

Conference

THE ARMS RACE

A CONFERENCE entitled *The Arms Race: aetiology, prognosis, treatment* was held in London on Jan. 23. It was organised jointly by the Medical Association for Prevention of War¹ and the Medical Campaign against Nuclear Weapons.²

Prof. JOSEPH ROTBLAT spoke of the illusion that lay at the heart of the arms race—the unsustainable belief that the balance of terror was likely to preserve peace. As he saw it, the continuous build-up of destructive potential was bound to end in holocaust. When he asked Russians he met why their Government responded to each move of the United States by efforts to adapt and increase its own arsenals, already more than adequate for a defensive strategy of “mutually assured destruction”, the reply was never clear. The implication was that “the military” demanded it. It was hard to comprehend what the statistics of the nuclear arms race really meant: an estimate, for example, of 20 000 megatons in the world’s arsenals. That store of weapons could provide for the explosion of a bomb of Hiroshima size every second for 18 days. As for the deployment of theatre nuclear weapons in Europe, what was acceptable depended very much on perceptions. President Reagan believed that the Soviet Union possessed seven times more weapon launchers than were available to him and his allies. President Brezhnev argued that the two sides were more or less equal in launching capacity. The rivals applied selected data to establish the case they wanted to present. The numbers game was futile, but dangerous. Research in anti-submarine warfare could lead to a much more credible picture of a first-strike knockout. At present retaliation by submarine remained a threat which an aggressor could not counter with certainty. Research which might provide the means of tracing and destroying submarines in a first strike could have a very destabilising effect. The insanity and irrationality of the arms race, Professor Rotblat maintained, lay basically in its total failure to provide more security for the nations taking part in it: it had the reverse effect.

Discussing the fallibility of weapons systems, Mr CHRISTOPHER SMITH, of the Arms/Disarmament Information Unit, University of Sussex, examined the hazards of drug addiction, alcoholism, and mental illness among those responsible for the control and use of armaments. It might be argued that these frailties were commoner among military personnel. Long periods in which stimulation was lacking for those on guard and in executive authority could lead to boredom, impaired concentration, and loss of perspective. Bored operators were not capable of moving promptly from indifference to alertness. Moreover, the communication systems on which all decision making relied were often vulnerable to enemy interference or jamming. The warning technology could be obsolete or prone to frequent breakdowns. Power supplies, subject to accidental or deliberate interruption, were the weakest link in the communication chain. The electromagnetic pulse from an initial nuclear explosion might interfere with the programming of subsequent missiles, causing them to detonate off target and thus make a nonsense of the whole counterforce strategy.

Dr NICHOLAS HUMPHREY, assistant director of the department of animal behaviour, University of Cambridge, who gave the 1981 B.B.C. Bronowski lecture,³ reflected on the apparent indifference of many people who said they expected to die in a nuclear war, yet did little or nothing to protest at this fate. They were beset by a sense of embarrassment and hopelessness. Sometimes there was even an

appetite or thrill for “the final solution”. The response to the Bronowski lecture had reflected many of the hidden anxieties about the threat of nuclear war. Some of the letters Dr Humphrey had received had inquired “is there not some protest movement we can join?” So those who were active in the many campaigns must realise that not all the citizens realised that organisations existed through which their voices could be raised. Quoting several pronouncements from earlier generations on war and mass destruction, notably the words of Freud, Aldous Huxley, and Albert Schweitzer, Dr Humphrey asked why we had neglected these recurrent messages. Counter propaganda, blocking mechanisms, and, in recent years, the familiar habits and attitudes of the cold war had stultified the protests and sustained the huge expenditure on weaponry and defences. Far too little was being done to introduce education in methods of promoting peace—as called for in the clearest terms in the United Nations Helsinki agreement.

A community physician in Camden and Islington, Dr BERRY BEAUMONT, was despondent about her experiences during a training course at the Home Defence College, where preparations for nuclear war were contemplated in “game-playing exercises” unconnected with reality. The Government circular H.D.C.(77)1 on the preparation and organisation of health services for war made no mention of the prevention of nuclear war, which was, Dr Beaumont believed, the only rational objective. The circular made fixed and unrealistic assumptions about the nature of a nuclear attack and the extent of the health consequences. It carried an optimistic assessment of the ability to deploy resources. All preparations in hand in the regions were based on the 1977 circular. The plan in East Anglia included the use of herbal remedies; guidance had been prepared for those who might want to identify and gather plants. The selection of those casualties who were to be offered what treatment was available meant categorising others as “expectant” cases, a euphemism for “hopeless”. Doctors had to face the ethical issues involved in such judgments.

To an audience not wholeheartedly sympathetic, Mr ERIC ALLEY, county emergency planning officer for Humberside, stated the purpose of civil defence. It was to ensure the survival of sufficient citizens to rebuild the community after the disaster. There *would* be survivors and it was the duty of the authorities to enhance the prospects for rehabilitation. Civil defence in one form or another was essential. The public had to be warned; and Mr Alley agreed with everyone who urged that the public should be told the truth. The meeting responded favourably to the point put to Mr Alley that a distinction should be drawn between civil defence for “minor” catastrophes, such as the great Thames flood of 1953 and the Flixborough explosion, and plans for the consequences of nuclear attack. In the discussion, Dr Beaumont pointed out that the present annual expenditure of £45 million on civil defence in the United Kingdom was not entirely devoted to measures for the protection of citizens and their homes: a very high proportion was spent on preserving the machinery of government.

Dr ANDREW HAINES, senior lecturer in general practice in the department of community medicine, Middlesex Hospital Medical School, accepted civil defence as logical *if* the country did not possess nuclear weapons. Sweden and Switzerland were often cited as wise defenders of their peoples—against other people’s fallout. Their measures of civil defence could not be interpreted as aggressive because these countries had no nuclear arms. If Russia were to undertake protective action on the same scale, would that not be regarded as a hostile and destabilising move? Since the radiation dose range of 200–600 rad could cover mortality-rates from nil to 100%, Dr Haines was doubtful about the value of monitoring, by personal dosimeter, those who had survived the immediate blast. Dosimeters would have to be accurate and not many were. The ultimate degree of long-term survival among an attacked population would depend more on supplies of food and water and on the maintenance of law and order than on whatever immediate first aid and medical care might be mustered. Dr Haines believed that the consequences of civil defence in these terms could be to postpone death and hence increase suffering.

1. 57b Somerton Road, London NW2 1RU.

2. 23a Tenison Road, Cambridge CB1 2DG.

3. Humphrey N. Four minutes to midnight. British Broadcasting Corporation, 35 Marylebone High Street, London W1M 4AA. 1981. £1.25.