

AMERICAN PUBLIC HEALTH ASSOCIATION

PEACE CAUCUS

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BUSH, CLINTON, AND U.S. MILITARISM: FOUR MORE YEARS?

For those of us who were hoping to finally get a piece of the peace dividend, this year's major lesson may well be—wait for another election.

While there are apparently real choices this year regarding abortion rights, health care, public education, and the future world view of the judiciary, the Clinton program promises a continuation of reliance on the projection of military power to support U.S. global “interests” into the coming century.

To be sure, Clinton and his fellow Democrats have a better position on supporting a Comprehensive Test Ban on nuclear weapons, and on opposing various costly Star Wars programs such as “Brilliant Pebbles.” However, throughout the current presidential campaign, Clinton and his closest advisors have advocated military budgets only slightly smaller than the Bush proposals. Instead, Clinton has consistently called for the development of modern, mobile weapons systems that can better serve the anticipated wars of the post-Soviet period.

As such, it is instructive to note that Clinton backed the Bush administration plans to sell modern fighter air
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HOW CAN HEALTH WORKERS RESPOND TO WAR?

War is an ever present possibility for civilization. Given the public health consequences of war and the responsibility of medical workers to protect health, should health workers refuse to participate in some or all wars? Given that health workers are necessary to the pursuit of war, might the collective refusal of health workers to participate in the military help put a stop to war? These questions most recently arose during the Gulf War; however, the response of health workers to war has been articulated as far back as the fifth century B.C. in China by Sun Tzu in *The Art of War*, who pointed out the need for humane treatment of those in need of medical care on both sides of a conflict.¹

Several examples from the Vietnam and Gulf Wars are illustrative of how health workers have responded to the government's need for medical skills in order to fight a war. During the Vietnam War, Dr. Howard Levy refused orders to provide medical training to combat soldiers who would in turn use their medical knowledge for political purposes. Dr. Levy was convicted and sentenced to three years at hard labor for his actions. Yolanda
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¹ Sidel VW. Quid est amor patriae? The PSR Quarterly. Volume 1, Number 2. June 1991.

Health Workers (continued from page 1)

Huet-Vaughn, a Kansas City physician in the Army Reserves, refused to serve in the Gulf War, a war she believed to be immoral, inhumane, and unconstitutional. For her actions, Dr. Huet-Vaughn served eight months in prison and faces the loss of her medical license (see related article, page 3). During the Vietnam War, and after the Gulf War, hundreds of medical professionals signed pledges not to serve in the Armed Forces, based on their belief that the pursuit of war and militarism by the Armed Forces renders meaningless their efforts as medical professionals to prevent and relieve human suffering.

These and other actions by health care workers have generated significant debate regarding the participation of medical professionals, as persons committed to healing, in war. Among the themes that arise in this debate are such issues as:

What is the medical professional's responsibility to provide treatment during a war?

Some argue that a medical worker is obliged to treat the sick and wounded. Although health workers may work towards peace, once the war begins it is their responsibility to provide patient care. Others believe that by treating the sick and wounded medical workers provide support for the waging of war and therefore providing treatment causes harm. As stated in the Army Field Manual, "The mission of the Army Medical Department is to conserve the fighting strength of the Army." The Army Field Manual also states, "When a wide disparity exists

between requirements and available means it may be necessary to favor those patients who can be returned to immediate duty rather than those more seriously injured." Therefore, this argument suggests, the health worker in the military becomes part of an organization whose mission is killing, and may be called upon to triage patients using criteria that would be unacceptable in civilian circumstances.

Must the decision of a health worker to participate in war apply to all wars, or can and/or should it be made selectively on the basis of the "justness" of a particular war?

This question presupposes the ability to determine if a war is "just." The proportionate use of force and the protection of civilians are among the criteria for judging if a war is "just." The line between the destructive capabilities of "conventional" weapons and weapons of mass destruction continues to erode; since the 1970's, civilian casualties constitute 84 percent of all casualties of warfare.² The nature of modern warfare raises the question of whether it is possible to employ the criteria of a "just" war.

