Correspondence

Appeal: Phased world disarmament

SIR

We believe that many of your readers will be interested to see, and we hope to support, the following Appeal for phased world disarmament, both nuclear and conventional, issued by the Medical Association for Prevention of War and published earlier by the Lancet (1).

THE DISTURBING PRESENT

There is no adequate protection against a nuclear attack (2), and an all-out nuclear war could destroy civilisation and even threaten the survival of our species (3).

Some countries possess chemical weapons and others have the materials and technology to produce them at short notice (4). Other inhumane and indiscriminate weapons remain uncontrolled. The deployment of the neutron bomb remains a possibility.

'Small' wars, such as those in Afghanistan, the Middle East, the Horn of Africa, and south-east Asia, continue to take place. There is the danger that such local wars could spark larger conflicts, including a nuclear war, especially by miscalculation and miscalculation (5).

One dilemma is that the spread of nuclear energy in the world is inseparable from the spread of the materials and the technology to make nuclear weapons; and there is no 'technical fix' by which this can be avoided (6). Moreover there is the risk that a nuclear device could be manufactured by criminals or terrorists from stolen plutonium.

For all these reasons we are losing confidence in the balance of terror and feel more insecure than ever.

Military spending by NATO is being raised by 3 percent. While this is happening industrial output is, in general, static and health and social services are being cut. The target set by the United Nations (a mere 0.7 percent of the GNP) for help to the developing world is hardly being met, although there are vast areas in the world where the basic elements of life, such as food, clean water, and simple medical care are not available. Refugee camps house millions of people. 'Globally, a continued increase in military expenditure is likely to be paid for in human deprivation' (7).

The time has come for people throughout the world to demand peace, security and the initiation of a programme of phased disarmament. As Governments alone have failed to achieve these necessary conditions to ensure human survival, the world's public must press them to act.

Our profession has a special role to play as our ethic is to heal and our duty is to help prevent mass injury and avoidable death. Moreover our 'services know no frontiers' (8).

DISARMAMENT EFFORTS OF THE UNITED NATIONS

At the first Disarmament Session of the UN General Assembly in 1978 it was resolved in the consensus final document that 'The States Members of the United Nations solemnly reaffirm their determination to work for general and complete disarmament and to make further collective efforts aimed at strengthening peace and international security; eliminating the threat of war; implementing practical measures aimed at halting and reversing the arms race; strengthening the procedures for the peaceful settlement of disputes; and reducing military expenditure and utilising the resources thus released in a manner which will help to promote the well-being of all peoples and improve the economic conditions of the developing countries... the General Assembly is convinced that the discussions of the disarmament problems at the special session and its final document will attract the attention of all peoples, further mobilise world public opinion and provide a powerful impetus for the cause of disarmament' (resolutions 126 and 129) (9).

Despite such resolutions the increasing militarisation of the world continues and is likely to accelerate (10).

Appeal

We ask you to give your active support to:

1) The World Disarmament Campaign (originated in the UK by Philip Noel-Baker and Fenner Brockway). It is an international campaign for multilateral disarmament.

2) The proposals of the Brandt Commission in their report 'North-South: a Programme for Survival' (10). Particularly relevant to doctors is the proposal to help the developing countries to enable them to grow more food, to establish basic health care, to provide clean water and eliminate diseases such as malaria and bilharzias in the way that smallpox has already been eradicated.

3) A demand that the fine words of the final document of the First UN Disarmament Session be now translated into deeds. We must make sure that when the UN special assembly meets again in 1982 it will be able to record substantial progress in its objectives.

If you give us your support we will bring your views to the attention of Government and the United Nations.

SPONSORS

Doctors who have agreed to sponsor the appeal are: Sir Denis Hill, Professor John Humphrey, FRSM, Professor Peter Huntingford, Professor Norman Morris, Dr Duncan Leys, Professor Martin Pollock, FRSM, Professor Desmond Pond, Professor Sir Martin Roth, Dr Cicely Williams.

Anyone wishing to support this Appeal is asked to write to Miss Helen Lang-Brown, 57B Somerton Road, London NW2 1RU.

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Medical groups

Further information on Medical Groups

Further details and complete lecture lists are available from the secretaries of the medical groups listed below. Please enclose a stamped addressed A4 envelope.

ABERDEEN MEDICAL GROUP
Dr James Hendry and Dr David Hood, Medical Buildings, Foresterhill, Aberdeen AB9 22D

BIRMINGHAM MEDICAL GROUP
Dr Anthony Parsons, Department of Obstetrics, Birmingham Maternity Hospital, Edgbaston. Birmingham B15

BRISTOL MEDICAL GROUP
Dr Martin London, 11 Somerset Street, Kingsdown, Bristol BS2 8NB

CAMBRIDGE MEDICAL GROUP
Mr Patrick Doyle, Department of Urology, Addenbrooke's Hospital, Hill's Road, Cambridge

CARDIFF MEDICAL GROUP
Dr Jonathan Richards, Flat 2, 1 Howard Gardens, Routh, Cardiff

DUNDEE MEDICAL GROUP
Dr Douglas Shaw, Department of Pharmacology and Therapeutics, University of Dundee, Nine Wells Hospital, Dundee

EDINBURGH MEDICAL GROUP
Dr Brian Potter, EMG Project Office, 24 Buccleuch Place, Edinburgh EH8 9LN

GLASGOW MEDICAL GROUP
Mr Sam Galbraith, Institute of Neurological Sciences, Southern General Hospital, Glasgow

LEICESTER MEDICAL GROUP
Dr Liam Donaldson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX

LIVERPOOL MEDICAL GROUP
Dr Colin Powell, Department of Medicine, Royal Liverpool Hospital Liverpool L7 8XP

LONDON MEDICAL GROUP
Director of Studies, 68 Tavistock House North, Tavistock Square, London WC1H 9LG

MANCHESTER MEDICAL GROUP
Dr Mary Lobjoit, Teaching Unit University Hospital of South Manchester, Nell Lane, West Didsbury, Manchester M20 8LR

NEWCASTLE MEDICAL GROUP
Dr Christopher Drinkwater, 14 Belle Grove Terrace, Newcastle-upon-Tyne NE2 4LL

OXFORD MEDICAL FORUM
Dr James Falconer Smith, 20 Park Close, Bladon, Oxon OX7 1RN

SHEFFIELD MEDICAL GROUP
Dr Martin Hayes-Allen, 183 Whitham Road, Broomhill, Sheffield S10 2SB

SOUTHAMPTON MEDICAL GROUP
Dr T R M Billington, 56 Glen Eyre Road, Southampton SO3 3NJ

References


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