

PSR PHYSICIANS FOR SOCIAL RESPONSIBILITY, INC. NEWSLETTER

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CIVIL DEFENSE FOR THE 80s?

Interest in full scale civil defense programs has waxed and waned for more than two decades in this country. Most adults remember the air raid drills of the late 1950s and early 60s, consisting of school children instructed to duck beneath their desks or huddle in the corridors until the all clear was sounded. Yellow and black "public shelter" signs designated many buildings as havens for citizens wishing to be protected in case of attack by a hostile nation. Home "bomb shelters" enjoyed a short but substantial boom period.

In the 60s nuclear weapons were deliverable mainly by long range bombers, and several hours warning via distant radar systems was a possibility. The world nuclear arsenal was considerably less sophisticated, and the public was substantially less aware of the immediate and long-range effects of these weapons.

Recently there has been a resurgence of interest in civil defense. Several years ago the Federal Emergency Management Agency (FEMA, formerly the Defense Civil Preparedness Agency) was asked to develop



Nagasaki, 1945. Photograph from the archives of the U.S. Arms Control and Disarmament Agency.

a new program. After a number of studies FEMA committed itself to the "Crisis Relocation Plan" (CRP). Under CRP the assumption is made that U.S. intelligence would, at a time of severe international tension, discover the initiation of Soviet civil defense and protective strategic maneuvers. The President would decide that an attack on the U.S. was likely, and would order a "Crisis Relocation." Counterforce target areas and urban centers would be evacuated to pre-designated "host" communities assumed to be outside the range of immediate destruction from direct hits on the target

areas. According to FEMA's estimates, it would require two to three days for preparation of host shelter sites by the evacuees, and another three days for the evacuation process. With this plan, FEMA anticipates sparing 80% of the population from a nuclear holocaust.

Not surprisingly, such a calculation is based on little hard data. Many of the original suppositions that crisis evacuation could work at all were based on experiences with population management in times of natural disaster. The rationale for such

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EDITORIAL ON CIVIL DEFENSE

The small, twin engine plane was having trouble getting clearance for a landing from air traffic control. Ordered to circle for the better part of an hour, the engine roar had a hypnotic effect on the passengers, lulling them into an uncommon mood of openness. One such passenger, an official of FEMA, the Federal Emergency Management Agency, talked about a recent meeting he attended working out evacuation ideas for large urban areas in the path of plumes from the TMI's of tomorrow. "Why don't you have the alert go off, and everyone just jump into their cars?" piped up one hopeful soul. But gridlock, the condition when all intersecting roads are filled with cars and motion halts, put an end to that one.

The talk was oddly reminiscent of similar debates heard twenty years earlier when the country was making up its mind about civil defense. In 1962, for example, the Federal Civil Defense Administration planned to build 6000 ersatz hospitals for the entire nation. In Massachusetts 60 were actually completed, despite the knowledge that they would at best give care to less than 1% of the injured, while a mere three bombs would destroy 60% of the state's population. The same group proposed to disperse \$500,000,000 worth of medical supplies to 100 warehouses—presumably capable of surviving a holocaust—but did not take into consideration such mundane details as the shelf life of penicillin G.

The pittance of about two billion dollars spent on CD since 1951 went into, among other items, bunkers for government officials. The bunker in Maynard, Massachusetts, for example, will house a hundred or so bureaucrats for a month, and comes with isolated water, power, and "bomb proof" construction. However, such a bunker does nothing to meet the needs of the other 99% of the citizens of Massachusetts.

The Newsletter of Physicians for Social Responsibility, Inc. is issued quarterly to its members and the media for public educational purposes. It is edited by Henry David Abraham, M.D., who was assisted on this issue by E.J. Graff. Inquiries should be addressed to the PSR Office, P.O. Box 144, Watertown, Mass. 02172, 617/924-3468.

The key to CD, then, is Do-It-Yourself. At least this is what the British Home Office advocates in their booklet, *Protect and Survive*. In 31 pages you learn all you need to know about Armageddon. "If a death occurs," it suggests, "place the body in another room." The U.S. government has its own, if less heralded, do-it-yourselfer, *Nuclear War Survival Skills*, which advises one to stay within a shelter during a firestorm, but to close it tightly to prevent the entry of smoke or fallout. "Lack of oxygen," one is reassured, "is not a hazard to occupants . . ." And even commercial publishers are getting into the act, with one expert urging the reader to do one's own blood typing and crossmatches in the shelter to avoid "watching your patients die from lack of blood," but to stock a Heckler and Koch HK91 heavy assault rifle for shelter defense.

Perhaps no less venal is disaster planning for nuclear power plants. How does one evacuate New York City, for example? The plants at Indian Point are only 35 miles away. Within an afternoon a radioactive cloud could engulf 22 million people. The folks who run Con Edison have offered a plan much like the one of the nuclear war specialist who suggested that people prevent blindness from atomic flashes "by closing their eyes." The Con Ed plan limits itself to a ten mile radius about Indian Point as if the wind never blew further.

