

Medact's 20th year

# 20



Annual Report 2011/2012

## Treasurer's Report

The economic environment has remained extremely challenging for small charities such as Medact and we are enormously grateful to our members and donors for enabling us to continue with our work this year.

During the financial year ending January 2012 our total audited income of £177,122 consisted of £129,818 in core funds and the balance of £47,304 in restricted funds. Total expenditure was £179,373. In total at the end of year we had a positive balance in core funds of £26,504 and £12,972 in restricted funds.

Members' subscriptions totalled £52,965, a small rise of £202 from last year and appeals raised £29,234, a decrease of £1290. However, we were also fortunate to receive several generous donations, bringing in £23,002. These, and the loyalty and support of all members has as ever underpinned and contributed to our activities throughout the year.

We have continued taking measures to reduce our core costs, following our move to the smaller office in 2009. In the present economic climate, when many potential donors have also been affected, maintaining and increasing our membership and donations – including through appeals – is crucial.

I would like to thank the Director, staff and fellow members of the Board for their help, understanding and support over the past year.

**Rebecca Macnair, Treasurer**

## Officers elected 2011–2012

### Chair

Dr Frank Boulton

### Vice-Chairs (2)

Dr Elisabeth McDerry  
Dr Gilles de Wildt

### Treasurer

Ms Rebecca Macnair

### Other

Dr Judith Cook  
Dr Judith Cook  
Mr Oliver Johnson  
(until 11/06/11)

Ms Gay Lee  
(joined 11/06/11)

Dr Tomasz Pierscionek  
Ms Ruth Stern  
Dr Liz Waterston

### President

Dr June Crown CBE

### Vice-Presidents

Ms Naaz Coker  
Prof P J Graham  
Dr Alex Poteliakhoff  
Prof Gill Walt  
Dr Helen Zealley

## 20 years on – where are we now?

Twenty years after Medact was formed\* the need for our work is sadly undiminished. Violent conflict, inequality and environmental change may have taken on different guises but the fundamental issues of injustice and unaccountability continue to have a drastic effect on people's health. This is a key time to reflect on our roots and where we are going.

At Medact's inaugural conference in 1992 'global security' was the goal. 'Security' was understood to mean not only an absence of war and nuclear proliferation, but also of poverty, hunger, disease and environmental degradation. During the last 20 years the term has been hijacked. It now represents a narrow focus on national defence and a justification of aggression from maintaining the Trident nuclear weapons system to invading Iraq.

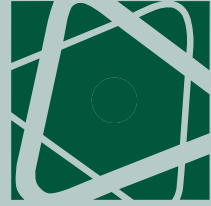
Medact has adapted to these changes. We have tracked the new dangers for public health of unmanned and increasingly unaccountable weapons, and the cooption of health information for military purposes, while continuing to work towards abolishing nuclear weapons and the brute power their possession wields. We have tracked the devastating public health consequences of war and post-conflict mismanagement, and fought for the right to equal access to healthcare for those who have come to the UK to seek refuge from conflict.

Medact's inaugural conference showed a strong commitment to tackle the underlying threats to health posed by conflict, inequality and climate change. Over the years we have advocated on issues ranging from greener healthcare and health worker migration, to unjust economic systems and the prevention of torture.

We have only been able to do this because of an active membership, dedicated staff, trustees and volunteers, and through collaborating networks. Unfortunately human aggression and bad economics may continue for another 20 years and Medact will be needed as much as ever. Please join us.

### Marion Birch, Director

\*Medact was formed from the merger of the Medical Campaign against Nuclear Weapons and the Medical Association for the Prevention of War.



## Weapons of mass destruction

Medact continued to coordinate the UK branch of the International Campaign for the Abolition of Nuclear Weapons (ICAN-UK). On Nuclear Abolition Day, an ICAN-UK delegation delivered a letter to Downing Street and a number of embassies urging support for a Nuclear Weapons Convention.

The ICAN-UK Coordinator attended the first international ICAN conference in Geneva in September. ICAN-UK gained two new patrons, Anas Altikriti, president and founder of the Cordoba Foundation and Professor Mary Kaldor, co-director of LSE

global governance.

Medact continued to campaign against the UK's Trident nuclear weapons system and Medact groups wrote to their MPs calling for a halt to the operations at Aldermaston. The award-winning film 'Beating the Bomb', which Medact helped launch in 2011, was shown by local groups. Medact also started work on a report on the delusion of nuclear deterrence.

On the 25th anniversary of the Chernobyl disaster and shortly after the Fukushima nuclear power plant disaster, Medact and CND organised a well-attended meeting at Portcullis House, hosted by

Caroline Lucas MP, with eminent speakers including Professor Sir Dillwyn Williams.

