The US Nuclear Posture Review: IPPNW Responds
- New section includes IPPNW and affiliate analysis and statements

IPPNW Briefing on Nuclear Terrorism
- New section includes briefing papers and related materials

Nuclear Weapons Abolition Campaign Stop Star Wars!
- New articles by Swedish journalist Claes Andreason

Small Arms Campaign Helsinki Conference Report
- Medical Call to Action; conference program and papers from Aiming for Prevention: IPPNW International Medical Conference on Small Arms, Gun Violence, and Injury; organizations represented at conference

Landmines Campaign IPPNW Initiative
- Updates to the section

Medical Student Movement
- New section includes student initiatives, calendar of events, and chapter and leadership directories

News Editorials, Articles, Letters to the Editor, Press Releases
- NPR Leads Down Slippery Slope to Nuclear Conflagration. New Sunday Times (Malaysia), March 2002
- Nobel Prize Perspective; The Past Is Ever Present. Helix

Publications Books and Reports
- 2001 Annual Report

Events
- Middle East meeting includes Antalya Declaration and Statement in Support of Saudi Initiative
- 4th African Regional Meeting includes Lusaka Declaration

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Cover photo shows a young girl surrounded by missiles in a museum. Courtesy of Russian Physicians for the Prevention of Nuclear War (IPPNW) from exhibition “Half-Century With the Bomb.” Photo by Michail Durjagin.
On the Brink in South Asia

Michael Christ and Mary-Wynne Ashford, MD

In February, as India and Pakistan continued to mass troops, missiles, and aircraft along their tense border, a high-ranking Indian defense official downplayed the risk that the confrontation could go nuclear. India and Pakistan, he said, "are responsible nations." Shortly thereafter, India test-fired a nuclear-capable Agni ballistic missile with a range of approximately 500 miles, leaving Pakistan to wonder just how "responsible" nations are supposed to act. And just how responsible it is for two nuclear-armed nations to be playing a high-stakes game of chicken is open to question. Assurances that the stand-off won't escalate into a nuclear war are unconvincing at best, delusional at worst. War is highly unpredictable and war-game scenarios played out by military experts almost always result in India and Pakistan lobbing nuclear warheads at each other.

Over the past several weeks, the conflict has escalated. One million troops are now faced off along the Kashmir border. India's Prime Minister Vajpayee told his soldiers recently to prepare for a "decisive battle"; Pakistan responded that it would use "full force" if attacked. Jack Straw, Britain's Foreign Secretary, summed up the fears of many throughout the world when he said on May 21, "India and Pakistan both have nuclear weapons and the capacity to use them, and have talked publicly about a possible nuclear exchange." He said the situation was "potentially devastating.

Indeed, the consequences would be staggering. In a 1999 study titledBombing Bombay, our organization concluded that a single, relatively small nuclear weapon with a yield of 15 kilotons (comparable to the bomb dropped on Hiroshima) would kill as many as 866,000 people in the more densely populated sections of Bombay (now Mumbai). This does not include deaths from longer-term effects such as cancers caused by radiation, damage to critical infrastructure, disruption of food and water supplies, and outbreaks of infectious diseases. Of course, in a nuclear war between India and Pakistan many cities would face a similar fate. All this would have to be confronted by a medical system that would also be severely battered and disrupted, if not in complete collapse.

The emergence in the late 1990s of two rival nuclear powers in South Asia represented a predictable failure of the nuclear non-proliferation policies of the past several decades. And the prospect that terrorist organizations will someday manage to beg, borrow, or steal nuclear weapons — or make a crude nuclear weapon themselves from nuclear material acquired from a nuclear weapons state — could be the next big failure of those same policies.

Ever since the signing of the Nuclear Non-Proliferation Treaty (NPT) more than 30 years ago, the five nuclear weapons states of the time (the US, the Soviet Union, Britain, France, and China) have evaded their most important obligation under the treaty — to achieve general nuclear disarmament. Even the full implementation of the pending agreement between Russia and the US to reduce (but not destroy) strategic nuclear weapons to about 2,000 each by 2012 — would leave US and Russian nuclear arsenals at their 1970 levels, still capable of killing hundreds of millions of people.

It has simply been counter-productive for the US and other nuclear powers to be preaching the gospel of nuclear non-proliferation when they have refused to walk the walk themselves. The US, for example, has repeatedly defended nuclear weapons as essential to its own national security even as it has tried, in vain, to convince others, notably India and Pakistan, not to travel that road. Indeed, as the nation with more weapons of mass destruction than any other, what claim to moral or political leadership can the US assert when it comes to other nations' pursuit of similar weapons?

For their part, India and Pakistan have a profound moral and legal obligation to pull back from the nuclear brink. The World Court ruled in 1996 that the use, or threatened use, of nuclear weapons is generally contrary to basic principles of international and humanitarian law. Indeed, in its brief to the World Court in that case, India made precisely that argument.

As a first step, India and Pakistan should formalize a no-first-use of nuclear weapons agreement. While such a self-imposed restraint could be reversed or breached, it would be an important confidence-building measure.

Second, India and Pakistan should take steps to ensure that their nuclear weapons are not poised for rapid use. Since missiles from either side can reach their targets in three to five minutes, it is essential to minimize the chances for miscalculation or accidental launch. It is unclear whether either side has nuclear armed missiles at the ready, but a neutral third party, such as the United Nations, could ensure, for example, that warheads are separated from their delivery vehicles.

Third, both countries should declare a moratorium on both missile and underground nuclear tests, and join the more than 180 countries that have signed the Nuclear Non-Proliferation Treaty.

By going nuclear, India and Pakistan have each undermined their own national security and are now profoundly vulnerable. In all of the rhetoric coming out of South Asia, any real sense of the catastrophic human consequences of a nuclear war is missing. The populations of both countries, and their leaders, desperately need to make the medical reality of nuclear war a part of the region's political reality.

Nuclear News

The Bulletin of the Atomic Scientists moved the minute hand of its Doomsday Clock forward two minutes on February 27 due to the growing threat of nuclear war. The minute hand now stands at seven minutes to midnight.

Concerns relating to the leaked portions of the US Nuclear Posture Review (NPR) [see story page 5] have been sounding around the globe. Jayantha Dhanapala, the UN Under-Secretary-General for Disarmament, called the NPR a “very major stumbling block” for nuclear disarmament. Abdollah Ramezanizadeh, speaking on behalf Iran asserted that “the era of using force to push forward international relations is long past,” a sentiment echoed by Chinese Foreign Ministry Spokesman Sun Yuxi.

Meanwhile, the Korean Central News Agency, North Korea's official Foreign News outlet, was even more pointed: “If the US intends to mount a nuclear attack on any part of the Democratic People’s Republic of (North) Korea, it is grossly mistaken. A nuclear war to be imposed by the US nuclear fanatics upon the DPRK would mean their ruin in nuclear disaster.”

The Bush Administrations obsession with a National Missile Defense (NMD) or, Star Wars II, has picked up steam in the post-September 11, “War on Terror” world. Senior Pentagon officials stated in April that they are on schedule to open a rudimentary missile shield site in Alaska by the fall of 2004. This is on the heels of four missile defense tests. In response, Russian Minister of Defense Sergei Ivanov stated that his country is preparing technical and scientific measures to counter the planned US missile defense while Japan is reportedly rethinking the utility of cooperating in missile defense programs with the US. Continuing in the quest to find benign terminology to sell NMD to the US public and allies, US Secretary of Defense Donald Rumsfeld announced in January that the Ballistic Missile Defense Organization (BMDO) is now called the Missile Defense Agency (MDA).

Tensions have been mounting between South Asian nuclear rivals India and Pakistan in recent months, particularly since the December 13 terrorist attacks on the Indian Parliament. In a move viewed by Pakistan as a provocative gesture, India conducted a test of a new version of its nuclear-capable medium-range Agni missile on January 25. It also conducted a second test of its short-range surface-to-air Trishul missile on January 28-29. Pakistan responded to the tests by saying it would follow suit and test its medium-range Shaheen-I and other missiles if condemnation of the Agni test from the international community did not meet its expectations. After India test-fired the Agni missile, Pakistani President General Musharraf offered to work with India for the de-nuclearization of South Asia. India rejected the offer.

On January 18, Israel’s commercial television station, Channel 2, broadcast a special report.
NATO Dialogues in Brussels

John Loretz, Program Director

More than a dozen IPPNW physicians and expert advisors held a roundtable meeting in Brussels, Belgium, with NATO representatives in March 2002, to exchange views on NATO nuclear policy, the US Nuclear Posture Review (NPR), and other weapons of mass destruction. The discussions were part of IPPNW’s ongoing Dialogues with Decision-Makers program.

Dialogue meetings take place under Chatham House Rules, meaning that the names of the non-IPPNW participants are not disclosed publicly, nor are specific statements attributed to individuals. Liz Waterston of Medact (IPPNW-UK), one of the principal organizers, explained that this confidentiality agreement creates an atmosphere in which the participants can speak candidly and establish mutual trust over time.