The problem that people face is not the inadequacy of disaster planning, nor even the enormity of the technology and the length of its reach, but the forgotten lesson that prevention makes all this planning unnecessary. If civil defense would save lives, decommissioning and disarmament would save countless more. The notion of a bunker is an obscenity that violates the most elementary notion of justice.

At the height of the Cuban missile crisis, passes were given to high government officials for rapid escape and entombment in bunkers. When Chief Justice Warren was given his, he asked his benefactor, "Where is the pass for Mrs. Warren?" The Chief Justice was told that only selected officials, not their families, had been reserved passes. "In that case," responded the judge, "you won't need one for me." With that he handed the pass back.

—Henry David Abraham, M.D.

CRP

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analogies is highly questionable, since many important differences exist between a city being evacuated in the face of a hurricane and one being flattened by a nuclear bomb.

Furthermore, CRP makes the basic assumption that a warning time of one week is essential to effect any reasonable degree of evacuation and protection. This discounts any possibility of a surprise attack. The elimination of a presumptive attack scenario makes little sense even to traditional military planners.

CRP requires the evacuated families to shovel piles of dirt around the buildings to which they are assigned in order to make them "radiation safe"—but doesn't speak to how this might be accomplished during the winter months in a northern climate. Even in the national "model" areas (such as Plattsburgh, New York) where it has been rather fully developed, there is no real provision for the management of hospitalized patients in the target sites or for the redirection of essential services such as food supply.

Finally, evacuating U.S. counterforce and other target sites carries the distinct possibility of provoking the war it claims it will protect us from. How would an adversary interpret such an evacuation? Could this mean the U.S. was preparing to deploy its first strike weapons? If so, would not the Soviets feel the need to strike first? Such considerations are logical, lethal, and apparently disregarded by current civil defense planners.

—Irwin Redlener, M.D.

ANNOUNCEMENTS

- The national office of PSR has moved—just around the corner. Our mailing address remains P.O. Box 144, Watertown, MA 02172, but our street address is now 23 Main Street.

- We've changed our membership card. On the back of this Newsletter, you can see that we now ask people to join in one of three categories: student, sponsor, or family sponsor. Our old seven category format listed Associate Member at the end, and too often, non-physicians didn't find that final line—or didn't realize that we strongly encourage all those who support our goals to help support the organization.

PSR remains a physicians' organization. Doctors, dentists, and students of those professions are asked to identify themselves so that we know who is eligible to vote in national elections.

NUCLEAR POWER: EMERGENCY PLANNING

Readers of the PSR Newsletter are familiar with the extent and type of destruction that would accompany the explosion of a nuclear bomb. An accident at a nuclear power plant would not be an explosion, and would clearly be a different kind of event. What would its consequences be? How do government regulatory agencies propose to respond to that kind of nuclear emergency?

A Brief Description of the Accident

While the sequences of several possible catastrophic accidents can be described in detail, it is much harder to predict their public health consequences. The crucial event for most foreseeable accidents would be the release of highly radioactive steam produced by the heating of the coolant water, which would follow a fuel meltdown in the reactor core.

But what then? How the plume would affect the population nearby would depend on where and how quickly it moves. This would be completely subject to the day's weather conditions, such as wind direction and speed, vertical temperature gradient, and atmospheric turbulence, to name a few variables.

The plume would contain over 50 radionuclides with half-lives ranging from seconds to thousands of years. The radionuclides can be grouped as follows: 1) noble gases (kryptons and xenons); 2) iodines; 3) particulate fission products such as cesiums and strontiums, which can be further subclassified according to their chemical properties; and 4) transuranium nuclides such as plutonium.

There are several "exposure pathways" by which people can be affected by the plume. These are: 1) "cloudshine," direct gamma and beta radiation from the plume that would particularly affect those at short distances downwind; 2) "groundshine," radioactivity deposited by the plume, an important cause of early deaths due to its many short-lived and therefore intensely radioactive products; 3) inhalation, which could have long term effects over an area of more than a thousand square miles; and 4) ingestion of contaminated food and water.

Current Emergency Planning

The Nuclear Regulatory Commission (NRC) requires that nuclear utilities maintain plans for evacuating only their own site property in the event of a severe accident. Under consideration now are rules which would

require states to submit plans to protect people within standard distances, or "Emergency Planning Zones" (EPZ) around nuclear facilities. Plans would have to be made to protect those within 10 miles from exposure to the plume, and to monitor the safety of food and water within 50 miles.

The proposed rules would apply only to reactors which have not yet been granted operating licenses. Existing reactors are exempted except when another reactor is being built at the same site.

