

Abstract

Historically, physicians have chosen to consider medical ethics rather than patient rights, as well as preferring responsibility for the individuals seeking their help rather than for the health of populations. Protests against planning for war, and discussions about sustainment of global well-being, were received within the medical profession with both encouragement and hostility. Against the mounting threat of nuclear war, International Physicians for Prevention of Nuclear War (IPPNW) was created, bringing up to 70 national affiliates together into a global federation which spoke with a single voice to oppose the grim reality of nuclear war. IPPNW sought to concentrate its concerns on collective issues rather than individual rights, and on changing ways of thinking rather than on saving individual lives. To this end it has enlarged its agenda to the establishment of more equitable distribution of resources, protection of the global environment, and non-military ways of building regional and global security. IPPNW seeks to promote rights through discussion, education, and non-partisan collective advocacy and consensus-building. This paper traces the evolution of medical groups that formed to promote peace and prevent war.

Historiquement, les médecins ont choisi de privilégier l'éthique médicale plutôt que les droits des patients. Ils ont également souvent préféré se préoccuper des personnes qui sollicitent leur aide plutôt que de la santé de populations entières. Les protestations contre les préparatifs de guerre et les discussions sur le bien-être planétaire ont reçu un accueil mitigé de la part de la communauté médicale, favorable et hostile à la fois. Les craintes engendrées par le risque de guerre nucléaire amena à la création de L'International Physicians for Prevention of Nuclear War (IPPNW). Ses adhérents dans près de 70 pays se sont exprimés d'une seule voix pour s'opposer à l'affreuse réalité de la guerre nucléaire. L'IPPNW a cherché à concentrer son action sur des problèmes collectifs plutôt que sur les droits des individus, ainsi que sur le changement des mentalités plutôt que sauvegarde de vies individuelles. Dans ce but, elle a élargi ses objectifs pour inclure l'instauration d'une répartition plus équitable des ressources, la protection de l'environnement, et le développement de moyens non-militaires pour construire la paix au niveau régional et planétaire. L'IPPNW cherche à encourager le respect du droit à travers la négociation, l'éducation, la recherche non-partisane du bien collectif et la création de consensus. Cet article retrace l'évolution des groupes de médecins qui se sont réunis afin de promouvoir la paix et prévenir la guerre.

Historicamente, los médicos han escogido privilegiar la ética médica sobre los derechos de los pacientes. Lgualmente han preferido asumir responsabilidad por los individuos que solicitan su ayuda en lugar de la salud de las poblaciones. Las protestas contra los preparativos para la guerra, y las discusiones acerca de un bienestar global sostenido, fueron recibidas dentro de la profesión médica tanto con apoyo que con hostilidad. Contra la amenaza creciente de guerra nuclear, se creó la organización International Physicians for the Prevention of Nuclear War (IPPNW, por su siglas en inglés) que reunió cerca de 70 afiliados nacionales en una federación global que habló con una sola voz para al oponerse a la gris realidad de la guerra nuclear. IPPNW buscó concentrar sus esfuerzos en problemas colectivos en lugar de derechos individuales, y en cambiar las formas de pensar en lugar de salvar vidas individuales. Para lograr este fin la asociación ha expandido su enfoque para incluir el establecimiento de una distribución más igualitaria de los recursos, la protección del medio ambiente global, y maneras no militares de construir seguridad regional y global. IPPNW busca promover la realización de los derechos humanos a través de la discusión, la educación, el apoyo colectivo no partidario y la formación de consenso. Este artículo traza la evolución de los grupos médicos que se formaron para promover la paz y prevenir la guerra.

EVOLUTION OF THE PHYSICIANS' PEACE MOVEMENT: A Historical Perspective

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Medical Ethics

The medical profession traditionally has concerned itself not with rights but with ethics—ethics referring to medical responsibility. Courteous behavior toward patients was assumed to promote the patients' best interests. Physicians behaved with respect toward their patients, not out of recognition of patient rights, but to uphold the reputation of the profession and to assure the best chance of maintaining medicine's privileged position. When medical students were taught ethics, it was about how doctors should behave. I once invited an experienced family doctor to address a class of young medical students on the subject of his professional practice. As his informal and rambling account came near to its close, he said, "Then there's ethics. Ethics is simple. Leave the sheilas (women) alone and don't rubbish your mates. That's all you need to know about ethics."