According to the summary of the discussions released by the delegation, the NATO participants are concerned about US unilateralism and the Bush Administration’s rejection of treaties. Although 18 NATO members have ratified the Comprehensive Test Ban Treaty (CTBT), the US has not. Belief in the value of nuclear deterrence remains strong in the military alliance, but support was also expressed for both the US and Russia to de-alert their strategic nuclear forces. The two countries keep 5,000 warheads on high alert status 24 hours a day, 7 days a week, 365 days a year thus increasing the risk of accidental nuclear war.

Retired Royal Navy Commander Rob Green, the International Chair of the World Court Project UK, said IPPNW was encouraged “to shore up the NPT” drawing attention to the gaps between its current nuclear policies and its commitment to nuclear abolition, which it reaffirmed in the final document of the 2000 NPT Review.

With regard to chemical and biological weapons threats, a representative of NATO’s Weapons of Mass Destruction Center suggested that IPPNW’s medical expertise could be invaluable in helping to prevent chemical and biological terror attacks and to develop responses should such attacks take place.

PSR President Roy Farrell, a meeting participant, concluded that there were opportunities for IPPNW “to build reciprocal relationships and dialogue with NATO.” This will be especially important during the next several months when NATO is expected to conduct its own internal review of nuclear policies.

Nuclear News

continued from page 3

exposing the deadly dangers of the Dimona nuclear reactor, widely believed to be the source of Israel’s nuclear weapons. The testimonies revealed the real and immediate dangers posed by this secret and uninspected nuclear weapons factory to workers as well as to the environment.

Conflict continues between Energy Secretary Spencer Abraham and the government and people of Nevada over Abraham’s proposal for moving radioactive waste from throughout the country to Yucca Mountain. Nevada Governor Kenny Guinn officially vetoed the project but the state and federal governments remain at loggerheads over the site. In the past 25 years alone, well over 600 earthquakes of 2.5 or greater on the Richter Scale have struck within 50 miles of Yucca Mountain.

The litany of security problems pertaining to nuclear weapons and materials continues. The US Nuclear Regulatory Commission (NRC) announced that two radioactive fuel rods that have been missing for some 20 years from the Millstone Nuclear Complex located in Waterford, Connecticut, were likely mistaken for other radioactive waste and disposed of. US Congressman Edward Markey (D-Massachusetts) stated, “Security is so lax at some Department of Energy nuclear weapons sites, terrorists could find what they needed to launch a nuclear attack right here in America.” The federal government subsequently ordered the nation’s 103 nuclear power plants to adopt more rigorous employee screening and training, a move Markey characterized as “too little, too late and too temporary.” In a hearing before the Senate Foreign Relations Committee on March 6, nuclear experts testified to the threat posed by terrorists using radiological dispersal weapons and crude nuclear bombs.

In Georgia (Former Soviet Union), three lumberjacks who found two containers of highly radioactive Strontium-90 in December 2001, were hospitalized.

China called on the US to abide by and sign the Comprehensive Nuclear Test Ban Treaty (CTBT) after US Secretary of Defense Donald Rumsfeld announced that the US will continue to commit to the current moratorium on nuclear testing but will leave open the possibility of resuming underground testing. Government scientists conducted a subcritical nuclear weapons test on February 14 at the Nevada Test Site. Meanwhile, the US has accused Russia of preparing its Novaya Zemlya test site for the resumption of nuclear weapons testing. Russia has denied the accusations.
Nuclear Posture Review Repudiates the NPT

John Loretz, Program Director

On January 9, 2002, the US Department of Defense briefed reporters on the highly classified Nuclear Posture Review (NPR), a congressionally mandated report on the goals and structure of US nuclear forces.

Though premised on the understanding that post-Cold War Russia is no longer a nuclear adversary and that the “international security environment” requires a transformation in US strategic forces, the NPR reasserts the centrality of nuclear weapons to US national defense policy. Not only will the world’s largest nuclear superpower maintain thousands of nuclear warheads well into the middle of this century, but it also expects to “modernize” its nuclear forces by adding new types of warheads that will eventually require a resumption of nuclear testing.

Perhaps the most disturbing element of the NPR, disclosed by the Los Angeles Times in March, is that five non-nuclear states — Iraq, Iran, Syria, North Korea, and Libya — are named as targets of US national defense policy. Not only will the world’s largest nuclear superpower maintain thousands of nuclear warheads well into the middle of this century, but it also expects to “modernize” its nuclear forces by adding new types of warheads that will eventually require a resumption of nuclear testing.

The NPR purports to fulfill a pledge made by President Bush during his presidential campaign that he would substantially reduce the numbers of US strategic nuclear weapons. The reality is more complicated and less sanguine.

According to J.D. Crouch, Assistant Secretary of Defense for International Security Policy, the US is “currently projecting to keep the nuclear forces that we have to 2020 and beyond.”

A new strategic triad will include both nuclear and non-nuclear capabilities, and much greater emphasis on command and control systems. An “operationally deployed” force of nuclear weapons will contain between 1,700 and 2,000 warheads, while thousands more will be maintained in a “responsive capability,” ready to be re-deployed on demand.

The size of the US nuclear arsenal will be reduced from the current level of about 6,000 warheads to the projected 1,700-to-2,000-warhead level over the next 10-18 years. The plan is to make reductions to 3,800 “operationally deployed” warheads by 2007, with the balance of the cuts to occur by 2020. However, Russia is objecting to the fact that the Administration is including stored strategic warheads in its reduction counts as opposed to destroying them outright.

The NPR firmly commits the Bush Administration to the development and deployment of a National Missile Defense (NMD) system.

The Administration continues to oppose the Comprehensive Test Ban Treaty (CTBT) ratification but will continue, for now, to adhere to the testing moratorium begun under President Clinton. Nevertheless, the NPR calls on the Department of Energy (DOE) to accelerate its “test-readiness program,” so that a resumption of nuclear tests could take place more rapidly than it presently could (two to three years) should the Administration decide to abandon the moratorium.

The Nuclear Posture Review makes it clear that the US has no intention of honoring its Non-Proliferation Treaty (NPT) commitments and has asserted a permanent role for nuclear weapons as a core element of its military policy for decades to come. The implicit threat to resume nuclear testing as soon as new warheads emerge from the DOE weapons labs shows instead that the US is making an “unequivocal undertaking” to add a new generation of nuclear weapons to its arsenal even as it removes older ones.

In a letter to President Bush about this dangerous shift in US nuclear policy, IPPNW’s Co-Presidents called the NPR “a repudiation of the US commitment under the Nuclear Non-Proliferation Treaty to pursue the elimination of nuclear weapons from its own arsenals and from those of the other nuclear weapon states.”

“US nuclear policy as we now understand it,” wrote Drs. Mary-Wynne Ashford, Abraham Behar, and Sergei Gratchev, “places the world in greater jeopardy of nuclear war than at any time since the height of the Cold War.”

The single most potentially dangerous element of the NPR, however, is the way in which it confirms a trend in US strategic policy in which the distinctions between nuclear and non-nuclear “missions,” and even nuclear and non-nuclear weapons, become blurred. The NPR encourages the development and deployment of small, battlefield nuclear weapons — so-called mini-nukes — capable of destroying underground bunkers. It also defines roles for nuclear weapons well outside their historic deterrent function. Under the Bush Administration NPR, nuclear weapons could be used in response to chemical and biological threats and even against a wholly undefined category of “unexpected threats.”
Nuclear Abolition

Basel Symposium Provides Fuel for Nuclear Energy Campaign

John Loretz
Program Director

European physicians, scientists, and activists were joined in Basel, Switzerland, by U.S., Japanese, and Australian nuclear energy experts at a two-day symposium that established scientific support for an upcoming Swiss referendum to phase out that country’s nuclear power plants.

“Rethinking Nuclear Energy and Democracy After 9/11,” co-sponsored by IPPNW’s Swiss, German, and French affiliates, coincided with the 16th anniversary of the Chernobyl disaster on April 26, 1986. While participants were reminded of the ongoing medical and environmental consequences of the world’s worst nuclear energy-related catastrophe, including reports of a sharp increase in thyroid cancer and other health problems among children in the affected area, the principal focus was the costs and dangers associated with dependence on nuclear energy, and effective strategies for promoting a global transition to clean, safe alternatives.

Dr. Andreas Nidecker of PSR/IPPNW-Switzerland noted the “common use of plutonium” that links nuclear energy to nuclear weapons and posed a series of questions at the outset of the symposium: Are safety assurances based on risk analysis valid after September 11? Is increased military security around nuclear power plants compatible with democracy? Are the nuclear industry or national governments prepared to accept liability for disasters and to pay the necessary costs of insurance? What are the clean, renewable energy alternatives that can replace both nuclear and fossil fuel-generated electricity, especially in nuclear-dependent countries such as France and Japan? What has motivated Belgium, Germany, and Switzerland to pursue nuclear phase-out policies?

Warning that “nuclear plants would feature heavily in any international terrorist’s target list,” John Large, a British authority on risk assessment, provided a graphic illustration that the nuclear industry’s reliance on probabilistic risk analysis (PRA) is obsolete when planned attacks replace accident scenarios at vulnerable power plants. Mr. Large quickly exposed the logical fallacy behind these reassurances.

“Once we introduce malicious intent — that is, terrorist attack — PRA no longer applies and we must consider such an attack to be a credible event,” Large said.

