

MEDACT NEWS

December 2013



Relaunch Conference

On Saturday November 9, more than 250 health professionals attended a Medact conference in London to discuss their role in challenging injustice and inequities and in improving global health.

The conference, which also marked the relaunch of Medact, had speakers from a wide range of organisations, covering many topics including nuclear war and the corporate capture of health.

Charlie Kronick from Greenpeace and Guppi Bola from Healthy Planet (above left) spoke of the critical role of health professionals in mitigating climate change.

Others issued a call for ongoing action in the UK to save the NHS. Dr Jacky Davies (right) said 'This is a fight worth fighting, and one that we cannot afford to lose.'

Dr Richard Horton, (above centre) editor of *the Lancet*, challenged individuals to follow in the honourable tradition of

health professionals who have acted in the interests of the poorest and most marginalised in society.

Medact believes that health professionals can and should play a more active role in economics, global governance, international law, climate protection, agriculture and food policy, peace building and disarmament.

Medact will strengthen its existing partnerships and develop new relationships with groups with expertise and knowledge in climate science, economics, energy, agriculture, water and international law.

Between November 2013 and May 2014, Medact will also be developing a strategic plan. Details will be posted soon. For more about the conference, see pages 3, 4 and 5.

INSIDE

Comment	2
Conference report	3-5
New structure	6
Bulletin Board	7

New Drone report

Medact has published an update of *Drones: the physical and psychological implications of a global theatre of war*. The report highlights the increasing civilian use of drones and reveals the expansion of armed and surveillance drone use around the globe. It contains new research on PTSD experienced by those living under the threat of drone strikes.

Comment



In each issue of **Medact News**, we will give a platform to a member who has a vision of the future, an idea or a passion they wish to share with Medact members. In this, our first redesigned newsletter, Medact Chair David McCoy sets out why Medact has undergone a relaunch.

Medact turned 21 this year. This makes it a fairly young organisation. However, in today's fast moving world, 21 years is a long time. When Medact was formed, South Africa was still under apartheid rule. The world was not yet 'wired up' and smart phones could only be seen on Star Trek. The Framework Convention on Climate Change had only just come into existence, following the Earth Summit that was held in 1992 in Rio de Janeiro. The Gates Foundation did not exist; neither did the Global Fund for AIDS, TB and Malaria. The term Global Health was hardly ever used.

In this respect, Medact was ahead of the times. It was amongst the very first health organisations to recognise that the health of individuals and countries were fundamentally inter-dependent due to the immense destructive power of nuclear weapons, the fragile but single ecosystem of the planet and the growing power of globalisation.

Today however, there are hundreds of non-government organisations and charities working on some aspect of 'global health'. So why bother with Medact? What added value does it bring to this crowded landscape? And why is it being relaunched?

Medact is unique

The first answer to these questions is that Medact is pretty unique. There is no other charitable organisation *of and for* health professionals that is focused on the underlying social, political and ecological determinants of health – from an explicit social justice platform. Medact's broad scope of issues is also unusual for a campaigning organisation – but this allows it to highlight the vital inter-connections between war, violence, militarisation, climate collapse, poverty and economic injustice.

The broad scope also allows Medact to identify the common determinants and root causes of different health crises and threats – whether they are rising levels of hunger, water insecurity or nuclear war. These common determinants and root causes are often social and political in their nature and Medact exists in part to describe and tackle them.

As health professionals we are naturally more comfortable in dealing with the threats of micro-organisms, malnutrition, environmental pollution and physical injuries. Many health charities exist to channel aid into services and interventions that reach the poor and marginalised. Several also work on more upstream determinants of health – for example, calling for the banning or control of harmful products such as tobacco and infant formula milk powder, or campaigning for the establishment of health and social welfare systems that are equitable. Similarly, the global health community has long been an advocate for gender equality, female literacy, disarmament and poverty eradication.

