In this issue we feature interviews with two long-time IPPNW educators and activists, and with a young doctor who has only recently dedicated himself to building a more peaceful world. Vappu Taipale of Finland, Ira Helfand of the US, and Ogebe Onazi of Nigeria told us what it means to them to seek a world without nuclear weapons and without war, and how doctors can make a difference.

VAPPU TAIPALE
Physicians for Social Responsibility, Finland / LÄÄKÄRIN SOSIAALINEN VASTUU (LSV)

On March 4-6, physicians and medical students from Japan, China, and North Korea, as well as IPPNW affiliate representatives from India, Pakistan, Nepal, and Sri Lanka gathered in Katmandu for a special combined IPPNW North-South Asia Regional Meeting. Among the invited guests was IPPNW Co-President Dr. Taipale, who has been a leader of IPPNW’s efforts to build up dialogue in critical hotspots in world. This summer, she will lead an IPPNW delegation to North Korea. Over the past twenty years, IPPNW has facilitated numerous exchanges with North Korean physicians in pursuit of peace and nuclear disarmament.

VS: Who will you be meeting with in North Korea?
VT: I first visited North Korea in 2009 with my husband, who visited the country in 1971. It has been very important that IPPNW has had an affiliate in Pyongyang since 1993, when Kim Il Sung himself supported a nuclear weapon-free Korean Peninsula. The IPPNW World Congresses since 1993 have provided invaluable opportunities to meet our affiliate colleagues with Korean Anti-War Peace Physicians. Several members visited our home in 2006 during our World Congress in Helsinki, so we have built good personal relationships. During our Katmandu meeting, we discussed plans for our next visit to Pyongyang, to include meetings with KAWPP colleagues, visits to several hospitals, including a medical hospital, and a seminar on public health and nuclear issues.

VS: What are you trying to accomplish with these visits?
VT: Our DPRK colleagues are in need of international contacts. They cannot use the internet. Exchange of opinions by e-mail is restricted and phone calls do not always reach them. This means that personal relationships and face-to-face contact is important to all of us. They are skilled medical experts, but they face extraordinary difficulties with their health care system, which is deteriorating. Some Finnish organizations have cooperated successfully with DPRK, for instance in preventive dental care and in potato agriculture. Information about DPRK in the West is one-sided and too often demonizes the entire country and its people. I think it’s vital that we get first-hand information. Actually, this is very practical, fundamental peace work, which is necessary if we are ever to make progress on nuclear weapons issues.

VS: How can medical professionals make a difference?
VT: Medical students and physicians are colleagues everywhere they meet. We exchange medical knowledge and experience, we share the same professional lan-
guage, and we care for our patients regardless of politics or ideology. We can build trust among ourselves and tell the world that prevention is the best way to treat problems, even nuclear threat.

**VS:** Are you seeing results?

**VT:** One result is that our KAWPP colleagues are willing to cooperate with IPPNW affiliates all around the world. Rapid results are rare, but we are patient in peace building. There is a lack of information everywhere about DPRK, and direct contacts help international understanding. Our students in Finland succeeded in delivering hundreds of donated medical textbooks to our colleagues in North Korea.

**VS:** Tell us more about the doctors you hosted.

**VT:** We hosted two cancer specialists, Dr Kim and Dr Ri for two weeks here in Helsinki. We arranged for them to visit our cancer clinics, the Radiation Safety Authority, rural health centers, and various health promotion agencies. They have highly advanced clinical skills, but epidemiology wasn’t as strong as in Finnish medical education. They were hungry for information and to meet other Finnish specialists, who also were eager to build professional contacts with our North Korea guests and to learn first-hand about the country and how medicine is practiced there.

**VS:** How does this “citizens’ diplomacy” contribute to policy change?

**VT:** This means that we in the West open our minds, and not simply rely on information from politicians and pundits. As we all increase our interest and curiosity and understanding of the realities inside this closed society, and when our North Korean friends can have the opportunity to visit western countries and colleagues and see with their own eyes how we care for our patients and live here, then new possibilities begin to emerge. A new reality, and a new narrative begins to unfold. As we have seen time and again, meaningful political change begins with ordinary people, information, and honesty.

---

**IRA HELFAND**
Physicians for Social Responsibility (PSR), USA

*Ira Helfand, an emergency physician from Northampton, Massachusetts, has been writing and speaking about the medical consequences of nuclear war since the 1980s. For the past three years, he has been working with climate scientists to document the health and environmental disaster that would ensue from a range of possible nuclear wars.*

*We asked Ira to describe the work on which he is now engaged and to reflect on his career of nuclear abolition activism.*

**VS:** What is recent climate science telling us about nuclear weapons, and why is it important for people to understand these findings?