David Waller, Deputy Director General of the International Atomic Energy Agency, argued that the IAEA is taking prudent measures to protect nuclear facilities and to upgrade and improve their safety programs following September 11. His optimistic assessment was disputed by Edwin Lyman, Scientific Director of the Nuclear Control Institute, who pointed out that US nuclear plant operators have failed to thwart simulated terrorist attacks 46 percent of the time, even when the Nuclear Regulatory Commission informed them when and where the tests would occur.

Much of the symposium was devoted to discussions of the role of citizens and non-governmental organizations in the nuclear decision-making process. Activists from Austria, Germany, Japan, Sweden, and Switzerland presented case studies of referendum initiatives in those countries.

The outcomes of the symposium were presented to the International Council (IC) at IPPNW’s 15th World Congress in Washington, DC, in May. The IC, on record as opposing nuclear energy since the Melbourne Congress in 1999, endorsed a campaign proposal from the Swiss and German affiliates. Given the post-September 11 realization that nuclear power plants are essentially weapons of mass destruction in waiting, such an affiliated campaign will make an important contribution to IPPNW’s central mission.

BMJ Features IPPNW/PSR Nuclear Terrorism Scenarios

The February 9, 2002, issue of the prestigious British Medical Journal contained a feature piece by long-time PSR and IPPNW leaders Drs. Ira Helfand and Lachlan Forrow and PSR Research Director Jaya Tiwari on the threat of nuclear terrorism. They conclude that the only effective way to tackle this threat is to abolish nuclear weapons.

In their discussion, the physician-activists look at the three most likely forms such an attack might take: attacks on nuclear power plants; the use of “dirty bombs” or radiation dispersion devices (nuclear materials dispersed by conventional explosives); and the detonation of a nuclear weapon in a densely populated urban area.

The centerpiece of the article relates to an experiment the authors conducted using special software developed by the US Federal Emergency Management Agency and the Defense Threat Agency that calculated the expected casualties from a 12.5 kiloton nuclear explosion at ground level in New York City.

The message that comes through clearly in the article is that there is no effective medical response to a nuclear attack. Prevention is the only cure.
IPPNW-Australia

**Affiliate Spotlight**

**IPPNW-Australia**

**Action in the Antipodes**

IPPNW’s Australian affiliate, Medical Association for Prevention of War (MAPW), founded in 1981, has branches in each state and territory. With its National Council, it comprises a core of 18 active and passionate doctors and some 500 members, driven along by Executive Officer Gigi Gyá. The 13th IPPNW World Congress was held in Melbourne in December 1998.

In 2000, MAPW held a national conference titled “Our Nuclear Responsibilities” to educate the public about nuclear issues. This conference also looked at the need for a new agenda in Australian policy directions on disarmament so that Australia could become a useful player in serious efforts to eliminate nuclear weapons. In addition, newly elected IPPNW President Dr. Ron McCoy sits on the prestigious Canberra Commission on the Elimination of Nuclear Weapons.

This year, MAPW will spearhead an effort to strengthen attention to this critical issue in the parliamentary system by working with Alyn Ware from the Parliamentary Network for Nuclear Disarmament. Ms. Gyá recently co-convened drafting of the 14th presentation paper “NGO Recommendations to the NPT” which was presented to the NPT PrepCom in New York in April by IPPNW’s UN Office Director Merav Datan (see page 13). She also traveled to New York to network with disarmament NGOs, and UN staff and governments.

This year, Dimity Hawkinsan — an experienced activist who has worked with the Reaching Critical Will project in New York — joined the MAPW staff to work on the Alternative Missle Defense project, to educate and raise awareness of the role of the US military base Pine Gap, located in the middle of Australia, and its role in US Star Wars plans. This project will culminate with nationwide MAPW co-sponsored seminars, further lobbying of the federal government, and the distribution of information kits to health workers and schools.

In 2001, MAPW Deputy International Councilor, Dr. Bill Williams (see accompanying profile), was invited to sit on the expert panel of the ARPANSA (Australia’s nuclear regulatory body) forum considering the construction license of a replacement nuclear research reactor in Sydney, Australia’s largest city, MAPW reported to ARPANSA its concern with the lack of genuine public consultation in the process, the health risks and lack of information for the public if there were an accident at the reactor, as well as the increased risks of nuclear terrorism in today’s chaotic world.

M A P W also works on the issues of biological and chemical weapons with Vice President Dr. Tilman Ruff and Dr. Tony LaMontagne developing presentations on these weapons of mass destruction for hospital and medical seminars and publishing articles in the Australian Medical Journal. MAPW also actively lobbied for adherence to the additional protocol of the Biological Weapons Convention Last year. The conference, however, ended in a stalemate and was postponed until November 2002.

Dr. Ian Maddocks has led MAPW’s work on landmines; and he coordinated writing and production of IPPNW’s book Primary Care of Landmine Injuries in Africa.

The plight of refugees in Australia has been taken up by MAPW’s Deputy International Councilor, Dr. Rachel Darken, while President, Dr. Sue Warham, works passionately on the health effects of the sanctions against Iraq. Her work helpedIPPNW-Australia in 2000 to produce an information kit, Our Nuclear Responsibilities, to educate the Australian public about nuclear issues. This conference also looked at the need for a new agenda in Australian policy directions on disarmament so that Australia could become a useful player in serious efforts to eliminate nuclear weapons. In addition, newly elected IPPNW President Dr. Ron McCoy sits on the prestigious Canberra Commission on the Elimination of Nuclear Weapons.

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**Dr. Bill Williams**

**Physician-Activist Profile:**

**Working Wonders Down Under**

Bill Williams was born in Geelong, in the state of Victoria, Australia, in 1958. He met his wife Gisela Gardener (and her daughter Daisy) in 1983 and together they have worked on peace and disarmament issues ever since.

Bill has taught widely about the health implications of war, nuclear technologies, and low-dose ionizing radiation, beginning a long and fruitful involvement with Medical Association for Prevention of War (MAPW/IPPNW-Australia) in 1983.

From 1992 until 1999, Bill worked in the western desert region of the Northern Territory. He lived for two years with his family (now including daughter Lily) in Walunguru — one of the remote aboriginal communities far west of Alice Springs in central Australia — where he was the Community Medical Officer. Bill engaged in research and development for the Pintubi tribe on issues such as water quality, appropriate housing, sanitation, and sewerage, as well as specific public health projects aimed at reducing trachoma, scabies, pneumonia, and kidney stones in children.

MAPW is educating and raising awareness about the role of the US military base Pine Gap, located in the middle of Australia, in US Star Wars-style National Missile Defense (NMD) plans.

February 2002 update on Iraq can be found on MAPW’s website at www.mapw.org.au.

The website also contains updates of Australian nuclear issues and other areas of MAPW’s work, including papers from its national conference in 2000.
IPPNW/PSR Summit for Survival

Adrian Zupp
Communications Associate

IPPNW’s 15th World Congress, held in Washington, D.C., May 1-5 and attended by more than 400 delegates from 40 countries, was a victory for conciliation. The five days had many highlights, great energy, and yielded much hope for the future. While international unity in these times of regional conflicts and US nuclear posturing was the touchstone of the Congress, there were many individual moments and events of note. Some of these follow.

The election of a new Board of Directors saw some “changing of the guard,” the most notable being that IPPNW now has just one President, Dr. Ron McCoy (Malaysia). The role had previously been shared by Drs. Mary-Wynne Ashford (Canada), Sergei Gratchev (Russia), and Abraham Behar (France). (For a full listing of the new Board, please see page 2.)

The Washington Declaration, endorsed by the Congress, recognizes the increasing interdependence of the global community and the threats of “weapons of mass destruction, landmines, small arms, and global environmental damage [which are] all driven by global inequities and the yawning gap between the Global North and the Global South.” In part, the Declaration reads: “As health providers and concerned global citizens, we reject reliance on any narrow military solution to terrorism or to weapons proliferation. Particularly we believe that unilateral or pre-emptive military actions do not serve the legitimate desire of the world’s people for peace and security. A cycle of violence, whether in language or action, erodes health and must be broken by employing non-violent responses. We resolutely affirm the need for alternative solutions to the terrible problems which beset humankind.” (See www.ippnw.org for the full text of the Washington Declaration.)

IPPNW’s Dialogues with Decision-Makers program hit Capitol Hill on Thursday, May 2, when 20 IPPNW and 100 PSR physician-activists fanned out and lobbied House and Senate members and their staffs on the issues of concern to our federation. Afterwards, a reception was held on the Hill where seven members of Congress — Senators Byron Dorgan (D-North Dakota), Jim Jeffords (Independent-Vermont), Jack Reed (D-Rhode Island), Richard Durbin (D-Illinois), Harry Reid (D-Nevada) and Representatives Ed Markey (D-Massachusetts) and Jim McDermott (D-Washington) — sympathetic to IPPNW’s cause spoke.

The IPPNW Peace Quilt, the brainchild of Dutch medical students and peace workers during the war in Yugoslavia, is a tangible symbol of hope that is lent to regions troubled by conflict. In recognition of the tremendous strains in the region and the potential for nuclear warfare, the quilt at the 15th World Congress was presented to IPPNW’s Indian and Pakistani affiliates. In another sign of hope in a time of terrible regional conflicts, the Congress saw a coming together of Israeli and Palestinian doctors and medical students. Also prophylactic for both IPPNW and the Earth was the fact that the Congress saw the attendance of 80 medical students from 23 countries. (See medical student update, page 14.)