Confronting wealth and power

But Medact seeks to go further – into territory that is less familiar to most health organisations. This includes confronting the unprecedented concentration of wealth and power within a tiny global minority that underlies many of the social and political failings that in turn contribute to various global health crises and threats, and our failure to tackle them. It includes campaigning against policies and laws related to trade, finance, banking and land acquisition that are unjust and ecologically destructive. And it includes challenging the vast military-industrial complex, which not only diverts resources away

from sustainable development, but also aggravates levels of violence and conflict and undermines democracy.

Health professionals should engage with such issues. If we don't, how can the general public be expected to? Furthermore, health professionals have expertise, experience and knowledge that can contribute positively to debates about how society should be governed, or how we should balance care for humans with care for the environment. The disciplines of epidemiology, medicine, psychology, biochemistry, demography and medical sociology have much to offer.

Vandalism unleashed on the NHS

While society as a whole needs to engage with social and political issues of importance, Medact can make a useful contribution by enabling this engagement for one important constituency - the health community. There are over a million health workers in the UK. And many are hard-working individuals struggling to provide care in an NHS that is being dismantled and butchered at the altar of finance capital and corporate profit. But the vandalism unleashed upon the NHS is the result of an ideology and democratic failure that lies at the root of deep and widespread impoverishment, violence and conflict, and climate collapse.

Building on a strong legacy of high quality and groundbreaking work, Medact is being 'relaunched' to create an opportunity to see how it can develop into a more effective and vibrant organisation. In doing so, it is giving itself a new look, creating a new organisational form and structure (see page 6), strengthening its communications infrastructure and raising its public profile. There are new staff. There is a new website. And there is a new buzz.



Health professionals call for global action

Medact's conference 'The Wider Role of Health Professionals in Global Health' was packed to the rafters, lively and inspiring.



In his opening presentation, *Planet to Patient: Health Under Threat*, Professor Sir Andy Haines (above) spoke about the interrelated challenges we face of climate change, nuclear war and global inequities. He said 'Medact is needed more than ever'.

He believes climate change is a particular threat. 'The World Bank now predicts that there is a 40% chance of a 4% rise in temperature by 2100. In 2010 alone, 30 million people were displaced by floods in China and Pakistan. There is a growing water crisis and water is becoming more scarce'.

He said the aspirations of the poor will have a major impact. 'The population is growing and there is a huge appetite for consumer goods. We need five planets to live like the citizens of North America. This could be a major trigger for conflict. Medact needs to point to the health benefits of a low carbon economy'.

Trigger for conflict

Although the anti-nuclear movement has lost momentum, particularly among

the young, he said we must keep up the pressure. 'There are more than 17,000 nuclear weapons in the world, 1,800 on hair trigger alert. Even a regional nuclear war would have massive consequences'.

Health voice is needed

He pointed to some positive developments. 'This year the International Council of the Red Cross took the issue up and in March Norway convened a meeting that was attended by 128 states. International Physicians for the Prevention of Nuclear War have been very successful. The issue needs to be reenergised and the health voice is very important'.

According to the Commission for Social Determinants on Health, there is a flow of money from poor countries to rich. The top 5% still own 71% of the wealth and debt is growing.

Professor Haines said we need an overall, coherent analysis which puts health at the heart of policy. 'People across all political parties are concerned about these issues. The use of evidence is hugely important and is politically powerful. We can potentially promote a sea change'.

Think local and global

Allyson Pollock urged the conference to use science as a tool for change. She said 'Above all, make sure your science is good and not corrupted. Make sure of constant peer review and criticism'. Although Medact has a global remit, she urged the conference to take up the fight to save the NHS. 'Campaigns need to be local as well as global. The NHS was the model for the rest of the world to follow. They want it to be a trophy for private health'.

The Chief Executive of War on Want, John Hilary, urged health professionals to

challenge power. He said 'Cosying up to power is the 'smart' option that is taken by a lot of non-governmental organisations and the government has poured money into some aid programmes that we might consider to be regressive. As health professionals, you speak with an incredibly powerful voice'.