**IH:** A nuclear war between the US and Russia would be a civilization-ending disaster. Agriculture would stop and the vast majority human beings would starve to death. A more limited nuclear war — for example, one between India and Pakistan using just 100 warheads — would still create significant worldwide climate disruption: a sudden global cooling; a dangerous loss of atmospheric ozone; and decreases in precipitation. We would see an unprecedented drop in crop production in the world’s most crucial farm belts.

**VS:** You’ve been trying to fill in a missing piece of the research for a couple of years now, and just got a grant from the Swiss government to do that. What’s the project about?

**IH:** Up until now, we’ve only been able to speculate about the large decline in agricultural production. We want to calculate actual declines in agricultural output for specific crops as an outcome of nuclear-war-induced climate effects. Our “back of the envelope” estimates are that a billion people could die from a nuclear famine caused by no more than 100 Hiroshima-size bombs.

**VS:** You’ve been at this work ever
since the 1980s. What motivates you to keep at it?

**IH:** Two things: a belief that we can succeed in saving the human race and a sense of moral imperative. Knowing the danger, I find it impossible not to work on this issue.

The nuclear issue may not get the level of attention it received in the 1980s, but it is definitely back on the public’s mind. We also have, in the person of Barack Obama, a leader who says he’s committed to eliminating nuclear weapons. While we haven’t seen as much progress as we’d hoped for after those early speeches, we do have the goal of a world without nuclear weapons on the record. Recent events in the Middle East remind us that historical change, which seems difficult to bring about, can unfold quickly.

**VS:** What do you think it’s going to take to finally abolish nuclear weapons and to ensure that humanity will survive its own most destructive invention?

**IH:** If either the US or Russia made this their top priority, other nuclear-weapon states would fall into place. Whatever pressure can be brought to bear on these leaders is to the good, whether from within the US and Russia or pressure from other governments. Our best strategy would be to generate such pressure from every possible direction.

**VS:** You recently spoke at the UN to state delegations preparing to negotiate an Arms Trade Treaty. What did you tell them?

**OO:** The ATT has to address the health and humanitarian impact of illicit and irresponsible arms transfers. I have to treat victims of gun violence and heal the physical and mental wounds left by these weapons. When someone arrives in my emergency room, I don’t know if the gun or bullet is legal or illegal; all I know is that the person is bleeding and I try to save a life.

**VS:** You’re a doctor from a country with very few doctors. How does gun violence affect health care services in Nigeria?

**OO:** There is a severe lack of human resources to meet the health demands of the people in my country. Despite the heavy burden of disease including malaria, HIV, and tuberculosis, resources for health care are chronically scarce. Every time resources are used to treat gun injuries, they are diverted from preventing communicable disease and malnutrition, providing maternal and child health care.

**VS:** This has had a personal impact on you, has it not?

**OO:** I grew up in Jos where, today, gun violence knows no bounds. I was once robbed at gunpoint while walking to my apartment; four years later the psychological scar remains.

As a doctor, I can identify with many of our patients who suffer the long term psychological trauma as a result of gun violence.

**VS:** Treating the victims of gun violence is expensive, in more than dollar terms.

**OO:** In my part of the world, most people live on less than a dollar per day. I treated a lady who was shot in her head by a stray bullet during a gang shoot-out. That cost US $700. The per capital health expenditure in Nigeria is about $50 per year. This means that in just this instance, 14 people may go without health care. And many gunshots cost much more to treat.

We need to remind everyone that we are not talking about cold statistics, but about real people. Numbers don’t mean as much without faces.
Physician experts from six countries brought a critical health perspective to the Second Preparatory Meeting of the Arms Trade Treaty (ATT) at the UN from February 28-March 4.

The IPPNW Aiming for Prevention delegation—13 doctors and activists led by Co-President Robert Mtonga—spoke of armed violence as a health and humanitarian crisis and as a threat to development. They told ATT negotiators that the medical community has a crucial role in solving this global challenge.

IPPNW participated with other members of the Control Arms Coalition (CAC) to help develop momentum for a global, legally binding, and human rights centered agreement. By week’s end, according to CAC spokesperson Baffour Amoa, “governments had taken a big step towards the establishment of a robust treaty to regulate the international arms trade. Despite serious efforts by some states to derail or weaken the process, we are now beginning to see a principled treaty take shape.”

IPPNW presented an expert panel—Control the Arms Trade: Improve Human and Environmental Health—co-sponsored by Zambia. The panelists addressed how a robust ATT can help promote health and reduce environmental contamination.

The session was moderated by IPPNW’s lead UN Representative Victor Sidel. Michael Schober of Austria discussed the need for North/South cooperation to reduce gun violence and presented examples of how IPPNW works globally to mobilize health professionals to engage in peacebuilding and citizen diplomacy.