At the Saturday morning plenary, Professor Joseph Rotblat, renowned for quitting the Manhattan Project when it became clear that the Nazis would not manage to build the bomb, gave a poignant speech titled “The Nuclear Issue: Where Do We Go from Here?” (full text is available at www.ippnw.org). Professor Rotblat was far from buoyed by the current state of global affairs but he did see some hope: “The situation is grim; the way things are moving is bound to lead to catastrophe. If there is a way out, even if seemingly unrealistic, it is our duty to pursue it. Arguments based on equity and morality may not cut ice with hardened politicians, but they may appeal to the common citizen. If we can bring to the notice of the general public the grave dangers inherent in the continuation of current policies, at the same time pointing out the long-term merits of policies based on equity and morality, we may succeed in putting the nuclear issue back on the agenda of public concern.” There was also a grassroots sentiment in the final plenary when speaker Bobby Muller — the founder of Vietnam Veterans of America and a leader in the movement to ban landmines — claimed from first-hand experience that “you dont make things happen in Washington by arguing morality but by applying pressure in Congressional districts.”

Added to these significant events and developments was a slew of successful working groups, workshops, and regional meetings. Significantly, the Abolition and Small Arms Working Groups exhibited great collaborative efforts in laying out their campaigns for the next 12 months in these key areas. The PR Working Group engaged in vigorous discussion about how IPPNW can bolster its image, sharpen its message, and influence the body politic. The regional meetings — which included representation of current “hot spots” the Middle East and South Asia — were also well attended and tackled tough questions while trying to set agendas for future action. Among the outcomes from the Middle East meeting was the unanimous decision to have two Co-Vice Presidents representing the region: one from Palestine (Dr. Hikmat Ajjuri) and one from Israel (Dr. Ernesto Kahan). Some key workshops were “Nuclear War By Mistake: The Human Factor” (sponsored by SLMK/IPPNW-Sweden; “Globalization, World Poverty, and Health” (sponsored by Medact/IPPNW-UK); “Landmines Victims Care and Prevention Initiatives” (sponsored by IPPNW-Kenya and IPPNW-Uganda); and “War Against Terror: The Impact on Civil Rights and International Law” (sponsored by IPPNW-Germany).
Feature

Author Barbara Kingsolver Calls on US to Be More Generous

[Editor's note: This excerpt comes from an essay Kingsolver read at the IPPNW/PSR Congress. It is from her new book Small Wonder.]

“We are, by nature, a generous people. Just about every American I know who has traveled abroad and taken the time to have genuine conversations with citizens of other countries has encountered the question, as I have, Why isn’t your country as nice as you are? I wish I knew. Maybe we’re distracted by our attachment to convenience; maybe we believe the ads that tell us that material things are the key to happiness; or maybe we’re too frightened to question those who routinely define our national interest for us in terms of corporate profits. Then, too, millions of Americans are so strapped by the task of keeping their kids fed and a roof over their heads that it’s impossible for them to consider much of anything beyond that. But ultimately the answer must be that as a nation, we just haven’t yet demanded generosity of ourselves.

But we could, and we know it. Our country possesses the resources to bring solar technology, energy independence, and sustainable living to our planet. Even in the simple realm of humanitarian assistance, the United Nations estimates that $13 billion above current levels of aid would provide everyone in the world (including the hungry within our own borders) with basic health and nutrition. Collectively, Americans and Europeans spend $17 billion a year on pet food. We could do much more than just feed the family of mankind as well as our cats and dogs; we could assist that family in acquiring the basic skills and tools it needs to feed itself, while maintaining the natural resources on which all life depends. Real generosity involves not only making a gift but also giving up something, and on both scores we’re well situated to be the most generous nation on earth.

We like to say we already are, and it’s true that American people give of their own minute proportion of the country’s wealth to help victims of disasters far and wide. Our children collect pennies to buy rain forests one cubic inch at a time, but this is a widow’s mite, not a national tithe. Our government’s spending on foreign aid has plummeted over the last twenty years, to levels that are — to put it bluntly — the stingiest among all developed nations. In the year 2000, according to the Organization for Economic Cooperation and Development, the United States allocated just .1 percent of its gross national product to foreign aid — or about one dime for every hundred dollars in its treasury — whereas Canada, Japan, Austria, Australia, and Germany each contributed two to three times that much. Other countries gave even more, some as much as ten times the amount we do; they view this as a contribution to the world’s stability and their own peace. But our country takes a different approach to generosity: Our tradition is to forgive debt in exchange for a strategic military base, an indentured economy, or mineral rights. We offer the hungry our magic seeds, genetically altered so the recipients must also buy our pesticides, while their sturdy native seed banks die out. . . . Even now, in what may be the most critical moment of our history, I fear that we seem to be telling the world we are not merciful so much as we are mighty.”

Author and recipient of PSR’s 2002 Leadership Award Barbara Kingsolver.

(Photo: Dr. Lachlan Forrow-IPPNW)

Saturday evening provided a highlight of another kind with a gala banquet dinner where a full house ate, drank, and networked. Featured speaker, author Barbara Kingsolver (Pine Rivers Bible, Prodigal Summer) gave a moving speech based on one of the essays from her book Small Wonder (see opposite article).

Behind the scenes, a film crew was in attendance to begin work on a documentary that is being made about IPPNW. The documentary, part of the Teaching Learning Network’s “Voices of Vision” series, will look at our organization’s work towards the banning of nuclear weapons. The Congress yielded a plethora of interviews and other engaging moments for the film. (See page 10 for more information.)

IPPNW’s medical students arrived early and held their own pre-Congress meeting May 1-2 (see story page 14). Coming from 25 countries, the students engaged in a variety of forums and workshops, heard talks from distinguished former IPPNW medical students, and elected new International Representatives to IPPNW’s Board of Directors as well as new regional representatives.

The resolve of IPPNW’s global federation has never been stronger and the 15th World Congress saw a renewed commitment between the US affiliate, Physicians for Social Responsibility, and IPPNW’s other affiliates to fight the dangerous trends being set by the US. The Congress saw a renewed commitment between the US and Europe, and IPPNW’s global federation also gave a moving speech by IPPNW Executive Director Michael Christ summarizing the event up for everyone when he said: “The 15th World Congress reflected the original spirit upon which IPPNW was founded — that sense of unity in the face of a common threat. It exhibited that unique phenomenon of physicians coming together, showing the world the empathy and compassion that is the hallmark of their profession.”

(IPR) Dr. Peter Wilk, IPPNW Executive Director Michael Christ, Dr. Kenjiro Yokoro, Sir Joseph Rotblat, and Dr. Lu Rushan at IPPNW/PSR Congress.

(Photo: Dr. Lachlan Forrow-IPPNW)
Sir Joseph Rotblat Addresses IPPNW/PSR Congress

[Editor’s note: This excerpt comes from Professor Rotblat’s speech to the IPPNW/PSR 15th World Congress.]

“We have to look reality in its ugly face. The drive for the elimination of nuclear weapons is not going well; indeed, it is going very badly. The campaign to rid the world of nuclear weapons, pursued by IPPNW for 21 years, by PSR for 41 years, and by Pugwash for 45 years, has not only come to a halt, but the use of these weapons may become a routine part of military strategy, according to the recently disclosed Nuclear Posture Review.

What is all the more worrying is the loss of support from the general public . . .

The revelations in the Nuclear Posture Review shocked us. It abandons the previous doctrine of nuclear weapons viewed as weapons of last resort, and spells out a strategy which incorporates nuclear capability into conventional war planning. It is a major and dangerous shift in the whole rationale for nuclear weapons.

...A colossal effort will be required, a sustained collective campaign by IPPNW, PSR, plus Pugwash, INES, and other kindred organizations. I hope that this Congress will find the courage and the will to embark on this great task, to restore sanity in our policies, humanity in our actions, and a sense of belonging to the human race . . .”

Dr. Mary-Wynne Ashford introducing David Suzuki at IPPNW/PSR’s Summit for Survival.
(Photo: Lynn Martin-IPPNW)
Embers of Hope from Two Physicians: One Palestinian; the Other, Israeli

By Dr. Nathan Cherny and Dr. Maher Deeb

The streets of Israel, the West Bank, and Gaza are awash with blood. Palestinians are killing Israelis and Israelis are killing Palestinians. The last year has seen the death toll mount to the thousands and still it climbs. We live in an atmosphere of fear and seething anger. Between Israelis and Palestinians, reciprocal hatred and distrust has become the norm.

In these days, hope is a rare commodity that is preserved in the vision of those who can see the potential for mutual respect between our respective peoples. We two physicians, one Palestinian the other Israeli, hold this hope and we desperately want to share it.

In our world, at the Shaare Zedek Medical Center in Jerusalem, Palestinians and Israelis work arm-in-arm to save the lives of Palestinians and Israelis alike. Palestinian physicians help to save the lives of Israelis shattered by suicide bombs. Israeli physicians struggle with the military authorities to attain travel permits for Palestinian patients so that they can continue to receive cancer care that is unavailable in the West Bank or Gaza. Irrespective of the illness or the medical challenge, the care is the same for Palestinian or Israeli. At the heart of the endeavor is the fundamental humanity of care that illness and trauma demand, irrespective of the context of the conflict.