According to a nuclear safety expert, physician Jan Beyea of the National Audubon Society, the 10 and 50 mile EPZs are simply inadequate to protect the public. Beyea has testified in siting hearings and other proceedings that in the event of a temperature inversion or overcast skies, which can occur up to 40% of the time at many reactor sites, plans to avoid cases of acute radiation sickness from plume exposure might be necessary more than 25 miles downwind. Furthermore, under other conditions, substantial numbers of long term effects (e.g., cancers and thyroid damages) could be experienced over hundreds of miles from the reactor site. In a report to the President's Council on Environmental Quality, one of the scenarios considered by Beyea would result in a *peak* incidence of thyroid nodules between 100 and 200 miles from the accident.

Even if workable emergency plans could be developed on paper, there is no guarantee that they would function in an actual emergency. Wind shifts, traffic congestion, and delays in communication between the utility and government officials and between officials and the public could seriously compromise evacuation efforts.

Ron Lanoue, in a public information packet designed to help citizens learn about the emergency planning process in their own area (*Evacuation Plans: The Achilles Heel of the Nuclear Industry*) cites numerous examples of serious logistical errors which have occurred in testing even the limited plans which exist for some sites.

Seabrook Mayor and Civil Defense Director Frank Palazzo, in a public meeting last year, asked of state emergency management officials, "What are we supposed to do, grab this piece of paper and run like hell?"

—Mitchel Kling and Jennifer
Leaning Link, M.D.

The Emergency Planning Committee of PSR is preparing a pamphlet in which emergency planning and civil defense will be discussed in more detail. The pamphlet will be available later this summer.

INDIAN POINT: INVITATION TO DISASTER

The three Indian Point nuclear reactors, owned by the Consolidated Edison Company and the Power Authority of the State of New York and located 35 miles north of Times Square in New York City, have been required by the Nuclear Regulatory Commission (NRC) to develop an emergency response plan for a reactor accident. However, since their publication in January 1981, these plans have been rejected by the four counties within the 10 mile Emergency Planning Zone (EPZ).

Within 60 miles of Indian Point, there are 22 million people, 10% of the population of the U.S., and more than double that near any other reactor. Within 10 miles there are almost 300,000 people. In the Westchester County EPZ alone are four hospitals, sixteen nursing homes with 1600 patients (more than half in wheelchairs), Ossining Correctional Facility ("Sing Sing" prison), and numerous schools, camps and resort facilities.

Since the Plan limits evacuation planning to a radius of 10 miles from the facility, there is no allowance for the evacuation of people beyond this radius, nor is there any consideration of possible hazards to New York City. In fact, the Plan necessitates that people beyond 10 miles be prevented, if necessary by force, from evacuating themselves, in order to allow successful evacuation of those within 10 miles. Given the low credibility of the industry and the NRC, and given the potential for serious radiation exposure far beyond 10 miles, it is probable that many people outside the zone would flee in the event of an accident.

The failure to include New York City in the Plan must be considered a gerrymander that favors the utility at the expense of the public. Prevailing winds from Indian Point frequently blow down the Hudson River Valley directly toward New York. A wind speed of less than 2 mph would bring a concentrated radioactive plume to the city in less than 16 hours. According to a 1978 study for the Office of Civil Preparedness at the Department of Defense, the minimum time necessary to evacuate New York City has been estimated to be three to five days. Equally cavalier is the failure to plan for an accident that contaminates New York's water supply, most of which passes through a reservoir within the 10 mile zone.

The Plan also assumes that people will do as they are told. To evacuate the 30,000 or more people without cars in the 10 mile EPZs, for example, bus drivers from Southern Westchester are to drive into the contaminated

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INDIAN POINT

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area. Despite repeated requests from the head of the Westchester Department of Transportation, no driver has volunteered for this duty—and even if any did, the buses do not have radios with which to be summoned. Patients at the 1200 bed Montrose V.A. Hospital, 2½ miles from Indian Point and impossible to evacuate, are expected to sit tight and be “sheltered,” with the assumption that all medical and ancillary staff needed to care for the patients will remain at their posts. Inmates at Sing Sing Prison are disregarded.

Each area within 10 miles has a specific evacuation route. Specific routes assigned in advance, without knowledge of wind direction and speed, could condemn people to drive for hours straight down the center of the plume, increasing their exposure if they follow literally the plan intended to save them.

The issue at Indian Point, a plant plagued by shutdowns and accidents, the most recent of which was a leak of 8000 gallons of radioactive water spilled outside the plant in April 1981, is not the state of its emergency preparedness plans, but the fact that a dangerous technology is nestled among so many human beings.

—Chris Hoy, M.D., and
Jacki Gordon, Ph.D.

SOVIET CIVIL DEFENSE

The Soviet civil defense program has long been the topic of considerable controversy. The debate continues between those who argue that the Soviet program is effective enough to constitute a threat to the U.S. deterrent posture, and those who recognize that Soviet civil defense programs threaten deterrence no more than similar U.S. programs do. Implicit in the former view is the notion that Soviet leaders have such confidence in their civil defense that they “may come to believe that the Soviet Union could survive and win a nuclear war.”

