme weather events, loss of habitat and habitation, water and food shortages, spread of diseases, ecosystem collapse and threats to livelihood, potentially triggering mass migration and conflict within and between countries.

It warns that humanitarian crises 'will further burden military resources' and that the human and economic cost 'will be enormous.' However, it also states that tackling climate change could 'significantly cut rates of premature death and disability for hundreds of millions of people around the world.'

Signatories include Lord Michael Jay (Chair of Merlin) Professor Sir Ian Gilmore (former president of the Royal College of Physicians), Professor Anthony Costello (Director of the UCL Institute for Global Health), Dr Fiona Godlee (Editor-in-Chief, British Medical Journal), Dr Richard Horton (Editor-in-Chief, The Lancet), Dr Hege Gjessing (President of the Norwegian Medical Association).

To read the statement in full, to see all the signatories, add your signature, or for more information, see <http://climatechange.bmj.com/statement>

Hanna Maria Segal, psychoanalyst, 1918–2011

Hanna Segal, who has died aged 93, made a huge contribution to psychoanalytic theory and practice and, over a career of more than 60 years, was the leading exponent of the ideas of Melanie Klein. She was also passionately opposed to nuclear weapons and a Vice President of Medact.



GRAEME ROBERTSON

She was born in Łódź, Poland. Having witnessed both poverty and lack of political freedom, she joined the Polish socialist party and her commitment to the left continued

throughout her life. In 1940 her family fled to the UK, where Hanna completed her medical studies in London and Edinburgh. She then moved to London, where she played a major part in the rehabilitation of mentally ill Polish soldiers. She completed her training in 1945, aged 27.

Hanna believed that the psychoanalytic understanding of our destructiveness, and the human cost of its denial can help to resolve sociopolitical questions. Psychoanalytic neutrality, she believed, needs to be distinguished from ‘allowing oneself to be neutered as a citizen’.

In 1983 she co-founded Psychoanalysts for the Prevention of Nuclear War. Her paper *Silence is*

the Real Crime (International Review of Psychoanalysis, 1987) remains one of the most important psychoanalytic contributions to the nuclear debate.

In 2006 she wrote: ‘What does the future hold? It is pretty grim, because global oppression, which includes mass murder as well as total economic exploitation, leaves desperate terrorism as almost the only weapon for the oppressed... This expanding global empire, like all such things, has to be sustained through control of the media – and this is of necessity based on a series of lies. From the humane (and psychoanalytic) point of view we are led as citizens to struggle with the unending task of exposing lies for the preservation of sane humane values – this is our only hope.’

Hanna served as president of the British Psychoanalytic Society from 1977 until 1980 and twice as vice-president of the International Psychoanalytical Association.

She is survived by three sons, four grandchildren and three great-grandchildren.

Medact groups

Bradford: contact Chris Bem at chrisbem@btinternet.com

Bristol: contact Ian Baker at ian-baker@blueyonder.co.uk

Leeds: contact Jo Miller at joanecmiller@hotmail.com

North west: email medactnw@googlemail.com

Scotland: contact Lesley Morrison at lesley@ljmorrison.fsnet.co.uk

Tyneside: contact Liz Waterston at a.j.r.waterston@ncl.ac.uk or tel: 0191 281 6752

South Yorkshire: contact Helen Latham at h.latham@doctors.org.uk

West Yorkshire: email wymedact@phoncoop.coop

Key Dates

9 February–1 April 2012: *First Blast (1940–1992) The Tricycle Theatre Goes Nuclear.* Part one of The Bomb – a partial history, with plays by John Donnelly, Elena Gremina, Amit Gupta, Zinnie Harris and Ron Hutchinson. <http://tinyurl.com/5rw4h7j> Box office 020 7328 1000.

16 February–1 April 2012: *Second Blast (1992–2012). The Tricycle Theatre Goes Nuclear.* Part two of The Bomb – a partial history with plays by Lee Blessing, Ryan Craig, David Greig, Zinnie Harris, Diana Son and Colin Teevan. <http://tinyurl.com/6h7bbfc> Box office 020 7328 1000.

August 2012: *The IPPNW Bike Tour:* anti-nuclear activists from all over the world will cycle through Japan to spread the anti-nuclear message. The trip is being organized by young members of International Physicians for the Prevention of Nuclear War (IPPNW). If you want to join, see: www.ippnw-students.org/Japan or email: biketourjapan@gmail.com



**MEDICINE
CONFLICT
AND SURVIVAL**

CALL FOR PAPERS

MCS invites Medact members to submit original articles, which are not under consideration for any other publication.

These can be research articles (max. 8,000 words), review articles (max. 8000 words) and commentaries (max. 2000 words).