Public Health

Throughout history, concern for individual reputation and group solidarity has characterized the medical profession. It has paid relatively little attention to the broader societal context within which physicians practice, and has evinced little responsibility for maintaining the public health. Physicians could and did assert their authority to restrict or constrain the freedom of individuals in the interest of society as a whole. Compulsory x-ray screening, reporting of infectious

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disease, and detention of violent individuals with mental illness were generally accepted. But public health was depicted within the profession as a dull topic, about drains and regulations. Moreover, it smacked of politics and was associated with left-leaning physicians.

As a whole, physicians were more likely, through training and practice, to align themselves with visible authority and the conservative elements in society. They were likely to prosper under highly controlling or totalitarian régimes. Moss, drawing upon Friedson's concepts of professional dominance, suggested that in fascist Germany "the extension of medicine into the realm of fascism...could have resulted from the authoritative nature of the physician's role in society."¹

The health profession's relatively recent interest in understanding causes of illness at a community level has been fostered by the discipline of epidemiology. Epidemiological observation and research provide information that can guide measures to counter such causes. It fosters, therefore, advocacy to alter public attitudes, habits, and common practices through education, legislation, and exhortation. Also, it has been linked with the more radical edge of politics. Major Greenwood, for example, who authored *Epidemiology and Crowd Diseases, An Introduction to the Study of Epidemiology*, one of the key works to extend epidemiology from infectious disease to cancer, was also founder of the Socialist Medical Association, formed in 1930.² Archie Cochrane, another father of English epidemiology, fought in the Spanish Civil War. He claimed to be nominated to go by Pickering's unit at St. Mary's because he was the only bachelor, and it was decided that "someone ought to go." Richard Doll, a celebrated pioneer in non-infectious disease epidemiology, also played a part in the Socialist Medical Association and strongly supported establishment of the National Health Service. Launched in the United Kingdom in the heady post-war years, that bold experiment was a determined effort to encourage health professionals to take responsibility for the health of the whole population, not just of those who chose to visit them or those who could pay.

Introduction of ready and equitable access to an accepted standard of health care was consistent not only with Article 25 of the *Universal Declaration of Human Rights* which pro-

vides that “everyone has the right to a standard of living adequate for health and well being...including...medical care and necessary social services...” but also with Article 28 which proclaims “the right to a social and international order in which human rights can be fully realized.”³ Only within a universal and equitable health care framework, could the right to the highest attainable standard of health be accorded to every citizen.

Within the UK, many physicians objected to the introduction of the National Health Service considering it an infringement of their clinical authority. Conflict has continued between two points of view within the profession, which can be summarized as follows: 1) The right of the individual to expect attentive care from the physician, together with the responsibility laid on the physician to provide that care while maintaining a high professional standard of dignity, confidentiality, and competence; and 2) The right of all people to receive a basic level of health care, and the responsibility of the medical profession to advocate for greater justice and equal access to care, which requires stability and peace within the “social and international order.”

Protest

Tension between individual and community care is a theme that runs through Nick Lewer’s extensive historical account, *Physicians and the Peace Movement*.⁴ He cites Rudolf Virchow, who advocated that improvement in social conditions is much more effective than medical science in prolonging human life. Unpopular with many of his colleagues for his fearless promotion of radical causes, Virchow presented a motion in 1869 on disarmament to the Landtag (Prussian parliament), pointing out that expenditures on education had remained stationary because of excessive spending on armaments. Leon Eisenberg has written of him, “He led the protest against Bismarck’s militarism despite the risks involved. Few can match his scientific accomplishments. Every physician can be inspired by his personal courage and his commitment to humane values. No task can be higher on the agenda of medicine than the defence of peace, the precondition for health in the nuclear era.”⁵

Against this background, it is not surprising that the Medical Association for the Prevention of War (MAPW) was founded by individuals who promoted public health and who researched in epidemiology. Doll was first author of a letter, "Prospect of War," to the *Lancet* in January 1951. This letter disclaimed the suggestion that war with the Soviet Union was inevitable and advocated the peaceful settlement of disputes and world disarmament.

