

Physicians and nuclear disarmament

Joanna Santa Barbara

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Some risks to population health are so grave that any opportunity to reduce or eliminate them should be taken. The accidental or deliberate use of nuclear weapons is one such risk.

Physicians have played an important role in the effort to eliminate the threat of nuclear catastrophe by insisting that the issue of nuclear military capacity be redefined as a public health issue. They have acted as educators and advocates through organizations such as International Physicians for the Prevention of Nuclear War, which won the Nobel Peace Prize in 1985. (Its Canadian affiliate is Physicians for Global Survival; www.pgs.ca.) The World Health Organization has urged the abolition of nuclear weapons and, with the UN General Assembly, sought to bring a case before the International Court of Justice to rule on the legality of nuclear weapons.¹ (Although only the UN General Assembly was allowed to proceed, the outcome was the court's declaration that the use or threat of use of nuclear weapons was generally contrary to international law.) In 1998 the World Medical Association declared its duty to work toward the elimination of nuclear weapons and urged all national medical associations to do the same.² In 1996 the Canadian Public Health Association passed a resolution advocating the establishment of a firm timetable for the permanent elimination of nuclear weapons.³

The annual probability of the deployment of a nuclear weapon, although quite low, is not negligible. Some observers estimate that each year there are dozens of false alerts that could trigger a missile launch.^{4,5} According to declassified records from 1945 to 1985, deliberate use has been seriously considered by at least 1 of the 8 nuclear states every 3 years.^{6,7} When these factors are considered, the cumulative risk of nuclear weapons use over, say, a period of 50 years is quite high.

This risk fluctuates according to changes in military capacity, deployment policies and political tensions. For example, the rise in hostility between India and Pakistan some months ago carried an increased risk of nuclear attack in that region. The Nuclear Posture Review recently submitted to the US Congress by the Department of Defense also increases the risk of use of nuclear bombs, in that it discusses contingencies for a nuclear strike in response to attack from countries without proven nuclear capability.⁸ Similarly worrisome is the recent renewal of interest in developing smaller nuclear weapons,⁹ which may have the effect of breaking the "nuclear taboo" that has so far helped to restrain nuclear powers from using such horrific devices.

The health effects of a nuclear attack are fairly well known.^{10,11} The number of deaths and injuries from the blast and subsequent firestorm and radiation can be calculated from population density and the positioning and kilotonnage of the detonated bomb. Health effects are also known to accrue throughout the lifecycle of bomb manufacturing, particularly in the testing phase.¹²

International agreement to eliminate nuclear weapons was extended, with intense Canadian diplomacy guiding the process, in May 2000 in New York at the review conference for the Treaty for the Non-Proliferation of Nuclear Weapons. The wording of the final document is quite strong.^{13,14} All signatories, including the official nuclear weapons states (US, Russia, Britain, France, China), made an unequivocal commitment to eliminate nuclear weapons. They signed on to 13 practical steps to implement this, including a promise to make no new nuclear weapons, and promises not to test nuclear weapons, to separate warheads from missiles, and to get rid of weapons in a gradual, balanced, verifiable, irreversible manner. The latest developments in international nuclear policy threaten to overshadow these gains.

Those involved in the disarmament movement, including physicians who play a prominent role, are concerned about declarations by the US and NATO member states that nuclear weapons as essential to their defence. In May 2002 Presidents Putin and Bush agreed to reduce the number of nuclear weapons in their arsenals; however, this agreement is reversible and its outcome unverifiable. Nor is it of much comfort in light of their evident intention to retain and improve nuclear weapons — which may provoke other nations to consider nuclear weapons to be essential to their defence as well, as North Korea seems to have done. In addition, as fissile materials are transported to sites of weapons manufacture, the possibility remains that such materials will fall into the hands of terrorists.

In some ways, the last few years have been tough for disarmament advocates. World leaders have stalled in fulfilling their promises and clung to these vicious weapons. Having survived the 1980s with its rhetoric of limited nuclear strikes, ordinary people have become habituated to the risk of nuclear war. And these tense times are rife with distractions from the issue. As UN weapons inspectors scour Iraq, who has noticed the costly additions to nuclear weapons laboratories in the US or the preparation for use of nuclear weapons test sites?¹⁵⁻¹⁷

Canadian physicians continue to work in the international arena on the nuclear weapons issue. At home, they

are beginning to ask why Canada continues to be a member of the Nuclear Planning Group in NATO. No one who fully understands the sheer magnitude of the impact of a nuclear weapons event on human health can ignore the imperative to persist in this work.

Dr. Santa Barbara is from the Department of Psychiatry and Behavioural Neurosciences, McMaster Faculty of Health Sciences; and the Centre for Peace Studies, McMaster University, Hamilton, Ont.

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Correspondence to: Dr. Joanna Santa Barbara, 925 King St. W, Hamilton ON L8S 1K7; fax 905 529-9951; joanna@web.net

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Please note the deadline for applications and supporting documentation for the 2002/2003 academic year is March 31, 2003.

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Veillez noter qu'il faut présenter au plus tard le 31 mars 2003 les demandes et les documents d'appui pour l'année scolaire 2002–2003.