The author of the above words, Professor Leon Gouré of the University of Miami, has spent much of his academic career sounding the tocsin on Soviet civil defense. While others—most notably Reagan advisor Richard Pipes—share Gouré’s view, Soviet political and military officials have consistently emphasized that they do not believe in limited nuclear war fighting and that they are certain that any use of nuclear weapons would

escalate to unimaginable catastrophe.¹ This unfortunately cannot be said of U.S. leaders, especially since last year’s Presidential Directive 59 made explicit U.S. willingness to engage in “limited” nuclear wars.

What then is the rationale behind the Soviet civil defense program, and is there any evidence that it is intended to help the Soviet Union “win” a nuclear war?

Soviet civil defense is not a product of the nuclear age. Programs were initiated as early as 1932, and during World War II they protected many millions of civilians from German bombing raids.² Civil defense shelters, modeled on those used during the War, were built during the 1950s, and a national civil defense program went into operation in 1961—at a time when the U.S. had an overwhelming nuclear superiority, and the Soviet Union had no capability of waging an intercontinental nuclear-missile war.³

The Soviet civil defense troops—estimated at approximately 50,000—are commanded by a deputy minister of defense, although civil defense is not his sole duty.⁴ The present commander A.T. Altunin, for example, is also a member of the Central Committee and a general in the army. Soviet civil defense troops themselves fulfill a wide range of functions, including disaster relief, that would be performed in this country by the National Guard (which has been incorporated into the U.S. civil defense program by law since 1964).

In ostensibly working toward the goal of protecting the civilian population from the effects of a nuclear attack, the Soviet government has built shelters and instituted instruction in civil defense and evacuation procedures. Most of the shelters are designed at best for protection against radioactive fallout. Although they would be useless in a major nuclear war, they could conceivably provide some protection in the event of a small-scale Chinese attack on Soviet cities,⁵ or a limited U.S. strike on “military targets”—both real possibilities as far as Soviet planners are concerned.

The civilian population is instructed on the basis of civil defense manuals similar to the British government’s recent *Protect and Survive*, many of which are to a large extent based on U.S. and other Western civil defense manuals.⁶ Shelter drills are administered in grade schools, much as in the West, and to a degree among the adult working population as well. Some observers have attributed these procedures to the Soviet leadership’s need to remind its citizens that it is looking out for their security; the major source of legitimacy

for Communist Party rule is still the fact that it brought the country to victory following the German invasion during World War II.⁷

Most Soviet citizens respond to civil defense drills with apathy and skepticism, as Soviet leaders have often admitted. There is no telling what the response to or results of a large-scale evacuation would be, because no evacuation drills have ever been staged in any of the major Soviet cities. The latest Soviet “evacuation plan” requires that at least 20 million of those evacuating the cities *walk*.⁸

It is clear that many of the putative plans for Soviet civil defense measures should be relegated to the realm of wishful thinking. One example, concerning medical care in the event of a nuclear attack, can be found in a Soviet civil defense manual which has been translated by the U.S. Air Force: “To carry out medical measures it is necessary to plan in advance the operation of medical institutions, to train medical personnel, to accumulate medical supplies, and to prepare dispersal areas for medical facilities.” Nowhere is it stated and nowhere is there evidence to suggest that any of these recommendations have been implemented.⁹

It is no wonder then that Soviet citizens are skeptical about their government’s civil defense measures. This skepticism is well expressed in the acronym that some Russian wags—imitating the habit of the Soviet bureaucracy—have created for *grazhdanskaya oborona* (“civil defense”): by taking the first two letters from each word, they come up with *grob*, or “coffin.” This is indeed a fitting expression of Soviet popular opinion concerning the effectiveness of civil defense in the event of a nuclear war.

—Matthew A. Evangelista
Institute for Defense and
Disarmament Studies

1. L.I. Brezhnev, “Materialy XXIV S’ezda KPSS,” *Moscow Politizdat*, 1971, p. 81; Major General N.A. Talentskii, *Mezhdunarodnaya Zhizn’* May 1965, p.23.
2. Fred M. Kaplan, “The Soviet Civil Defense Myth, Part II,” *Bulletin of Atomic Scientists*, April 1978, p.42.
3. Adam B. Ulam, *Expansion and Coexistence: Soviet Foreign Policy 1917-1973*, 2nd ed., New York: Praeger, 1974, p.771.
4. Harriet Fast Scott and William F. Scott, *The Armed Forces of the U.S.S.R.*, Boulder, CO.: Westview Press, 1979, p.243.
5. Ulam, *op. cit.*, p.771.
6. N.I. Alabin, I.A. Shlyakov, T.T. Yegorov, *Civil Defense*, translated and edited by Leon Gouré, U.S. Air Force, U.S. Government Printing Office.
7. David Holloway, “Military Power and Political Purpose in Soviet Policy,” *Daedalus*, Fall 1980, p.15.
8. Leon Gouré, *War Survival and Soviet Strategy: U.S.S.R. Civil Defense*, Miami: University of Miami, 1976, pp. 114, 118.
9. N.I. Alabin, *op. cit.*, p. 9.