We appeal to all our fellow doctors who think that there may yet be an alternative to merely providing treatment for casualties; we ask them to join us...to halt preparation for war and to bring about a new and determined approach to the peaceful settlement of disputes and to world disarmament.⁶

Correspondence flooded in; 20 letters were printed in the course of four weeks. Rejoinders in the next issue chided the naiveté of the writers for failing to mention the lack of human rights under communism and the need for a strong defense one writer was alarmed to see political propaganda allowed to invade columns hitherto spared for medicine, and discerned a 'shift to the left' in medicine.^{7,8} Memories of Britain's lack of preparedness against Hitler were still strong: "to remain unprotected is...prejudicing our survival as a free-voting, freedom-loving, forbearing democracy."⁹

But others expressed strong support. Alex Comfort wrote, "Fear, paranoid projection, and threats of mass extermination are doubtful allies of civilization. It is time we mobilized our resources to disarm them at home."¹⁰ In their final response to the correspondence, Doll and his colleagues invited all who were interested to write in so as to be informed of an exploratory meeting. This took place in March 1951; MAPW was formally founded, and published its manifesto in May of the same year.¹¹ Its policies were the following:

- To consider and to formulate the ethical responsibilities of doctors in relation to war.
- To study the causes and results of war.
- To examine the psychological mechanisms by which people are conditioned to accept war as a necessity.

- To oppose the use of medical science for any purpose other than the prevention and relief of suffering.
- To urge that the energies and money spent in preparation for war against man be directed into the fight against disease and malnutrition.
- To seek the cooperation of all doctors, in all countries, having the same aims.

MAPW remained an organization largely confined to Britain (although an Australian group formed in 1981 took the same name) and its membership rarely exceeded 400, although its influence, through conferences and Bulletins, was much wider. The organization's policy statement contains no specific mention of nuclear weapons. Nonetheless, MAPW became an important proponent and supporter of the Campaign for Nuclear Disarmament. MAPW itself remained a small medical think-tank, leaving the staging of more activist measures such as street demonstrations and other forms of public protest to other organizations.

Prophecy

In 1961, a group of Boston physicians formed Physicians for Social Responsibility (PSR). They placed their emphasis on the threat of nuclear attack and the impossibility of providing medical help to victims of a nuclear holocaust. Once more, public health academics were important participants in the effort, but the charismatic leadership of cardiologist Bernard Lown was most prominent. Lown had emigrated from a Lithuanian Jewish community as a boy, and had been accused of communist activity during the McCarthy era. Through his own family history, he was well acquainted with both the Holocaust and the denial of human rights.

Protest against the horrors of war and the danger of preparation for war needed to be supplemented by effective education concerning the awful reality of a nuclear attack. Prophecy—in the Biblical sense of telling it how it is, rather than foretelling the future—was necessary to alert all levels of society, from decision makers down, about what was to be expected should nuclear war occur. In 1962, several articles were published in one issue of the *New England Journal of*

Medicine (NEJM) by the Boston PSR group, which included David Nathan, Jack Geiger, and Victor Sidel, along with Bernard Lown. These articles outlined the medical realities of a nuclear attack on Boston.¹² Nuclear war was not regarded as an unreal or remote possibility. The Joint Congressional Committee on Atomic Energy had recently declared that an attack of 1,446 megatons on the United States was a “realistic possibility.” The articles exposed the futility of any proposed medical response. Further, they described the injuries caused by heat, blast, and radiation at various distances from the hypocenter of a one-megaton explosion, while charting the location of medical facilities and showing how most of them would be destroyed, together with their health professionals.

The PSR physicians rejected proposals to build shelters against a nuclear attack as deeply misleading.

Since it is impossible to prepare adequately for every type of nuclear attack, the physician’s responsibility goes beyond mere disaster planning. Physicians, charged with the responsibility for the lives of their patients and the health of their communities, must also explore a new era of preventive medicine, the prevention of thermo-nuclear war.¹³

The NEJM articles made an enormous impact—even the U.S. Department of Defense wrote for reprints and requested further details. Only six letters of comment were printed, and then not until two months later, but all were congratulatory of the NEJM for its leadership, and of the writers for “the industry and thoroughness and clarity of their presentation.”¹⁴ However, the urgent force of the message was not sustained. Conclusion of the Partial Test Ban Treaty and avoidance of nuclear confrontation during the Cuban missile crisis seemed to reassure most observers that the threat of attack had become remote. PSR lost impetus and virtually disbanded.

Not until 1979 was there a revitalized interest in the prevention of nuclear war among the medical professions. The nuclear arsenals of the Soviet Union and the United States had continued to increase and became sufficient to destroy human life many times over. Emerging as a major prophet of the revival was Helen Caldicott, an Australian pediatrician working in the United States. She re-inspired PSR, becoming

its president until removed by members upset with her arbitrary and individual style of leadership. In London she also stimulated the formation of a more vigorous British medical group, the Medical Campaign Against Nuclear Weapons (MCANW).