As an Israeli and a Palestinian we differ in culture, religion, and ethnicity and we view our common history very differently. On Wednesday, one of us will celebrate Israel’s independence day, the other will mourn the day of Palestinian national catastrophe. We both hate what this war is doing to our respective peoples and can recognize and empathize with the suffering of the other. We both despise and distrust the nominated leader of the other’s nation; and neither of us has great faith in the judgement of our own.

In these past weeks and months, we have been witnesses to acts of grotesque barbarism. Personally, we have saved some lives and lost others. Tragically and awfully, the killing continues. Each death on each side only fuels the hatred and distrust that makes resolution a distant dream. Sadly, it feels that our peoples are embroiled in a sick and deathly embrace that neither dares break.

We are sad and incredulous at the outrageous involvement of ambulances and medical teams in the field of conflict. It is intolerable that ambulances are used to ferry arms, militias, and suicide bombers and it is miserable that, as a consequence, ambulances are attacked or that free passage to attend the injured, sick, and dying is obstructed.

Though we are Palestinian and Israeli, and despite the fact that our peoples are at war, we recognize that we contribute to the richness of one another’s lives and we celebrate in this. Beyond the personal, we both treasure the experiences of working with the other’s co-nationals. Even in these days of darkness, death, and suspicion, bonds of cooperation and friendship are forged by Palestinian and Israeli patients sharing the same rooms and services. In the oncology department, Israeli patients donate surplus supplies of expensive chemotherapy and anti-nausea drugs for use by uninsured patients from the West Bank. Palestinian and Israeli breast cancer patients meet in a mutual support group. On a day-to-day basis, we bear witness to the capacity of Israelis and Palestinians to contribute to one another’s well-being. In the microcosm of our hospital, this is not an exception, it is the norm.

These feelings are not unique to us. For all involved in this endeavor, and for the Palestinians and Israelis who are the recipients of this care, this microcosm of cooperation and mutual enrichment is an ember of hope in an otherwise dark corner of the world.

From our perspective as carers, just resolution of the conflict embroiling our peoples is an urgent humanitarian imperative. No one should have to live with the deprivations and suffering endured by the Palestinians or terror inflicted on innocent Israelis. Both of our peoples deserve and need a better future.

Being part of an experience whereby Palestinians and Israelis can contribute to, and enrich each other’s lives as a matter of course, we maintain our hope for a better future. Getting there, however, will take courage, vision, and leadership that, in these days, is tragically lacking.

Our hope buffers us from despondency, but, sadly, better times still seem too far away.

Both physicians work at the Shaare Zedek Medical Center in Jerusalem. Dr. Cherny, an Australian-born Israeli, is an oncologist and the Director of the Palliative Medicine Service. Dr. Deeb, a Palestinian, is a senior thoracic surgeon.
Small Arms
Project Update

Brian Rawson
Program Coordinator

Nine months ago, in Helsinki, Finland, IPPNW called upon health professionals to join the effort to prevent injury and death from small arms and light weapons (see Vital Signs Vol. 14, Issue 2, p.12 “Aiming for Prevention: Small Arms Conference”). Since then, momentum has built quickly, with IPPNW affiliates and the Central Office staff building a campaign and establishing important collaborations in civil society and the health sector.

Every year, hundreds of thousands of people are killed and many more severely injured in incidents around the world involving small arms. Available, cheap, easy to use, and deadly, they have been the principle weapon of death in recent armed conflicts. But they are also widely trafficked and used outside of armed conflict situations, contributing to political and regional instability and further victimizing vulnerable populations.

Insight and knowledge from health professionals can support and supplement current initiatives to control small arms. IPPNW seeks to mobilize medical professionals, support advocacy campaigns, and advance research efforts to address the complex problem of small arms.

The IPPNW/PSR World Congress in May (see pages 8-10), presented important opportunities to sustain and advance these activities. A Congress workshop on health action and small arms explored current advocacy campaigns, and advance research efforts to address the complex problem of small arms.

The IPPNW/PSR World Congress in May (see pages 8-10), presented important opportunities to sustain and advance these activities. A Congress workshop on health action and small arms explored current advocacy campaigns, and advance research efforts to address the complex problem of small arms.

In regional news, IPPNW-Kenya won a small grant from the International Action Network on Small Arms (IANSA) to hold networking meetings in East Africa. Their first meeting, held in early April in Dar es Salaam, Tanzania, initiated a small arms network in Tanzanian civil society and received front page coverage in the national daily paper. IPPNW-Kenya was invited to hold a small arms workshop at the next meeting of the Tanzanian Medical Association on September 19, 2002. A report of this meeting is forthcoming.

Affiliate research and networking projects are underway in El Salvador, Kenya, and Zambia. IPPNW seeks to augment these while also facilitating projects in several other countries including Nicaragua, Uganda, and the Democratic Republic of Congo. In each of these cases, projects are built around specific unique assets such as IPPNW members’ access to data stores and high-level collaborating agencies. They are designed to make a distinctly useful contribution to the problem of small arms and to avoid any duplication of other efforts.

The conference report for “Aiming for Prevention” is now available online at www.ippnw.org and in hard copy. The report is an analytic summary of the presentations and workshops held at the Helsinki conference and provides recommendations for action. It includes the text of the IPPNW “Call to Action” issued at the conference. This report will appear in an adapted form in the respected Croatian Medical Journal.

In addition, the full proceedings of the “Aiming for Prevention” conference are available on the IPPNW website. The complete text of presentations by experts from the World Health Organization (WHO), International Committee of the Red Cross (ICRC), the UN Department for Disarmament Affairs, IANSA, and health institutes from around the world can be downloaded as PDF files.

 Physicians for Global Survival (IPPNW-Canada) President Neil Arya published an editorial on small arms in the British Medical Journal in 2002. It is available on IPPNW’s website.

Collaboration with WHO on issues of small arms continues to deepen. IPPNW was invited to present an official statement at the meeting of the WHO Executive Board in January 2002. David Meddings, of the WHO Department for Violence and Injury Prevention, spoke at several small arms events during the IPPNW World Congress.

[Editor’s note: These excerpts come from Dr. Neil Arya’s editorial in the April 27, 2002, edition of the British Medical Journal.]

“Physicians throughout the world bear witness to the terrible consequences of small arms. But do we truly understand the impact and the epidemiology of the small arms pandemic, and can we devise effective strategies for prevention as we have for other major public health issues?... The next steps will be to determine data on which to base recommendations for policy change and community action; standardize databases and collection methods across the world; and inform professional colleagues, students, and the public about the multiple causes and the devastating consequences of small arms violence.”
NPT and International Security

Merav Datan, Director, IPPNW/PSR UN Office, and Andrea Pistocchi*

From April 8-19, 2002, 137 of the 187 states party to the Nuclear Non-Proliferation Treaty (NPT) met at the United Nations in New York as part of the Preparatory Committee (PrepCom) for a Review Conference to be held in 2005. The NPT has more member states than any other security or arms control treaty, with only Cuba, India, Israel, and Pakistan outside the treaty. It is generally seen as having successfully prevented the spread of nuclear weapons by committing 182 non-nuclear weapon states not to acquire or develop nuclear weapons, in exchange for the promise of the official nuclear weapon states — China, France, Russia, the U.K., and the U.S. — to pursue nuclear disarmament in good faith.

Every five years since the NPT entered into force in 1970, member states have met to review progress on implementing the treaty's obligations, usually holding annual PrepComs in the three years preceding the Review Conference. The 2000 Review Conference had identified 13 practical steps for the systematic and progressive disarmament of nuclear weapons, including an "unequivocal undertaking" by the nuclear weapon states to accomplish the total elimination of their nuclear weapons. This year was the first PrepCom since that very promising outcome in 2000. Developments since then, however, have included the U.S. intention to withdraw from the Anti-Ballistic Missile (ABM) treaty, refusal to ratify the Comprehensive Test Ban Treaty (CTBT), and elements of the Nuclear Posture Review (NPR) that directly contravene some of the 13 steps and were the subject of debate during this PrepCom.

At the same time, there was a general reluctance to be too confrontational or critical of the U.S. in the aftermath of September 11, although some states did underline the relation between disarmament and prevention of terrorism. The other nuclear weapon states seem to take their cue from the U.S. as the remaining superpower and in light of its current approach to security.

The key controversy during this PrepCom was the importance of international law in the security context. Although the U.S names the NPT as a treaty that it supports, formal and informal proceedings during the PrepCom confirmed that the system of international treaty regimes is in danger.

The CTBT is an explicit goal of the NPT review process. Its adoption was identified in 1995 as a condition for indefinite extension of the NPT, and its entry into force was one of the 13 steps identified in 2000. But U.S. Senate failure to ratify the CTBT in 1999, and its overt lack of support — boycotting a CTBT conference in November 2001 — undermined the NPT regime.

