

Medact's 16th year

# 16

The logo for Medact, featuring the word "Medact" in a stylized, white, sans-serif font. The letters are interconnected, with the 'M' and 'D' having unique shapes. The 'M' has a vertical bar on its left side, and the 'D' has a vertical bar on its right side. The 'A' and 'C' are also stylized, and the 'T' has a horizontal bar at the top.

Annual Report 2007/2008

## Treasurer's Report

This is a challenging time for small charities such as Medact. We remain grateful to our committed membership and our current donors for making possible a range of activities throughout the year.

During the financial year ending January 2008, our total audited income of £282,302 consisted of £138,860 in unrestricted funds and the balance £143,443 in restricted funds. Total expenditure was £278,630, leaving a positive balance of £3,673. This was made up of a positive balance in unrestricted funds of £5,345 which covered a £1,672 overspend in restricted funds. The latter was a matter of timing as incoming funds were guaranteed.

Despite a similar number of new members joining as in the previous year, membership numbers dropped to 1,120. However there was an increase of 6.5% in subscriptions compared with 2006–2007 and a significant increase in donations. Regional activities have continued to grow and links with other organisations are strong, in particular with Medsin (national medical students' organisation).

In relation to restricted funds, we are very grateful for grants from the Department of Health, the Allan and Nesta Ferguson Charitable Trust, the British Medical Association, the Leonardo da Vinci Fund – EU Commission, and the Susan Bowers Fund.

Medact has taken steps to reduce its core costs for a restricted period during the second half of the 2008–9 financial year. I would like to thank the Director and staff for their understanding and support, and our accountant Tim Goodwin for his indispensable advice and guidance.

### Cathy Read, Treasurer

## Officers elected 2007-2008

### Chair

Dr Frank Boulton

### Vice-Chairs (2)

Dr Judith Cook

Dr Robin Stott

### Treasurer

Dr Cathy Read

### Other

Dr Jack Piachaud

Dr Ian Fairlie

Ms Rebecca Macnair

Dr Elisabeth McElderry

Dr Peter Poore

Dr Liz Waterston

Dr Gilles de Wildt

### President

Dr June Crown CBE

### Vice-Presidents

Ms Naaz Coker

Prof P J Graham

Prof Sir Andrew Haines

Sir Raymond Hoffenberg

(until April 2007)

Prof David Morley CBE

Dr Alex Poteliakhoff

Dr Hanna Segal

Prof Gill Walt

Dr Helen Zealley

# Making a case for health

In 2007, research, campaigning and advocacy on global health was as essential as ever. With the financial and active support of our members, Medact achieved this on several fronts.

The voice of health professionals in the campaign against the Trident nuclear weapons system was influential and Medact's briefing *Britain's New Nuclear Weapons: illegal, indiscriminate and catastrophic for health* was a powerful lobbying tool. Many Medact members took part in the Faslane 365 campaign. The launch of the new International Campaign to Abolish Nuclear Weapons (ICAN) by International Physicians for the Prevention of Nuclear War (IPPNW) was coordinated in the UK by Medact.

Medact's latest Iraq report, *Rehabilitation Under Fire: health care in Iraq 2003-7* highlighted the difficulties faced by Iraq's health services since the invasion. Written in collaboration with Iraqi health professionals, the report was widely publicised. Medact held a joint conference – *The Iraq Health Crisis* – with the Iraqi Medical Association (IMA), and gave written and oral evidence to the Iraq Commission.

In the UK, the challenge has been to ensure access to health care for undocumented migrants and those refused asylum. Medact co-ordinated a support network, documenting evidence of denial of care and engaging with policy makers at the highest level. The *Maternity Access & Advocacy Pack* produced by the Reaching Out Project and specifically addressing maternity care was widely distributed.

Medact brought the voice of health professionals to climate change campaigns, took part in the consultation on the draft Climate Change Bill and was represented on the Climate and Health Council.

Medact continues on the Steering Committee of the Global Health Watch, an alternative world health report, and contributed to Global Health Watch 2, due to be published in the autumn of 2008.

Medact's local groups went from strength to strength and new groups have sprung up in Worcester and Leeds. Collaboration with Medsin and Alma Mata has continued. The support of members, local groups and sister organizations has enabled Medact to speak out strongly on global health in 2007.

