

Medact Annual Report 2013-14



Medact

Conflict, violence, poverty and injustice are the fundamental and most important causes of premature death and avoidable disease and suffering. Medact exists to harness the expertise, mandate and ethical principles of health professionals to speak out and campaign on these issues. Medact is now over 20 years old and builds on many past examples of health professionals acting as agents for social change.

Medact works across four broad and inter-connected programme areas.



Peace and demilitarisation



Ecology and climate



Economic justice



Health and human rights

Please support our work

Medact seeks to exist independently of large donors. Our funding is based on membership subscriptions and individual donations, supplemented by support from grant-making foundations. To find out more about membership please visit the [how to join](#) page on our website. You can also support and be part of Medact without being a member – find out more on our [get involved](#) page.

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Medact

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Medact is the UK affiliate of the International Physicians for the Prevention of Nuclear War (IPPNW)

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Message from the Chair

Medact is now seven months post “relaunch” and has undergone quite a transition in the last year.

Although Medact has changed, it retains and builds on much from its past. This includes a legacy of committed health professionals campaigning for peace and nuclear weapons disarmament and a readiness to speak uncomfortable truths to power.

This year’s annual report shows that a small organisation with a limited budget can achieve a lot if four ingredients are in good supply. First, volunteers with energy, expertise and commitment. Second, staff who can multi-task and juggle several balls in the air at any one time. Third, an informed and influential membership willing to add their weight and expertise behind the organisation. And fourth, colleagues from other organisations who see the benefit of collaboration and joint work. Thanks must go to all the individuals who provide Medact with these critical ingredients.

But Medact is only about a third of the way through its revitalisation. It’s not enough to generate a lot of activity – we need to have impact. It’s not enough to have a nice new website – we need to grow our support and encourage active membership. And it’s not adequate to rely so significantly on membership subscriptions and individual donations – we need more grant funding.

And what of the current state of global health? I’m conscious that Medact has a vested interest in portraying the world negatively. The more we play up the threat of nuclear war or climate change, the more we make Medact appear relevant and necessary. Similarly, in looking at the state of poverty reduction and economic development, we could be accused of seeing the glass half-empty, rather than half-full.

But I don’t think Medact exaggerates the nature and scale of the problems it seeks to address. It remains, fundamentally, a data-led and evidence-based professional organisation. Climate change, war and conflict and growing inequalities are already causes of widespread human suffering and injustices; but they all run the risk of triggering catastrophic harms.

But not withstanding the public health obligation to mitigate this risk – we should also be more positive about *wanting* a better, safer and fairer world.

David McCoy

Chair of the Board of Trustees

Medact in a Nutshell

Who and what is Medact?

It's an organisation for and of health professionals. This typically means doctors, nurses, therapists, psychologists and other professional groups working in the health sector; but it also includes lawyers, economists, philosophers, social scientists and others who work to improve health and wellbeing.

It grew out of the medical peace movement of the 1950s and 1960s, and formed from the merger of the Medical Association for the Prevention of War (MAPW) and the Medical Campaign Against Nuclear Weapons (MCANW).

Medact is also the UK affiliate of the 1985 Nobel Peace Prize Winner the International Physicians for the Prevention of Nuclear War (IPPNW).

It subsequently evolved to embrace other aspects of global public health.

It sees health professionals as having a wider social duty to promote peace, economic justice, ecological health and human rights.

What does Medact do?

It conducts research and analysis. It lobbies and campaigns. It informs and educates.

It works with other health professional organisations in the UK – such as the BMA, the Royal Colleges, the Royal Societies of Medicine and Public Health, relevant university faculties and public health departments – to support the wider health community to be more effective social change agents.

It works with sister organisations in other countries (e.g Physicians for Social Responsibility in the USA and Medico International in Germany) to strengthen the global health, peace and justice movement.

It seeks to strengthen bridges between professionals and communities and thus collaborates with the Peoples Health Movement – a loose trans-national network of community organisations, individuals and non-government organisations with strong roots in the global South.