Donald Mellman, a PSR member from Florida, addressed the crisis of leadership that has led to a health crisis in armed violence, while Cathey Falvo of PSR-New York focused on a lesser known dimension of the arms trade—how competition for environmental resources can foster conflict, and how conflict can have devastating effects on environmental health.

The panel concluded with testimony from Dr. Mtonga who related three “one bullet stories” about the human consequences and suffering arising from arms use. His experiences with the victims of armed violence led Dr. Mtonga to remark that he was “fed up with mopping the floors while the taps are running.” His work in Zambia and elsewhere has helped to quantify economic and social costs to countries struggling with competing needs for health care and development dollars.

IPPNW-Nigeria’s Ogebe Onazi (see interview on page 3) provided a passionate account of a young physician’s perspective on armed violence and development as part of “Saving Lives: Preventing Gun Violence Through the Arms Trade Treaty,” a panel co-sponsored by IANSA, Amnesty International, and the Mission of Norway. Ogebe was later approached by a documentary filmmaker Paramita Nath, who is interested in developing a film inspired by his presentation (see photo above).

IPPNW members engaged in a range of other activities to bring a health message to the week-long ATT proceedings. They met with members of various delegations including the US, Austria, and Nigeria; participated in Control Arms and NGO side meetings; and contributed public health points to NGO presentations. The next ATT session, which will focus on implementation of the treaty, will take place at the UN in New York in July 2011.
ICAN OPENS EUROPEAN HUB OFFICE

Thanks to a grant from the Norwegian Ministry of Foreign Affairs, ICAN has taken a giant step forward in Europe, a region where grassroots and governmental support for a nuclear weapons convention could accelerate progress toward abolition.

ICAN-Europe will be hosted in Geneva by the Women’s International League for Peace and Freedom (WILPF), and will be staffed by senior campaigner Arielle Denis, communications coordinator Daniela Varano, and administrative officer Alexandra Reidon.

IPPNW program director John Loretz, who served on the search committee for the new European campaigners, said “we’ve recruited an incredibly talented and creative team who are now in place to mobilize civil society not only in influential European countries, but also in critical places in the Middle East and Africa.”

Ms. Denis set out the goal of ICAN-Europe as creating “one coordinated movement with people’s actions, influential personalities from all walks of life, and governments and institutions toward a global agreement to abolish nuclear weapons.”

IPPNW Responds to New Start

The New START agreement between the US and Russia, under which each country will limit the number of deployed strategic nuclear weapons to 1,550, was ratified in December by the US Senate and in January by the Russian State Duma. In a letter to Presidents Obama and Medvedev, IPPNW congratulated the leaders of the largest nuclear states for fulfilling “a pledge each of you made almost two years ago to lay the groundwork for a world without nuclear weapons.”

Noting that Russia remains concerned about US missile defense plans, that the US is concerned about the thousands of Russian tactical nuclear weapons, and that both countries worry about proliferation, IPPNW’s co-presidents warned that none of these concerns, however legitimate, “outweigh the risks of holding onto these intolerably destructive weapons or postponing the day when the world is liberated from the terror they impose on us.”

Australian Senator Cites IPPNW Uranium Resolution

Australian Senator Scott Ludlam asked the government in November to respond to concerns about the health and environmental impact of uranium mining raised by IPPNW in a resolution adopted at the World Congress in Basel. The resolution, given to him by Australian affiliate MAPW, stated that “uranium ore mining and the production of uranium oxide (yellowcake) are irresponsible and represent a grave threat to health and to the environment” and that “both processes involve an elementary violation of human rights and their use lead to an incalculable risk for world peace and an obstacle to nuclear disarmament.” Sen. Ludlam put formal questions before the Minister for Health and Ageing and the Minister for Sustainability, asking whether the Radiation Protection and Nuclear Safety Agency had investigated potential hazards to workers and communities.

In a speech on the Senate floor in February, he praised IPPNW “doctors and health practitioners who have dedicated part of their work to prevention rather than cure, prevention of the use of nuclear weapons in civil or military applications,” adding that “we disregard [these health professionals] at our peril.”

Indigenous Communities in India and Elsewhere Suffer the Health Effects of Uranium Mining and Processing.
MILITARY SPENDING VS. MILLENNIUM DEVELOPMENT GOALS

IPPNW JOINS THE CALL TO ACTION: CUT GLOBAL MILITARY SPENDING NOW!

The eight United Nations Millennium Development Goals – eradicating hunger, universal primary education, promoting gender equality, child mortality reduction, disease prevention, environmental sustainability, and global development – are all eclipsed by yearly military spending figures.

IPPNW has joined an exciting coalition campaign to call attention to rampant military spending worldwide. The Global Day of Action on Military Spending invites groups and individuals to join in common cause on April 12, 2011 to focus public, political, and media attention on the costs of military spending and the need for new priorities.

