

VITAL SIGNS

NEWSLETTER OF THE INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR (IPPNW)

North Korea not alone in escalating nuclear danger



UN Secretary General Ban Ki-moon, seen here with ICAN UK campaigner Rebecca Sharkey, has said: **“There are no right hands for the wrong weapons.”**

In condemning North Korea’s nuclear test on January 6, IPPNW urged the DPRK government to reconsider its pursuit of nuclear weapons and to join with the majority of countries that have pledged to work for their elimination.

IPPNW called the test of what Pyongyang described as a hydrogen bomb “dangerous and irresponsible” and warned that the development of new thermonuclear weapons and the missiles to deliver them—whether by the DPRK or any other State—only increases the likelihood that nuclear weapons will be used.

While North Korea’s nuclear weapons are a legitimate cause for international concern, the other nuclear-armed States—the US, Russia, China, France, the UK, India, Pakistan, and Israel—have failed to honor their own nuclear dis-

armament obligations, have insisted that their security depends upon nuclear weapons, and are engaged in multi-billion dollar programs to modernize their arsenals.

An overwhelming majority of States now recognize, along with civil society, that preventing the use of nuclear weapons requires prohibiting and eliminating them.

The nuclear-armed States—including the DPRK—should bring all forms of nuclear weapons testing and modernization to a permanent halt, and get on with the task of eliminating all nuclear weapons without further delays or excuses. [vs](#)

ONLINE: ICAN map of nations that do support a ban treaty
bit.ly/1oYW03V

“Passion for Peace” motivates IPPNW doctors’ research in Liberia

Two IPPNW doctors’ “passion for peace” motivated them to conduct violent injury research in Liberia that resulted in a recent publication by Small Arms Survey titled “The Value of Hospital Data - Understanding and Preventing Intentional Injury in Liberia.”

The study, undertaken by Drs. Andrew Winnington and Lucie Collinson, was designed to help inform the Liberian Armed Violence Observatory (LAVO). It revealed that LAVO was not receiving all the data it needed to most effectively guide intervention strategies on armed violence prevention.

“Our analysis of hospital data, as compared to data provided to LAVO by the same hospitals and by the media and police, revealed considerable variations—in terms of both the quantity and the quality of the data,” said co-author Dr. Lucie Collinson.

Some important discrepancies surfaced during the research, including that sex-disaggregated hospital data is not always efficiently captured by LAVO. Enhancing the flow of quality data from hospitals to LAVO can also be expected to maximize the effectiveness of observatories planned for other countries.

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NUCLEAR ABOLITION NEWS AND UPDATES

For more information, please contact John Loretz (jloretz@ippnw.org), or go online: ippnw.org/ican.html

Ban Treaty should be priority of new UN working group

By the end of this year we may know whether the humanitarian initiative to stigmatize, prohibit, and eliminate nuclear weapons will acquire enough support and momentum to produce a new treaty banning the worst weapons of mass destruction on Earth.

A new Open-Ended Working Group (OEWG) on nuclear disarmament has been established by the UN General Assembly and is meeting throughout 2016 in Geneva. The OEWG has been given a mandate "to substantively address concrete effective legal measures, legal provisions and norms that will need to be

concluded to attain and maintain a world without nuclear weapons."

IPPNW and ICAN are participating in the OEWG, along with many of the 126 nations that have joined the Humanitarian Pledge. Our goal is to use these working sessions as a platform for fleshing out the elements of a new treaty banning nuclear weapons. IPPNW has produced a working paper for the OEWG on the medical and environmental consequences of nuclear war and what is required to prevent them.

The working paper concludes that: "The nuclear-weapon-free states and

civil society groups participating in this OEWG have a unique opportunity and a shared responsibility to take leadership on nuclear disarmament by reframing the goal as a humanitarian-based process for banning and eliminating nuclear weapons; developing and agreeing upon concrete measures to achieve nuclear disarmament; and offering the nuclear-armed and nuclear-dependent states a better roadmap to a nuclear-weapon-free world than the ineffective and obsolete one they are currently using."

IPPNW's highest priority in 2016 is to ensure that the medical, environmental, and humanitarian evidence about the consequences of nuclear weapons and nuclear war becomes the basis of a ban treaty.