The power of lobbyists

Tamasin Cave, a director of the campaigning organisation Spinwatch, warned of the power of lobbyists who are currently involved in the privatisation of health. She said 'We have found that third party lobby groups comprising GPs and nurses, 'Doctors for Reform' and 'Nurses for Reform' were set up to champion the changes the government wanted to make to the NHS'.

Patti Rundall OBE, the Policy Director of Baby Milk Action, and a tireless campaigner, said 'This is a very dangerous time for us. Many colleagues see working with industry as inevitable. It is our job to act to stop companies from doing harm. You do not want company representatives sitting on your boards and you do not want Gates [Foundation] money because it will compromise you'.

Medsin's President Cameron Stocks urged the attendees to engage with young people. He said 'Young people have a sense of rage. Please talk to young people, not just medical students, so they can help to shape the future of the country into one they deserve.'

The conference was chaired by Dr June Crown. Other speakers were Professor Sir Andy Haines, Dr Richard Horton, editor of *the Lancet*; David McCoy, Chair of Medact; Professor Sir Iain Chalmers, James Lind Library; John Lister, London Health Emergency.



Setting the agenda for the future of Medact

In the afternoon session of Medact's conference, participants discussed some of the key issues raised with a range of experts. Full reports from the workshops are available on Medact's website.



Reflecting on #medactrelaunch yesterday: great event, wonderful speakers, @Medact is going places making a difference, proud to be a member. 

Torture, Detention and Human Rights Abuses

What can health professionals do to protect prisoners and detainees from abuse?

This group discussed diagnosing and treating PTSD resulting from human rights abuses, confessions extorted under torture or as part of counterterrorism. There was also discussion about medical collusion in torture – when, where and how this happens, and what can be done about it.

The abusive role of medicine in torture is increasingly common. This can range from direct contributions to ill-treatment to failing to take action when torture is seen. Clinicians collude by advising on the effectiveness and 'safety' of torturers' methods, in force-feeding hunger strikers who are protesting such abuses, and covering up or denying them. This can happen through conviction or through fear of non-cooperation.

Clinicians can do casework with survivors of human rights abuses. In some cases, patients are re-traumatised when they encounter disbelief.

The testimony of torture survivors is a valuable source of data about the prevalence and types of medical involvement in torture. However opposing this can be potentially hazardous. Clinicians who resist or expose such abuses need to be supported.

Strategies for combating them need to increase the professional risks to doctors who collude and to offer practical solidarity to those who resist or expose such abuses. There is potential to work with human rights lawyers as well as the Helen Bamber Foundation, Freedom from Torture, or Medical Justice on cases involving asylum seekers in the UK and/or with Reprieve or Redress in overseas cases.

Chair: Jim Welsh.

Speakers: Cornelius Katona, Helen Bamber Foundation; Maya Foa, Reprieve; Frank Arnold, Medact.

The enduring threat of nuclear weapons

'Humanitarian organisations say they can do little in the event of a nuclear war'

Patricia Lewis, Chatham House

This session explored the continuing threat of nuclear weapons and their impact on peace and development. It also considered what a global movement of health professionals could do to prevent war and conflict.

Climate change, rising population and consumption, growing inequalities, food and water shortages could all lead to nuclear war.

There are 17,300 nuclear weapons in the world, mostly in the US and Russia. These weapons divert billions that could be spent on healthcare and development.

Despite the devastation that even one relatively small nuclear weapon could cause, young people seem less concerned about this issue.

In 2010 the UK had 225 nuclear warheads. The Government pledged to

reduce these to 180 by 2020. But work is being carried out at Aldermaston in Surrey where the Trident nuclear weapons system will be renewed. Each submarine will cost £15-20 billion, equivalent to the cost of 600 schools or 350,000 affordable homes.

Politicians of all stripes are terrified of talking about disarmament because they think the public see nuclear weapons as essential for 'a strong, independent Britain'.

Humanitarian organisations such as the International Committee of the Red Cross and Oxfam have said there is little they could do in the aftermath of a nuclear war.