It works with organisations like Oxfam, Friends of the Earth, War on Want, the Tax Justice Network, Reprieve and the Oxford Research Group to build multi-sectoral and inter-disciplinary foundations for promoting global health.

Medact's core purpose is to educate and inform the wider health community on the issues it works on; and to lobby and campaign for change. But both these sets of activities are based on an analysis of data and evidence and the construction of a sound argument for change, as well as explicit values and principles.

Values and Principles

Data, Evidence and Analysis

Alternative (and better) Solutions

Information and Education

Advocacy and Campaigning

2013-2014: A Year of Revitalisation and Renewal

Medact's plans for organisational renewal and revitalisation have been challenging but rewarding over the past year.

- We had a fantastic 'relaunch' conference which pulled together a remarkable collection of speakers and organisations.
- We have infused the organisation with new people and energy whilst retaining the commitment, expertise and solid foundations of the past.
- We have redefined our priorities into four programmes of work – each with a range of new and expanded working groups.
- We are active and busy with a number of new and exciting projects and initiatives.
- We have a bigger online presence on twitter, facebook, linkedin, youtube and flickr.
- We are building a modern electronic infrastructure to facilitate more effective campaigning and communication. This will make it quick and easy for members and supporters to write to their MPs and various key institutions about our views, concerns and campaigns.
- We have a blog that covers articles written on a range of health topics; and we have started to catalyse and facilitate debate across the UK and global health community.
- We have an increasing number of website visitors – nearly 2,000 per month and rising.
- Our membership has started to grow after several years of shrinkage.
- We have expanded our network of partners and collaborators. Nearly a hundred individuals from about fifty different organisations participated in workshops or events organised by Medact in the last six months.



Medact's new website has improved functionality. It's now easier to use and get around – and it will continue to get better.



Economic Justice



A boy and woman on a water pipe in Dharvari Slum, Mumbai, used to pump water to more affluent areas. Slum dwellers frequently suffer from disease attributed to poor water and sanitation facilities.

Economic Justice programme

A redistribution of less than 1% of global GDP would instantly lift billions of people out of \$2/day income poverty. Curbs on illicit financial flows out of poor countries would negate the need for aid. Changes to trade, finance and investment laws could end hunger and under-nutrition in a world which currently over-produces food.

Many of our economic policies and systems are unfair, undemocratic and inefficient. They don't work for the global poor and they are increasingly failing to work for the middle classes and for young people. They certainly don't work for health. Socio-economic inequality itself – growing globally and within countries – undermines social well-being; breeds violent conflict; and inhibits good governance and sustainable development.

Tax and Health

We are working to make tax a more visible public health issue. Tax has multiple functions including raising revenue for the health system; redistributing resources and promoting equal opportunity; regulating aspects of the market economy that are damaging to health; and strengthening the social contract between government and society.

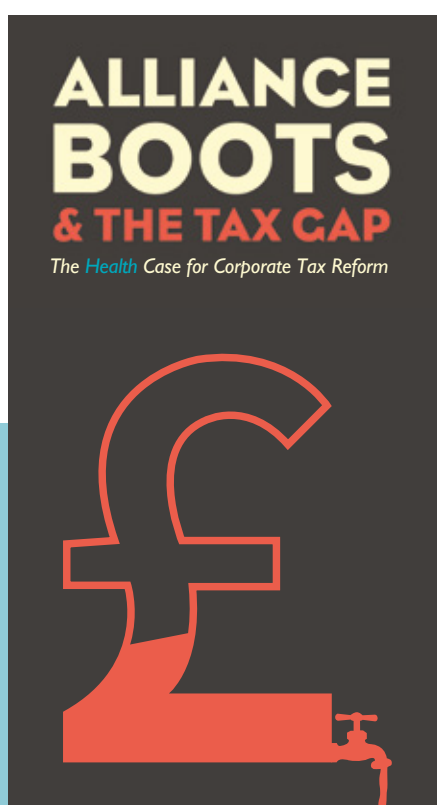
We have brought experts and practitioners from the world of health together with experts from the world of tax, finance and banking reform. A series of papers outlining the connection between tax and health is being prepared; and we will be launching a campaign against illegitimate tax avoidance conducted by companies that operate in the NHS.