While still at PSR, and with the help of knowledgeable physicians, Dr. Caldicott organized a series of medical symposia in major U.S. cities. She outlined what she sardonically called “a bomb run on them,” spelling out likely consequences of a nuclear attack on each city and the problems of providing medical aid to survivors. Eyes were opened, fear and resolve were kindled, and PSR began to grow rapidly, reaching more than 20,000 members.¹⁵

Human rights language is not apparent in the numerous books and articles from the early 1980s that address the threat of war. Human rights is generally understood to involve the relationship between the individual and the State, and this was not a matter of governments violating the rights of citizens; both governments and people were hostage to competing ideologies that demonized one another. In 1984, Bernard Lown spoke of the power of propaganda consistently published by the American media.

The complex differences between our social systems have been reduced to martial combat between the forces of good and evil. Any constructive utterance is deemed as propaganda intended to dissipate the opponent’s resolve...The enemy of humankind is neither communism nor capitalism, but these genocidal weapons...

We must constantly search for means to enlarge the dialogue between East and West. As governments confront each other with nuclear arsenals, we physicians must cooperate to launch a people’s dialogue.¹⁶

Collective Action

Lown had already done much to effect such dialogue. By late 1979 he had approached a fellow cardiologist in Moscow, Eugene Chazov. Like Lown, Chazov was researching the causes and prevention of sudden death in myocardial disease. Lown suggested that they were doing nothing to prevent a cause of sudden death that threatened millions—nuclear war. He invited Chazov to join him in developing a joint medical protest against nuclear weapons. As personal physician to

Brezhnev, Chazov was in a position to respond positively. In December 1980 three Russian and three American physicians, including Lown and Chazov, met in Geneva. There they agreed on certain guidelines for an organization of physicians. The overreaching principle was that discussions must be limited to issues of nuclear war. Issues concerning conventional arms, nuclear power, human rights, or problems specific to any one country were to be avoided.¹⁷ In the interest of being able to advocate for the global right of protection from sudden annihilation, the opportunity to protest against treatment of minority groups, dissidents, or political prisoners was discarded. In addition, discussion of any link between nuclear weapons and nuclear power (regarded as necessary for energy production in the Soviet Union) was avoided.

The International Physicians for Prevention of Nuclear War (IPPNW) was founded as a result of that meeting. From its small first meeting at Airlie House in 1981, the organization held increasingly larger annual congresses in Cambridge (England), Amsterdam, Helsinki, and Budapest, by 1985 claiming more than 200,000 members in over 40 countries. IPPNW's prophetic mission was described in medical terms, offering a diagnosis which spelled out the reality of destruction caused by nuclear weapons and the blinkered concepts behind planning nuclear war. They also offered a prescription: the need to halt testing of new nuclear weapons. The prescription was depicted on posters as a hand writing "Cease Nuclear Testing" on a prescription pad. In addition, a worldwide "Cease Fire" campaign protested every reported test explosion by any country. The need for radical new thinking was proclaimed on the IPPNW letterhead, which carried a quotation from Einstein: "We shall require a substantially new manner of thinking if mankind is to survive." "Bomb-runs" were presented by sober-faced members at hospital Grand Rounds, medical meetings, church groups, and public gatherings. Joint presentations by both Soviet and American physicians were shown on television, in Moscow and in the United States.

IPPNW received the Nobel Peace Prize in 1985 in recognition of its ability to bring together physicians linked by the common bond of medicine and its ability to persuasively

speak with a single voice on the issue of nuclear war. The Norwegian Nobel Committee cited IPPNW for having performed a considerable service to mankind by spreading authoritative information, contributing to an increase in public opposition to atomic weapons, and giving arms limitation negotiations a new perspective and seriousness. In addition, great importance was attached to the fact that IPPNW was founded as a joint initiative by Soviet and American physicians.¹⁸

The award was by no means universally applauded. Within the West, contact with anyone from the Soviet Union was suspect, and there were many accusations that IPPNW was a “communist front.” In Germany, for example, Dr. Heiner Geissler, General Secretary of the Christian Democratic Party, and Chancellor Helmut Kohl each tried to influence the Nobel Committee not to grant the prize to IPPNW. Geissler stated that the prize would have been better awarded to NATO. In a moving speech delivered at the Oslo City Hall during the week of the Nobel presentation, Ulrich Gottstein (a leader in the German affiliate of IPPNW) compared this opposition with Hitler’s refusal in 1936 to allow pacifist Carl von Ossietzky (then in a concentration camp) to receive the Nobel Peace Prize. At that time there had been no significant protest from other governments, and Ossietzky died of his hardships in 1938. Gottstein went on:

