

Medical Response to Nuclear Threat

IN 1961, a group of young physicians from Boston founded an organisation called Physicians for Social Responsibility (PSR). Among them were Bernard Lown, Jack Geiger, Victor Sidel and Sidney Alexander. Beginning with an historic article in the *New England Journal of Medicine*, they calculated and publicised the medical consequences of a nuclear weapon detonated over a major city.

After a period of dormancy, PSR was revived in 1978 by another group of young Boston doctors, including Helen Caldicott, Eric Chivian and Ira Helfand. The organisation was concerned with both nuclear weapons and nuclear power, and developed a national constituency in the wake of the accident at the Three Mile Island nuclear reactor in Pennsylvania. In the following year, PSR decided to focus its attention on the nuclear arsenals. Dr. Chivian, a psychiatrist at the Massachusetts Institute of Technology and Harvard Medical School, agreed to design and organise the first major American conference on the medical consequences of nuclear war.

At the same time, Dr. Lown and several other American physicians, including Harvard Medical School professors Dr. James Muller and Dr. Herbert Abrams, began discussing the possibility of a Soviet-American medical dialogue on nuclear war. Dr. Muller had studied cardiology in the Soviet Union and later visited there on official delegations. He and Dr. Lown agreed there should be some kind of joint effort by Soviet and American physicians to address the nuclear arms race. Together with Dr. Abrams, chairman of the radiology department at Harvard, they formulated a strategy for approaching Soviet colleagues.

One key element of that strategy was the personal and professional relationship between Dr. Lown, a professor of cardiology at the Harvard School of Public Health, and Dr. Evgueni Chazov, director of the USSR Cardiological Institute. The two had first met in 1966.

Late in 1979 and early in 1980, Dr. Lown wrote to Dr. Chazov with a proposal to create a Soviet-American physicians' movement to prevent nuclear war. The proposal reasoned that doctors owe a professional duty to address the greatest threat to human life, and that an East-West medical organisation would be particularly effective in alerting the public and persuading governments.

In April 1980, Dr. Lown travelled to Moscow to ask Dr. Chazov to urge his Soviet colleagues to join such an effort. Dr. Chazov was encouraging, and in the spring of 1980, Dr. Lown, Dr. Abrams, Dr. Muller and Dr. Chivian incorporated IPPNW as a non-profit, educational organisation.

The efforts of the Boston physicians led to a meeting in December 1980 in Geneva between three American doctors and three to lay the international foundations of IPPNW.

Soon after, a small group of US physicians assumed the task of transforming the concept of IPPNW into an organisational reality. Their initial assignment was to organise the First World Congress of IPPNW. The Congress, held near Washington D.C. in March 1981, attracted 70 doctors from twelve countries.

In the eyes of the western press, the dramatic news from the First Congress was the presence of the Soviet delegation. When Soviet doctors joined their American, European, and Japanese

colleagues in calling upon Presidents Reagan and Brezhnev to preclude the use of nuclear weapons "in any form or on any scale", the Congress achieved a major goal of the IPPNW founders—demonstrating to the world that American and Soviet physicians could co-operate on the gravest public health question of the time. This fact was under-scored by the widespread coverage given the Congress by Soviet press and television.

Soon after the First Congress, the American Medical Association, after reviewing material submitted by IPPNW and its US affiliate, Physicians for Social Responsibility, passed a resolution which recognised the professional obligation of doctors to educate their patients on the medical effects of nuclear war. The basic message of IPPNW's founders had entered the mainstream.

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One of the major objectives of the journal was to bring to readers material, opinion, debate and analyses, not easily accessible to activists and which would enrich and enlarge the marxist understanding of health. We believe the RJH has made significant contribution in the area and will continue to do so. We collectively recognise the political necessity of such an endeavour. No matter what the odds, RJH will continue to be published. We appeal to you to help us in whatever way you can.

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