The Biological Weapons Convention (BWC) lacks verification measures, but, for the past seven years states parties have been negotiating a compliance protocol, which the U.S. rejected in late 2001. The U.S. was a significant participant in negotiations on a Chemical Weapons Convention (CWC) but Congress has imposed limitations on implementation of the CWC. In addition, the U.S intends to withdraw from the ABM Treaty and abandon the Strategic Arms Reductions Treaties (START). It has refused to participate in the Mine Ban Treaty (M BT), and withdrew its signatory status from the Statute of the International Criminal Court on May 6, 2002. The U.S also opposes the Kyoto Protocol on Climate Change.

A detailed report on US compliance with international treaties, co-authored by Merav Datan, was released at the NPT PrepCom and received a great deal of attention. Copies are available at www.ieer.org and www.icnp.org.

*Andrea Pistocchi is an intern in the IPPNW/PSR UN Office.

IPPNW Briefing on Nuclear Terrorism


The panel included Bruce Blair of the Center for Defense Information who presented an overview of the forms of nuclear terrorism and their consequences and risks. Dr. Mary-Wynne Ashford who presented data on the effects of a crude nuclear weapon on New York City based on IPPNW’s study Crude Nuclear Weapons: Proliferation and the Terrorist Threat; Dr. Ira Helfand who released PSR’s new study “Projected US Casualties and Destruction of US Medical Services from Attack by Russian Nuclear Forces.” Jonathan Schell, author of The Fate of the Earth and The Abolition, who made the case for the abolition of nuclear weapons as the way to eliminate the nuclear threat; and Dr. John Pastore who issued IPPNW/PSR’s policy recommendations.

(r) Jonathan Schell (Photo: Lynn Martin-IPPNW)

(below) Drs. Ira Helfand and John Pastore talk with Washington Post columnist Mary McGrory. (Photo: Allison Howard-IPPNW)
Student Congress Bodes Well for Future

Allison Howard,
Medical Student Liaison

Prior to IPPNW’s 15th World Congress in Washington, D.C., IPPNW medical students from 25 countries convened a two-day pre-Congress meeting May 1-2. The Student Congress brought together medical students from Europe, Africa, North America, Russia, and North Asia, as well as students from the traditionally under-represented regions of South Asia, Latin America, the Middle East, and the Pacific. Organized under the leadership of IPPNW’s International Student Representatives to IPPNW’s Board of Directors, Ernest Guevara of the Philippines and Caecilie Buhmann of Denmark, and in partnership with IPPNW Regional Student Representatives and PSR student leaders, the agenda of the Student Congress featured workshops and forums on nuclear weapons abolition, small arms violence, the environment, war and refugees, and peace education. Prominent IPPNW physicians Mary-Wynne Ashford and Victor Sidel addressed the assembled students and applauded the development of IPPNW’s student movement over the past several years. Another highlight of the two-day session was the opportunity for current IPPNW student activists to hear from past student activists. Drs. Andrew Kanter and Lee Francis, both from the U.S., and Dr. Jans Fromow-Guerra of Mexico, began their participation with IPPNW as medical students over a decade ago. Drs. Francis and Fromow-Guerra offered remarks on the long history of IPPNW’s student movement. Dr. Kanter moderated a discussion on the events of September 11 and the Middle East. Students had the opportunity to work both in large and small groups during the Congress and to share their work and research since IPPNW’s 14th World Congress in Paris in 2000. They also took time to discuss the immediate challenges to public health and medicine in the daunting aftermath of the terrorism of September 11.

Also at the Student Congress, Caecilie Buhmann and Ernest Guevara completed their terms of two and four years, respectively, of exemplary service on IPPNW’s Board. Caecilie and Ernest, with the Regional Representatives, promoted the interests and opinions of IPPNW medical students, developed new student projects, strengthened the infrastructure, and expanded the geographic reach of IPPNW’s student movement. Student elections on May 2 determined that Caecilie and Ernest will be succeeded by Proochista Ariana of the United States and Ahmed Geneid of Egypt. After the next two-year term, already, Proochista and Ahmed have assumed their new positions with earnestness and industry. In addition, new Regional Representatives were elected for Africa (Annie Mwila-Zambia), the Middle East (Fady Aziz-Egypt), North Asia (Tomoko Inoue-Japan), South Asia (Shyam Teegala-India, Nida Hussian-Pakistan, and Suzein Diano-Philippines), North America (Janet Lai-USA and April Kam-Canada), Latin America (Antonio Hernandez and Alvaro Guardo-El Salvador), and Europe (Ivana Iacob-Romania and Richard Frisell-Sweden).

Medical students have been well represented in IPPNW programs over the past six months. Students in Zambia helped to organize the March 2002 African Regional Meeting in Lusaka, and German medical student Caroline Missbach attended the nuclear energy symposium in Basel, Switzerland, in April 2002. Students had the opportunity to work both in large and small groups during the Congress and to share their work and research since IPPNW’s 14th World Congress in Paris in 2000. They also took time to discuss the immediate challenges to public health and medicine in the daunting aftermath of the terrorism of September 11. Co-sponsored by the International Federation of Medical Students Associations (IFMSA), the European Regional Student Meeting, “Training on Conflict Prevention — Integration, Disarmament and Health,” was held in Elva, Estonia, in April 2002. Sixty students representing 10 countries were in attendance. Training sessions on project proposal writing and teamwork were convened, and students attended seminars on such diverse topics as cultural integration and the Arab-Israeli conflict. The greatest success of the meeting was in recruitment and outreach. Many participants were new to IPPNW and the meeting was an important opportunity to organize and consider projects for future collaboration. In particular, students from Latvia, Lithuania, and Estonia were able to liaise with veteran IPPNW student activists about forming new groups. Full reports on working groups are available from the Central Office (see below). Finally, as the next stage of the SLMK (IPPNW-Sweden)-sponsored Nuclear Inheritance/Nuclear Capitals Project, IPPNW medical students visited India and Pakistan in April 2002 and engaged local medical students in dialogue about escalating nuclear dangers in South Asia. IPPNW students have sent delegations to five nuclear weapons states as part of the Nuclear Capitals Project: Russia, the United Kingdom, France, India, and Pakistan.

Our vision for the next two years of IPPNW’s student movement includes promoting closer working relationships between student leaders and physician leaders, working to support and sustain a resurgence of medical student activism in Latin America and Africa, advancing regional student projects, and expanding and developing existing students programs.

International Student Representatives
Proochista Ariana, proochista@yahoo.com
Ahmed Geneid, geneid@ismailia.ie-eg.com

All IPPNW medical students are encouraged to contact Allison Howard, Medical Student Liaison, at the IPPNW Central Office, ahoward@ippnw.org.
IPPNW Responds

Middle East Regional Meeting

Michael Christ
Executive Director

IPPNW is extremely troubled about the deepening crisis in the Middle East where new thresholds of violence are being crossed on both sides of the Israeli-Palestinian conflict. The IPPNW Board of Directors has shared this concern and has sought opportunities to promote better understanding and advocacy by IPPNW, which looks at the total health picture in the region.

A small gathering of IPPNW representatives from the region and around the world met with Palestinian and Israeli colleagues to share concerns, perceptions, and ideas on March 21-24, 2002. Delegates from Palestine, Israel, Egypt, Turkey, Greece, Germany, Canada, and Britain, along with IPPNW Co-Presidents Abraham Behar and Mary-Wynne Ashford and myself, met in Antalya, Turkey.

At the end of the first day, a joint statement was produced about the present situation between Israel and Palestine (see opposite), as well as a letter of support for the peace initiative from Crown Prince Abdullah of Saudi Arabia. On the second day, IPPNW members were invited to meet Mayor Bekir Kumbul of Antalya, himself a physician. This was followed by a well-attended press conference led by Dr. Ernesto Kahan of IPPNW-Israel and Dr. Abdelazez Allabadi of IPPNW-Palestine. The main things to come out of the meeting were:

1. An “Antalya Declaration” on the Israeli-Palestinian conflict signed by all delegates;
2. A letter to the Crown Prince of Saudi Arabia signed by the Palestine and Israel delegates and the two Co-Presidents;
3. Discussion of sending an international IPPNW delegation to Israel and the Palestinian territories;
4. An offer by the Egyptian affiliate to host a regional seminar in Cairo on a Weapons of Mass Destruction (WMD) Free Zone in the Middle East in October 2002; and
5. Interest in pursuing peace through health initiatives, including strong interest on the part of some affiliates to fund one or more IPPNW ambulances in the occupied territories.

Antalya Declaration on the Israeli-Palestinian Conflict

Physicians and representatives from the Israeli, Palestinian, Turkish, United States, United Kingdom, French, German, Egyptian, Greek, and Canadian affiliates of IPPNW met in Antalya, Turkey, on March 23 to address the crisis in the Middle East.

The region is being dragged to the brink of an unnecessary war by acts of extremists on both sides. As physicians, we deplore the bloodshed, the suffering, and the legacy of violence left by this ongoing wave of killing in the Middle East. We believe that we represent the spirit of medicine and the responsibility of our profession in our rejection of terrorism in all its forms.

We demand the immediate implementation of the Mitchell Report and in particular:

- an immediate end to all violence and assassinations;
- an immediate cessation of all settlement activity;
- a return to permanent status negotiations based on UN Security Council Resolutions 242 and 338 and building on the progress achieved in previous negotiation rounds.