PHOTOS: ICAN

A FEW OF THE ICAN CAMPAIGNERS AT THE FEBRUARY OEWG.

ONLINE: Ban treaty principles
bit.ly/1pnPJyJ

ONLINE: Humanitarian Pledge
126 nations want to stigmatize, prohibit, and eliminate nuclear weapons.
icanw.org/pledge

Why an emergency response to a nuclear attack is impossible

A new IPPNW slide show—"Why an Emergency Response to a Nuclear Attack is Impossible"—is on YouTube. The four-minute video describes in stark words and images the overwhelming obstacles that would confront first responders following a nuclear attack.

One of the most important conclusions of the three international conferences on the Humanitarian

Impact of Nuclear Weapons (HINW) was that no organized medical or emergency disaster response to the use of nuclear weapons is possible. This finding was based upon evidence provided by the International Committee of the Red Cross, IPPNW, and experts from international relief agencies. The final report from the HINW conferences put it this way: "No state or international body could address in an adequate

manner the immediate humanitarian emergency or long-term consequences caused by a nuclear weapon detonation in a populated area, nor provide adequate assistance to those affected. Such capacity is unlikely ever to exist."

ONLINE: IPPNW slideshow
youtu.be/fUUSipVIUus



PHOTO: VESSIVLASSEVA.COM

Can we prevent nuclear war?

"We have been given the opportunity to save the world." That was Co-President Ira Helfand's message to an audience in **Vail, CO** who attended a series of local, independently organized TEDx talks on January 8.

Ira's talk—"Can we prevent nuclear war?"—was a riveting review of the medical and environmental consequences of nuclear war, the twin threats of nuclear famine and

nuclear winter, and the current "Humanitarian Impacts" initiative that has brought more than 100 countries, international organizations, and civil society together in an urgent effort to prohibit and eliminate nuclear weapons. **VS**

VIDEO ONLINE [9min]: TEDxVail
youtu.be/mUm82W7B2BY

We, like most of the world, have acted as though the danger of nuclear war were a thing of the past. To the extent that we have considered the matter, we have focused on the possibility that terrorists or 'rogue states' such as North Korea and Iran will acquire nuclear weapons. Although these are important threats, it is critical that we understand that the greatest danger is posed by the arsenals of the countries that already have nuclear weapons... These weapons pose an existential threat to humanity.

~Victor W. Sidel and Ira Helfand, published on October 14, 2015
 NEJM.org

Peter Buijs and Lode Wigersma of **IPPNW Netherlands** published a piece on the Dutch medical appeal for nuclear disarmament on the blog for *The BMJ* (formerly the *British Medical Journal*).

Online: bit.ly/1SWwWqI

A big thank you to all the speakers, participants and partners who joined us in **Berlin, Germany** for helping to make the congress "5 years living with Fukushima - 30 years living with Chernobyl" a great success.

Online: chernobylcongress.org

PHOTOS: IPPNW.GERMANY



"We have been given the opportunity to save the world."

~Ira Helfand at TedX-Vail in Colorado, USA

Hundreds of health professionals gathered in **Japan** for the 9th IPPNW North Asia Regional Meeting to commemorate the 70th anniversary of the bombing of Hiroshima.

Online: bit.ly/1oSL33i

ICAN Partner SEHLAC has done terrific work organizing around the Humanitarian Initiative, with the result that the campaign for a ban treaty now has a very strong foundation in the **Latin American and Caribbean regions**.
Online: sehlac.org

IPPNW Nigeria welcomed new leadership during the national meeting in **Abuja, Nigeria**. Plans are in the works to re-establish a radio project focusing on IPPNW's campaigns.

Online: Affiliate Profile
ippnw.org/affiliates/nigeria.html

The Campaign for Nuclear Disarmament, an ICAN partner in the **United Kingdom**, and IPPNW's affiliate MEDACT brought together tens of thousands of people in London, for the country's biggest anti-nuclear weapons rally in a generation [Photos on pg. 7].

In **Greece**, the Marangopoulos Foundation for Human Rights published a book for a special ceremony to commemorate the fifth anniversary of Fukushima. Maria Sotiropoulou of the Greek affiliate wrote a piece on the importance of health professionals' involvement in nuclear issues.



