

PEACE CAUCUS

Autumn 2000 Newsletter

Clinton Postpones Decision on National Missile Defense, Reaffirms Centrality of Nuclear Weapons to U.S. Military Policy

Responding to rising domestic and international pressure, President Clinton on September 1 announced that he would defer the decision to deploy a U.S. National Missile Defense (NMD) system until the next Administration is in office. This decision was welcomed those of us in APHA who believe that deployment of NMD would lead to a renewed nuclear arms race and threaten a new era of space-based warfare.

However, in his remarks, President Clinton essentially endorsed the concept of missile defenses, ignoring the record of exorbitant expenditures for repeated faked and failed tests of the system, while claiming that "one test proved that it is, in fact, possible to hit a bullet with a bullet." More importantly, Clinton's speech, boasting about the U.S.'s "overwhelming military superiority over any potential adversary," was a

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THE PEACE CAUCUS TO BE HONORED

The Medical Care Section is honoring the Peace Caucus on Wednesday evening, November 15, 6:00 - 8:30 pm! We hope you can attend "An Evening With the Peace Caucus", in the Westin, Staffordshire.

APHA Considers Resolution to Oppose Military and Law Enforcement Control of Public Health

The following resolution has been submitted by Peace Caucus members for consideration at this year's meeting. We urge your support for this statement.

The American Public Health Association, Recognizing that science-based, public health evaluation of the bioterrorist threat to the U.S. is incomplete, necessitating more extensive discussion to develop sound public policy; [1] and Observing that controversy exists about methods of protection against possible biowarfare agents, and noting that any defense is limited by possible offensive deployment of resistant or modified organisms, or agents unsusceptible to conventional treatment; [2] an

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Peace Caucus Program at-a-glance

3056.0

War and Public Health: "Collateral Damage" To Vulnerable Populations

3135.0

Widening Disparities in Health and Wealth: The Impact of Structural Violence on Some of Us More Than Others - Part 1

3218.0

Widening Disparities in Health and Wealth: The Impact of Structural Violence on Some of Us More Than Others - Part 2

4149.0

Violence: A National Epidemic

5146.0

The Health Consequences of the Military Industrial Complex: From Hiroshima to Bioterrorism

5208.1

Eliminating Disparities: From Grassroots to a National Coalition

5276.0

Liberation Medicine

5297.0

An Evening With the Peace Caucus

Business Meeting Monday 6:30 - 8:00

National Missile Defense, continued from p. 1

ringing affirmation of the central importance of nuclear deterrence, and continued massive military budgets to U.S. military strategy for the unfolding 21st Century. As Clinton stated: "... in 1985, we spent about as much on defense as Russia, China and North Korea combined. Today, we spend nearly three times as much, nearly \$300 billion a year. And our military technology clearly is well ahead of the rest of the world...The principle of deterrence served us very well in the Cold War, and deterrence remains imperative. "

Although Clinton indicated that any decision about deploying NMD needed to thoughtfully weigh its global impact on arms proliferation, he stated: " Now, let me be clear: no nation can ever have a veto over American security, even if the United States and Russia cannot reach agreement; even if we cannot secure the support of our allies at first; even if we conclude that the Chinese will respond to NMD by increasing their arsenal of nuclear weapons substantially with a corollary, inevitable impact in India and then in Pakistan."

In his speech, Clinton indicated his desire to work with the Russians to come to a mutual understanding on modifying the Anti-Ballistic Missile Treaty (ABM), which has been a cornerstone of arms control since 1972. Since Clinton's address, the Russians have continued to resist any attempts to change the Treaty to permit "limited" NMD deployment. Unfortunately, each of the two major Presidential candidates have committed themselves to changing ABM to permit defense systems. George W. Bush is an outspoken critic of the ABM Treaty, and in his remarks following Clinton's decision stated: "As President, I intend to develop and deploy an effective missile defense system at the earliest possible date to protect

American citizens from accidental launches or blackmail by rogue nations." Al Gore announced that he "would be prepared to work hard to persuade the Government of the Russian Federation to modify the Anti-Ballistic Missile (ABM) treaty....But, at the end of the day, I would not be prepared to let Russian opposition to this system stand in the way of its deployment...".