One must not look just at the mistakes made by others, but one has to admit that many people in my own country have failed, have become guilty. Nevertheless, after the war, many of them were employed in high, indeed the highest, government positions. He who has not protested this, especially as a German, now must not be the first one to cast a stone.¹⁹

Even before Hitler’s fascism, there was a strong intellectual tradition in Germany, which saw war in Darwinian terms—as a necessary, even glorious aspect of the universal struggle for existence. In October 1914, a total of 93 German scientists, including Paul Ehrlich, August von Wasserman, and Wilhelm Roëntgen had issued a *Manifesto to the Civilized World*, a “protest before the whole civilized world against the calumnies and lies with which our enemies are

striving to besmirch Germany's undefiled cause in the severe struggle for existence which has been forced upon her."²⁰

Continuing to insist on IPPNW's nonpartisan and international collective foundation, Lown was able to withstand the opprobrium of numerous colleagues. Some years later, another demonstration occurred of physicians transcending nation/state barriers in a collective stand against nuclear weapons. In 1987, at the Council meeting following the Eighth IPPNW Congress in Montreal, the leader of the Israeli affiliate publicly embraced the leader of the Palestinian Red Cross. Members of the Council were deeply moved and much encouraged. IPPNW printed a photograph of the encounter in its next brochure and planned to distribute it widely, but it had to be withdrawn when it was realized that mere contact with a Palestinian was a criminal offense in Israel.

Survival

Bernard Lown's eloquent Nobel Prize acceptance speech sounded a strong moral note:

We physicians who shepherd human life from birth to death have a moral imperative to resist with all our being the drift toward the brink. The threatened inhabitants on this fragile planet must speak out for those yet unborn, for posterity has no lobby with politicians... We physicians have focussed on the nuclear threat as the singular issue of our era. We are not indifferent to other human rights and hard-won civil liberties. But we must be able to bequeath to our children the most fundamental of all rights, which preconditions all others: the right to survival.²¹

That fundamental need articulated in Lown's speech—to continue the human species—was very much in mind. In the accompanying Nobel lecture, Lown quoted Jonathan Schell, whose book *The Fate of the Earth* was having an enormous impact:

...(we ask) not for personal survival, but to be survived. We ask for the assurance that when we die as individuals, as we know we must, mankind will live on.²²

During the Nobel award ceremonies in Oslo, human rights became an issue for IPPNW within another context. Several individuals and activist groups traveled to Oslo to

protest the exile of dissident Soviet scientist Sakarov, and accused Chazov of playing a part in approving Sakarov's punishment. A press conference celebrating the award was rapidly turning into an inquisition aimed at Chazov, until Russian reporter Lev Novikov suddenly slumped and convulsed with acute cardiac arrest. Several of the world's leading cardiologists were on the podium and immediately initiated resuscitation on the floor of the hall. Cameras diverted instantly to capture every detail of this drama, and as the resuscitated victim was carried away to hospital, Lown was able to offer this short and moving conclusion to the press: "when the crisis comes, Soviet and American physicians cooperate. And this crisis we face now in a big way for all humankind...we forget our differences, we do not care whether it's an American or a Russian."²³

Advocating for individual human rights remained a difficulty for IPPNW. As plans were developed for the Sixth Congress in Cologne in 1985, it was proposed that a workshop on the psychological effects of the arms race be led by a Soviet psychiatrist, Marat Vartagnan. However, his name was controversial in that Russian emigres associated it with the confinement of dissidents to mental institutions. As a result, the German organizers of the meeting were adamant that they could not welcome Vartagnan on the program, claiming that all press interest would focus on him and his role in violating human rights, to the exclusion of the Congress' main theme. Soviet leaders in IPPNW claimed no knowledge of any association their colleague had with such practices, but agreed to find another psychiatrist for the workshop.²⁴

During the time leading up to that Sixth IPPNW Congress, prominent German physicians openly criticized IPPNW and its colleagues who engaged in peace activism. Eisenberg, in his address to the Congress, responded by noting Virchow's example: "his courage in speaking out for fundamental human rights provides an example to sustain us at a time when the propriety of what we do here is under attack as a 'misuse' of medicine for political ends."²⁵

In spite of IPPNW guidelines, discussion of nuclear power could not be avoided at the Cologne Congress. The reactor at Chernobyl had released its deadly cloud of radiation only weeks earlier, thereby allowing a much more open question-

ing of the nuclear power industry than had previously been possible. As Eugene Chazov remarked in discussion, "this issue will divide families."