Commentaries may offer reflections on current events, interventions in debates, personal viewpoints, field reports and preliminary research results.

Submissions should be in Microsoft Word by email.

For full details of how to submit articles, see: www.tandf.co.uk/journals/authors/fmcsauth.asp or contact the editors at: a.ingram@ucl.ac.uk, m.kett@ucl.ac.uk, sbr@aber.ac.uk

Medact news

Medact's 20th anniversary

In 2012, Medact will be 20 years old. We are planning a number of events to mark the occasion.

New members: Medact staff would like to attend events of any size to publicise our work and to encourage new members to join. We can suggest or supply a speaker on one of Medact's special areas of work or we can provide publicity material such as posters and leaflets. If you would like Medact resources contact nataliefernandes@medact.org

Preventing torture workshops: Medact is planning a series of workshops to follow up on our report: *Preventing Torture, the role of physicians and their professional organizations: principles and practice*, published in September this year. If you would like more information about the workshops, contact marionbirch@medact.org

Communiqué: We plan to publish two issues of Communiqué in 2012. One of these will be a special issue to mark the 20th anniversary, describing Medact's achievements and current work. If you have any ideas to feed in, contact alisonwhyte@blueyonder.co.uk

New reports: Medact will launch two reports in 2012. One will be on mental health services in Iraq and the other on the delusional nature of nuclear deterrence.

Medical Peace Work: we are planning to hold a members' evening on medical peace work. Details about the evening will be announced via Medact's monthly e-bulletin

Members' consultation: Medact is planning a members' consultation on health and conflict – to make sure our work reflects your key concerns.

Leaving a legacy

Have you considered leaving a gift to Medact in your will? As a charity, we rely on the support and generosity of our members and supporters. Leaving a gift, large or small, to Medact in your will can really make a difference to our work. Your generosity will enable us to continue to champion the causes that matter to our members and to do valuable work, which we would not otherwise be able to afford.

For more information about how to leave a gift to Medact, you can contact the office or visit: www.rememberacharity.org.uk/index.jsp.

E-bulletin

If you don't already receive our monthly e-bulletin, and you would like to, please email info@medact.org

Communiqué by email

If you would like to be added to the growing list of people who receive Communiqué via email, contact info@medact.org

Let us know if you would like to continue receiving a hard copy as well.

Why I joined

In 1976 we came to Bristol where Avon County Council was a nuclear free zone. There was a lively group of the Medical Campaign Against Nuclear Weapons (MCANW). The idea of a nuclear weapons freeze drew in a broad range of people and the Greenham Common protest had strong links with the south west and Wales.

As a member of MCANW, joining Medact was a next step for me. As a family we had joined CND and the United Nations Association and Quaker peace issues were always on the agenda.

I was working in child development and I was very aware of the effect on children as they became aware, or sensed adult fears of the potential destructiveness of a nuclear explosion. Everything I read about this confirmed my determination to work for a nuclear-free world.

Nonetheless many establishment figures were fearful of nuclear disarmament and seemed not to appreciate the wastefulness of retention. I thought that Medact, which was against conflict and highlighted global health, would gain a wider base of support.

Dr Jane Grubb



Jane Grubb with her grandchildren at Aldermaston

- Yes, join me up to Medact**
Membership subscription per year:
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The opinions expressed in *Communiqué* are those of the authors and do not necessarily reflect those of Medact.



This way to healthcare for everyone?

We think it should be...

In the UK, undocumented migrants are already charged for secondary care. Some are not even getting the primary care they need. This is not ethical and it makes no public health or economic sense.

Please help us to ensure that everyone who needs it can access free NHS primary and secondary care. Please support this work by contributing to Medact's Winter appeal. You can donate online by credit card at www.medact.org

You will receive an appeal in the post...please ask friends and family to donate too.



MEDICINE CONFLICT AND SURVIVAL

Issue 27(3) of *Medicine, Conflict & Survival* is out now and includes:

- **Helen Ouyang**, 'Ancillary providers aren't always the answer'
- **Yakoub Aden Abdi and Jama Yusuf Elmi**, 'Internet based tele-psychiatry: a pilot case in Somaliland'
- **Patrick Kelly Shanovich et al.**, 'Iraqi community members' knowledge, attitude and practice of emergency medical care: assessing civilian emergency medicine in an area of conflict'
- **Paul Thistle et al.**, 'Highly active anti-retroviral therapy in the prevention of mother-to-child transmission of HIV in rural Zimbabwe during the socio-economic crisis'

Editors: Maria Kett, Alan Ingram & Simon Rushton

Medicine, Conflict and Survival is a designated journal of IPPNW and Medact, published quarterly by Routledge. Further details can be found on the journal's website: <http://www.tandf.co.uk/journals/mcs>

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