More complete documentation for this article is available on request.

TOWN MEETINGS VOTE FOR NUCLEAR FREEZE

On March 3, 1981, voters in fourteen Vermont Town Meetings strongly said "yes" to a bilateral nuclear weapons freeze. From Burlington, Vermont's largest city, to many small towns, the measure passed each town that discussed it. Nearly 62% of those voting on ballots (total vote: 11,755) called for a mutual halt to the nuclear arms race, and the proposal passed by voice vote in six towns.

The following week in New Hampshire, two town meetings passed similar questions by even larger margins. Plainfield voted almost 80% in favor of a joint U.S.-U.S.S.R. nuclear arms freeze. Hanover passed a similar article by a vote of 308 to 38.

While wording varied somewhat, nearly all proposals called for state or national elected

officials to "introduce a resolution calling for an immediate nuclear weapons freeze (U.S. and U.S.S.R.), and call upon the Administration to negotiate with the U.S.S.R. a permanent moratorium on nuclear weapons."

"This is very clear grassroots support for a halt to nuclear weapons growth, at a time when national policy is going the other way," said David McCauley, Vermont Field Secretary for the American Friends Service Committee (AFSC). McCauley said the AFSC hopes to work with other Vermonters to "put the nuclear weapons freeze before the voters in 100 Vermont town meetings in March 1982."

McCauley quoted James Geier, a Burlington town meeting nuclear freeze organizer, as saying, "Defense is one thing, but suicide is quite another."

RECENT PUBLICATIONS

Do you want to further your education, increase your library, and speak about the medical consequences of nuclear war? You might be interested in the following materials:

1. "U.S. Urban Population Vulnerability," August 1979, from the U.S. Arms Control and Disarmament Agency (USACDA), Washington, D.C. 20451. A computer printout of the numbers of dead and wounded from 16 different kinds of nuclear attacks on the 545 U.S. cities with populations of 25,000 or greater.

2. "The Effects of Nuclear War," (USACDA). A 26 page report summarizing the most important effects of nuclear war, with maps and photos of Japan illustrating the effects of overpressures and thermal injuries.

PROTECT AND SURVIVE

The following are excerpts from *Protect and Survive*, a pamphlet issued by the British government to instruct its citizens on civil defense:

PLAN A FALL-OUT ROOM AND INNER REFUGE

First, the Fall-out Room

Because of the threat of radiation you and your family may need to live in this room for fourteen days after an attack, almost without leaving it at all. So you must make it as safe

as you can, and equip it for your survival. Choose the place furthest from the outside walls and from the roof, or which has the smallest amount of outside wall. The further you can get, within your home, from the radioactive dust that is on or around it, the safer you will be. Use the cellar or basement if there is one. Otherwise use a room, hall or passage on the ground floor.

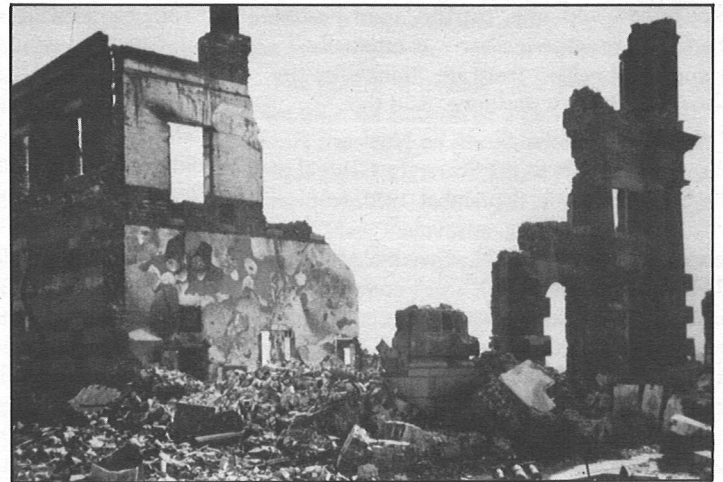
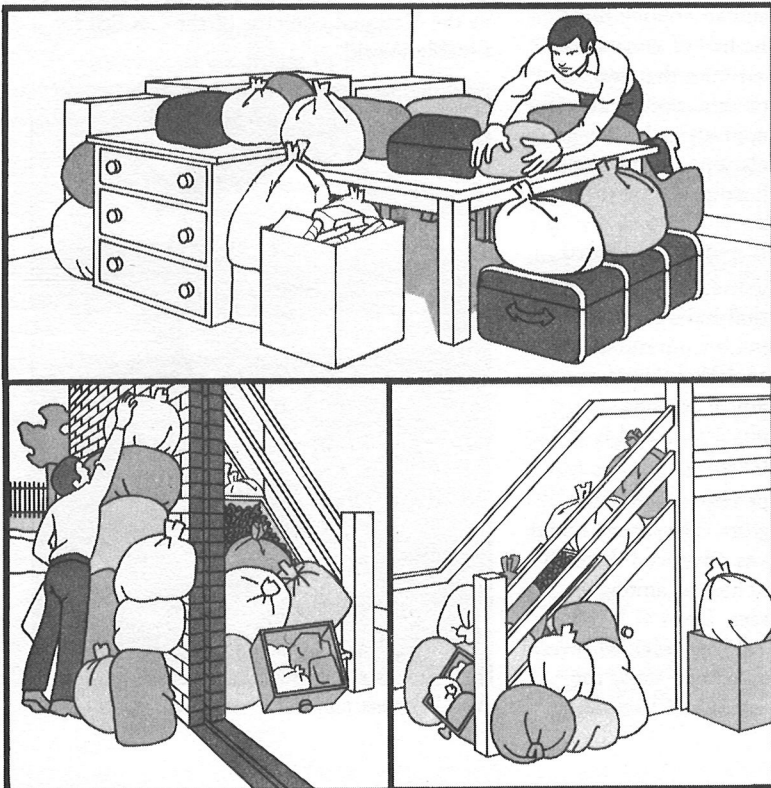
Stay in your refuge