At this point in the Presidential campaign, the major candidates have indicated similar support for U.S. nuclear deterrence policy, although having some notable differences on the mix of offensive/defensive strategies. In a major foreign policy speech in May, Bush announced his support for significant cuts in the U.S. nuclear stockpile to be coupled with taking nuclear weapons off hair-trigger alert, both policy goals supported by APHA. However, this proposal was linked to a proposal for a massive NMD system to be deployed as quickly as possible. Gore, supporting a more limited defense system at this point, criticized the progressive elements of the Bush plan as reflecting "unilateral disarmament." Gore continues to support U.S. ratification of the Comprehensive Test Ban Treaty, which Bush opposes.

In early September, 48 religious leaders from a cross-section of faith groups released a ten-question survey of presidential candidates on nuclear weapons and disarmament. Neither candidates of the Reform Party responded, and Gore and Bush only responded to a few questions, substantiating the aforementioned policy differences. At a news conference, the religious leaders expressed their concerns that neither Bush nor Gore answered the question on the morality of possession, threatened use, and actual use of nuclear weapons. Howard Hallman, Chair of Methodists United for Peace and Justice and coordinator of the survey stated:

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APHA Considers Resolution to Oppose Military and Law Enforcement Control of Public Health,
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Noting that immunization of 2.4 million U.S. armed forces personnel against anthrax is proceeding, despite persistent questions about vaccine safety and efficacy; [3] and,

Noting that, without adequate public participation and scientific consultation, U.S. biowarfare defense plans include allocating more than \$2.8 billion to prepare for attacks against civilians and computerized infrastructure; [4] and,

Noting that, in the words of the Secretary of the Department of Health and Human Services (DHHS) these plans represent "... the time in American history in which the public health system has been integrated directly into the national security system" ; [5] and,

Observing that public health planning under the direction of military and law enforcement is already occurring, with many metropolitan areas conducting emergency maneuvers that stretch limited municipal resources dedicated to public health and welfare; [6] and,

Recognizing that military and law enforcement-directed "biodefense" programs may be dangerous to the health and civil liberties of the public, with recent recommendations of the National Council on Terrorism threatening renewed assaults on the Constitutional rights of the population; [7], and,

Noting that U.S. "defensive" strategies have led to programs for maintaining U.S. nuclear weapons supremacy, such as Stockpile Stewardship and National Missile Defense programs that have been opposed by the APHA in previous policy statements; [8], and,

Understanding that such military preparations inevitably divert resources from the provision of basic human needs such as adequate nutrition, housing and healthcare that protect the public from the consequences of all forms of infectious disease; therefore,

1. Calls on the DHHS to develop and oversee a transparent process to fully examine all public health consequences of the U.S. government's bioterrorism initiatives.
2. Urges that this process include: an objective

characterization of the bioterrorist threat; evaluating alternatives for threat reduction; assessing measures necessary to guarantee that "defensive" programs do not promote offensive capabilities; examining other ways to primarily protect U.S. and global populations from deliberately-induced, naturally occurring, or re-emerging infectious diseases, including strengthening public health infrastructure; analyzing implications of the militarization of public health, including civil liberties effects; and a scientifically rigorous assessment of the effectiveness of mass-vaccinations for organisms that could be genetically modified prior to use as weapons.

3. Demands that all planning for public health emergencies, including bioterrorism, be under the direction of public health authorities and not under military control.

4. Reaffirms APHA's opposition to diverting public health resources to excessive military budgets, underscoring APHA's longstanding commitment to the provision of adequate nutrition, housing and healthcare as a central tenet of public health protection.

PUBLIC HEALTH IMPACT STATEMENT

A thoughtful, science- and public health-based assessment of current plans of the U.S. government to protect against terrorism, including bioterrorism, would help to avoid a reckless and politically-driven squandering of precious public resources that could be better targeted to promoting the total health, well-being, and survivability of the domestic and global population, while avoiding the potential significant negative health consequences of mass-inoculations of populations with unproven and inadequately studied technologies. Exploration of other alternatives, such as developing verifiable and accountable forms of global disarmament, would have an obvious positive impact on public health and human survival.

