Humanitarian and public health efforts are needed to eradicate nuclear weapons

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On 26 November 2011, the global Red Cross movement embraced an historic call for all states to urgently pursue and conclude a legally binding international agreement to prohibit the use of, and completely eliminate, nuclear weapons. The initiative, adopted with sustained acclamation, was taken by the Council of Delegates, made up of all the movement’s key parts: the International Committee of the Red Cross (ICRC), 187 Red Cross and Red Crescent National Societies, and International Federation of Red Cross and Red Crescent Societies.

Delegates were, “deeply concerned about the destructive power of nuclear weapons, the unspeakable human suffering they cause, the difficulty of controlling their effects in space and time, the threat they pose to the environment and to future generations and the risks of escalation they create.” They were also “convinced that the Red Cross and Red Crescent Movement has an historic and important role to play in efforts to create the conditions for a world without nuclear weapons.”

Of all indiscriminate and inhumane weapons, nuclear weapons are not only the worst in their humanitarian and medical consequences, but also the only ones not subject to a global treaty banning their use and enshrining in law their elimination.

Because of the size and prominence of the Red Cross, its credibility and its role as a key custodian of international humanitarian law and impartial voice for humanity, this decision could play a major role in bringing the era of nuclear weapons to an end. Since its founding in 1863, the Red Cross has been at the forefront of the movement’s work, the clarity, strength, explicit call to action for the Red Cross movement itself, and widening of support behind the recent Council Resolution, will hopefully change that. Such a call is the first by the Council of Delegates, the highest governing body of the international Red Cross movement. It was preceded by the first Red Cross national society consultation dedicated to nuclear weapons, held in Oslo in May 2011, convened by Australian, Japanese and Norwegian Red Cross. ICRC and 30 national societies, from every global region except South America, co-sponsored the Resolution; at the Council 40 delegations spoke strongly in favour of the resolution. Australian, Japanese and Norwegian Red Cross led worldwide support for the resolution, and New Zealand Red Cross was among the sponsors. Only the British Red Cross took issue with the language and practicality of the resolution and declined participating, but did not block the otherwise overwhelming consensus.

While impartiality, neutrality and independence are among the seven Fundamental Principles of the Red Cross and Red Crescent Movement, the movement is not immune to the challenges and potential influence of nation-state politics. No national society from a state possessing nuclear weapons co-sponsored the resolution; but nine of the 30 sponsoring national societies were from Pacific island countries, which collectively have borne the brunt of nuclear test explosions imposed by France, the United Kingdom and the United States. In introducing the resolution, Australian Red Cross CEO Robert Tickner acknowledged that while, at this time, not every government would embrace the terms of the resolution, he emphasised that it was of critical importance that as an advocate for all humanity, Red Cross must show its independence from government.

While the Australian Red Cross has received support for their initiative from coalition, Green and Labor parliamentarians, current Labor and coalition policies are arguably more part of the problem than the solution to the existential danger posed by nuclear weapons. The government’s continued reliance on US extended nuclear deterrence, and its willingness for Australian facilities and military personnel to contribute to the possible use of nuclear weapons, severely restricts its ability to advocate effectively for a nuclear-weapon-free world; and its uranium exports, under safeguards which have proven inadequate, fuel nuclear insecurity globally. While the overwhelming majority of nations – and Australia’s cross-party parliamentary Joint Standing Committee on Treaties (JSCOT) – have endorsed UN Secretary-General Ban’s call for a convention outlawing nuclear weapons, the Australian Government has not promoted such a ban in word or deed. A parliamentary resolution supporting the goal of a world free of nuclear weapons, moved by Prime Minister Gillard and supported by Opposition leader Abbott, adopted by the Australian House of Representatives on 21 March 2012 in an uncommon display of bipartisanism, is a hopeful but small sign. It took two-and-a-half-years for this simple recommendation by JSCOT to be acted upon. As Australian governments place strategic value on nuclear weapons in their own security policies, they are likely to