The dangers will be so intense that you may all need to stay inside your inner refuge in the fall-out room for at least

forty-eight hours. If you need to go to the lavatory, or to replenish food or water supplies, do not stay outside your refuge for a second longer than is necessary.

Now the Inner Refuge

Still greater protection is necessary in the fall-out room, particularly for the first two days and nights after an attack, when the radiation dangers could be critical. To provide this you should build an inner refuge. This too should be thick-lined with dense materials to resist the radiation, and should be built away from the outside walls.



Remains of Hiroshima building, 1945. Photograph from the archives of the U.S. Arms Control and Disarmament Agency.

Protect and Survive.

PUBLICATIONS

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3. "Effects of Nuclear Explosions on Selected American Cities," USACDA. Maps of 90 U.S. cities with superimposed concentric circles illustrating the extent of overpressures and thermal injury.

4. "Soviet Civil Defense," July 1978, U.S. Central Intelligence Agency. Write to Photoduplication Service, Library of Congress, Washington, D.C. 20540. A discussion of civil defense efforts in the U.S.S.R. with conclusions by the CIA that it will do little to mitigate the destruction of that society by U.S. nuclear attack. Crucial in the coming debate over U.S. civil defense.

5. Federation of American Scientists (FAS) Public Interest Report, February 1981. Superb summary of effects of nuclear war, size of arsenals, futility of civil defense, counterforce and first strike logic. Twelve pages. Excellent handout for speaker training sessions. Available in bulk from FAS, 307 Massachusetts Avenue, NE, Washington, 20002, 202/546-3300.

6. "Space for All People," published by Citizens for Space Demilitarization, 1476 California #9, San Francisco, CA 96109. An excellent monthly update on what's new in star wars—military uses of space for warfare by both the U.S. and the U.S.S.R. \$8.00/year subscription.

7. "Victory is Possible," Colin S. Gray and Keith Payne, *Foreign Policy*, Fall 1980. Members of the staff of the Hudson Institute explain how and why "the U.S. must possess the ability to wage nuclear war rationally." If you don't believe there are "thinkables" in powerful advisory positions, read this.

8. Comprehensive Study on Nuclear Weapons, Report to the Secretary General of the United Nations, September 1980, from Mr. Anders Thunborg, permanent representative to the U.N., Swedish Mission, U.N., New York, NY 10017. A complete summary of nuclear weapons effects, specific numbers of types of weapons in all known stockpiles and the urgent need for movement towards disarmament.

—Peter Joseph, M.D.

MEDICAL LEADERS HOLD INTERNATIONAL CONGRESS

"We speak as physicians in the interests of the people whose health we have vowed to protect. The scientific data concerning the medical consequences [of nuclear weapons] convince us that effective medical care of

casualties would be impossible. We therefore urge that elimination of this threat be given the highest priority." So wrote the International Physicians for the Prevention of Nuclear War (IPPNW) at the conclusion of their first Congress.

Over 100 delegates came from around the world to attend the Congress held at Airlie House outside of Washington, D.C., from March 19 to March 25. Physicians came from the U.S., U.S.S.R., Japan, England, West Germany, the Netherlands, France, Israel, and Norway. Among the PSR members present were Drs. Herbert Abrams, President Helen Caldicott, Eric Chivian, Executive Committee Chairperson Jonathan Fine, Howard Kornfeld, Alexander Leaf, Bernard Lown, James Mueller, E. Martin Schotz, Fred Solomon, Tom Winters, and PSR's new Executive Director Mr. Tom Halsted.