A further broadening of the agenda, resulting from a broadening of the topics that Soviet doctors were permitted to address, was evident at the next IPPNW Congress in Moscow. Mainly through Chazov's influence, the IPPNW Executive Committee was invited to meet with Gorbachev, then Secretary of the Party and President of the USSR, and spent two hours in discussion with him in a conference room of the Central Committee of the Communist Party.

Lown had already made an impression on Gorbachev. At a forum in Moscow earlier that year, he had addressed Gorbachev directly (with whom he was sharing the podium), applauding his initiatives of glasnost and perestroika and imploring him to continue the Soviet moratorium on nuclear testing. Lown had concluded:

Survival depends upon protest, not resignation. Each of us must speak for generations yet unborn. We shall succeed as we empower millions of people with our vision of a world free of nuclear weapons. Only those who see the invisible, can do the impossible.

Gorbachev had leaned across and scribbled in Russian on Lown's script: "I agree with everything you say, Dr. Lown."²⁶

In meeting with the Executive Committee of IPPNW, Gorbachev stated:

We share the aims of your movement, and take them into account in shaping our foreign policy... You are not a political organization—you are concerned for the survival of all human beings. This overrides all other programs.

Gorbachev described to the IPPNW Executive Committee new proposals that he believed the Soviet Union should support: no nuclear weapons by the year 2000; a continuing moratorium on nuclear tests; and a new system of security, universal and collective:

We have a deep conviction that the only basis for international relations is a peaceful relationship and peaceful competition. We see a common European home,

common security in the Asia-Pacific region, common security with our friends in the Warsaw pact, all following a strictly defensive doctrine.²⁷

In a few short years, Gorbachev was to be displaced, and the Soviet Union dismantled. But the ideas he proposed in 1987 gained increasing momentum.

The Third World

By the time of the 1987 Moscow Congress, there was increasing evidence of the influence of new affiliates from the Third World. This raised the difficult question, what did IPPNW have to say to the struggling nations of Africa? The non-aligned countries were potentially important allies in mounting a protest against the intransigent refusal of the nuclear powers to give up their weapons, but what advantage accrued to their physicians in joining IPPNW? For some years, Bernard Lown had explored the idea of a satellite for peace—a powerful symbolic rejoinder to the Star Wars proposals, then under active consideration in the United States, which threatened placement of nuclear weapons in outer space. Satelife, initiated under the auspices of IPPNW, became an independent project. Its audacious concept won generous support and IPPNW was able to launch a small satellite covering the entire surface of the globe in polar orbits and bringing free and effective communication within reach of individuals and institutions in every part of the globe. Initially thought of in somewhat paternalistic terms—beaming current medical science to the impoverished medical schools of Africa—Satelife was increasingly accepted, thanks largely to the result of its capacity to free some individuals and medical institutions from the horrendous expense of telephone and telex communications within the continent, thereby also serving to link Africans with Africans.

A Healthy Environment

During the 1980s, anxiety increased over the deterioration of the global environment. This was due not merely to the threat of “nuclear winter” (an additional dramatic hypothetical reality added to the “bomb run”), but also to continuing depletion of the ozone layer, production of massive

quantities of toxic waste, and failure to find a safe, agreed-upon way to dispose of waste materials from nuclear reactors.

Bernard Lown's genius for creating a powerful image produced "the triangle"—a model focusing on nuclear weapons which displayed the three-way interdependence of disarmament, development, and environment. The triangle showed that refusal to abandon spending on nuclear weapons prevented nuclear states from participating effectively in development, and that their nuclear weapons industries secretly caused untold damage to the environment—if for no other reason than their contamination of local streams and rivers with radioactive materials. Nuclear disarmament was a path not only away from the holocaust, but also towards global justice and ecological survival. In 1988, IPPNW established a commission to study the health and environmental effects of nuclear weapons production, testing, and deployment. Working with the Institute for Energy and Environmental Research, IPPNW researched many of the adverse environmental outcomes of the nuclear weapons industry. This collaboration produced three influential books as a result: *Radioactive Heaven and Earth*, *Plutonium: Deadly Gold*, and *Nuclear Wastelands*.^{28, 29, 30}