In response to international agreements and to Egyptian President Hosni Mubarak’s initiative concerning the increasing threat of weapons of mass destruction, we recommend that the negotiations should be completed by the signing of a treaty creating a Middle Eastern and Mediterranean Zone Free of All Weapons of Mass Destruction, including nuclear, chemical, and biological weapons.

In the current climate of mistrust and mutual hostility, we believe that the above goals can be reached in the near future, ending the occupation and conflict, and realizing the solution of two states living side by side based on the June 4, 1967, borders.

We believe that the initiative from Saudi Arabia represents one of the most promising potential solutions that has been offered to this intractable conflict. We will work within our respective nations to mobilize additional support for this bold and imaginative plan offered by Crown Prince Abdullah.

Abdelazez Allabadi, Palestine
Ernesto Kahan, Israel
Perla Perez, Israel
Mary-Wynne Ashford, Canada
Abraham Behar, Co-President, France
Michael Christ, Executive Director, USA
Liz Waterston, Board Member, UK
Aly M. assoud, Egypt
Maria Sotiropoulou, Greece

Gabriella Paspadiasis, Greece
Nicola Katsch, Germany
Neil Arya, Canada
Leziz Onaran, Turkey
Serukiye Sagbil, Turkey
Dagi N. ebioglu, Turkey
Derman Boztok, Turkey
Serpi N. ebioglu, Turkey
Miha Altunisik, Turkey

Mayor Bekir Kumbul of Antalya (center) with Dr. Ernesto Kahan of IPPNW-Israel (left) and Dr. Abdelazez Allabadi of IPPNW-Palestine (right), March 2002.

(Photography: Liz Waterston-Medact)

To order IPPNW’s nuclear abolition bumper sticker, please see page 19.
Dr. Lown Speaks at Nobel Centennial

IPPNW Co-Founder, Dr. Bernard Lown, spoke at the Nobel Peace Prize Centennial Symposium in Oslo, Norway in December. Dr. Lown, who shared the 1985 Peace Prize with fellow Co-Founder Evgeni Chazov, gave a talk entitled “Doctors Struggle Against the Growing Nuclear Threat — A Way Out?” The full text of the talk can be found on IPPNW’s website (www.ippnw.org). A short excerpt follows.

“T he purported logic for stockpiling nuclear weapons was to deter an evil enemy. Though the Cold War is over, 35,000 remain in world arsenals. Their possession encourages proliferation, increases the likelihood of accidental use, and provides access of terrorist groups and rogue nations to nuclear materials. A nuclear-free world would enhance the extraordinary might the US already possesses, however by moving to a so-called ballistic missile defense (BMD), the nuclear arms race is likely to heat up once again. BMD is presented as a shield against threatening incoming missiles, though no visible enemy with such capability is in sight. The more likely objective is to dominate space and to control upheavals in developing world countries. The global divide augurs wars without end. The divide is not only large but is rapidly widening. In 1997 the richest 20 percent of the world’s inhabitants had 74-fold the annual income of the poorest 20 percent. This represents more than a doubling of the income gap in less than 40 years. Physician movements have played an important role in helping end the Cold War, now they have an equally important mission to help heal the global divide and bring to an end the stockpiling of genocidal weapons.”

IPPNW-Germany Celebrates 20 Years

IPPNW-Germany marked its 20th anniversary in May 2002. As part of the celebrations, the German affiliate created a comprehensive Internet presentation of the past 20 years of events, congresses, successes, and personalities, both in Germany and internationally. Each year has been chronicled showing major events and initiatives. The text of the site is in German but there is an abundance of photographs for those unfamiliar with the language. The presentation can be viewed at http://www.ippnw.de/20jahre/

IPPNW-Germany stalwart Professor Ulrich Gottstein celebrated his 75th birthday on November 28. Professor Gottstein became involved with IPPNW following a meeting with “IPPNW pioneers,” including Co-Founders Drs. Bernard Lown and Evgeni Chazov in Aston, U.K., in October 1981. “It was then that I became convinced that work in IPPNW for the prevention of the last epidemic was more urgent than to continue medical science besides my 12-hour [days] of clinical work,” recalls the professor. Professor Gottstein was born in Stettin, the capital of Pomerania in North-East Germany which, after WWII, became part of Poland. After medical studies in Berlin, Goettingen, and Heidelberg, he was trained in internal medicine and neurology at the University of Munich. Professor Gottstein has lived in Frankfurt, Germany, since 1971 and has held several distinguished positions in his field. He is married to Dr. Monika Gottstein — Co-Founder of IPPNW-Germany — and has six children (two are doctors) and 11 grandchildren. Professor Gottstein and his wife celebrated his birthday with a visit to the opera but, he says, “the real celebration was at the end of May on the farm of one of my daughters with all my children and grandchildren.”

Prof. Maddocks Receives Order of Australia

Congratulations flowed in from around the globe for IPPNW Chair Professor Ian Maddocks in late January when it was announced that he had been awarded the prestigious Order of Australia “for service to medicine, particularly as a pioneer in fostering the discipline of palliative care, as an educator in the field, and as a contributor to medical organizations concerned with the prevention of war.” Professor Maddocks is the Director of International Relations at Flinders University in Adelaide, South Australia, and has published a vast body of work, much of it pertaining to his area of specialization, palliative care.
Sustainer Profile

David Rush, MD

Dr. Rush's childhood experiences laid the groundwork for both his career in medicine and a lifetime of social activism. "I came of age around the time of WW II," he recalls. "I remember, first, absolute fear around me at the idea that Germany might win the war, and then the appalling horror of the images that were published when the camps were liberated. These memories I still find haunting. One of the effects was to understand that we either take care of each other and the Earth, or we have no business complaining about what those in power are imposing on us."

In medical school, he eventually decided to combine clinical training in pediatrics, along with epidemiology (the science of public health and disease prevention) and social activism. When he moved to New York City in 1969, he became the secretary of the Council of Health Organizations, the coordinating body between the Medical Committee for Human Rights (which supplied medical presence to the civil rights movement), Physicians Forum, and Physicians for Social Responsibility (PSR; IPPNW-US). It was a natural next step to be involved with IPPNW, which, he said, "addressed the lunacy of nuclear war and weaponry."

Dr. Rush and his wife, Kitty, have attended every IPPNW World Congress since 1985. "We have been deeply enriched by bonding with new friends and colleagues from such diverse countries and backgrounds, all sharing IPPNW's common goals."

IPPNW Circle of Sustainers

Become a Member of IPPNW's Circle of Sustainers!

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For the cost of a dinner out each month, a $25 monthly pledge provides IPPNW with much-needed funds.

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- You help allocate more of IPPNW’s resources towards vital programs by reducing administrative gift processing costs.

A number of IPPNW supporters have simplified their gift giving by authorizing their bank or credit card to automatically transfer their gift each month.

You can make a difference in our success by making a regular contribution of $25, $15, $10, or more each month. This monthly commitment ensures that IPPNW’s vital work to eliminate nuclear weapons and prevent war will continue.

You may, of course, increase, decrease, or cancel your gift at any time.

If you have any questions about monthly giving or would like a copy of IPPNW's Annual Report, please contact:

Douglas Kline
617-868-5050, ext. 202
E-mail: dkline@ippnw.org

Yes! You can count on my monthly support to IPPNW. Here is my pledge of:

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727 Massachusetts Ave.
Cambridge, MA 02139
USA
New Publications

War or Health?
By PSR-Finland
This 652-page book, compiled by Physicians for Social Responsibility in Finland under the editorial guidance of Dr. Ilkka Taipale, provides an extraordinarily wide-ranging examination of the interface between warfare and human health and society. Topics include the impact of war on health professionals and their roles, the medical and health aspects of different kinds of weapons—from non-lethal weapons to conventional, anti-personnel weapons such as small arms and landmines to nuclear, chemical, and biological weapons of mass destruction; the direct and indirect consequences of war for famine, disease, psychological disorders, human rights violations, and the environment; the impact of war on specific population groups such as women and children; the factors facilitating the outbreak of wars—the psychological and sociological roots of violence, the arms trade, and the role of the media; and efforts to regulate the worst effects of modern warfare and how to prevent it. This up-to-date and comprehensive source book with a preface by Kofi Annan, Secretary General of the United Nations, will prove invaluable to health professionals, social scientists, and human rights, peace, and development activists. Available from IPPNW for US $25 by using the order form on the next page.

World Report on Violence and Health
By the World Health Organization
In October 2002, the World Health Organization will release the first World Report on Violence and Health. The Report examines a broad spectrum of violence including child abuse and neglect by caregivers, youth violence, violence by intimate partners, sexual violence, elder abuse, suicide, and collective violence. The Report also includes a statistical annex with country and regional data derived from the WHO Mortality and Mortality Database and a list of resources for violence prevention. The Report is the result of intense collaboration among experts from around the world during the past three years. Its goals are to raise awareness about the problem of violence globally, to make the case that violence is preventable, and to demonstrate that public health has a crucial role to play in addressing its causes and consequences. For ordering information, please write to WHO, A. Weiboldt, MD, 11211 Geneva 27, Switzerland or e-mail: weiboldt@who.int.