"Nuclear arms race is an inherent danger to survival," said Georgi Arbatov, an economist from the U.S.A.-Canada Institute of the U.S.S.R., in one of three keynote speeches to the public scientific meeting of March 21. "If we survived 35 years it is not due to wise statesmanship as much as to sheer luck. We cannot stretch that luck." His speech followed brief remarks by IPPNW Co-Presidents Bernard Lown of Harvard University and Evgeny Chazov, the Deputy Minister of Health in the U.S.S.R. The two other keynote speakers were Wolfgang Panofsky of Stanford University and George Kistiakowsky of Harvard.

"What can the doctors do?" Arbatov asked. "They can explain better than anyone that humanity belongs [on the list] of endangered species. It has to be saved." To that end, after three days of scientific presentations and deliberations by working groups, the Congress did approve three appeals: one to President Reagan and Chairman Brezhnev, one to physicians throughout the world, and one to all heads of governments and to the United Nations.

The appeals stressed that independently conducted scientific research from different countries consistently concluded that there could be no effective medical response to nuclear war—and that physicians and world leaders must work to prevent it.

But the papers and appeals were not the only results of the Congress. The international physicians' movement was advanced through informal contacts and exchanges among delegates. Dr. David Greer, Dean at Brown University School of Medicine, received several orders for his excellent slide-tape show for educating medical students; Dr. Chazov

informed the group that he had spent an hour on nationwide Soviet television detailing the dangers of nuclear war, and will make a tape of that show available to IPPNW; and Western European delegates met to discuss their activities and work toward closer cooperation.

While the proceedings were taped and are to be issued in book form, those wishing a copy of a particular paper, report or resolution may contact PSR's International Committee, or write to IPPNW, 535 Huntington Ave., 2nd Floor, Boston, MA 02115.

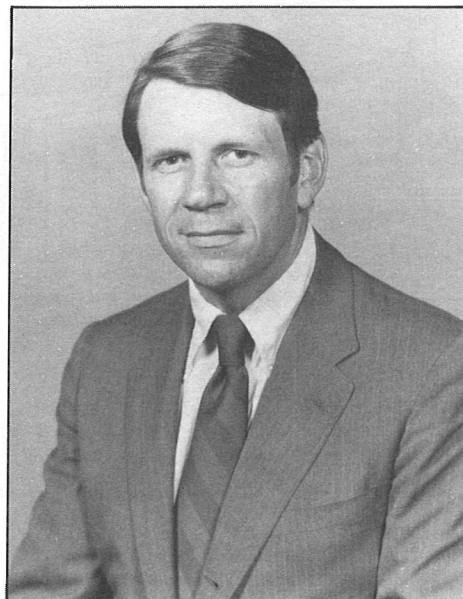
The formally presented papers included: "Acute Medical Effects of Nuclear War," by Academician L. Ilyin of the U.S.S.R.; "Delayed Medical Effects of Nuclear War," Professor T. Okhita, Japan; "Psychological Consequences of Nuclear War," Dr. R. Lifton, U.S.; "Medical Consequences of Nuclear Fallout," Professor P. Lindop, United Kingdom; "Environmental Consequences of Nuclear War," Academician V.N. Petrov, U.S.S.R.; and "Physical Consequences of Nuclear Explosion," Professor K. Tsipis, U.S. Professor Lindop's report is highly recommended for those who speak on nuclear war.

In addition, reports were produced by four working groups entitled: "Predictable and Unpredictable Effects of Nuclear Weapons," "The Role of Physicians in the Post-attack Period," "The Economic, Social, and Psychological Costs of the Nuclear Arms Race as Related to Health Needs," and "What Physicians Can Do to Prevent Nuclear War."

— E. Martin Schotz, M.D.

PSR NAMES NEW DIRECTOR

PSR is pleased to announce the appointment of Mr. Thomas Halsted as its new Director. Mr. Halsted has had a distinguished career working in both the private and public sectors for the control of nuclear weapons. For the past four years he has been the Director of the Office of Public Affairs at the United States Arms Control and Disarmament Agency. Prior to holding that position, Mr. Halsted served as the Executive Director of the Arms Control Association, and as the National Director of the Council for a Livable World.



Mr. Thomas Halsted

PSR PEDIATRICIAN TESTIFIES ON CIVIL DEFENSE

In testifying at a Congressional hearing on civil defense, pediatrician Irwin Redlener of PSR/Utica argued that the Crisis Relocation Plan (CRP) currently up for appropriations was poorly conceived and strategically dangerous. The hearings were held on February 26 on the status and future of the CRP (see accompanying article). A 1.7 billion dollar bill to implement CRP is being proposed by Representative Donald J. Mitchell (R-31, NY) and is backed by both senior Federal Emergency Management Agency and Defense Department officials.