Trade and investment

The Trans-Atlantic Trade and Investment negotiations are commonly portrayed as a 'contest' between US and EU interests. In reality, they are a 'contest' between financial and corporate interests on the one hand, and democratic institutions and citizens on the other. High up the list of concerns are proposals that would undermine public health regulations and food, environmental and chemical safety measures, *and* accelerate the commercialisation of professional and public services across Europe. We are planning a series of outputs to describe and explain the nature of these negotiations and how they will affect medical care, public health protection and health systems performance.

A new economics

We are working to provide accessible critiques and explanations for why mainstream economics isn't working for most people, nor for the planet. More importantly, we want the health community to consider how alternatives to the dominant neoliberal paradigm would be good for society in general *and* for health specifically.



We are about to launch a specific campaign on Boots Alliance – a company that not only avoids tax in an unacceptable manner but which also benefits from a growing amount of NHS contract work that is paid for by the tax payer. In addition, the growing monopolisation of the pharmaceutical retail sector by Boots Alliance is detrimental to both the general public and the pharmacy profession. Boots Alliance is not part of a better, safer and fairer world.



Private Finance Initiative

Above is a photo of a march of over 15,000 people who were speaking out against the planned part-closure of Lewisham Hospital. The tragedy of Lewisham Hospital is the result of a broader dismantling of the National Health Service (NHS) and commercialisation of health care in England, accentuated by a Private Finance Initiative (PFI) that has disrupted the local planned health economy.

While the NHS may not be considered a 'global health' issue by many, the privatisation and commercialisation of health care is driven significantly by global forces, including international trade and investment and the force of private finance capital seeking new sources of profit and rent-seeking.

Medact seeks to help restore the NHS as an effective, efficient and equitable public service and will be doing this specifically by campaigning against Private Finance Initiative (PFI) contracts that are crippling the NHS and allowing vital public assets to be handed over to banks and corporations. We will be calling for all PFI contracts that are unjustifiable and egregious to be restructured.

Unfortunately, despite the failure of PFI in the UK, it is being exported to developing countries. In Lesotho, for example, a PFI contract related to a single PFI hospital is currently compromising the entire government health budget for the entire country.

Peace and Demilitarisation



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A US predator drone armed with hellfire missiles on patrol. Drones have been used in combat in Afghanistan, Pakistan, Bosnia, Serbia, Iraq, Yemen, Libya and Somalia. Medact has produced a series of reports on the adverse physical and psychological effects of drone warfare on individuals and communities.