The Rule of Law

For several years, the International Peace Bureau (IPB) had been interested in seeking an advisory opinion from the International Court of Justice as to the legality of nuclear weapons. Initially the suggestion of New Zealand lawyer Harold Evans, this idea received much impetus not only from the New Zealand legal community, but also from lawyers around the world. The result was the formation of the International Association of Lawyers Against Nuclear Arms (ILANA). A New Zealand member of IPPNW, Erich Geiringer, encouraged IPPNW to support the project at the Stockholm Congress in 1991. He also provided much of the energy to foster a motion within the World Health Assembly (WHA, the highest governing body of the World Health Organization), to seek the Court's opinion.³¹ According to Article 96. n.2 in the Charter of the United Nations, organs of the United Nations and specialized agencies may request advisory opin-

ions of the court on legal questions arising within the scope of their activities. In comparison, the General Assembly and Security Council may request advisory opinions on any legal question. The World Health Organization (WHO) had already published monographs reviewing the health consequences of nuclear war, which drew extensively on IPPNW publications.³² It was reasonable for such a request to come to the Court from the WHO in that the question of the legality of nuclear weapons could be framed as a health issue. The issue was intensively lobbied at the 1992 World Health Assembly, but only made it to the floor of the WHA in the following year. It was not only received in 1993 but also passed, due largely to IPPNW supporters who were present as members of their national government delegations. Once more, the non-partisan global collective proved effective.

In addition to receiving WHO's request for an Advisory Opinion, the Court received a similar request from the UN General Assembly later that year which asked whether the use or threat of use of nuclear weapons should be outlawed. IPPNW individuals and affiliates have joined IPB and ILANA in rallying public opinion worldwide, demanding that all nations support the Court and encourage it to declare nuclear weapons illegal. In 1996, we await the Court's judgment, aware that whatever its final opinion, the exercise of mobilizing global awareness of the issue has taken the world one step closer to the elimination of nuclear weapons.

The Right to a Future

By 1992, the perceived threat of nuclear war had receded. The two Germanies had become one; the Soviet Union had disintegrated. But the efforts of the past decades had laid the groundwork for a much more comprehensive mission for the physicians' movement. In Britain, the two organizations MAPW and MCANW finally agreed to amalgamate under a new name, Medical Action Global Security (MEDACT). Its Founding Statement proposed the following broad agenda: MEDACT will educate and campaign to prevent war and promote peace and global security by:

- Redefining global security to include non-military factors such as population growth,

- underdevelopment, maldistribution of resources and environmental degradation;
- Addressing the health and environmental consequences of war, preparation for war and the deployment of nuclear weapons and other weapons of mass destruction;
- Investigating the causes of war and group violence;
- Highlighting the ethical responsibilities of health professionals in relation to war and the denial of human rights, and to the protection of children and future generations;
- Supporting non-violent methods for the resolution of conflict;
- Demanding a re-allocation of resources from military activity to the promotion of health;
- Advocating on health grounds the just redistribution of global resources; and,
- Examining the link between nuclear power and nuclear weapons and the health implications.³³

Other affiliates of IPPNW also renamed themselves to celebrate their enlarged agenda. Canada became Physicians for Global Survival; MAPW (Australia) chose Medical Association for Global Survival in a rush of conference enthusiasm, then reverted to its old designation in the colder light of Council deliberation.

The MEDACT manifesto not only outlines many concerns but brings to light a number of issues. Within IPPNW the question has been raised whether any organization—let alone an unwieldy international federation comprised of so many different cultures and traditions—could truly embrace such a broad agenda. Can physicians work effectively for a range of issues which includes clean air and water, economic justice, equitable distribution of resources, freedom from group violence of all kinds, security founded in cooperation not confrontation, peaceful resolution of conflict, protection of children and minorities, and the elimination of weapons of mass destruction?

The revised Mission Statement for IPPNW, framed in 1992, is quite succinct:

IPPNW is a nonpartisan international federation of physicians' organizations dedicated to research, education and advocacy relevant to the prevention of nuclear war. To this end, IPPNW seeks to prevent all wars, to promote non-violent conflict resolution and to minimize the effects of war on health, development and the environment.