Redlener presented a formal statement for twenty minutes and was interrogated at length by members of the House Armed Services Subcommittee on Military Installations and Facilities. Chairperson Jack Brinkley was generally receptive to Redlener's testimony, but said that "should the worst occur," the

U.S. needed some plan for survival of a nuclear war. Redlener stressed that the only way to assure survival was to prevent nuclear war, and that to pretend otherwise was to invite disaster.

SWISS PSR

Twenty Swiss physicians met in Bern, Switzerland on April 2, 1981 to found a Swiss "PSR." Present at the meeting were prominent physicians from all parts of Switzerland, encompassing all medical specialties. Nationally the group will focus upon issues of nuclear power and the futility of civil protection against nuclear war. Internationally the group will become a part of the international physicians network connecting Germany, Austria, the Netherlands, and the United Kingdom. Planned activities include a press conference on June 11, and a presentation on the dangers of nuclear power to the Swiss parliament this summer.

—Paula Gutlove, D.D.S., and
Martin Vosseler, M.D.

FULL HOUSE AT SEATTLE SYMPOSIUM

An overflow crowd of 1200 people packed the hall for the most recent symposium in the series "The Medical Consequences of Nuclear Weapons and Nuclear War." Held on April 18 in Seattle, Washington, the symposium was sponsored by PSR, the Council for a Livable World Education Fund, and the University of Washington Medical School. "After selling our last ticket in advance, we had to turn away hundreds by mail and at the door," said Mary Lord, Symposia Administrator.

A different feature of this symposium was its focus on the social and economic impact of the arms race on cities, like Seattle, whose economies are related to the arms industry.

In addition to being covered on the NBC Nightly News, the symposium was reported on by all the major Seattle TV and radio stations and in both local daily newspapers.

CHAPTER NOTES

PSR/Redwood, California

One of the first actions of this new chapter was to co-sponsor with the local Women's Party for Survival and the Peace Network a local resolution opposing nuclear weapons and nuclear war. On March 31, 1981, the Sonoma County Board of Supervisors passed this resolution urgently requesting that the President and Congress seek a permanent international arms ban. The discussion of this resolution packed the county meeting rooms and received front page local newspaper coverage. In addition, this chapter sponsors local educational programs and speaking engagements. Interested persons should write PSR/Redwood, P.O. Box 307, Sebastopol, CA 95472, or call 707/523-2897 or 829-1118.

PSR/Chicago, Illinois

The next symposium on the Medical Consequences of Nuclear Weapons and Nuclear War is being held June 19 and 20 at the Pick Congress Hotel in Chicago, and this chapter is busy preparing for that event. Among the speakers who will be participating in the symposia series for the first time in Chicago are Drs. Walter McDermott, Roy Menninger, and Katherine Kahn. All eight Chicago medical schools will participate in the symposium in some way, and seven of those are formally co-sponsoring it. For more information write to the national PSR office, or call PSR/Chicago at 312/733-1840.

PSR/Salt Lake City, Utah

As part of its focus on the MX missile, this chapter submitted extensive testimony at the Air Force Draft Environmental Impact Statement hearings on the MX on April 3, 1981. The testimony criticized the inadequacies of the Statement's evaluation of the MX's potential impact on public health and on the availability of health facilities, and discussed as well the strategic dangers of the deployment of the MX missile.

PSR/Burlington, Vermont

As it has grown from eight to forty members in the past six months, this chapter has become involved in a plethora of local educational activities, including taping a twenty minute radio show at a nearby Air Force Base in Plattsburgh, New York on the medical consequences of a nuclear attack, and preparing that tape for distribution; assembling a slide show; and sponsoring several local educational events, the most noteworthy of which is a conference entitled *Armament and Disarmament in the Modern Era—Some Ethical Perspectives*. This conference will be co-sponsored with the Vermont Academy of Arts and Sciences, and is to be held at the Stratton Mountain Inn on October 17, 1981.

PSR/Seattle, Washington

During the planning stages of April's symposium this chapter doubled in size—and it's maintained a fast pace of activity since. Judy Lipton, M.D., conducted a speakers training seminar to help interested people

educate themselves and others on the effects of nuclear war. Among other symposium follow-up activities are plans to have PSR members speak at each of the state's 28 county medical associations, and to pass a resolution at the state medical association meeting in September. Further plans will be discussed in the next issue of the newsletter.

New Chapters

Neil M. Flynn, M.D.
PSR/Sacramento, California
3849 V Street
Sacramento, CA 95817

Mark Sapir
PSR/San Jose, California
1924 Volliner Way
San Jose, CA 95116

Barbara Paul
PSR/Stanford, California
M105
Stanford University Medical Center
Stanford, CA 94305

Madeline Harrison
PSR/Miami, Florida
1109 Almeira Avenue
Coral Gables, FL 33134

Steve Crane
PSR/Northeast Ohio
2476 Euclid Heights Blvd.
Cleveland Heights, OH 44106

Martin Raitiere, M.D.
PSR/San Antonio, Texas
4707 Cheddar Drive
San Antonio, TX 78229

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