

Letter from Glasgow

UK-MED: SAVING LIVES IN HUMANITARIAN CRISES

A friend asked me how retirement was going. ‘Very well’ I replied having retired as Director of Public Health of NHS Lanarkshire in 2017. I really liked my job but felt it right to retire and to have a greater control over my time. That has indeed happened although children, grandchildren, golf, tennis and walking our two dogs take a fair chunk out of my time! In retirement I also wanted to use the expertise and experience I had acquired in medicine and public health for the greater good. I sought opportunities in public bodies and charities to use my skills. So I continued to be a member of the Scottish Health Action on Alcohol Problems (SHAAP), and I became a non-executive Board member of the Scottish Environment Protection Agency (SEPA) in 2020, which is a non-departmental public body of the Scottish Government.^{1,2} In addition from 2018 to 2024 I was a Trustee member of UK-Med, a British humanitarian medical aid charity.³

I have talked about SHAAP previously in a *Letter from Glasgow*, and also about SEPA so I thought it right to mention UK-Med.^{4,5} What appealed to me when I first saw an advertisement for UK-Med Trustees in 2018 was that a substantial proportion of health professionals on its rota were National Health Service (NHS) staff. That is, health professionals, who took leave from treating and caring for patients in the UK and used their expertise and experience to help in humanitarian crises in low- and middle-income countries. What also impressed me, as I got to know more about it, was the studious avoidance of a ‘white saviour’ mentality and their emphasis that by supporting people at times of crises, health professionals who went to help would also be learning and give them new perspectives on their work on return to the NHS. UK-Med is unique in that it is the only UK humanitarian organization which focuses on healthcare on a global level. There are other humanitarian organizations providing healthcare but these tend to be location specific such as Medical Aid for Palestine (MAP).⁶

UK-Med started in 1988 in Manchester, as the South Manchester Accident Rescue Team (SMART), and was founded by Professor Tony Redmond.⁷ In its first response, Tony led a team of 8 clinicians from Manchester to Armenia to help following a devastating earthquake. From a small start it developed into UK-Med and over the years has responded to natural disasters, disease outbreaks and crises due to conflict.

UK-Med’s vision is ‘A world where everyone has the healthcare they need when crises or disasters hit’ and its mission states ‘We save lives in emergencies. When health services are overwhelmed, we get expert health staff to where they are needed fast. We help communities prepare for future crises.’ And UK-Med does what it says on the can. It has deployed the following countries to name just a selection: Bosnia conflict (1992–95), Cape Verde cholera outbreak (1995), China earthquake (2008), Haiti earthquake (2010), Philippines typhoon (2013), Sierra Leone Ebola response (2014), Nepal earthquake (2015), Bangladesh diphtheria outbreak (2018), Rwanda Ebola preparation (2019), Mozambique health response coordination (2019), Yemen (2020), Rohingya refugees in Bangladesh (2020), Covid-19 pandemic support in various countries (2020), Ukraine (2022 to present), and Gaza (2014 and 2023 to present).

In 2016, two years before I joined, UK-Med became a key partner of the UK Emergency Medical Team (UK EMT) which provides emergency healthcare in crises on behalf of the UK Government and funded through its Foreign, Commonwealth and Development Office (FCDO). There is a possibility that UK-Med could be perceived (wrongly) as merely a UK Government agency. However, I found that, on balance, this was a positive feature of UK-Med in that it can deploy independently, but also act for the UK Government (and hence British people) in humanitarian crises.

UK-Med is also unique as being the only British organization verified by WHO in 2022 as an EMT. This means it can be called upon at any time to deploy anywhere in the world to provide lifesaving medical aid. EMTs deliver essential medical care in humanitarian emergencies and this can range from small specialised clinical or support teams, to primary care facilities, or a field hospital. UK-Med ensures that there are staff on-call and equipment ready, so it can respond immediately to any such deployment.

I became a Trustee of UK-Med not because I had any experience of working for a humanitarian organization, but because I believed passionately that my public health skills, and experience of working at a strategic level at a board level would be useful to UK-Med. As a consequence I served two 3-year terms as a Trustee which I completed in August 2024 and I think contributed positively to UK-Med at a critical time. This included working remotely during the Covid-19 pandemic and deploying to Ukraine and, more recently, Gaza.

I’m going to miss my train journeys for the Trustee Board meetings from Glasgow (aka the dear green place) to Manchester (aka the Capital of the North) where UK-Med has its offices. That journey goes through some spectacular scenery in the south of Scotland and the north of England before arriving in the centre of Manchester which to my mind has an energy and buzz which rivals anything in London. I was sad to complete my terms as a UK-Med Trustee but I am glad that I had given it my energy and time. The reasons for me are simple—not only is UK-Med’s work important but because I gained so much in return.

It gave me a much better understanding about being a trustee of a charity including the Charity Commission for England and Wales.⁸ This was the first time I had been an actual trustee and the publications of the Charity Commission reminded me about trustee responsibilities including the six main duties of a trustee:

- Ensure your charity is carrying out its purposes for the public benefit
- Comply with your charity’s governing document
- Act in your charity’s best interests
- Ensure your charity is accountable
- Manage your charity’s sources responsibly
- Act with reasonable care and skill.

During my time in UK-Med I learned much more about humanitarian organizations including how precarious the funding is for them, the importance of clinical quality and clinical governance issues in providing healthcare in humanitarian crises, ensuring security and safety issues of staff in the field, and about the unique qualities of humanitarian health professionals.

Finally, UK-Med's work reinforced for me how climate change will exacerbate humanitarian crises directly by natural disasters and indirectly by conflict arising from climate change. And these crises will disproportionately affect poorer countries and poorer people within those countries. We need to highlight humanitarian crises and their causes to people in high-income countries so we don't look away when the most vulnerable people, at the most vulnerable time, and in the most vulnerable circumstances need our help.

Conflicts of interest. I was a member of the Board of Trustees of UK-Med from 2018 to 2024.

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