Peace and Demilitarisation programme

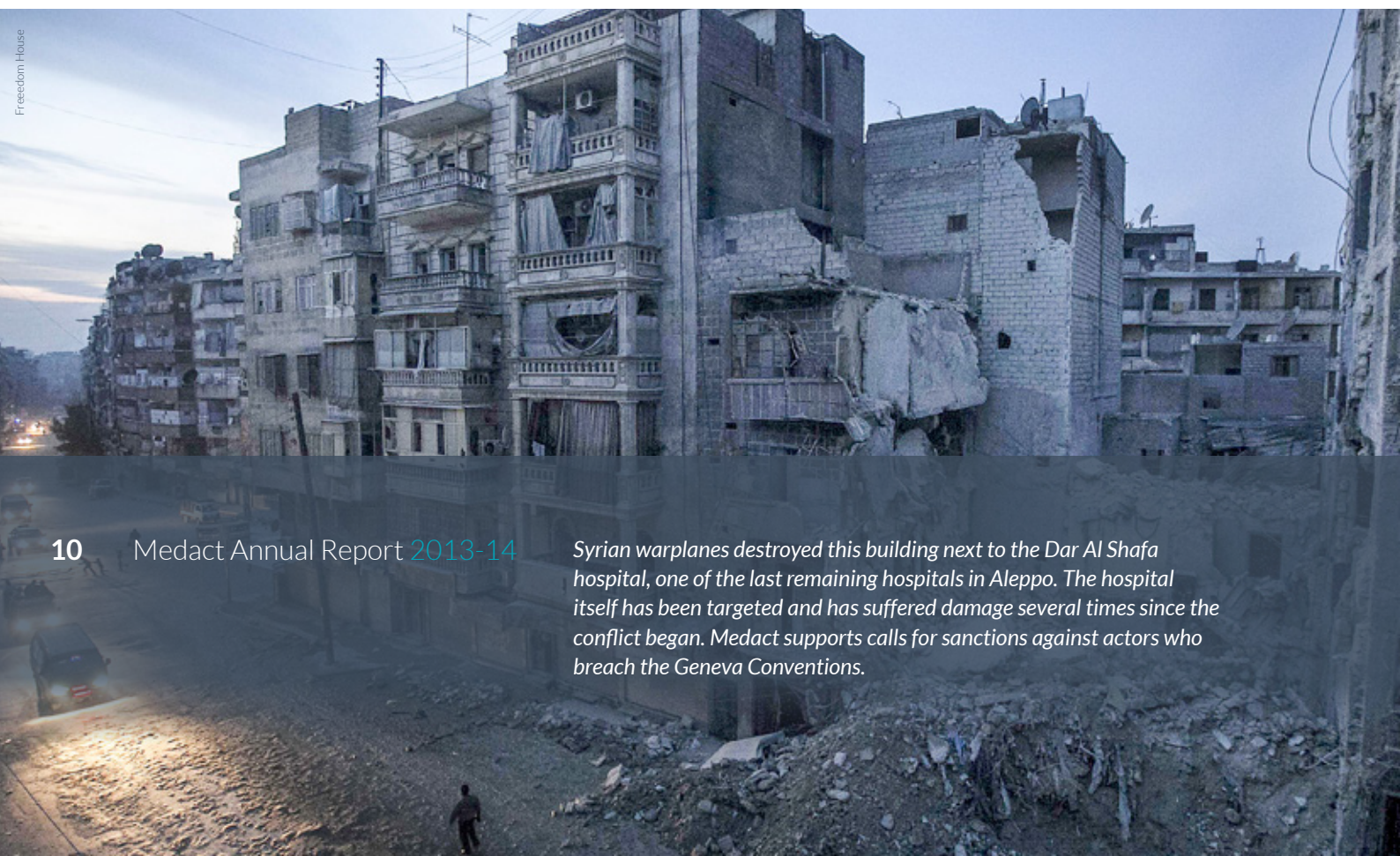
War

War, conflict and military threat cause widespread human suffering. They cause and perpetuate inequalities and injustice. The post-cold war 'peace dividend' was small and short-lived; and we are now seeing a global rise in the number of deaths caused by the direct impacts of war. But the full costs of the indirect effects of war and conflict are even greater and include the long-term social and economic effects of disability and population displacement, as well as environmental degradation and global warming. As conflict rages on in Syria, South Sudan, Iraq, Afghanistan, Ukraine and elsewhere, and as humanitarian organisations struggle to alleviate the suffering caused, Medact works to prevent and end war and conflict.

However, peace advocacy seems to have dropped off the agenda of many public health institutions – both in the UK and worldwide. Medact is aiming to change this. We want the UK health community to play a more active role in monitoring the conduct of NATO and the UK armed forces; and to strengthen 'public health' and 'social medicine' as countervailing forces to 'militarism'.



Medact has been at the forefront of attempts to quantify the full costs of war. In 2002 it released an influential report on a modelled estimate of the impact of the Iraq invasion in 2003. Health Impact Assessments are sometimes used by governments to assess the impact of peace time infrastructure projects. Medact applies this principle to war and we are currently working on a new methodology to assess the full impact of a possible military attack on Iran.



Delegitimising the death and war economy

The military industrial complex – including the commercial companies that profit from the sale of weapons and the actual conduct of war itself – is not only developing more sophisticated weapons of mass destruction but also weapons that are more computerised and remotely-controlled such as drones. Such developments, which heighten the asymmetric nature of war and conflict and unequal standing in international relations, also accentuate our own vulnerability to acts of violence.