Medact is the UK affiliate of the International Physicians for the Prevention of Nuclear War (IPPNW), a member of the No Trident Replacement Group, the Peace and Security Liaison group and the Weapons of Mass Destruction Awareness Programme (WMDAP). Medact members were active with other anti-nuclear organisations in the Missile Defence Working Group, which opposes US military bases at Fylingdales and Menwith Hill in Yorkshire.



**On June 25, Nuclear Abolition Day, an ICAN-UK delegation delivered a letter to Downing Street calling on the UK government to support a Nuclear Weapons Convention**



## Violence, conflict and health

Medact has continued to campaign to prevent and mitigate the damaging health consequences of conflict.

In September 2011, Medact published *Preventing Torture: the role of physicians and their professional organisations*. Articles appeared in the *Lancet* and the *BMJ* and the report was sent to national medical associations and the World Medical Association. Its recommendations were discussed with the UN Special Rapporteur on Torture, the BMA Ethics committee and the Chair of UN OPCAT. Medact held the first in a series of workshops to discuss case studies presented in the report.

Medact disseminated a report of a meeting on health data and conflict, organised with Chatham House, and the Peace & Security Liaison Group. Medact's AGM conference was on Data, inequality and health.

Medact is a founding member of the International Network on Explosive Weapons, which highlights the civilian suffering caused by explosive weapons and joined the steering committee of the Safeguarding Health in Conflict collaboration, coordinated by John Hopkins University.

Medact expressed concern to the British Ambassador to Bahrain and other officials, about the treatment

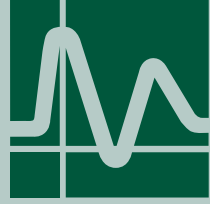
of health personnel in Bahrain. A letter delivered to the Ambassador on July 4 appeared in the *Guardian* that day and Medact's action in defence of the Bahraini health professionals was publicised in the *BMJ*. This was followed by a meeting at the Bahraini Embassy.

Medact is finalising a report about the developments in mental health services in Iraq between 2003 and 2010, to be published in autumn 2012.

Medact took part in numerous events related to conflict and health including those organised by Healthy Inclusion in Liverpool, and the Woking Peace Group.



JASON PHOWE, CONFLICTPICS



## Health, poverty and development

The impact of global inequalities on public health continues to be a core part of Medact's work.

These inequalities underpin the Global Health Watch, the third edition of which was launched at an event organised by Medact with University College London in November. Medact is on the GHW Steering Committee and contributed to GHW3.

Medact and the People's Health Movement-UK ran the third International People's Health University workshop in the UK. This addressed the underlying determinants of health, global inequalities and civil society participation.

Medact was a core partner in producing Medical Peace Work online training, funded by the European Commission's Da Vinci Fund and involving eight countries.

Medact held a UK launch of the seven online courses at University College London in early 2012. Medact also produced a short promotional film and promoted the courses to educational institutions.

Medact was a member of the Global Health Learning Outcomes Working Group and addressed a

conference in Birmingham organised by the Association for the Study of Medical Education.

Medact attended workshops throughout the UK to promote the inclusion of global health in medical training. Medact also took part in an IntoUniversity event on health careers for disadvantaged young people.

### Access to healthcare

Medact continued to host the Refugee Health Network (RHN) and the Entitlement Working Group, working to ensure access to free health care for asylum seekers, undocumented migrants, and other vulnerable groups in the UK. The RHN held a workshop at the Royal College of General Practitioners annual conference on A denial of care: primary health care of vulnerable migrants. The RHN responded to the NHS consultation on access to secondary care by foreign nationals.

Medact continued to raise concerns that the NHS reforms could increase inequalities and reduce access to healthcare for vulnerable groups, and produced a leaflet on the true meaning of 'choice'.

Medact members organised local meetings and were active in the nurses' campaign in collaboration with the Royal College of Nursing. Letters and blogs by Medact members appeared in the *Times*, *Guardian*, *Telegraph*, *Nursing Standard* and the *BMJ*.





## The environment

Medact worked with the Climate and Health Council (CHC) throughout the year. In February, Medact members took part in a Royal College of Nursing and CHC conference: Why is the sustainability agenda important to health care? Medact members pressed their colleges to take urgent action on climate change.

Medact continued to provide evidence that nuclear power is not a viable solution to climate change and produced a fact sheet on the health impacts of the nuclear power cycle.

In September, Medact, the CHC and the Catastrophes and Conflict Forum held a meeting about



communicating how climate change impacts on health at the Royal Society of Medicine and Medact and the CHC held a

session for health professionals on how to tackle the challenge of climate change.

## Communications

Medact's tri-annual members' newsletter *Communiqué* and our monthly e-bulletin continued to keep members up-to-date with Medact's many activities. Articles in *Medicine, Conflict and Survival*, the international quarterly journal, covered a range of issues related to health, security, conflict and international law. Medactivist, an on-line discussion for members,

created a constant stream of ideas and discussion.