Medact will continue to focus on the humanitarian consequences of nuclear weapons and will continue to work with ICAN (International Campaign to Abolish Nuclear Weapons). Join us!

Chair: Dr Elizabeth Waterston.

Speakers: Dr Frank Boulton, Medact; Peter Burt, Nuclear Information Service; Patricia Lewis, Chatham House; Xanthe Hall, IPPNW Germany, Lynn Barnett, Medact.

Xanthe Hall @nuclearfreede: we should campaign for a Nuclear Weapons Free Zone (NWFZ) in the European Union #medactrelaunch #goodbyenukes 

Corporate Capture of Health

Corporate power is now a major threat to both democracy and science in relation to Big Pharma, Big Food and Big Sugar.

This begins with the pirating of medical ethics, which is pro-capital, rather than pro-patient. Organisations that dominate the media, science and society pose as lobby groups of interested citizens. They engage in ghost writing and operate a 'revolving door' between the state and the corporation.

When ministers want information they ask civil servants - but who do civil servants ask? Lobbyists. For example the social marketing campaign Change4LIFE was primarily driven by an advertising agency.

All agreed that the current government refers to 'lifestyle-driven ill health' but it promotes individual 'choice', not public health.

It was suggested that Medact should work with the New Economics Foundation and others to construct a 'healthy GDP'. Work could also be done to influence Big Pharma, particularly the licensing of medicines and the Private Finance Initiative.

Other suggestions included editing Wikipedia, teaching sociology to undergraduate students alongside traditional 'global health' and producing guidance for doctors on 'How can you avoid corporate influence?'

Chair: Dr Sunil Bhopal, Medact (above).

Speakers:

Dr Miran Epstein, Queen Mary's University; Professor David Miller, University of Bath; Geof Rayner, City University.



Climate, Ecology and Health

The latest report of the Intergovernmental Panel on Climate Change shows clear evidence of human influence on the climate system. The current challenge is the gap between scientific findings and political response.

The combination of increasing population, resource depletion, over consumption, environmental degradation and climate change are creating a 'perfect storm'.

Despite changing patterns of infectious disease, shortage of resources, crop failure and starvation, it is not seen as a public health issue.

'The belief that being right will solve the problem has proved not to be correct' Charlie Kronick, Greenpeace

The health co-benefits of reducing carbon emissions include increasing physical activity, reduced obesity, healthier homes and fewer premature deaths due to reduced particulate air pollution.

It was suggested that climate change could be tackled as a public health challenge with similar strategies used to reduce smoking.

Medact can work with Healthy Planet, the Climate and Health Council and Stop Climate Chaos and Medact members can champion sustainable development within their own communities and at their place of work.

Chair: Robin Stott, Climate and Health Council and Nikki Scott, Medact.

Speakers: Charlie Kronick, Greenpeace; Prof Jeremy Wight, Director of Public Health, Sheffield; Guppi Bola, campaigner; Isobel Braithwaite, Climate and Health Council.

49% of under 5 mortality in Africa ... Work still to be done #mdg #medactrelaunch



Loads of enthusiasm and energy at #medactrelaunch here's to hoping that this generation of @medsin alumni continue campaigning with @medact



Economic Justice

Speakers at this workshop explained how poverty and inequality lie beneath many of the problems health professionals face – locally and globally.

International mechanisms serve free trade and the accumulation of capital by multinational corporations. The World Trade Organisation has become less effective and now bilateral trade agreements can bring legal action against states. These agreements affect health, the environment, food, and education. Resisting them requires concerted action.

It was suggested that the IMF suffers a 'democratic deficit'. Voting power lies with the largest economies, not the largest populations.

We need to democratise global economic governance in order to protect health.

Taxation can decrease inequality, fund health services, shape health behaviours

and regulate harmful trade. Health impact assessments can be a tool for engaging with economic governance issues.

'We need to democratise global economic governance to protect health'

David Woodward, People's Health Movement

In the UK, the Health and Social Care Act provides an environment in which bilateral agreements may affect our health service. In the UK, regional and global trade and investment agreements create an environment in which the privatisation of the NHS may be irreversible.