Already on 5 September 1945, the ICRC expressed the hope that nuclear weapons would be abolished. On numerous occasions since – for example, the ICRC in 1950, 1957, 1996 and 2010; and International Red Cross and Red Crescent Conferences in 1948, 1952, 1957, 1969, 1977 and 1981 – called for the prohibition of nuclear weapons. Though humanitarian diplomacy to eliminate nuclear arsenals has not always been at the forefront of the movement’s work, the clarity, strength, explicit call to action for the Red Cross movement itself, and widening of support behind the recent Council Resolution, will hopefully change that. Such a call is the first by the Council of Delegates, the highest governing body of the international Red Cross movement. It was preceded by the first Red Cross national society consultation dedicated to nuclear weapons, held in Oslo in May 2011, convened by Australian, Japanese and Norwegian Red Cross. ICRC and 30 national societies, from every global region except South America, co-sponsored the Resolution; at the Council 40 delegations spoke strongly in favour of the resolution. Australian, Japanese and Norwegian Red Cross led worldwide support for the resolution, and New Zealand Red Cross was among the sponsors. Only the British Red Cross took issue with the language and practicality of the resolution and declined participating, but did not block the otherwise overwhelming consensus.

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hinder rather than help efforts to eliminate the greatest immediate threat to global health.

The New Zealand Government is more supportive of a global ban on nuclear weapons, but does not believe the time is right to warrant efforts in this direction.\footnote{6}

The Red Cross resolution recognises that any use of nuclear weapons, even in a limited way, would cause unacceptable harm, and that nuclear disarmament is a medical, humanitarian imperative. Red Cross and Red Crescent national societies are perhaps uniquely positioned to educate the global public about the catastrophic humanitarian and environmental consequences of any use of nuclear weapons, and to create an international consensus that this danger is both unacceptable and preventable.

At the five-yearly Review Conference of the nuclear Non-Proliferation Treaty in 2010, signatory governments for the first time expressed their “deep concern at the catastrophic consequences of any use of nuclear weapons” and reaffirmed “the need for all States at all times to comply with applicable international law, including international humanitarian law”.\footnote{6} This recognition provides an important basis on which to build humanitarian momentum for nuclear disarmament.

The Australian Red Cross has taken a lead, writing to all national parliamentarians, devoting an issue of its magazine to the unique threat posed by nuclear weapons,\footnote{7} holding public educational events around the country, discussing the issue at its 2011 national conference and initiating a public education ‘Making nuclear weapons the target’ campaign utilising a dedicated website,\footnote{8} Facebook and Twitter that reached 852,000 people in its first eight months.

While implementation of the resolution across the Red Cross movement is a work in progress, the widespread engagement of national societies in developing and building support for the resolution will hopefully mean it helps galvanise a worldwide groundswell of educational effort and humanitarian advocacy for banning nuclear weapons.

**Nuclear war and public health**

In 1981 the World Health Assembly (WHA) adopted Resolution WHA 34.38, on, ‘The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all’. This resolution requested the WHO Director-General to create an international expert committee to assist WHO’s contribution to the prevention of nuclear war. Their report *Effects of nuclear war on health and health services*, published in 1984, concluded that: “It is obvious that no health service in any area of the world would be capable of dealing adequately with the hundreds of thousands of people seriously injured by blast, heat or radiation from even a single 1-megaton bomb. … the only approach to the treatment of the health effects of nuclear explosions is … the primary prevention of atomic war.”\footnote{8}

In 1983, the WHA endorsed the Committee’s conclusion that “it is impossible to prepare health services to deal in any systematic way with a catastrophe resulting from nuclear warfare, and that nuclear weapons constitute the greatest immediate threat to the health and welfare of mankind”. A second WHO report in 1987 addressed new evidence on radiation effects, firestorms and climatic effects of multiple nuclear detonations.\footnote{9} These reports provided an important body of authoritative and policy-relevant evidence, and a stimulus to nuclear disarmament and the end of the Cold War.

