

## SPEAKER'S CORNER

### Health for all in the new millennium

**Health professionals working in organisations promoting health through social and environmental justice have a good track record.**

Poverty is the greatest violence

Ghandi

Do health professionals have a responsibility to identify, and attempt to correct the social and environmental wrongs that so undermine our personal and collective health? The organisation of which I am presently chairman, Medact, has 2000 members whose unequivocal answer to this question is YES. Furthermore, the impact of healthy professionals working over the past 50 years in the two parent organisations from which Medact evolved, shows that this unequivocal response is rooted in good evidence, essential in this day of obsessive obeisance to evidence based decision making.

What then of Medact's parents? Fifty years ago several now eminent doctors, horrified by the slaughter and destruction unleashed on the globe by the second world war were fearful that nuclear weapons would be used against China in the Korean War (1950–53). Concerned that the conflict might then escalate into a third world war they founded the Medical Association for the Prevention of War (MAPW). I joined this organisation, recognising the strength of the argument that conflict originated in a mind set that violence and war somehow offered real hopes for fair and just solutions to problems. To counter this MAPW argued that a fair and just social and economic order was a morally better and practically more effective solution. MAPW set out to unite doctors in efforts to prevent war and to consider the profession's ethical responsibility in this respect. MAPW lobbying helped end the embargo on urgent medical supplies to China in 1953, it held conferences on the pathogenesis of war, and Dr Spock, an enthusiastic supporter, addressed one such conference on the importance of the doctor as a citizen activist.

At the end of the 1970s at the height of the cold war, NATO announced plans to place Cruise missiles in many European countries. Although MAPW had a clear antinuclear stance this escalation impelled health professionals to renewed activity. Many of us, already active in the Campaign for Nuclear Disarmament (CND), felt that our influence to stop this senseless escalation could be greater if we came together as a health professionals organisation primarily dedicated to these weapons of mass destruction. So in 1979, the Medical Campaign against Nuclear weapons (MCANW) was formed. MCANW, working in partnership with other affiliates of the International Physicians for the Prevention of Nuclear War (IPPNW) formed at much the same time, had a major impact on subsequent events. Although we have a long way to go before the elimination of nuclear weapons (still a major threat to our existence) there is now a call to go beyond current nuclear arms reduction treaties to total abolition.<sup>1</sup> This was accepted by the established nuclear weapons states at the April 2000 Non Proliferation Treaty Renewal Conference at the United Nations. The award to IPPNW of the Nobel Peace Prize has publicly acknowledged our part in the process leading to reduction in nuclear weapons in 1985.

MCANW's first concern was to educate the public on the awesome destruction that would result from the use of nuclear weapons, and to point out that their use was tantamount to genocide. No health service could protect a population against their effects, and we could conceive of no circumstances where their use could be countenanced. Attempting to understand the nuclear folly that mesmerised so many in government and the armed forces, we analysed the psychology of those who promoted nuclear deterrence.<sup>2</sup> What did a scientist or general whose life was invested in making or deploying a megaton fusion bombs say to his (it was almost always a male) children? Together with the Oxford Research Group, we initiated dialogue with decision makers, believing that direct contact could help us understand each other better, and also help change the perspectives of the nuclear warriors.

MCANW also researched and documented the effect of the nuclear arms race on the general population, not least the direct effects on health, education, and the other public services of the diversion of public resources to the nuclear arms race. What are the opportunity costs, we asked, of spending billions on genocidal weapons rather than on immediately beneficial social needs? In our campaign Beds not Bombs we showed what could be done with the money squandered on

nuclear weapons. Then there is the indirect effect on our collective consciousness. How does it feel to be living in a country that feels that there are circumstances in which we are prepared to kill millions of civilians through the unleashing of a nuclear Armageddon? It is profoundly worrying that we still live in such a country (NATO and the UK have never renounced their first use strategy) particularly as some 70% of our population are against even the possession of nuclear weapons. The judgement of the International Court of Justice at The Hague in 1997 suggested that the use or threat of use of such weapons was a breach of International Humanitarian Law.<sup>3</sup>

Our response to these questions clarified to us the grounds for our opposition to nuclear weapons. Our members contributed to the classic report *The Medical Effects of Nuclear War*,<sup>4</sup> which was written and published by the BMA, and which changed policy on civil defence. Unravelling the logic behind and implications of the development and threatened use of nuclear weapons taught us several other important lessons. Nuclear weapons underpinned the political economic and military dominance of a few nations over the rest of the globe, and the tussle between these few nations was at the root of many wars, both military and economic that scarred the second half of the 20th century. A consequence of all this was the increase in absolute poverty (presently defined as an income of less than \$1/day) that now afflicts 1.2 billion people worldwide. We recognised as early as 1987 that the third world debt was one health destroying marker of this global dominance, as was the arms trade. The environmental threats associated with nuclear weapons were also becoming clearer. Our publication in 1988 of *Even Before the Bomb Drops* highlighted the inter-relatedness of these major problems confronting global good health.<sup>5</sup>