Chair: Gay Lee, Medact

Speakers: David Woodward, Peoples Health Movement; John Hilary, War on Want; David McCoy, Medact.

#bigfood how corporations spread their tentacles & ensure unhealthy diets @spinwatch #medactrelaunch scary!



Organisation and Structure

The structure of Medact over the past years has been relatively simple. A Board of Trustees governs the organisation as a whole, while a small number of staff run the office. Members participate through thematic or local area groups, as well as on specific projects and reports.

But as part of the relaunch, we are exploring how Medact can be better organised to deliver on its wide scope of issues and to harness the energy and expertise of a growing number of people who want to be involved in Medact's work. In addition, we need to find ways of establishing effective partnerships with other organisations working on similar issues and causes. We therefore have an organisational development strategy, illustrated in the diagram below.

A Board of Trustees will continue to oversee governance and fiduciary matters – making sure that finances, staff and reputational risk are properly managed. But in addition, we are setting up four new Councils – one for each of Medact's

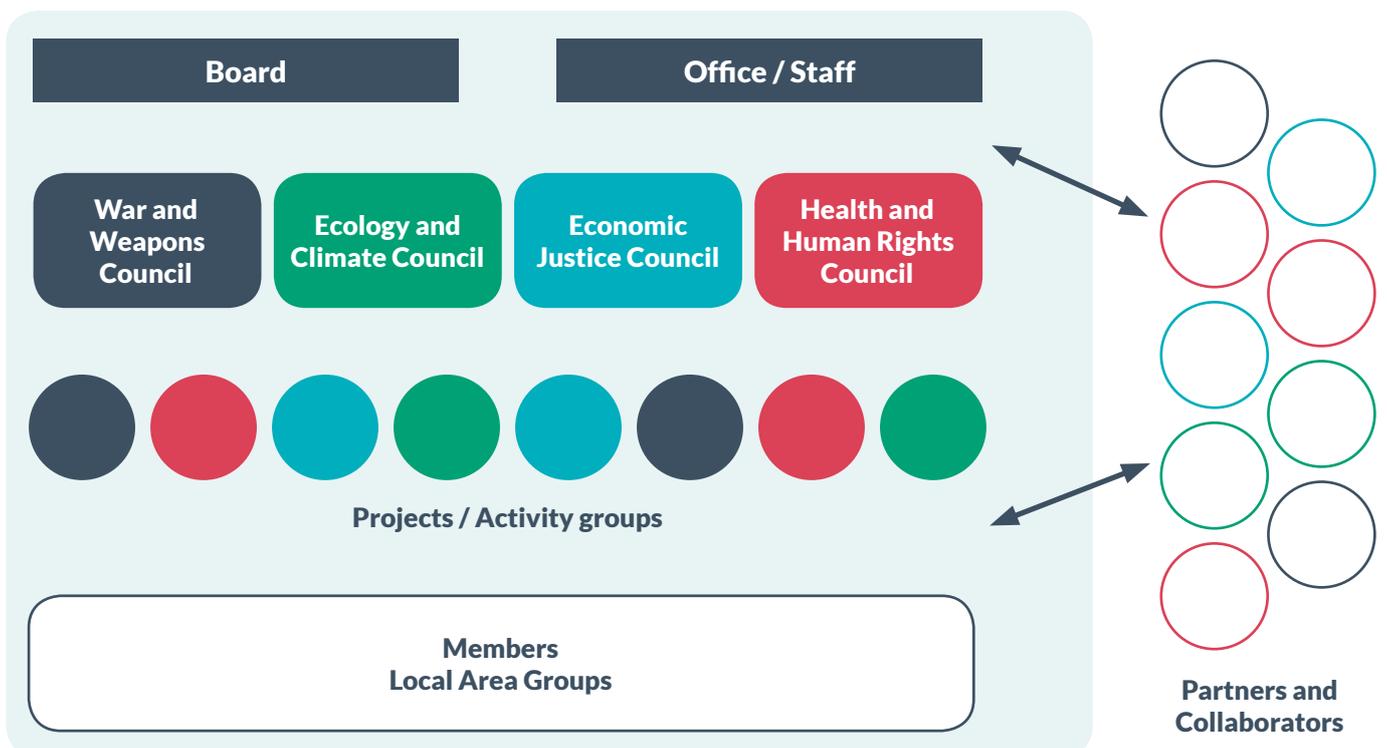
areas of work. The role of each Council will be to provide strategic guidance and oversight for the programmatic aspects of Medact's work. This includes Medact's campaigning work, its research, analysis and policy positions, as well as project fundraising. We envisage each Council being formally represented on the Board and we will be experimenting over the next year to see how the four Councils are best organised and structured to drive Medact's work forward. As well as this, we will be establishing a set of project or activity groups that will be more focused on specific deliverables or campaigns.