**Marion Birch, Director**



# Weapons of mass destruction

## Trident protest

The protest against Trident intensified last year in the run up to the debate and vote on renewal on March 14th. The government faced the biggest rebellion on a domestic issue since Labour came to power. Medact's Trident briefing *Britain's New Nuclear Weapons: illegal, indiscriminate and catastrophic for health* was widely used to lobby MPs and influence waverers.

The year-long Faslane 365 protest came to an end with the Big Blockade on October 1st 2007. The message Medact members took to the base was 'Treatment not Trident', and they distributed prescriptions for the prevention of nuclear war. They were joined by a group of IPPNW students from all over the world.

## Nuclear Weapons Convention

An exciting new campaign initiated by the Australian affiliate of International Physicians for the Prevention of Nuclear War was launched at the NPT Preparatory meeting in Vienna in April, 2007. ICAN (International Campaign Against Nuclear Weapons) is modelled on previous civil society campaigns against landmines and chemical and biological weapons. Medact produced a summary of the

updated model Nuclear Weapons Convention which has already been circulated to all MPs.

## Russian IPPNW visit to London

On March 20, 2007, Professor Sergei Kolesnikov, a member of the Russian Duma and former IPPNW Co-President, along with other members of IPPNW Russia, made a long-awaited visit to the UK, hosted by Medact. Dr Kolesnikov addressed the All-party Group on Global Security and Non-proliferation at the House of Commons and discussed missile defence, Trident and NATO expansion with officials from the Foreign Office.

## The Final Pandemic

On October 3 and 4, there was a conference in London entitled *Nuclear Weapons: the Final Pandemic*, jointly organised by IPPNW, Medact and the Royal Society of Medicine. Medical experts from around the world provided new and graphic information about the probable outcome of a future regional nuclear war. A group of medical students and doctors who are members of IPPNW, took part in *Overriding Trident*, a bikeride from

Dover to London to draw attention to Trident.

## WMD Awareness Programme

The WMDAP, of which Medact is a founder member, continued to raise public awareness of the importance of nuclear disarmament throughout the year. At the Guardian Hay Festival in June, David Attenborough addressed a packed meeting on global warming, and Jon Snow linked nuclear weapons and climate change. The award-winning film *Anthropology 101* was shown at the Edinburgh Fringe Festival in August.



**Lesley Morrison of Scottish Medact prescribes Treatment not Trident at a demonstration in Glasgow.**



# Violence, conflict and health

## Health crisis in Iraq

Through its Iraq Study Group, Medact continued to document the impact of the conflict in Iraq on the physical and mental health of the Iraqi people and their health services. In collaboration with Iraqi health professionals, Medact published the evidence-based *Rehabilitation Under Fire: health care in Iraq 2003-7*, which received national and international media coverage.

In July 2007, a conference organised jointly by the Iraqi Medical Association and Medact discussed health policy and humanitarian aid

efforts in Iraq. There were presentations from health professionals recently in Iraq and discussions about the lack of security, the challenges faced by health professionals and an evaluation of efforts to support them.

Following through on the report's recommendations, Medact hosted a meeting with senior Iraqi health officials, met with officials from the Department of International Development to discuss relief needs, and gave written and oral evidence to the Iraq Commission, all in collaboration with Iraqi colleagues.

## Iran

Medact was part of a group coordinated by Crisis Action which published *Time to Talk* – a report arguing that any military action against Iran would be disastrous and counterproductive. This report has been widely distributed and Medact has produced a follow-up draft report on the potential health consequences of military action.

## Register of Explosive Violence

Together with Landmine Action and expert advisors, Medact took part in the collection and analysis of media reports covering incidents involving explosive violence.

## Arms trade victory

In June, Lancet publisher Reed Elsevier announced that it would no longer be involved in organising arms fairs around the world. This decision followed a high-profile campaign by the medical, academic and campaigning community, including many Medact members.



Medact's latest report highlighted the impact of war on Iraq's health services



# Health, Poverty and Development

## **Global Health Watch**

Throughout the year Medact continued its role on the Steering Committee of the Global Health Watch (GHW), an alternative world health report written with international colleagues. Medact is contributing to the content and strategy for Global Health Watch 2. Partners in this project are the Global Equity Gauge Alliance in South Africa, the People's Health Movement, and the Centre for Science and Health Education in Ecuador. The first GHW (2005-2006) – for free download from [www.ghwatch.org](http://www.ghwatch.org) and on sale in bookshops – received considerable acclaim and provided a source of evidence for campaigning and a textbook for global health studies. The second GHW is due for publication in the autumn of 2008.