IMPLEMENTATION SUGGESTIONS

1. Form an APHA delegation including, but not limited to, the Executive Director, the APHA President, and notable APHA members with expertise on issues relating to bioterrorism, to meet with the Secretary of the Department of Health and Human Services to encourage the development of an open, public process to examine the public health implications of U.S. bioterrorism initiatives, as indicated above.
2. Send copies of this policy statement to relevant

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APHA PEACE CAUCUS PROGRAM
November 13-15, 2000

**The Peace Caucus thanks Joy Marshall, MD, MA, Program Chair
 for organizing these excellent sessions**

Monday 12:30 - 2:00
Westin, Adams

CE credits for
 CHES and
 Physicians

3056.0

**War and Public Health: "Collateral Damage"
 To Vulnerable Populations - Health Disparities**

Moderators: *Barry Levy, MD, MPH, Victor W. Sidel, MD*

Table 1 Update in the Campaign to Ban Landmines
Leonard Rubenstein, MD

Table 2 Civil War in Africa: Impact on Vulnerable Populations
Debra Prothrow-Stith, MD

Table 3 Nuclear Weapons and National Missile Defense
Lachlan Forrow, MD

Table 4 The Long-Term Impact of the War in Kosovo on Civilian
 Populations - *Jennifer Leaning, MD*

Table 5 The Continuing Impact of Sanctions on Vulnerable
 Populations - *Richard Garfield, RN, PhD*

Table 6 The Taliban's War on Women - *Zora Rasekh, MPH*

Table 7 Discussion

Monday 2:30 - 4:00
Hynes CC, 112

3135.0

**Widening Disparities in Health and Wealth: The Impact of
 Structural Violence on Some of Us More Than Others Part 1**

Presider: *Joy Marshall, MD, MA*

2:30 Jonathan Mann Memorial Lecture -
 Introduction of Robert Coles, MD, *Victor W. Sidel, MD*

2:45 TBA — *Robert Coles, MD*

3:15 Discussant — *Greg Pappas, MD, PhD*

3:45 Infections and Inequalities: How Structural Violence Fosters
 Epidemics— *Paul Farmer, MD, PhD*

Monday 4:30 - 6:00
Hynes CC, 112

3218.0

**Widening Disparities in Health and Wealth: The Impact of
 Structural Violence on Some of Us More Than Others, Part 2**

Presider: *Joy Marshall, MD, MA*

4:15 Biopiracy: Commodification of the Body
Nancy Scheper-Hughes, PhD

4:45 The Deadliest Form of Violence is Poverty
James Gilligan, MD

5:15 Discussion

Monday 6:30 - 8:00
Westin, St. George A

Peace Caucus Business Meeting

Please Join Us ! Get Involved! We Need Your Help !

National Missile Defense, continued from p. 2

"It's disappointing when faith and values are commonly used to describe the guiding philosophy of the major party candidates and neither Bush nor Gore will address the question of the morality of nuclear weapons." Bush and Gore also failed to answer how they would plan to carry out the U.S. obligation under the Nuclear Non-Proliferation Treaty to achieve disarmament.

Only Ralph Nader answered all the questions, stating that "Nuclear weapons have no moral or practical use for any purpose except as a deterrent to nuclear threats." Among other points, Nader emphasized his support for de-alerting nuclear weapons, significant cuts in weapons, ending sub-critical nuclear tests useful for weapons modernization, adoption of a no-first-use policy, and opposition to any NMD.

Nader also stated that the United States has a moral obligation to take the lead in working for the elimination of nuclear weapons, the ultimate objective of groups like APHA. As Jonathan Schell persuasively argues in his recent article "The Folly of Arms Control" (Foreign Affairs, Sept/Oct 2000), only by moving beyond deterrence to embracing practical steps towards nuclear abolition, can the U.S., with its enormous power and influence, provide the leadership necessary to truly protect us from a nuclear holocaust.

Robert Gould, MD, is the Chair of the APHA Peace Caucus and President of the San Francisco Bay Area Chapter of Physicians for Social Responsibility.
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Footnotes

¹*Comprehensive Test Ban Treaty Safeguards, Fact Sheet.* The White House, Office of the Press Secretary, August 11, 1995.

²*Nuclear Weapons Stockpile Stewardship, The Role of Livermore and Los Alamos National Laboratories.* Jonathan E. Medalia, Congressional Research Service Report for Congress, May 12, 1994, pps. CRS-6.