Finally, we will pay great attention to the wider membership of Medact. Members must feel empowered and able to

participate in lobbying and campaigning work and to take action at a local level. We hope to encourage the formation of local area groups, as well as to find ways of canvassing members about Medact's priorities and campaigns.

One way in which we will be moving this agenda forward is through a series of workshops over the next six months. (see Page 7) There will also be further discussion about Medact's organisational strategy at the next AGM when we will need to consider various changes to our Articles of Association.

David McCoy, Chair of Medact



Events noticeboard

A series of workshops on key issues raised at Medact's relaunch conference is being planned. Dates will be sent out very soon.

25 January: Gospel Concert. Brandenburg Choral Festival. 8pm, St Clement Danes, London. Tickets £18.00. 50% to support Medact. Enquiries, and to reserve tickets, contact elis.downwest@lundybay.net before 20th Jan.'14

10-12 April: The People's Health Movement in the UK (PHM UK) is arranging its second People's Health Assembly (the first was in Nottingham in July 2012) which will take place in Edinburgh, 2014. A series of planning meetings and activities will be taking place during the lead up to the Assembly.

For more information, contact Jonny Currie, jonny.currie@gmail.com, or Ruth Stern, ruthstern8@gmail.com

26-29 August: 21st International Physicians for the Prevention of Nuclear War World Congress. Astana, Kazakhstan.

E-bulletin

Sign-up to our newsletter by visiting www.medact.org

Medact News

We hope you like Medact News, our newly redesigned members' newsletter. Did you know that you can receive it electronically? Contact Chris (chrisvenables@medact.org) if you would be happy to receive this newsletter in electronic format only.

Medicine, Conflict and Survival

Medicine, Conflict and Survival is an international journal in health aspects of violence and human rights. It is the designated journal of Medact and its international partner IPPNW. It was founded in 1985 and was originally published under the title of *Medicine and War*. One article in each issue is open access. In the next issue it's: 'Dambusters: A Personal View'

http://www.tandfonline.com/toc/fmcs20/current#.Upd-bOJ8A_I

For more information about the next issue, see the back page.

Donate to Medact

Medact works with integrity for social, economic and political change, harnessing the power of the progressive health community. We are independent of large donors and rely entirely on the support of individuals. Text MEDT00 £5 to 70070 to donate £5 to Medact today

Staff update

Marion Birch, Natalie Fernandes, Jane Young and Donald Uzu have left Medact for pastures new. Two new members of staff have been appointed. Medact vice-chair, Elisabeth McElderry writes:

Marion Birch, Medact director: The range of activities Marion undertook for Medact was truly astonishing. Her support and advice were much appreciated by staff and Board alike. Many meetings and networks involved weekends in her own time, and she is missed beyond as well as within Medact, but happily continues some project and consultancy work.

Jane Young, Office Manager: Jane spent three and a half years as Office Manager, and we benefited greatly from her high standards and quiet efficiency, and her knowledge of charity regulation and constitutional matters. She continues in the charity sector in her new job working with homeless families.