## **Right to health**

The theme of Medact's annual conference held in June 2007 was 'The Right to Health' which underpins much of Medact's work. Eminent speakers from the NHS, academia and the office of the UN Special Rapporteur on the Right to Health described how the right to health can be put into practice.

Medact, the People's Health Movement–UK and Doctors for Human Rights gathered evidence from a wide range of actors in preparation for their 2008 submission on the right to health to the UN Committee on Economic, Social and Cultural Rights.

## **Health, peace and development education**

A ground-breaking on-line course in medical peace work, developed by a consortium of European partners including Medact and led by the Centre for International Health at the University of Tromsø in Norway, was developed

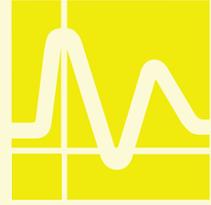
throughout the year. Course materials cover every aspect of collective, interpersonal and structural violence, and include online case studies. It is anticipated that the course will contribute to health workers' understanding of health and peace.

## **The skills drain**

Medact continued to disseminate its research and promote the idea of financial restitution as the only equitable way to address the injustice of the skills drain of health workers to the richer world.



**Medact Vice President Naaz Coker one of the speakers at Medact's AGM**



## Access to health care

### **Refugee Health Network and the Entitlements Group**

Medact worked with other voluntary organisations to try to prevent further restrictions to NHS care for undocumented migrants and people who have been refused asylum. There were indications that the government planned to exclude these groups from primary as well as secondary health care. Medact campaigned that this constituted a breach of the government's obligations under the European Convention on Human Rights, that no one should be submitted to 'degrading treatment or punishment'.

In December 2007, Medact held a successful meeting in Westminster Palace and we met with representatives from several Primary Care Trusts throughout the year. In October Medact gave evidence to the Independent Asylum Commission. More than 4,000 people signed Medact's petition and 92 members of Parliament signed an Early Day Motion. The government is determined to pursue this inhumane policy with plans to appeal a recent High Court decision. Medact will continue to argue that immigration should be managed

by immigration officials, not health professionals.

### **The Reaching Out Project**

Medact's Reaching Out Project developed a *Maternity Access and Advocacy Pack* – a picture-based resource to promote more effective use of maternity services. The pack is targeted at marginalised women from black and minority ethnic communities and is intended to be used outside the clinical setting. The Pack is made up of three storyboards covering pregnancy, birth and post-natal care and a supporting booklet.

## The environment

### **Climate change**

Throughout the year, Medact members drew attention to the devastating impact of climate change on health and the health benefits of reducing carbon emissions. Medact took part in the consultation on the draft Climate Change Bill advocating for more stringent CO2 emissions targets, Full Life Cycle Analyses of CO2 emissions and the inclusion of emissions from international aviation and shipping.

Medact Bristol led an energetic

campaign against airport expansion. This included public meetings, rallies and picnics and personal letters to over 200 individual GPs in North Somerset. GPs were encouraged to take the lead in opposing airport expansion and to exert pressure on councillors and MPs.

Medact continued to promote the Contract and Converge model which considers the urgent actions needed to reduce carbon emissions in the light of global inequalities. Medact was represented on the

Climate and Health Council and the Working Group on Climate Change and Development.

### **Nuclear power**

Medact continued to advocate that nuclear power is not part of a sustainable answer to climate change, to raise awareness of the issues involved and to campaign for safe, renewal forms of energy. Medact also argued that the unsolved problems of nuclear waste cannot be left for future generations.

# Inside Medact

## Publications

Medact's tri-annual newsletter *Communiqué* kept members up-to-date with reports on Medact's many activities. *Medicine, Conflict and Survival*, the international quarterly journal, now published by Taylor and Francis, covered health, security, conflict and international law.

Medact featured in a wide range of publications including the *Lancet*, the *British Medical Journal*, the *Nursing Standard*, and *Health Matters*, and in articles in the national and local media.

## Staff

During 2007, Pat Onoapoi joined Medact as Office Administrator. Alison Whyte edited *Communiqué* and acted as media adviser to Medact. Moyra Rushby managed



**Diana Warner reaches the end of her 'Walk for Peace'**

the office and coordinated the influential Access to Healthcare campaign. Ros Bragg managed the Reaching Out project to improve access to maternity care. Gill Reeve managed Medact's WMD work and helped launch the new ICAN campaign. Tim Goodwin acted as our accountant. Sukey Field managed the production of *Medicine, Conflict and Survival*. Marion Birch continued as Medact's Director.