[“Passion for Peace” continued from pg. 1]

Post-conflict conditions in Liberia a motivation for the research

The project was initiated by Dr. Winnington when he was a member of the New Zealand branch of IPPNW, and joined and completed by Dr. Collinson, a public health physician in training in the United Kingdom and current member of Medact, with assistance from Mary Vrinotis, a US-based researcher.

Action on Armed Violence (AOAV), which established the LAVO in March 2011, provided significant assistance on the ground in Liberia. Liberian medical colleagues helped with access to data and records.

After an initial scoping study, Drs. Winnington and Collinson both spent several weeks at two hospitals in Liberia’s capital, Monrovia, reviewing and documenting medical records of patients suffering intentional injuries.

Why did the doctors volunteer for this research in such a volatile part of the world?

“High levels of violence have characterized Liberia’s post-conflict transition. I wanted to investigate how LAVO operated so I could replicate it in the Pacific to monitor for any regional increase in gun violence. Diplomacy efforts can then be focused into trouble spots and aim to prevent conflict from scaling up,” said Dr. Winnington. “I am passionate about peace in the Pacific and want to prevent any more wars in the Pacific fueled by corporate greed.”

Dr. Collinson added, “I share Andrew’s passion for preventing violence, and recognize the value of healthcare data in

informing violence prevention interventions, which can capture intentional injuries not reported to the police, media or other sources such as in cases of domestic violence or other criminal activity. Unfortunately, this data is often an untapped resource. I was motivated to take part in this research to support LAVO in their great work by evaluating their efforts to ensure that their methods are as robust as possible,” she said.

“I also wanted to power up LAVO by providing them with a tool to extract medical data from hospitals,” said Dr. Winnington.

Mary Vrinotis joined Drs. Winnington and Collinson in New Zealand to help crunch the numbers and analyze the volumes of data the two had collected in Monrovia. “While other observatory data sources were not audited as part of this work, the study highlights the importance of funding audits as a core component of evaluating and improving the work of observatories,” said Ms. Vrinotis.

During the research Dr. Winnington developed and introduced a modified “sticker” version of a surveillance tool used by IPPNW affiliates for previous research in Africa. Although the easily used sticker format was never formally implemented, LAVO and hospital staff could be trained to employ it.


Other study key points include that: It would be useful for LAVO to be supplied with hospital morgue records, an important source of data on fatal injuries; computers in each hospital could help staff collect, store and disseminate data in a timely fashion; building networks and cultivating col-

[Continued on pg. 5]

Figure 11 The IPPNW data collection tool

AIMING FOR PREVENTION	
Intentional injury: <input type="checkbox"/>	Did someone else injure you or was it an accident?
1. anonymous 2. not reported to police 3. for statistics	May I ask you some questions for statistical purposes? You will remain anonymous and no police will be informed.
Informed consent: <input type="checkbox"/>	Was alcohol consumed? (yes/no/unknown)
Nature of injury: Anatomy:	Was it a man or a woman? What is their relationship to you? (partner, parent, other relatives, friends/known person, unknown person)
Weapon:	Alcohol:
Perpetrator:	Why did it happen? - quarrel/fight - burglary or robbery - sexual assault - gang activity - family violence/ domestic violence - unknown
Where/when:	Where were you when you were injured?
Context/why:	Name of weapon/ no weapon

Source: Andrew Winnington

laborations are vital to the successful implementation of data collection, and; regular audits of observatory data collection methods from all sources could help identify and minimize discrepancies in reporting. 

The Liberia work was funded by the Peace and Disarmament Education Trust of NZ and Small Arms Survey with considerable in-kind contributions by the researchers and IPPNW.


ONLINE: Report on Liberia
smallarmssurvey.org/?highlight-wp22.html



SDG 16: Peace finally makes the global agenda

Promoting peace, justice and inclusive societies—Goal 16—is one of 17 Global Goals that make up the 2030 Agenda for Sustainable

Development (SDGs). SDG 16 aims to “significantly reduce all forms of violence,” and work with governments and communities to find last-

ing solutions to conflict and insecurity. Specific goals within SDG 16 include to “significantly reduce illicit financial and arms flows,” and, to “end abuse, exploitation, trafficking and all forms of violence against and torture of children.” IPPNW is working with the Parliamentary Forum on Small Arms and Light Weapons to address SDG 16 and firearm violence as a public health issue at the June UN Programme of Action on Small Arms 6th Biennial Meeting of States. 