Natalie Fernandes, Administrative Officer: Natalie lit up the Medact Office with her smile whilst she took care of all the membership administration. She was also the administrator for 'Medicine, Conflict and Survival'. She plans to study for a further degree, specialising in health psychology

Donald Uzu, volunteer: Donald gave wonderful service to Medact, coming in weekly as a volunteer for eight years. He was very much part of the team, conscientiously and cheerfully undertaking a variety of tasks.

Working in a small office with limited resources and big ambitions brings its own pressures, and we have been fortunate to have had such a dedicated, hard-working and helpful team at HQ. We wish them every success in the future.

Christopher Venables joined Medact in October 2013 as the Membership and Programme Officer. He is responsible for the nuts and bolts of Medact's administration as well as supporting the membership base of Medact. Chris is also the administrator for the Medact-affiliated journal, *Medicine, Conflict and Survival*. You can contact Chris by email at chrisvenables@medact.org or by telephoning 020 7324 4739.

Victor Ponsford joined Medact in October 2013 as the Communications and Information Officer. He works on our publications, social media and events. You can contact Vic by email at victorponsford@medact.org or by telephoning 02073244736.

Abdulai Bangura will continue as Medact's accountant.

Local area groups

Medact is in the process of working out how it can best nurture and support its local area groups – we'll be sure to let members know the outcome of this planning. In the meantime, if you're interested to host a Medact speaker, organise a fundraising event, or campaign on a Medact issue in your area, contact the Medact office and we'll do our best to help.

Scotland: contact judith.mcdonald@btinternet.com

Tyneside: contact Liz Waterston at elizabethwaterston43@gmail.com or tel: 0191 281 6752. See Medact Tyneside's website at www.medacttyneside.org.uk

JOIN MEDACT

Politics is too important To leave to the politicians

Medact harnesses the expertise and authority of health professionals to bring about social change.

Why join Medact?

- You will be supporting an organisation that is working to create a safer, fairer and better world.
- You will receive our free newsletter *Medact News* – with up-to-date information about the work that we do.
- You will receive one year's free subscription to our affiliated academic journal *Medicine, Conflict and Survival* – and a reduced fee thereafter.
- You can help shape our work by joining one of our new working groups.
- Our office staff will support your efforts to encourage health professionals in your area to help us build a safer, fairer world.

Who can join Medact?

Anyone working in health!

We positively include health rights activists, health economists, social scientists, environmentalists, lawyers, journalists – and more!

You can join Medact for as little as £1.25 a month. For more information about membership, see our website :

t 020 7324 4739

e info@medact.org

www.medact.org

photo © Simon Davis/DFID



MEDACT WINTER APPEAL

Aid is not enough

Typhoon Haiyan killed thousands and made many more people homeless. This is only the latest in a series of devastating climate disasters.

The people of the Philippines are asking the world to take urgent steps to end global warming that is causing freak storms and floods.

In 2014, with your help, Medact will launch a major climate change campaign. See our website to find out how you can donate.

Medicine, Conflict & Survival

Issue 29(4) is out now and includes:

- Stephanie Nield, 'Dambusters: A personal view'
- Klaus Renoldner, 'Rethinking Our Common Future: A Physician's Remarks 25 Years after the release of Brundtland Report'
- Judi Sture, Simon Whitby and Dana Perkins, 'Biosafety, Biosecurity and Internationally Mandated Regulatory Regimes: Compliance Mechanisms for education and global health security'

- Markus Michael, Enrico Pavignani and Peter S. Hill, 'Too good to be true? An assessment of health system progress in Afghanistan, 2002-2010'

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>.

One year's free subscription to MCS when you join Medact.



The Grayston Centre,
28 Charles Square, London N1 6HT

t 020 7324 4739

e info@medact.org

www.medact.org

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

Registered Office: As left. Registered Charity No. 1081097.

Company Registration No. 2267125.

Edited by: Alison Whyte. Designed by: SMD Design.

Photography by: Simon Gregor.