Medact staff and members wrote articles, letters and blogs that were published in a range of national newspapers and health journals. Medact helped organise two competitions: the Piachaud-Holdstock Essay Prize and the Lionel Penrose Trust short story competition.





## Inside Medact

Medact staff and trustees are in regular communication with members, who are able to contribute to strategy and planning.

### Staff

Over the year Medact's staff continued to support our members and groups. Jane Young continued as office manager and Natalie Fernandes as administrative officer. Tim Street continued as ICAN-UK coordinator and Ezinda Franklin-Houtzager as RHN co-ordinator. Marion Birch continued as director, Alison Whyte as media advisor and editor of *Communiqué*, and Abdulai Bangura as Medact's accountant.

### Medact local groups

Our local groups continue to be an inspiration and were active in Bradford, Bristol, Leeds, the North West, Scotland, Tyneside, West Yorkshire, South Yorkshire and Worcester. They organised many activities of which these are just a few examples:

A new group in South Yorkshire, formed by a group of junior doctors, gained support from non-health professionals and long-standing health activists, and held open events with an educational

and a campaigning focus.

Members were active in opposing the NHS reforms.

Medact Tyneside held many successful events, including several film showings with keynote speakers and discussions. They met their local MP to discuss Trident, climate change and the Middle East, and set up a reading group on topical issues.

In Bradford, Medact members successfully campaigned for the release of paediatrician and public health and human rights activist Dr Binayak Sen, and organised meetings on sustainable health services and alternative economic models for health.

Medact members took part in the Hinkley Point blockade in Somerset against new nuclear power stations being planned by the government. Many Medact members also took part in a huge demonstration in London on March 26 against the government's proposed spending cuts.

Medact members in Scotland continued to highlight the danger posed by upgrading Trident nuclear submarines in Faslane and the threat to health posed by climate change.

### Volunteers and Officers

We thank our volunteers who provided valuable support to Medact and made a huge difference to our work. They included Donald Uzu, Mary Holdstock, Gay Lee and Anne Piachaud.

Interns from University College London and Imperial College all made a significant and much appreciated contribution to our research.

Our collaboration with Medsin continues to be crucial for our work.

Frank Boulton has continued as Chair, Rebecca Macnair as Treasurer and Elisabeth McElderry and Gilles de Wildt as Vice-Chairs. All Board members gave generously of their time, energy and expertise.

Medact is very grateful for all the support that Hanna Segal (Vice President), who sadly died this year, gave to Medact during her long and remarkable life.

*This report covers the period up until January 2012.*

## Statement of Financial Activities for the year ended 31 January 2012

	Unrestricted Funds 2012 £	Restricted Funds 2012 £	Total Funds 2012 £	Total Funds 2011 £
<b>Incoming resources from generated funds</b>				
<i>Voluntary income</i>				
Donations	123,148	–	123,048	138,269
<i>Activities generating funds</i>				
Teaching and consultancy	1,213	–	1,213	1,298
Conferences	1,980	–	1,980	1,127
Surplus on sale of leaflets & books	1,212	–	1,212	100
Interest received	51	–	51	63
<i>Incoming resources from charitable activities</i>				
Grants and contracts	2,314	47,304	49,618	44,347
<b>Total Incoming Resources</b>	<u>129,818</u>	<u>47,304</u>	<u>177,122</u>	<u>185,204</u>
<b>Resources expended</b>				
<i>Costs of generating funds</i>				
Costs of generating voluntary income	7,990	–	7,990	11,108
Charitable activities	112,976	51,984	164,960	157,109
Governance costs	6,423	–	6,423	6,945
<b>Total Resources Expended</b>	<u>127,389</u>	<u>51,984</u>	<u>179,373</u>	<u>175,162</u>
<b>Net incoming (ongoing) resources</b>				
– Net Income for the year	2,429	(4,680)	(2,251)	10,048
– Transfer between funds	2,895	(2,895)	–	–
Total funds at 1 February 2011	21,180	20,547	41,727	31,685
<b>Total funds at 31 January 2012</b>	<u>26,504</u>	<u>12,972</u>	<u>39,476</u>	<u>41,727</u>

## Balance Sheet as at 31 January 2012

<b>Tangible Assets</b>		1	1
<b>Current Assets</b>			
Cash at bank and on hand		37,252	38,235
Debtors & prepayments		5,681	11,080
		<u>42,933</u>	<u>49,315</u>
<b>Current Liabilities</b>			
Amounts falling due within 12 months			
Creditors & accruals		(3,458)	(7,589)
		<u>39,475</u>	<u>41,726</u>
<b>Net current assets</b>		<u>39,476</u>	<u>41,727</u>
<b>Net Assets</b>			
Restricted funds		12,972	20,547
Unrestricted funds		26,504	21,180
<b>Total funds</b>		<u>39,476</u>	<u>41,727</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.