In 1993, the WHA was the first UN body to request an advisory opinion from the International Court of Justice, the world’s highest legal authority, on the legal status of the threat and use of nuclear weapons. The Court determined, “that the threat or use of nuclear weapons would generally be contrary to the rules of international law applicable in armed conflict, and in particular the principles and rules of humanitarian law”; and unanimously ruled that, “There exists an obligation to pursue in good faith and bring to a conclusion negotiations leading to nuclear disarmament in all its aspects under strict and effective international control”.\footnote{10}

However, requests by the WHA in 1987 (Resolution WHA 40.24) for WHO to continue investigation of the health effects of nuclear war and for the Director-General to report periodically to the Assembly on progress in this field have not been acted upon.

Concerned health professionals have continued to work through associations such as International Physicians for the Prevention of Nuclear War (IPPNW) – which was awarded the Nobel Peace Prize in 1985 – and its national affiliates. By documenting the widespread presence of strontium-90 in the deciduous teeth of children in the 1950s and ’60s, and evidence-based advocacy, health professionals played a major role in the end of atmospheric nuclear tests; in repeatedly extended Soviet nuclear test moratoriums during the 1980s and the eventual near-complete cessation of nuclear tests. The discrediting and abandonment of ineffectual, wasteful and deceptive civil defence programs against nuclear war in the 1980s was largely a result of the work of physicians and scientists.\footnote{11} Serious discussion at the 1985 Geneva and 1986 Reykjavik summits between General Secretary Gorbachev and President Reagan on the complete abolition of their nuclear arsenals over a 15-year timeframe owes much to the work of scientists and physicians in spreading awareness about the consequences of use of nuclear weapons, reflected in the joint statement by Gorbachev and Reagan at their 1985 summit that “A nuclear war cannot be won and must never be fought.”\footnote{12} Gorbachev wrote that the 1980s research on a nuclear winter had a great influence on him,\footnote{13} and that without IPPNW’s efforts, the abolition of US and Russian intermediate range nuclear missiles and other disarmament initiatives “would probably have been impossible”.\footnote{13} Physicians played a significant role in New Zealand’s nuclear free status, with Prime Minister David Lange saying, “You have made medical reality a part of political reality”.\footnote{14}

More recently, IPPNW has collaborated with lawyers and scientists to develop a model Nuclear Weapons Convention.\footnote{15} This applies the lessons of successful nuclear disarmament treaties; the verified removal of nuclear weapons from Belarus, Kazakhstan, Ukraine and South Africa; closure of nuclear weapons programs in Iraq and Libya; and the comprehensive treaties negotiated to outlaw other indiscriminate weapons: chemical and biological weapons, landmines and most recently cluster munitions. The model convention is the most detailed available blueprint for outlawing and eliminating nuclear weapons. It details a comprehensive, verifiable, irreversible and binding treaty, linking all the required and interrelated aspects of disarmament and non-proliferation in an integrated, phased roadmap. Alternatively, a framework of agreements could achieve the same thing. This approach is the first element of the UN Secretary-General’s blueprint for nuclear disarmament.\footnote{16}

In 2010, physicians and scientists played an important role in a US commitment to phase out the proliferation-prone and unnecessary
use of highly enriched uranium (HEU), directly usable in nuclear weapons, for production of radiopharmaceuticals,21,22 and to phase out exports of HEU.23 In 2007, IPPNW established the International Campaign to Abolish Nuclear Weapons, originating in Australia, to promote broad civil society collaboration, co-ordination and mobilisation advocating nuclear weapons abolition through a global treaty.

The Public Health Association of Australia (PHAA) has supported the abolition of nuclear weapons and an international convention to achieve this in formal policy statements since at least 1992. PHAA has also consistently opposed nuclear power generation and its inextricable links with the potential for proliferation of nuclear weapons. The World Federation of Public Health Associations has taken similar positions since at least 1993, and its 2011 policy on armed conflict and war describes, “the essential role of all public health practitioners in the prevention of war and its public health consequences”.24 However, there is considerable scope for PHAA to give greater priority to the prevention of nuclear war in its programs through publications, conferences, educational activities and collaborative and advocacy work.