## Local groups

Bradford Medact campaigned on climate change and global health and a new group was formed in Leeds. Bristol Medact campaigned against airport expansion and on global health issues. In July, Bristol GP and Medact member Diana Warner completed a 'walk for peace' from Bristol to Westminster, to highlight concern for the Iraqi people. Scottish Medact helped to coordinate Medact's presence at the Faslane 365 demonstration and campaigned vigorously against Trident. Tyneside Medact was active both on nuclear and global health issues. Worcester Medact sprang up following a successful study day.

## Volunteers and Officers

During 2007 our volunteers were as vital to Medact's work as ever, in particular Donald Uzu, Mary Holdstock, Christine Falvey, Anne Piachaud, and Gay Lee. Allie Sharma and Heba al-Naseri both made valuable contributions to work on Iraq. Margaret Reeves coordinated the People's Health Movement in the UK. All members of the Executive Committee gave time and expertise.

Jane Cook stood down from the Board and Cathy Read took over from Jack Piachaud as Treasurer. We are extremely grateful to Jack for all his support to staff and for ensuring our financial state was viable. Frank Boulton continued as Chair and Judith Cook and Robin Stott as Vice-Chairs. Douglas Holdstock stood down after many years as editor of *Medicine, Conflict & Survival*. Jack Piachaud became editor.

## Sir Raymond Hoffenberg

In April 2007, Bill Hoffenberg, who was President of the Medical Campaign Against Nuclear Weapons, first President and then Vice-President of Medact, died in Australia. He was a lifelong campaigner against nuclear weapons and was a major figure on the medical and scientific stage.

## Statement of Financial Activities for the year ended 31 January 2008

	Unrestricted Funds 2008 £	Restricted Funds 2008 £	Total Funds 2008 £	Restated 2007 £
<i>Incoming resources from generated funds</i>				
<i>Voluntary income</i>				
Donations	132,885	–	132,885	121,313
<i>Activities generating funds</i>				
Teaching and consultancy	928	–	928	1,408
Conference and seminar	2,738	–	2,738	3,725
Surplus on sale of leaflets & books	365	–	365	850
Investment income & interest	1,943	–	1,943	966
<i>Incoming resources from charitable activities</i>				
Grants and contracts		<u>143,443</u>	<u>143,443</u>	<u>180,439</u>
<b>Total Incoming Resources</b>	<u>138,860</u>	<u>143,443</u>	<u>282,303</u>	<u>308,701</u>
<i>Resources expended</i>				
<i>Costs of generating funds</i>				
Costs of generating voluntary income	15,228	–	15,228	19,897
Cost of goods sold	–	–	–	–
Charitable activities	110,836	145,115	255,951	262,873
Governance costs	<u>7,451</u>	–	<u>7,451</u>	<u>8,131</u>
<b>Total Resources Expended</b>	<u>133,515</u>	<u>145,115</u>	<u>278,630</u>	<u>290,901</u>
<b>Net incoming resources</b>				
<b>– Net Income for the year</b>	5,345	(1,672)	3,673	17,800
Total funds at 1 February 2007	<u>7,450</u>	<u>37,329</u>	<u>44,779</u>	<u>26,979</u>
<b>Total funds at 31 January 2008</b>	<u>12,795</u>	<u>35,657</u>	<u>48,452</u>	<u>44,779</u>

## Balance Sheet as at 31 January 2008

<b>Tangible Assets</b>		1	1
<b>Current Assets</b>			
Cash at bank and on hand		<u>71,925</u>	<u>39,863</u>
Stock on hand		–	–
Debtors & prepayments		<u>6,234</u>	<u>12,364</u>
		<u>78,159</u>	<u>52,227</u>
<b>Current Liabilities</b>			
Amounts falling due within 12 months			
Creditors & accruals		<u>(29,708)</u>	<u>(7,449)</u>
<b>Net current assets</b>		<u>48,451</u>	<u>44,778</u>
<b>Net Assets</b>		<u>48,452</u>	<u>44,779</u>
Restricted funds		35,657	37,329
Unrestricted funds		12,795	7,450
<b>Total funds</b>		<u>48,452</u>	<u>44,779</u>

**Notes:** Full audited accounts available on request from the Medact Office

Restricted funds: to be used for specific purposes as laid down by the donor.

Unrestricted funds: Income received and generated by the objects of charity without a specific purpose and are available as general funds.