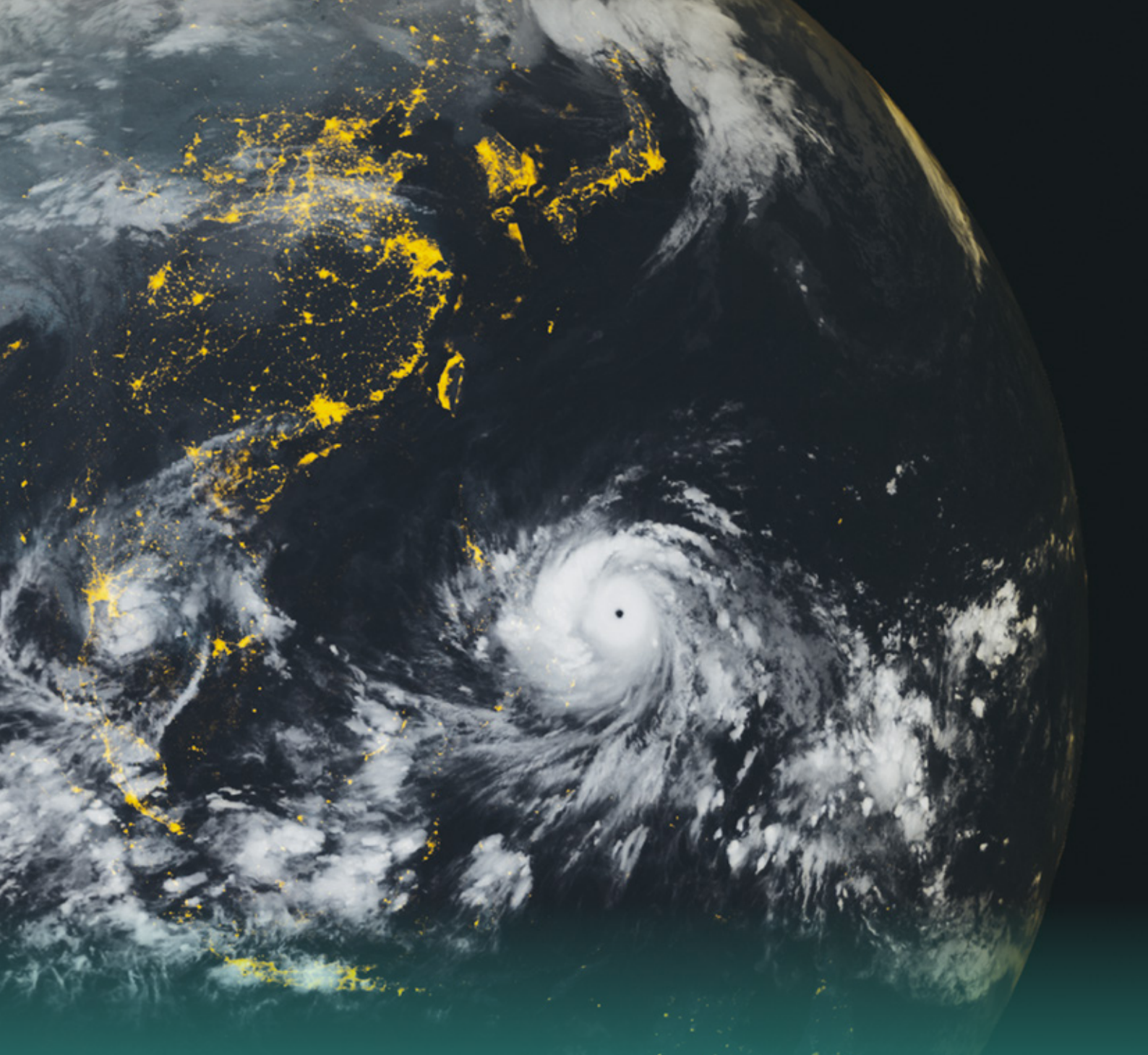
Medact promotes disarmament and the demilitarisation of international relations. It supports campaigns against the arms trade and is an affiliate of the International Network on Explosive Weapons. It has published two reports on drone warfare and is part of a UK Drones Campaign Network.

