



# Social Vulnerability or Responsible Preparedness? Physicians and Nuclear War

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### Abstract

Prevention is a focal point in public concerns about medicine today, yet demands that we dispense with our therapeutic armamentarium are so far restricted to discussions about nuclear war. Organized medicine has opposed civil defense measures that might save millions of lives. Both the logic and the ethics of this position should be reexamined.

**Key Words:** Civil defense, ethics, medical disaster planning, nuclear warfare.

Why should physicians prepare to treat the sick and the injured, if civilization will be a heap of radioactive rubble?

Believing the world to be in grave danger of nuclear war, in which everything worth fighting for would perish even if humanity did not actually become extinct, some physicians have abandoned their medical practices to become activists for peace. Others devote part of their time to preventing war as members of Physicians for Social Responsibility (PSR), the fastest growing group of physicians in the world. This organization has about 11,000 members, including 150 in southern Arizona.

The viewpoint espoused by PSR has been widely promulgated in the medical literature, and is well summarized in the book *The Final Epidemic: Physicians and Scientists on Nuclear War*,<sup>1</sup> which has been called essential reading for all physicians,<sup>2</sup> and an inspiration for many to join the ranks of PSR.<sup>3</sup> Education about the horrors of nuclear war is the first step

toward persuading those in power to adopt conciliation instead of warfare as a means of settling disputes. Since the worst case scenario is believed to be inevitable, prevention is the only thinkable course of action. Citing the bond of the Hippocratic Oath, the First Congress of the International Physicians for the Prevention of Nuclear War concluded that "no response to medical needs should be expected from medicine" in the aftermath of a nuclear conflict (1, p. 238).

The Tucson chapter of PSR has undertaken a variety of preventive measures. The group supports demonstrations and vigils against the cruise missile at Davis Monthan Air Force Base. Members placed petitions for the nuclear freeze and reading materials about the dangers of the MX missile in their waiting rooms. Important lectures by activists such as Daniel Berrigan and members of the European peace movement are publicized. T-shirts are for sale, in green or burgundy, with the message "You Can't Hug Your Kid with Nuclear Arms." One member teaches a new elective for medical students about the consequences of nuclear war. On a field trip to a missile silo, 27 students viewed a decommissioned missile on a flatbed truck; they were said to have been duly impressed.<sup>4</sup> A speakers bureau provides outreach to schools, churches, and community organizations. Since PSR believes our current cultural malaise and alienation results from the shadow of the Bomb,<sup>1</sup> it seeks to overcome "psychic numbing" by frightening school children. Many of the children have nightmares. A few express a naive hope: "I know that there won't be a nuclear war because my daddy goes to meetings all the time to prevent it."<sup>5</sup>

The political assumptions underlying the PSR program are quite clear. The United States is a militaristic power, led by men who probably belong in an insane asylum.<sup>1</sup> Helen Caldicott, national president of PSR, states in her book *Nuclear Madness: What You Can Do!*, which was purchased in bulk by the Tucson chapter, that "I look them in the eye and tell them that their [US] government is totally responsible for organizing this calamity" (6, p. 70). The president of the Chicago chapter, Dr. Richard Gardner, characterized people who argue for strengthening U. S. defenses as one of three types: 1) those of the "Weinberger mentality," 2) ideologues, 3) those who profit from defense procurements. "The window of vulnerability is between our leaders' ears,"<sup>7</sup> he said. Much documentation is distributed, mostly editorials from various newspapers, such as one from *Workers World* entitled "The Big Lie of

germ warfare: Haig poisons facts." Pamphlets displaying weapons statistics have footnotes from the Union of Concerned Scientists, the Council on Economic Priorities, the Center for Defense Information, and the Institute for Policy Studies, all of which have consistently opposed U.S. defense expenditures. The assertion that this organization represents a broad spectrum of political opinion is not persuasive.