ONLINE: UN overview of SDG 16
bit.ly/1Qq3s20

WHO: Need to strengthen role of health system to address violence

In related news, the 68th World Health Assembly in May will consider a resolution to support the World Health Organization’s “Global plan of action to strengthen the role of the health system... to address interpersonal violence, in particular against women and girls, and against children,” which is a key tool for implementing the violence-related Sustainable Development Goals. The global plan of action is based in part on the findings and

recommendations of the *Global status report on violence prevention 2014* published by WHO, the UN Development Programme, and the UN Office on Drugs and Crime. The report revealed that 475,000

people were murdered in 2012, nearly half by firearm violence, and that homicide is the third leading cause of death globally for males aged 15-44 years. 

ONLINE: Violence Prevention Alliance
who.int/violenceprevention/en



“NO SHORTCUTS TO MOBILIZING THE HEALTH COMMUNITY”

INTERVIEW WITH DR. DAVID MCCOY, DIRECTOR OF THE UK AFFILIATE, MEDACT

David McCoy is a public health physician and academic. He spent his first fifteen years working in clinical medicine and health systems development, mostly in South Africa. Since then he has been based in London, working on various aspects of global health, and as a public health specialist in the NHS where he was a Director of Public Health in London. He is currently split between a post at Queen Mary's University London and his position as Director of Medact. David was co-Managing Editor of the first two alternative world health reports (Global Health Watch), is a member of the Board of Trustees of the New Economic Foundation, and is a member of the Steering Committee of the Peoples Health Movement.

VS: As a public health physician, what role do you think the health community plays in addressing armed violence at both population and policy levels?

DM: Well, the obvious role we play is that of clinician, treating and healing the victims of armed violence. But that's not enough. We also have to prevent armed violence occurring in the first place and that means treating the various social pathologies that lead to conflict, aggression and war.

VS: You recently became the Director of IPPNW's UK affiliate, Medact. How can a strengthened, revitalized Medact help IPPNW reach its goals of a nuclear-weapons free world in which armed violence is increasingly prevented?

DM: Primarily by helping to shift policy and thinking in the UK, a P5 country that deploys nuclear weapons. The UK is also a major arms exporting country, and a nation that was very much part of the disastrous US-led armed interventions in the Middle East. There is a strong culture of militarism in the

UK, going back centuries, which needs to be challenged. Thankfully, there is also a strong tradition of progressive public health and social justice within the health community, which we hope to help mobilize in support of peace.

VS: Medact recently organized the remarkable forum Health through Peace that brought together over 700 health professionals and students to discuss issues related to war, militarization and global insecurity. How will you mobilize the health community to address the root causes of violence and conflict?

DM: I think, first of all, through providing information about the corrosive effects of militarism and the arms industry

on our culture and public policies. We want to help encourage health professionals to also be socially responsible civic leaders, concerned about the health of society. There are no short cuts to mobilizing the health community. It requires lots of explaining, teaching, persuading, encouraging, and inspiring.

VS: What are some of the best avenues for Medact and IPPNW members to challenge the current reliance by many countries on military force and the threat of violence as the basis for national security?

DM: We must do a number of things simultaneously. We must weaken the immense influence of the military-corporate sector over the media – because it undoubtedly helps create the context and narrative for politicians to rely on military force and the threat of violence. As health professionals and scientists, we can also help counter the stereotype of peace activists being idealistic and unrealistic dreamers. We

[Continued on pg. 7]



PHOTO: MEDACT

can produce hard evidence and convincing arguments that there are better ways to achieve security. But ultimately we need to help mobilize the general public from the bottom up to campaign for peace and to be unafraid to do so.

VS: Can you explain the four core programs of Medact and how they fit together?

DM: The four programs are Peace and Security, Human Rights Health Care, Economic Justice, and Climate and Ecology. This covers a vast terrain of public health issues and feels un-manageable at times. But all the major structural and systemic threats to health are inter-connected and have common roots. What we seek is a set of big shifts in the way we think, the way we live

and eat, and the way we relate to other societies and nature. Discrete and targeted issue-specific campaigns are also important, but our focused project or campaign objectives need to advance systemic and structural change.