Abolishing Nuclear Weapons

Nuclear weapons remain one of the gravest threats to humanity due to the high impact factor in the event of nuclear hostilities, and the consequent humanitarian catastrophe. Medact rejects the doctrine of nuclear deterrence, and is campaigning against the renewal of Trident on the basis that it does not provide us with greater security. It is actively supporting the current international process being led by more than a hundred governments to make the possession of nuclear weapons illegal under international law.



HMS Vigilant – the third Vanguard submarine that the Royal Navy uses – surfaces near the river Clyde, Scotland. HMS Vigilant is armed with up to eight Trident missiles, each carrying an average of five warheads. Each nuclear warhead is up to eight times as powerful as the one dropped on Hiroshima.



Climate and Ecology

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Super typhoon Haiyan resulted in thousands of deaths with a further 1.9 million made homeless and more than \$1 billion dollars in damage. Super typhoon Haiyan is only one manifestation of the increasing frequency and severity of extreme weather events

Climate and Ecology programme

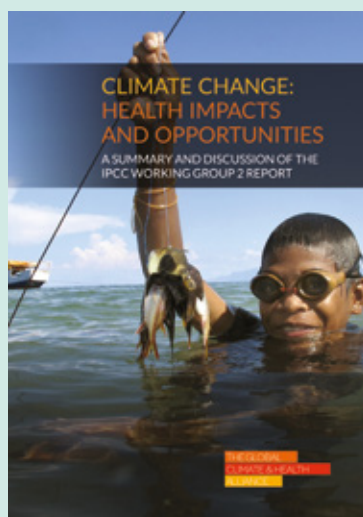
Global warming and climate change threaten to reverse the health gains made over the last century. And yet, the world as a whole burns fossil fuels in greater amounts from one year to the next. While humans have flourished as a species on the planet (over the last two centuries in particular), there is a growing appreciation that human activity is damaging the biophysical integrity of the planet.

Climate change is also recognised as a 'threat multiplier' – increasing the risk of inequality growing even further; conflict and war happening more frequently; and certain diseases becoming more common.

But an ecologically sustainable world doesn't need to be a poorer world. It could be a better, healthier and fairer world. There are 'triple wins' in our grasp – good for the planet; good for health; and good for justice.



Medact is encouraging the leading health institutions in the UK to divest from the fossil fuel industry. This would have a huge symbolic effect that could catalyse leadership across government and civil society to develop and implement the radical transformations required in the energy sector.



The science of climate change remains poorly understood. There is still widespread denial and scepticism. Medact has been producing summaries and educational material based on the reports of the IPCC; and will continue to do so.

Land, food and climate

Globally, food systems and human diets are both unhealthy and unsustainable. Medact is currently working on a project to describe and explain the inter-connections between health, land use, climate change and diets. We will be promoting the concept of 'sustainable food systems and diets' and encouraging a movement to reduce meat consumption that would have 'triple benefits' (good for local communities and farmers being displaced by industrial meat and food production; good for the climate; and good for human health).



A woman holds up some of the vegetables she has grown in a garden in Cape Town, South Africa. Small framers produce 70% of the world's food and increase food security but their share of land is decreasing under threat from corporate mega farms.

Nuclear energy continues to be controversial. Some advocate it as a necessary component of a future energy policy needed to limit greenhouse gas concentrations in the atmosphere. Others oppose it as an expensive and dangerous technology which risks encouraging the proliferation of nuclear weapons and which leaves a legacy of radio-active contamination for millennia. In the coming months, Medact is working with other organisations and expert groups to develop a position on energy generation and use that will be consistent with health, equity and climate protection.

Health and Human Rights



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This photograph shows the scarred wounds of a Congolese man who was repeatedly beaten, stabbed with a knife and forced into an electric chair. After reaching the UK in 2005, he spent 16 weeks in detention before his asylum case was rejected. He appealed and is currently waiting to find out how his fresh claim will fare. He is one of an estimated 300,000 rejected asylum seekers living in the UK.