The New Nuclear Danger: George W. Bush’s Military-Industrial Complex
By Helen Caldicott, MD
In a climate where international relations are shifting unpredictably, the Pentagon’s Nuclear Posture Review, released in January 2002, recommended slashing the American nuclear arsenal from 7,000 weapons to less than 2,000 in concert with similar cuts to the Russian nuclear arsenal. However, the Policy Review recommended that the weapons be stored instead of destroyed, leaving them ready for reactivation on short notice. The New Nuclear Danger, with its insider’s view of America’s military-industrial complex, reveals why the Pentagon continues to resist any real reduction in the American nuclear arsenal. Caldicott outlines the indebtedness of the Bush administration to the arms industry and arms manufacturers’ exploitation of Americans’ fear of terrorism to fuel increased spending, evidenced by Congress’s $300 million dollar increase in funding for nuclear weapons. In no uncertain terms, Caldicott reveals how the collusion of government with the nuclear weapons industry, compounded by rivalry within the Pentagon for the nuclear dollar and its unchecked penchant for nuclear science, have created a hidden complex that threatens the well-being of everyone on the planet. To order, call The New Press at telephone 212-629-8002 or e-mail mnornton@thenewpress.com. The price is US $16.95.

Global Health Studies Curriculum
By Medact
This new resource is intended for teachers in public health and other departments who wish to teach students about global health issues. It suggests material for a core curriculum to be taught to all students and makes reference to topics for special study modules. The three main subject areas are social and economic development; environmental change and pollution; and the health implications of conflict. To order, please contact Mike Rowson at Medact at telephone 020-7272-2020 or e-mail mikerowson@medact.org.

IPPNW PowerPoint Presentations
Now in development, these new resources provide an overview of IPPNW’s mission and major issues areas. For information on how to order, contact Lynn Martin via e-mail at lmartin@ippnw.org or telephone 617-868-5050, x209.

Journals

Medicine and Global Survival
The February 2002 issue of IPPNW’s journal, Medicine & Global Survival, explores the physician response to the terrorist attacks in the United States on September 11, the subsequent US-led war on terrorism, and the renewed urgency for nuclear weapons abolition and international frameworks for the prevention of war.

New studies on the medical consequences of nuclear terrorism and on the ability of a US national missile defense (NMD) system to offer protection against a large-scale Russian nuclear attack are presented by Ira Helfand and co-authors from Physicians for Social Responsibility (IPPNW-US). Victor Sidel and Robert Gould challenge the wisdom and effectiveness of bioterrorism preparedness. Australian expert Alan Parkinson evaluates governmental and industrial claims that the cleanup of the Malinga nuclear test site represented “best practice” and finds them wanting. Jesse Selber and Kebba Jobarteh of the Harvard School of Public Health examine the role of private military companies in sub-Saharan Africa.

Subscriptions to M & GS are US$30. To subscribe, please write to John Loretz at IPPNW, 727 Massachusetts Ave., Cambridge, MA 02139 USA or send an e-mail to jloretz@ippnw.org. M & GS is also available online at www.ippnw.org/MGS.

Medicine, Conflict, and Survival
Volume 18, No. 2, now out, reviews the story and new risks of biological warfare and calls urgently for a verification protocol to be agreed upon for the Biological Weapons Convention. Vol. 18 No. 3, due out in August, looks at the health risks of conflict with special reference to the Middle East.

Vol. 18 No. 4, for November, will include the principal contributions to IPPNW’s Helsinki meeting on the health consequences of small arms, and Vol. 19 No. 1 for February 2003 will feature the key presentations to IPPNW’s 15th World Congress, Summit for Survival, held in Washington, D.C.

MCS is available at a generous discount to all IPPNW members (33%, US$33.50 or UK£20 for first year, and 25% US$53.50 or UK£22.50 thereafter). Please send dollar or sterling checks (sorry, credit cards not accepted), payable to “Lionel Penrose Trust” to Sukey Field, Editorial Assistant, MCS, 601 Holloway Road, London N19 4DJ, UK. Phone +44-20-7272-2020; fax +44-20-7281-5717; email: info@medact.org
The Sadako Peace Society

We promise you, Sadako Sasaki of the thousand paper cranes, who died of leukemia at age 12; we promise you, commingled with the Earth on which we stand; we promise you this mistake — no, this crime — will never be repeated. Bernard Lown, MD

The Sadako Peace Society is IPPNW’s planned giving program. By joining the Society, you can provide tax-free income for you and your family while helping to ensure that IPPNW’s work will go on for another generation. You can do this through:

**Gifts That Provide You with Income**

- **Charitable Gift Annuities.** In exchange for your gift of cash or appreciated securities, IPPNW will guarantee a fixed payment to you and/or another beneficiary for the rest of your life.
- **Deferred Payment Gift Annuities.** Through this program, you can delay income until a later date, such as retirement, and save substantially on capital gains taxes, while making an important contribution to IPPNW’s future.
- **Charitable Remainder Trusts.** For a minimum contribution of $50,000, these flexible trusts can be tailored to provide lifetime income for yourself and/or a loved one.
- **Charitable Lead Trusts.** You can pass assets, such as a family business, to the next generation with a substantial reduction in estate and gift taxes.

**Gifts Through Bequests**

You can also continue to support IPPNW by leaving a bequest: a specific amount of money, a percentage of your estate, the amount that is left over from your estate after you have provided for everyone (residuary bequest), or by making IPPNW your heir in the event that your beneficiaries do not survive you (contingent bequest).

**Assets Available for Contribution**

IPPNW is pleased to accept cash, appreciated securities, real estate, life insurance policies, retirement plans, patents, and stock options, either outright or to fund life-income gifts.

If you are interested in any of the options presented above, we encourage you to contact Douglas Kline at telephone 617-868-5050, ext. 202 or e-mail dkline@ippnw.org so that we may provide additional information to you or your advisors.

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### IPPNW Resources

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<tr>
<td>War or Health? A Reader</td>
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<td>Nuclear Weapons Convention Monitor (April 2000), (April 2001), (June 2002)</td>
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<td>Is Everything Secure: Myths and Realities of Nuclear Disarmament (1998)</td>
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<td>Plutonium: Deadly Gold of the Nuclear Age (1992)</td>
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<td>Atom Bomb Injuries (Revised 1995)</td>
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<td>Drs. Testimonies of Hiroshima (1995)</td>
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<td>Medicine &amp; Global Survival: Projected US Casualties and Destruction of US Medical Services from Attacks by Russian Nuclear Forces (2002)</td>
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<td>Medicine &amp; Global Survival: Why Mistakes Happen Even When the Stakes Are High: The Many Dimensions of Human Fallibility (2001)</td>
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<td>Nuclear Terrorism Scenarios: British Medical Journal</td>
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<td>Accidental Nuclear War: A Post-Cold War Assessment (1998) NEJM</td>
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<td>Nukes Are Not Forever (1999)</td>
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<td>The Bombs That Shook Nairobi &amp; Dar (1999)</td>
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### Ordering Information

**Please send sponsorship information on IPPNW’s documentary project.**

**For single copies of publications:**
Price plus shipping ($4.00 US and Canada and $10.00 International)
Return this form, plus your check to IPPNW 727 Mass. Ave., Cambridge, MA 02139 USA

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**For two or more copies or for express mailings of any book:** Please contact IPPNW for information on cost and billing.

**Discounts:** A 5% discount is available for any orders of 10 or more books.
Please send a free inspection copy of **Medicine and Global Survival**, IPPNW’s journal.
Please send a free IPPNW nuclear abolition bumper sticker with my publication order.
Please send IPPNW’s 2001 Annual Report.
On the calendar

June 13-16, 2002  Conference on “Community, Health and Human Security,” Mediterranean Health Center, Igalo Institute, Montenegro. Co-sponsored by European affiliates of IPPNW. Contact OMEGA Health Center, Graz, Austria. Phone: + 43-316-773-554; Fax: + 43-316-773-554-4; E-mail: office@omega-graz.at

August 2002  IFMSAGeneral Assembly, Taipei, Formosa

August 6 & 9, 2002  57th Anniversaries of Atomic Bombing of Hiroshima and Nagasaki

September 21, 2002  International Day of Peace, United Nations, New York, NY, USA

October 2002  Middle East Weapons of Mass Destruction Free Zone Conference, Cairo, Egypt

November 6, 2002  International Day of Environment and War, United Nations, New York, NY, USA

December 10, 2002  Human Rights Day, United Nations, New York, NY, USA

September 11-16, 2004  IPPNW’s 16th World Congress, Beijing, China

In Memoriam

Dr. Frederick J. Stare

We mourn the passing of Dr. Frederick J. Stare, the founding chairman of the Harvard School of Public Health and a long-time friend and supporter of IPPNW. Dr. Stare was a pioneer in the study of nutrition and was among the first to conduct scientific studies linking diet and heart disease. He took the courageous step of defying McCarthyism and hiring IPPNW co-founder Dr. Bernard Lown in the 1950s, despite accusations of “sympathy” for the Soviet Union. Dr. Stare died at his home in Wellesley, Massachusetts, on April 4, 2002. He was 91.

IPPNW is a non-partisan 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 reduce the effects of war on health, development, and the environment.