VS: On a personal note, your father, Dr. Ron McCoy, has been a long time IPPNW leader and an inspiration to the entire federation. What's the most important thing you've learned from him?

DM: To always do what you think is right; to mostly speak what you think; and to only rarely lose your sense of humor. 🗨️

ONLINE: Peace and Health Blog
peaceandhealthblog.com



Partners in Peace are instrumental in funding many aspects of IPPNW's work.

Give as little as \$5 a month and you'll continue receiving IPPNW's biannual newsletter, *Vital Signs*, and, if you wish, our monthly email newsletter filled with updates and action alerts.

To join, please use the form on the reverse side of the enclosed donation slip.

IPPNW sustainers make our campaign for the global abolition of nuclear weapons possible!



Photos from the February 27th march in London

Approximately £6.6 million of public money is spent on nuclear weapons every day in the UK.

Online: medact.org
 Report: cnduk.org



February 27-28, 2016 || Hiroshima, Japan

March 4-5, 2016 || Patna, India

April 1-3, 2016 || Vorarlberg, Austria

April 30-May 1, 2016 || Geneva, Switzerland

May 2-13, 2016 || Geneva, Switzerland

June 6-10, 2016 || New York, NY, USA

August 22-26, 2016 || Geneva, Switzerland

September 6-7, 2016 || Cape Town, South Africa

September 18-21, 2016 || Tampere, Finland

9th IPPNW North Asia Regional Conference

Online: hiroshima.med.or.jp/ippnw

1st Pan-Asian Youth Congress

Online: idpd.org

European medical student workshop: "Taking Responsibility"

Online: on.fb.me/1TSibnm

ICAN Campaigners' Meeting

Online: icanw.org

Open-ended Working Group

New UN working group to recommend effective measures for nuclear disarmament.

6th Biennial Meeting of States of the UN Programme of Action on Small Arms (BMS6)

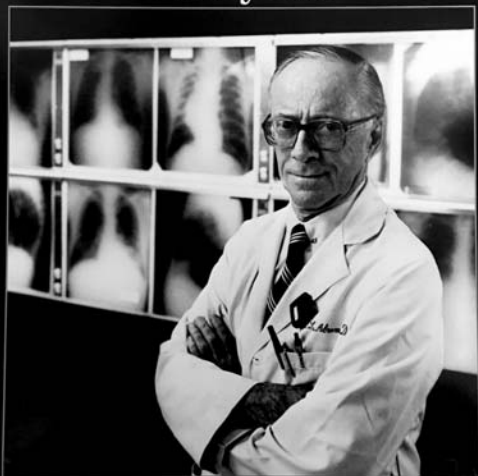
2nd Conference of States Parties to the Arms Trade Treaty

Violence Prevention Alliance Annual Meeting

Safety 2016

Conference theme: "From research to implementation". IPPNW's Aiming for Prevention campaign has actively participated and presented at the last several conferences.

I'm working everyday
to prevent nuclear war.
Are you?



Make a commitment to
preserve life. Join me.


Dr. Abrams in a 1980s appeal to other
health professionals.

IPPNW remembers a founder and leader, Herb Abrams

Dr. Herbert L. Abrams, one of the original founders and leaders of IPPNW, passed away peacefully at his home on January 20. He was 95 years old.

In 1979, Dr. Abrams, then the chairman of the radiology department at Harvard Medical School, was among a small group of physicians who began discussing the urgent need for a Soviet-American dialogue on the threat of nuclear war. Encouraged by the response they received from their Soviet colleagues, Dr. Abrams, Dr. Bernard Lown,

Dr. James Muller, and Dr. Eric Chivian formally organized IPPNW in 1980.

Dr. Abrams was an active leader in both IPPNW and Physicians for Social Responsibility, the US affiliate, and made important contributions to the intellectual and organizational growth of the physicians' movement. A tribute to this giant in medicine and peace work has been written by his son John Abrams, and is on IPPNW's Peace and Health blog. 

ONLINE: bit.ly/1QTHab1

IPPNW is a non-partisan federation of national medical organizations in 64 countries dedicated to safeguarding health by working to ban nuclear weapons and to address the impact of militarism and war on human health.

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