New challenges continued to present themselves calling for new knowledge, new prescriptions. While there was promise and demonstration of new levels of cooperation in Europe, Southeast Asia, and even the Middle East, new demonstrations of the carnage and disease of war brought on by the disintegration of confederations of states (USSR, Yugoslavia), and by the violent eruption of ancient ethnic conflicts (Abyssinia, Sri Lanka, Rwanda).

The France-based organization Médecins sans Frontières (MSF), attracted widespread and justly deserved applause for providing expert medical relief in many sites of gruesome military conflict. The role of IPPNW was questioned in light of MSF's persuasive humanitarian example of physician aid—MSF is out there working to save lives under appalling conditions. What is IPPNW doing? The question was fair. Although many affiliates and individuals representing IPPNW participated actively in humanitarian relief (for example, the distribution of medical supplies in Iraq by German physicians), the priority methods of work for IPPNW are lobbying, advocacy, research, and education. IPPNW assumes the importance of citizen involvement in politics, recognizing Virchow's famous dictum "Medicine is a social science, and politics is nothing more than medicine on a large scale."³⁴

There are many tasks ideally suited to the work of IPPNW, for example, anti-personnel land mines are common weapons of slow-motion mass destruction, particularly in intrastate conflicts. They target noncombatants as indiscriminately as do nuclear weapons, equally killing and wounding soldiers and children. The opportunity to be free of the risk of death or appalling mutilation from these insidious devices will not result from field hospitals or even extensive mine-clearance operations alone. The mines must be stopped at their source: a complete ban on their manufacture, distribution, and deployment is necessary. This requires intense and tireless political and diplomatic pressure on a global scale—

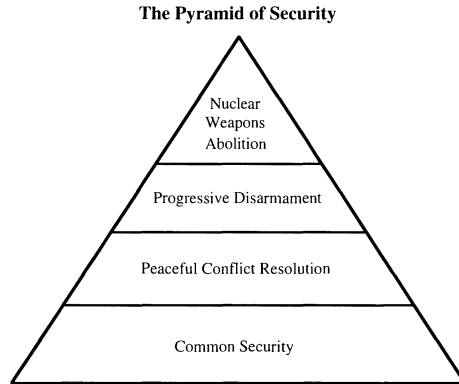
an appropriate task for IPPNW.

In 1994, Bernard Lown stepped down as President of IPPNW. His driving energy and imagination have been missed, but his eloquence continues to sound warnings about nuclear weapons. On the occasion of the Non-Proliferation Review Conference in April 1995, he wrote:

Will we bring in to the new century the diseased baggage of the old, or will humankind rise to a moral dimension by shielding genocidal weapons and at last giving peace a chance? Which shall it be?³⁵

New IPPNW leaders have been devising another model, “the pyramid,” which seeks to integrate the many challenges to peace and survival which the world clearly faces. The complete abolition of nuclear weapons remains the primary goal of the federation, under the slogan, “Abolition 2000!” But there has been continuing development of the phrase in the mission statement “to this end IPPNW seeks to prevent all wars.” In the 1995 publication, *Abolition 2000: Handbook for a World without Nuclear Weapons*,³⁶ the pyramid model is used in two ways:





These models incorporate a global vision which is also likely to hold more appeal to IPPNW Third World affiliates: issues as broad as domestic violence, economic violence (e.g., Third World debt), land mines, intrastate conflicts, the arms trade, and nuclear weapons. It offers a framework for defining basic rights as essential prerequisites for health in its full dimension, whether for the individual, the small community, the nation/state, or the whole earth. It retains the urgent focus of “Abolition 2000!,” but presages a continuing task for IPPNW even after the last nuclear weapon had been dismantled.

Conclusion

It was once fashionable within IPPNW to suggest that the organization should expect to self-destruct, once nuclear abolition was achieved. IPPNW has clearly been an effective voice in challenging conventional thinking about nuclear weapons. Its programs of researching and publicizing scientific information, as well as its non-partisan collaborative demonstrations of rational concern for peace have made a significant contribution. Its task has evolved as history has led it, and experience has taught it, but the three components of prophecy, education, and global solidarity remain central to its mission. New styles of thinking are as necessary now as ever, if individual rights are to be realized on a sustainable planet. The right to a future that is not only free from the

threat of nuclear destruction and built upon a clean and peaceful planet, but also addresses conflict and inequity at all levels through cooperative and constructive models of negotiation, is one to which we can all aspire. How far it can be achieved will depend as much on organizations such as IPPNW as on any other institutional construct or collective human activity.

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