Are the moral and ethical parameters surrounding the choice of a medical professional regarding participation in war nested in medical ethics?

It is argued that a medical worker's refusal to participate in war is an act of conscience no different from a similar decision by other civilians and
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² Sevard RL. World military and social expenditures 1987-88. Washington DC: World Priorities, 1988:28 as cited in Leaning J. Physicians and war: limits and responsibilities. The PSR Quarterly. Volume 1, Number 2. June 1991.

Doctor Who Opposed Gulf War Faces Loss of License To Practice Medicine

Dr. Yolanda Huet-Vaughn, spent eight months in prison for her refusal to serve in the Gulf War, and is now threatened with the loss of her medical license because of her actions. A physician in a community clinic serving the poor in Kansas City, and a member of the Army Reserves, Dr. Huet-Vaughn refused to go to war during Operation Desert Storm because she believed the Gulf War to be immoral, inhumane, and unconstitutional. Upon her release from prison, she had no regrets about her decision, stating, "We realized there was no alternative if we lived the values we believed in." Of the many courageous war resisters, Dr. Huet-Vaughn was the only military resister to base her defense squarely on her duty under international law not to participate in war crimes.

The action to revoke Dr. Huet-Vaughn's medical license because of her resistance to war is being taken despite the fact that twenty percent of physicians in Kansas signed petitions opposing this action. The successful revocation of doctor Huet-Vaughn's medical license on the basis of her political actions places in serious jeopardy the First Amendment rights of all physicians. **Please write letters on behalf of Dr. Huet-Vaughn and send them to:**

**Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, Kansas 66103**

Because of the threat to the rights of all physicians that the action to revoke Dr. Huet-Vaughn's medical license represents, an Emergency Committee for Healing Arts Licensure Rights has been established. Send a copy of your letter to the Board of Healing Arts to:

**Emergency Committee for Healing Arts
c/o Lydia A. Moore, MD
1401 Southwest Blvd.
Kansas City, Kansas 66103**

Funds are also needed to cover unpaid legal costs and to carry forward the appeal of Dr. Huet-Vaughn's conviction. Her lawyers believe there are strong grounds for reversal. Money is also needed to bring a complaint before the United Nations based on the deprivation of her legal right to refuse service in a war she believed to be illegal. Please send your tax-deductible gift today. Please make your check out to "Alternatives to Militarism", marked for "YHV". Mail your donation to:

**Committee To Defend Doctor Yolanda Huet-Vaughn
175 Fifth Avenue, Suite 808
New York, NY 10010**

PEACE CAUCUS PROGRAM 1992 WASHINGTON, DC

The Peace Caucus Program will explore a variety of stimulating and controversial topics, including the health effects of nuclear weapons production, economic conversion, health workers and war, weapons of mass destruction and militarism. Bringing a discussion of public health issues associated with these topics to the annual APHA meeting is primary activity of the Peace Caucus. Your membership in the Peace Caucus makes this program possible. Please join or renew your membership in the Peace Caucus today (see the membership form on page 7). Be sure to visit the Peace Caucus/Physicians for Social Responsibility booth in the exhibit hall. Please check the final program to verify all room locations.

MONDAY, NOVEMBER 9

12:30 to 2:00 PM

Dead Reckoning: A Critical Review of the Department of Energy's Epidemiologic Studies

Moderator: Daryl G. Kimball

12:30 Introduction and Overview: Daryl G. Kimball

12:40 Epidemiological and Health Parameters of Dead Reckoning: David Rush, MD

1:05 The Social and Political Content of Dead Reckoning: H. Jack Geiger, MD

1:30 Discussion

Sheraton Washington, Dover

4:00 to 5:30 PM

The Need for "Perestroika" in the United States: Uniting Communities to Prevent the Adverse Health Consequences of Unemployment and Dislocation from Production of Military, Environmentally Destructive, Hazardous, or Resource-Diverting Activities