While medicine strives to prevent illness whenever possible, the "final epidemic" of nuclear war appears to be the only one in which prevention and treatment are actually considered incompatible. No one imagines that coronary care units interfere with efforts to prevent myocardial infarctions, or that forbidding the use of cancer chemotherapy would encourage people to stop smoking. Furthermore, no one proposes to withhold treatment which is only partially effective. Yet, civil defense is dismissed with arguments analogous to these. Either it is "virtually useless"<sup>6</sup> or a "cruel hoax"<sup>7</sup> which prevents prevention, or it is actually dangerous, in that it might increase the chance of war.<sup>8</sup> The contradiction in these statements does not seem apparent to PSR speakers. National PSR leads the opposition to the Civilian-Military Contingency Hospital System, on the grounds that it is inadequate, since they believe that any war between the superpowers would escalate to all-out holocaust.<sup>9</sup> On the other hand, an all-out civil defense effort is opposed just as strongly, often by the technique of ridiculing those who claim we could save millions of lives "with enough shovels."

Shovels might indeed suffice to dig expedient fallout shelters, a job even female American college students have been able to accomplish.<sup>10</sup> The reason for such self-reliance, using primitive technology, is our government's neglect of its primary constitutional responsibility to provide for the common defense. The United States spends about \$0.50 per capita annually on preparedness for all disasters, including natural ones. In contrast, the Soviet Union spends between \$8 and \$20 for civil defense, and Switzerland about \$10.85.<sup>10</sup> In a Swiss public shelter, people could survive the blast of a one megaton explosion as close as 0.9 mile to ground zero. At present, shelter space is available for 85 percent of the population, and by 1990 should be sufficient for all.<sup>11</sup>

Organized medicine has generally been receptive to the message of PSR. The American Medical Association House of Delegates rejected a report that called for civil defense efforts.<sup>12</sup>

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The American College of Physicians accepts the concept that there is no medical response to nuclear war,<sup>13</sup> and with its endorsement PSR distributes materials at regional meetings of the College.

The morality of this opposition to civil defense has been challenged. A new organization called Doctors for Disaster Preparedness states the principle that physicians have the obligation to care for the survivors of any catastrophe, regardless of its cause or its magnitude, and that, moreover, advance preparations are an ethical imperative. The California Medical Association recently took a similar position in a resolution which reversed its previous policy:

**California Medical Association Nuclear War Preparedness—Resolution No. 1783**

Whereas: The thought of human destruction from nuclear war is appalling. And whereas, the present CMA position is that the only defense against nuclear war is prevention,

And whereas, the CMA preoccupation with prevention has resulted in total lack of preparation for the unthinkable, should it occur,

And whereas, nuclear war could well occur during this generation, because—

1) The good deeds and intentions of the major powers will not necessarily control other nations,

2) Dozens of minor and irresponsible nations now have access to weapons grade plutonium,

3) The United States has practically no defense against nuclear attack except for the threat of retaliation,

And whereas, a nuclear explosion or war does not mean the end to all life . . .

And whereas, the exploding of one nuclear weapon does not automatically mean that all other nuclear devices will inevitably be exploded,

And whereas, it is likely that even after an all out nuclear war there will be many pockets of survivors who are relatively unscathed,

And whereas, it is appalling that organized medicine has not prepared plans to assist these survivors,

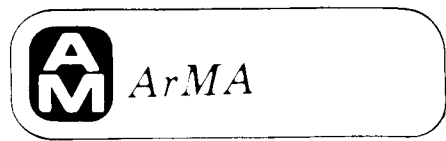
Be it therefore resolved: that the California Medical Association will work with state authorities in developing statewide contingency plans for dealing with the medical consequences of a limited or all out nuclear war.<sup>14</sup>

In deciding how to respond to the threat of nuclear war, physicians must face both a practical and a moral question. Practically, they must explore the effective ways to prevent war: specifically, can catastrophe be averted by assuring vulnerability? Morally, they must choose between two conflicting

interpretations of the Hippocratic Oath. Under present circumstances, should we, despairing of a cure, renounce medical treatment altogether and place our faith in political prevention? Or should we, recognizing the limits of prevention, stand ready with palliation for the victims of any disease, even the "final epidemic"?

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