Health and Human Rights programme

Medact does not provide frontline clinical services or humanitarian relief. But it exists to promote a vision of human rights medicine, and it aims to connect the frontline experience of clinical care providers and public health programme managers to the upstream social and political determinants of health.

The abuse of civil rights through the denial of fair judicial processes and imprisonment without trial, police brutality and torture are often used as adjuncts to the perpetration of indirect forms of oppression such as economic exploitation, resource colonisation and land grabbing.

Health professionals inevitably end up treating people who have been tortured, persecuted and terrorised, including the leaders of social justice movements, land

rights campaigns and environmental activism. They have a unique social function to draw attention to human rights abuses and call for their end. Medact is supporting doctors in the UK and elsewhere to do this.

In addition to these direct and obvious forms of abuse, millions of migrants across the world are being denied basic health care services, including in the world's richest countries. Medact works on the premise that in today's globalised world (where disease and wealth cross national boundaries with little hindrance or democratic oversight), rights and entitlements to essential health care should not be denied on the basis of a person's official migration status. Medact is working with other organisations to stop the denial of health care to some of the most vulnerable people in the UK.





A picture of boys who have been imprisoned without recourse to a fair trial. They include Sarh Manseray who was imprisoned at the age of thirteen. Such abuses are all too often ignored by the medical establishment.

Medact is working on a range of initiatives to prevent medical complicity in torture here and abroad. We are developing training sessions and educational materials to enable clinicians to be better equipped to detect and document evidence of torture; and we are working with the BMA, Amnesty International and others to ensure more proactive action from the World Medical Association and other national medical associations to oppose torture.

This is a force-feeding restraint chair used in Guantanamo. Medact initiated a petition addressed to President Obama signed by over 150 medical professionals offering their services to visit, examine and advise the detainees who no longer trusted their military doctors.

When a political prisoner of sound mind chooses to undertake a hunger strike as a form of protest, health professionals should be on hand to provide appropriate clinical and psychological care. Forced-feeding is a contravention of accepted international protocols concerning the rights of hunger strikers. Medact is helping to conduct a systematic review of evidence on the ethical and clinical treatment of hunger strikers in prison.



Treasurer's report

For the FY ending 31 Jan 2014, the 'core' income from voluntary gift-aidable givings (membership fees and donations), and including the amounts recovered through gift-aid, was £123,941. This is an increase of £11,886 over the previous year and was achieved because donations (£32,512) exceeded those of last year by £13,869: this was slightly offset by reduced income from appeals which, at £23,452, was £3,534 less than FY ending 31 Jan 2013. Core funds also benefited from activities which generated income, particularly the 'Re-launch' Conference of November 2013 which, although needing underpinning from core funds to meet all the costs, generated £4,607.

This year there was only one externally funded major project, the Health Impact Assessment led by our former Director, Marion Birch: this is ongoing and we anticipate completion during the current year. As there were three projects during FY ending 31 Jan 2013, the overall income for that year was £159,901.

The total expenditure for FY ending 31 Jan 2014, including project activity, was £129,634, of which 40.8% was spent on salaried staff. For the year ending 31 January 2013, staff pay (minus contracted staff) was 49.3% of total income. Contracted staff add about 10% extra, so that close to 50% of our total income went on staff pay for the FY up to 31 Jan 2014.

Our financial assets are healthy as this year we have made a surplus of £18,601, whereas last year we made a deficit of £8,622. This has therefore enabled us to increase the reserves in our bank accounts to £49,455, more than 60% more than the £30,854 in reserves at the end of FY 2013. This is a creditable achievement, particularly as there has been a notable increase in activity in spite of a reduced paid staff base.

I am very grateful to our volunteers (including many Trustees) as well as the staff (Chris and Vic), and Abdulai Bangura, our contracted finance manager. Finally, I thank Dick Maule for undertaking the financial audit of our accounts.