Events on this day, to coincide with the Stockholm International Peace Research Institute’s (SIPRI) new annual figures on world military expenditures, will help build the international network around this issue. With military spending surging to all time highs, it is important to raise a global call for reason, especially given the fact that less than one-twentieth of annual world military expenditures is all that is needed to end poverty and achieve the UN Millennium Development Goals (MDGs).

ONLINE: THE NUMBERS

Learn more about the Global Day of Action on Military Spending. Read the practical steps to achieve MDGs by 2015.

DEMILITARIZE.ORG
UN.ORG/MILLENNIUMGOALS
On March 11, the largest earthquake in Japanese history and the tsunami that followed killed thousands of people, devastated the northeast coast of Japan, and severely damaged reactors and spent fuel ponds at the Fukushima Nuclear Power Plant. IPPNW physicians in Germany, the US and elsewhere have been closely monitoring reports from Fukushima and educating the public and the global media about the effects of radiation and the health, environmental, and proliferation dangers inherent in nuclear energy production. IPPNW compiled a daily e-mail digest of resources on radiation and health, press statements, videos, and first-hand updates from Japanese doctors, which were posted to IPPNW’s peaceandhealthblog.com. In addition, IPPNW Germany and other affiliates have been raising relief funds for the victims. The entire IPPNW family is keeping the people of Japan in our thoughts as they recover from this terrible disaster.

IPPNW has nominated Hiroshima Mayor Dr. Tadatoshi Akiba, and the organization Mayors for Peace for the 2011 Nobel Peace Prize. Akiba who is stepping down as Mayor of Hiroshima at the end of his term, is the current president of Mayors for Peace.

Many figures are deserving of the world’s highest peace award. Yet IPPNW is convinced that Mayor Akiba and Mayors for Peace have made an especially vital contribution to world peace by raising the voice of local citizens of 4,540 cities worldwide behind the demand that “Cities Are Not Targets,” calling for the abolition of nuclear weapons. The Norwegian Nobel Committee is expected to announce their decision in October.

“The abolition of nuclear weapons should be at the top of the agenda of any organization concerned with creating a better future.”

-2010 NPT REVIEW CONFERENCE

First, we have to recognize that nuclear energy is uncontrollable and dangerous... It may seem easier and cheaper to use nuclear energy, but after what happened in Fukushima, we have to think about other ways to solve our energy problems... Then please, talk to your friends and talk to your family. We can all start innovating and solving our energy problems together, now. Then let’s hope for the best, although we are told to expect the worst.

DR. RYOMA KAYANO
JAPANESE PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR (IPPNW)

VIDEO ONLINE: tinyurl.com/ryoma-kayano
IPPNW’S 20th WORLD CONGRESS IN HIROSHIMA, JAPAN: SAVE THE DATES!

Mark your calendar now to attend the next IPPNW World Congress. The gathering is open to all physicians, medical students, health professionals and concerned citizens.

Please join us to renew our memory of the atomic bombings of Japan and to redouble our efforts to create a more peaceful, nuclear-free future.

Student Congress
August 22 – 23, 2012
Main Congress
August 24 – 26, 2012

THE NEW IPPNW.ORG IS LIVE! SAME EXPERTISE AND RESEARCH, NOW EASIER TO FIND AND USE

Our website has a new look. We’ve refined the design and overhauled the navigation. Our ambition is to make it easier for readers to quickly find resources and valuable research, and get IPPNW news in a concise, accessible way.

Medicine, Conflict and Survival is the designated journal of IPPNW, published by Taylor & Francis in the UK in collaboration with our British affiliate, Medact. The peer-reviewed quarterly journal covers a wide range of topics, including:

- The causes and consequences of war and group violence
- The health and environmental effects of war and weapons of mass destruction
- The influence of war and preparations for war on health
- Human rights abuses, their causes and consequences
- The ethical responsibility of health professionals in relation to war
- Non-violent methods of conflict resolution
- Medical and humanitarian aid in conflict situations

Individual subscriptions are $115/year.
ONLINE: tandf.co.uk/journals/mcs

NOTICES

Vital Signs is published twice a year by IPPNW. 66-70 Union Square, #204, Somerville, MA 02143 USA
Tel:+1.617.443.1733 Email:IPPNWBOS@IPPNW.ORG

Editor and Designer: Aki Morizono Writers: John Loretz and Maria Valenti IPPNW staff: Michael Christ, Doug Kline, John Loretz, Maria Valensi and Aki Morizono, Anne Kieran

IPPNW is a non-partisan federation of national medical organizations in 63 countries dedicated to safeguarding health by working to ban nuclear weapons and to address the impact of militarism and war on human health.

All gifts to IPPNW are tax deductible to the fullest extent allowed by law. IPPNW is a non-profit organization registered under Section 501(c)(3) of the United States Internal Revenue Code. Tax ID# 04-2702110