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health and peace organizations, including the Secretary-General of the United Nations, the Secretary-General of the World Health Organization, the United Nations Center for Disarmament Affairs, the World Health Council, the World Federation of Public Health Associations, the International Physicians for the Prevention of Nuclear War and Physicians for Social Responsibility.

3. Collaborate with other national and international organizations in educating the public in all nations on the need for complete, verifiable disarmament of all weapons of mass destruction as the best way to avoid bioterrorism.

4. Send copies of this policy statement to the Director of the U.S. Arms Control and Disarmament Agency, to the U.S. Secretaries of State, of Defense, and of Energy, and to the President of the United States.

5. Work with other national public health associations in bringing this policy statement to the attention of the World Federation of Public Health Associations.

ORIGINATORS:

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JOIN THE PEACE CAUCUS MEMBERSHIP FORM

Yes, I want to join the APHA Peace Caucus!

Enclosed is my check, made payable to "APHA Peace Caucus", for \$_____

Name _____

Address _____

email: _____

phone: _____

Renewal

APHA member? yes

New Member

no

Full Member \$10

Contributing Member \$25

Sustaining Member \$50

Return to: Peace Caucus, 2644 Sherwood Drive, Salt Lake City, UT 84108

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References

1. Cohen, HW, Gould RM, Sidel VW. Bioterrorism initiatives: public health in reverse? *American Journal of Public Health.* 1999; 89(11):1629-1631;
- Guillemín J. Scare campaign about biological weapons is itself a threat. *Boston Globe.* December 2, 1999. A27; Tucker JB. Bioterrorism is the least of our worries. *New York Times.* Oct. 16, 1999, A19; Sprinzak E. The Great Superterrorism Scare. *Foreign Policy.* (112): Fall 1998.
2. Piller C, Yamamoto KR. The U.S. biological defense research program in the 1980s: a critique. In Wright S., ed. *Preventing a Biological Arms Race.* Cambridge, MA: MIT Press. 1990; 5(2):97-104; Gould R, Connell ND. The public health effects of biological weapons, in Levy BS, Sidel VW, eds. *War and Public Health.* New York: Oxford University Press, 1997.
3. Sidel VW, Nass M, Ensign T. The anthrax dilemma. *Medicine and Global Survival.* October 1998; Myers SL. House panel urges suspension of anthrax program. *New York Times.* February 17, 2000; Strong C. FDA cites 30 deficiencies in anthrax vaccine production. AP National. December 14, 1999; Subcommittee on National Security, Veterans Affairs and International Relations, House Committee on Government Reform. *The Department of Defense Anthrax Vaccine Immunization Program: Unproven force protection.* Subcommittee Report. Washington D.C.; February 17, 2000. Available at: <http://www.house.gov/reform/ns/reports/anthrax1.pdf>. Accessed May 9, 2000; APHA Policy Statement 9930: Anthrax Immunization. Policy Statements Adopted by the Governing Council of the American Public Health Association, November 10, 1999. *American Journal of Public Health.* 2000; 90(3):481-2.
4. Miller J and Broad WJ. Clinton describes terrorism threat for 21st century. *New York Times.* January 22, 1999.
5. Broder JM. Clinton outlines plans to fight unconventional terrorism. *New York Times.* January 23, 1999.
6. Chivers CJ. New team trains for terror's aftermath. *New York Times.* February 14, 2000; Hulse C. Readying emergency teams for terrorist attacks. *New York Times.* July 3, 1999; A9; SF, San Jose among first wave to get fed money for terrorism. *San Francisco Chronicle.* February 26, 1999.
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8. Pine A. Nuclear world: U.S. has plans to counter war threat. *Los Angeles Times.* May 12, 1994; Quinn-Judge P. U.S. plans to combat spread of weapons. *Boston Globe.* December 8, 1993; APHA Policy Statement 9804: Cessation of Continued Development of Nuclear Weapons. Policy Statements Adopted by the Governing Council of the American Public Health Association, November 18, 1998. *American Journal of Public Health.* 1999; 89(3):431-2; APHA Policy Statement 8715: End to Nuclear Weapons Testing and the Strategic Defense Initiative. APHA Policy Statements: 1948 to Present, Cumulative. Washington, DC. American Public Health Association; current volume.

While at APHA,
Be sure to visit the Peace Caucus at
Physicians for Social Responsibility
Booth #923

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