Frank Boulton

Treasurer

22 May 2014

Accounts

Summary of Accounts financial year ending 31st January 2014

	Unrestricted 2014 £	Restricted 2014 £	Total 2014 £	2013 £
Income				
Membership subscription	52,293			51,005
Donations	32,512			18,643
Appeals	23,452			26,986
Gift aid recovery	15,684			15,421
All voluntary income	123,941		123,941	112,055
Activities generating funds				
Teaching	192		192	442
Conferences	4,607		4,607	1,187
Sales ¹	248		248	315
Investments ²	61		61	66
Grants ³	5,871	13,315	18,186	45,836
TOTAL INCOME	134,921	13,315	148,236	159,901
Expenditure				
Costs of income generation	8,866		8,866	9,217
Employment costs ⁴	47,881		47,881	83,090
Other activities	53,769	12,285	66,054	69,616
Governance	6,833		6,833	6,600
TOTAL EXPENDITURE	117,349	12,285	129,634	168,523
NET Surplus/(Deficit)	17,571	1,030	18,601	(8,622)
Assets				
Tangible ⁵	2,711		2,711	
Cash in bank account	37,000	16,560	53,560	39,476
Liabilities ⁶	(6,816)		(6,816)	(5,861)
Net Assets	32,895	16,560	49,455	30,854

Notes

1. Income from sales. This refers to sales of books and leaflets
2. Investments – mostly interest from our bank accounts
3. Grants. Grants for Projects (restricted) were received for the Health Impact Assessment project and for Crisis Action. £6,325, which was classified 'unrestricted' by our auditor, came from a legacy to be made available for the Nuclear Interest Group.
4. Employment costs – we now have two employed members of staff, plus a contracted finance manager. Last year we had three employees.
5. Assets. 'Tangible' assets come mainly from our equipment: the stated sums include depreciation costs.
6. The 'Liabilities' are monies due for taxation and social security, and for 'sundry creditors'.

Trustees

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Dr David McCoy

Treasurer:

Dr Frank Boulton

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Special thanks to

Alice Bell, Alistair Wardrope, Andy Haines, Babulal Sethia, Charlie Kronick, Christine Hancock, Cornelius Catona, Danny Allens, David Miller, David Pencheon, David Rhys Jones, Eddie McCaffrey, Elena Carter, Elizabeth Molinari, Fiona Godlee, Helen McColl, Hugh Montgomery, Iain Chalmers, Ian Gilmore, Isobel Braithwaite, Jim Welsh, Joel Benjamin, John Christensen, John Hilary, Martin Drewry, Maysoon Dahab, Miranda Eeles, Nick Watts, Patricia Lewis, Richard Horton, Sarah Walpole, Sid Ryan.

Organisations we've been working with

Alma Mata, British American Security Information Council (BASIC), British Medical Association (BMA), British Medical Journal (BMJ), Bureau of Investigative Journalism (BIJ), Campaign for Nuclear Disarmament (CND/CND Scotland), Centre for Investigative Journalism (CIJ), Change to Win, Chatham House, Children's Society, Climate and Health Council, Doctors of the World, Entitlement Working Group, Equality Trust, Evidence for Development, Freedom From Torture, Friends of the Earth, Greenpeace, Health Poverty Action (HPA), Helen Bamber Foundation, Horn of Africa Health & Wellbeing Project, Immigration Law Practitioners Association, International Campaign to Abolish Nuclear Weapons (ICAN), International Centre for Health and Human Rights, International Committee of the Red Cross (ICRC), International Physicians for the Prevention of Nuclear Weapons (IPPNW), Maternity Action, Medical Information for Ethnic Minorities (MIEM), Medical Justice, Medsin, Migrant and Refugee Communities Forum, Move Your Money, National Aids Trust (NAT), Nuclear Information Service, Open Democracy, Oxfam, Oxford University, People's Health Movement, UK, Physicians for Human Rights Israel, Queen Mary University London, Reprieve, Request Initiative, Royal Society of Medicine (RSM), Save the Children, Scientists for Global Responsibility, Socialist Health Association (SHA), Spinwatch, Still Human Still Here, Stop Climate Chaos, Tax Justice Network (TJN), The Lancet, The Terrence Higgins Trust, UK Health Forum, Unite, War on Want, Weapons of Mass Destruction Awareness, Wellcome Trust.



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