Through the 1980s the interests of our two parent organisations were overlapping more and more, and we worked closely together before formally merging to become Medact in 1992. Medact has further evolved into a health professionals association challenging social and environmental barriers to health. We highlight the health impact of violent conflict, poverty, nuclear hazards, and environmental degradation, and act with others to eradicate them. This wider remit has not distracted us from our implacable opposition to nuclear weapons. We remain actively involved in Abolition 2000,<sup>1</sup> the umbrella organisation promoting the need for a nuclear weapons convention as a means of spelling out the practical steps necessary to get us to a nuclear free world. The need for such a convention was overwhelmingly supported by the annual representative meeting of the BMA in 1998.

As part of our dialogue with decision makers and in conjunction with colleagues from IPPNW, we have held regular meetings with the UK foreign and commonwealth office. We have also travelled to France, Belgium, the USA, India, Pakistan, China, North Korea, and Russia to talk with senior decision makers in these countries about the health and other benefits of abolition. Within the wider context in which we now work, we have embarked on a series of other initiatives. We started with others the campaign against land mines, organising and hosting the initial meetings at the Royal College of Surgeons in 1992. Our continued involvement in this campaign makes us an affiliated member of the International Campaign to ban landmines, Nobel Peace Prize winners in 1997. Medact is a founder member of the Jubilee 2000 coalition campaigning for the relief of third world debt, and successfully encouraged both the BMA and the Royal Colleges to give their support to this campaign.

We have broadened our understanding of the environmental threats to health, and held the first public meeting in the UK on global warming and health in 1994. Our continued work on environment and health has been on policy formulation, which has contributed to a clearer understanding of the way in which the determinants of health relate to each other and to wider socioeconomic changes.<sup>6</sup>

Our work on the psychology of violence and mediation has continued. Medact volunteers have made several visits to the former Yugoslavia to assist UNICEF psychosocial programmes, and we have an active commitment to understand the issues of refugee health. This has culminated in a country wide series of seminars on refugee health, some in association with the King's Fund, at which the idea that Medact could act as a coordinating centre for refugee health issues was strongly supported.

The main thrust of our recent work has been on economic policy and health, and in particular on the health implications of economic globalisation. Medact, working in association with partners in Holland and Finland, and part funded by a European Commission

grant, has produced a series of seminal documents on the health impact of various policies pursued by the World Bank, the International Monetary Fund, and the World Trade Organisation. Medact continues to lobby these organisations, as well as key figures in the European Commission and the UK government on a range of economic, trade and, health policy issues.

Our track record over the past 50 years shows that we have consistently identified new threats to global health before they have become widely apparent, and been in the forefront of alerting colleagues, decision makers, and the general public to such threats. This we have done through the very considerable efforts of a dedicated office staff, and many activists who give both their time and money to the organisation.

With my optimism of the spirit, I dream of a day when our work will no longer be necessary, but with my pessimism of the intellect recognise that I and many of our present members will be dead long before this happens. Medact's work is unfortunately still vital. Even now there are new global health threats emerging, such as those posed by persistent organic pollutants.

We must continue with our policy making, educating ourselves as well as other health professionals and the general population, and step up the pressure on decision makers to resolve the problems we have identified. Numbers matter, and we need as many colleagues as possible to help in our work, and invite all health professional to join us.

When I feel daunted I remember Anita Roddick's aphorism, "If you think you are too small to make an impact try going to bed with a mosquito."

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## References

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- 5 **Medical Campaign against Nuclear Weapons.** *Even before the bomb drops.* London: MCANW, 1988 (601 Holloway Rd, London N19 4DJ).
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## THE JECH GALLERY.....

Traditional healers, still part of the community health systems in the Andes

**T**raditional medicine in the Andes moves us automatically to the figure of traditional healers, and, in some cases, automatically to censure their work. Albeit they have been present in the community health system for many years, they do not seem to fit into the modern model of medicine and health care. Nevertheless, they retain years of knowledge about the use of local medicinal plants. The knowledge differs between traditional healers from different places; accordingly, for example, to the proliferation of flora at certain altitudes. Most of them act as "hidden agents" and only become "visible" when peasants with specific "problems for the traditional healer" need them. We intended—through a respectful approach that recognises the value of their experience—to demonstrate their resources commonly used for certain conditions, to share between them their knowledge, and to teach young people. The picture shows a traditional healer (man, standing on the left) from Ccatupata community during a community exhibition and exchange of medicinal plants.

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