Presiders: Rosalind Singer, MPH and Victor W. Sidel, MD

4:00 Introduction: Rosalind Singer, MPH and Victor W. Sidel, MD

4:15 Economic Conversion Around the Country: An Overview, Gregory A. Bischak, PhD

4:30 Within the Defense Authorization Process: The Alternative Budget
George O. Withers, Legislative Director, Office of Congressman Ronald Dellums

4:45 Congress and Economic Conversion: Current Legislation
Neil Furman, Legislative Assistant Office of Congressman Ted Weiss

5:00 Questions and Discussion

Sheraton City Center, City Center 2

6:00 to 7:00PM

All Caucus Social Hour

7:00 to 8:30PM

Nicaraguan Health After the Contra War

Moderator: Paula Braveman, MD

Session Co-Sponsor: Socialist Caucus

Omni Shoreham, Congressional

TUESDAY, NOVEMBER 10

12:30 to 2:00 PM

Vietnam the Persian Gulf the Future The Continuing Controversy

Panel Discussion: Public Health Workers, War, the Military

Session 1: Individual Choices

Moderator: Victor W. Sidel, MD Session Co-Sponsor: Vietnam Caucus, Socialist Caucus

Panelists:

- Yolanda-Huet Vaughn, MD
- Howard Levy, MD
- Susan Schnall

Sheraton Washington, Richmond

2 :00 to 3:30 PM

Vietnam - the Persian Gulf - the Future - The Continuing Controversy

Panel Discussion: Public Health Workers, War, the Military

Session 2: Resistance, Neutrality, Participation, Reparations, and Recovery From War

Moderator: Denny Davidson, MD Session Co-Sponsor: Vietnam Caucus, Socialist Caucus

Panelists:

- Mark Sapir, MD, Health Workers Pledge Against Militarism
- Ann Hirschman, FNP, Vietnam Caucus
- Robert O. Muller, Executive Director, Vietnam Veterans of America Foundation
- Ralph Timperi, MPH, Vietnam Caucus

Omni Georgetown, Philips Collection

WEDNESDAY, NOVEMBER 11

2:00 to 3:30 PM

Weapons of Mass Destruction

Moderator: Robert Gould, MD Session Co-Sponsor: Socialist Caucus

2:00 Health and Mental Health Effects of an Atomic Bomb:

Nagasaki Experience as a Guide to World Peace, Kasumi K. Hirayama, DSW

2:20 Health Consequences of the Use of Chemical Weapons, Dr. Fatemeh Ghareri

2:40 The Strategic Defense Initiative and the Post-Cold War Period, Peter Tyler

3:00 Questions and Discussion

Omni Georgetown, Philips Collection

4 :00 to 5:30 PM

Militarism as a Barrier to Health Care: Case Studies of the Philippines, Nicaragua and Inner-City United States

Presider: Tim Takaro, MD

4:00 The Legacy of Militarism in the Philippines, Janet Gottschalk, DrPH

4:20 Nicaragua After the Contra War, Leonel Arguello, MD

4:40 The Effects of the Arms race on Urban America Victor W.Sidel, MD and Reed Tuckson, MD

5:20 Questions and Discussion

Capital Hilton, Congressional

5:45 to 7:00PM

Peace Caucus Business Meeting

All are welcome to attend.

Sheraton Washington, Nathan Hale

U.S. Militarism (continued from page 1)

craft to Taiwan and Saudi Arabia, thus providing support for the continuation of a policy under which the U.S. has contributed roughly one-half of a \$45 billion flow of arms into the Middle East since the Gulf War. While destabilizing any chances for peace in the Middle East, such sales also guarantee that there can be no effective brake on the proliferation of weapons of mass destruction—chemical, biological, and nuclear—in the “Third World,” as military superiority is reinforced as the paradigm of global prestige and power.