On 10 January 2012, the Bulletin of the Atomic Scientists, with 18 Nobel laureates on its Board of Sponsors, moved the hands of the Doomsday Clock forward from 6 to 5 minutes to midnight, stating, “Two years ago, it appeared that world leaders might address the truly global threats that we face. In many cases, that trend has not continued or been reversed. …the path towards a world free of nuclear war remains the greatest immediate threat to the health and survival of humankind and other complex life forms. This existential threat can and must be abolished. People everywhere are threatened by nuclear weapons used anywhere, and therefore have a profound shared stake in, and responsibility for, their abolition. Clear, compelling evidence-based advocacy by humanitarian and health professionals for the urgent need to remove the spectre of nuclear devastation as an essential condition for global survival, health and sustainability, was never needed more.

In 2012, public health and health professional societies worldwide should congratulate and encourage their national Red Cross/Red Crescent societies, and work together with them to reinvigorate humanitarian and public health pressure to abolish the world’s worst weapons without further delay.

Compeing interests
Dr Ruff has been International Medical Advisor for the Australian Red Cross since 1996.

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The PHAA Nuclear Industry Policy

The Public Health Association of Australia notes that:

1. There are public health risks associated with the nuclear chain (mining, processing, nuclear power, waste and weapons proliferation) particularly in relation to nuclear power generation and reprocessing.

2. There is no known safe levels of exposure to ionising radiation to avoid health risks.

3. The links all along the nuclear chain between the nuclear power industry, waste production, nuclear weapons proliferation and hence the risk of nuclear war, are inextricable.

4. In a time of environmental degradation and climate change, the threat of nuclear weapons makes the disengagement from the nuclear industry one of the highest priorities for protecting humanity, complex society and the environment.

5. The consequences to the environment of the nuclear chain include increased radioactive contamination of the environment.

6. The risks of radioactive spillage and environmental contamination, however low, are inherent in transporting nuclear waste.

7. The nuclear power industry is not able to mitigate global warming.

8. In an age of increasing globalisation and political tension, nuclear facilities provide a source of nuclear material for terroris to use in weapons.

9. There is a greater risk of adverse impact on Indigenous people in Australia, as elsewhere, from the nuclear industry. Because Aboriginal and Torres Strait Islander peoples are already the most disadvantaged group in Australia, and less likely to benefit from the nuclear industry, their voices should be actively listened to on nuclear industry issues.

The Public Health Association of Australia affirms the following principle that:

10. Expansion of the nuclear industry is not in Australia’s or the world’s health interest.

The Public Health Association of Australia believes that the following steps should be undertaken:

11. That all Australian governments should introduce a no further uranium mining policy in their jurisdictions and the Commonwealth Government should introduce policy to not grant any further uranium export licences.

12. The Australian government should not renew uranium export licences for existing mines which produce uranium on expiry of current contracts. Where uranium is extracted in conjunction with other minerals, ongoing mines should rebury it.

13. That the Commonwealth government should maintain a policy of no nuclear power generation, and should commence the closure of the Lucas Height Nuclear Reactor.

14. That the locating of any radioactive waste management facility should only proceed with full and informed local community and relevant State and Territory consent- this includes communities through which waste is proposed to be transported.

15. In line with international trends that Australia move to non-reactor based sourcing of nuclear medicine isotopes and that the Australian government support research and development in alternative isotope production and diagnostic technologies.

The Public Health Association of Australia resolves to undertake the following actions:

The Public Health Association of Australia will:

16. Oppose expansion of all aspects of the nuclear industry in Australia, in particular mining and waste disposal from overseas.

17. Oppose the location in the absence of community approval of any radioactive waste management facility.

18. Collaborate with other organisations with similar aims.

19. Act to further implement its related policy on Climate Change.

Adopted 2010

This policy was developed and adopted as part of the 2010 policy review process.

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