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 evidence 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 notion 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 it was going to place Cruise missiles in Europe. We realised that this represented the greatest threat to health ever to face our continent. What are the health consequences of placing nuclear missiles in Europe? What are the health consequences of a conflict over the issues of nuclear arms in our continent? These were the questions raised by MAPW.

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Ghandi'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 its 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. What did a scientist or general whose life was invested in making or deploying a megaton fusion bomb 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.

Medact 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 Bids 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.

Our response to these questions clarified to us the grounds for our opposition to nuclear weapons. We members contributed to the classic report The Medical Effects of Nuclear War which was written and published by the BMA, and which changed policy on civil defence.

Through the 1980s our 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 led us to place competing issues in many European countries. We remain actively involved in Abolition 2000, 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 form 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.

Our work on the psychology of violence and mediation has continued. We made contacts with the Workers' Educational Association, the Friends of Srebrenica, the British Red Cross, and the King's Fund 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 consist-
ently 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 organ-
isation.

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 recog-
nise that I and many of my 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 possi-
ble 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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THE JECH GALLERY..........................................................................................

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

Traditional 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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