In addition, although opposing early deployment of space weaponry, Clinton and key advisors such as Congressman Les Aspin have supported aggressive development of ground-based anti-missile systems. Examples include modifications of the Patriot missile system, the video star of the Gulf War, which on final analysis only shot down a maximum of 9% of lumbering Scud missiles fired by the Iraqis, while contributing additional fiery debris that did as much damage to our “friends” as the “enemy.”

These programs are gifts to defense contractors who, after stuffing themselves at the trough of the Reagan years, are steadfastly opposing any attempts to convert to civilian production. Instead, military industry leaders have consciously sought to contract and consolidate, laying off workers to increase the political heat to keep the lines open. Hence, Clinton's embrace of the Trident sub program in Connecticut, a move that avoided the type of courageous leadership needed

to institute the serious industry-wide, plant-by-plant conversion planning that is so urgently needed for our economic and social health.

Over the past decade, Clinton has embraced the hawkish world view of the Democratic Leadership Council (DLC), that reactionary heir to the “Scoop” Jackson wing of the Democratic Party that steadfastly supported the Vietnam War. Leaders of the DLC provided critical support to the Reagan Doctrine of global contra war that devastated economies and caused the deaths of hundreds of thousands of nameless victims in Nicaragua, El Salvador and Angola. It was, therefore, no surprise to see *The New York Times* ad of August 18th supporting Clinton's election signed by a Who's Who of Cold Warriors such as Paul Nitze and Samuel Huntington, underscoring the anticipated hard-line and interventionist agenda offered by a Clinton administration.

So, with either Bush or Clinton at the helm, our efforts will remain as critical as before in articulating a world vision that abandons the militarist imperative. This year's Peace Caucus program continues our efforts to confront a wide range of issues: hazards of production and proliferation of weapons of mass destruction, economic conversion, U.S. interventionism, and the role of health workers in opposing war. We urge you to participate in our program and to help keep the APHA focused on the basic, systemic changes needed to provide for the health and well-being of our global society.

Robert Gould

JOIN THE PEACE CAUCUS !

The Peace Caucus sponsors a program of speakers and events at the annual meeting of APHA on such topics as militarism, the health effects of nuclear weapons production, weapons of mass destruction, economic conversion, international health effects of low-intensity conflict and other wars, and war, torture, and the mental health needs of refugees. The Peace Caucus develops position papers and resolutions, including a policy statement on the health effects of militarism adopted by APHA in 1986, and has organized demonstrations for a Comprehensive Test Ban. If you believe these issues and activities are important to public health and APHA, please join the Peace Caucus. Your membership in the Peace Caucus is what makes this effort possible.

Membership Form

Name: _____

Address: _____

Telephone: _____ APHA Member ? _____ (Yes) _____ (No)

Full member _____ (\$10.00) Contributing member _____ (\$25.00)

Sustaining member _____ (\$50.00)

Return your check, made payable to "APHA Peace Caucus" and this form to:
Peace Caucus, 2644 Sherwood Drive, Salt Lake City, UT 84108

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soldiers. The concern is that to locate such a decision in medical ethics implies a specialness to the conscience of the physician as compared to other citizens.

These questions and many other related issues were discussed in several Peace Caucus sessions at last year's meeting of APHA. Because of the significance of this complex issue to all members of APHA, the Peace Caucus together with the Vietnam Caucus has organized a two-part session to continue the discussion of health workers and war at the 1992 meeting of APHA in Washington, D.C. Dr. Howard Levy and Dr. Yolanda Huet-Vaughn are among the session participants (see the

program schedule in this issue for all details).

Although the U.S. is not currently at war, all decisions regarding service in the Armed Forces (often agreed to as a consequence of receiving otherwise unavailable funding for medical school) should be made with a full appreciation and careful consideration of this issue. Moreover, it may be time for health workers devoted to peace to consider the suggestion, made over half a century ago, that the organized refusal of health workers to participate in war may put a stop to the possibility of future wars. We urge you to join us in examining the issue of health workers and war at APHA this year.

Patrice Sutton

**APHA Peace Caucus
2644 Sherwood drive
Salt Lake City, UT 84108**