



IPPNW
CANADA

NEWSLETTER JUNE 2020

International Physicians for the Prevention of Nuclear War *Canada*

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IPPNW
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IPPNW Canada President's Letter

Jonathan Down, MD

June 13th 2020

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When the video of the brutal murder of a black man named George Floyd by a white police officer surfaced in the midst of a global pandemic of COVID-19, the underlying racism in the United States reached a level that could no longer be tolerated. Millions of people risked their lives to pour into the streets demanding to be heard. This is not simply a cry for justice at this one killing. It is the outpouring of anger at centuries of colonialism, slavery, and injustice. Although race-based data for COVID-19 is not collected in Canada, in the United States blacks, people of colour and ethnic minorities are at increased risk for contracting the disease. In the face of this risk and the risk of police brutality they refuse to stop protesting until there are deep and permanent changes.

Canada is not immune to racism. Our history of violence and oppression of the indigenous and racialized in our country is a national disgrace. A year after the Report of the Truth and Reconciliation Commission was released, none of the recommendations have been enacted. The missing and murdered indigenous women did not make a dent in the system. The inadequate healthcare provided for indigenous populations cannot be tolerated any longer.

Physicians have long called violence a public health issue, whether the violence is domestic or international. Racism is also a public health issue. We call upon governments to address the structural racism in our education systems, our health care, employment, and justice systems. We must take a hard look at ourselves and our own attitudes, and hold ourselves to a higher level of practice. We call upon our colleagues to join actions to reform our society, dismantle systemic racism and end white supremacy.

The rank injustice of allowing the wealth of our nations to funnel up to a handful of people while the rest become poorer year after year is not acceptable; nor is the distribution of wealth to build vast military industries at the expense of human needs. COVID-19 has forced cities to take action to house the homeless despite years of saying there was no money and no solution to give shelter to the destitute.

This is the time for all of us to pull together. We do not want to get back to normal. Normal was the problem. We want to go forward to a world where people of all races and ethnicities are equal and all are treated with fairness and justice.

In peace,
Jonathan Down

The Urgent Call for Global Ceasefires: A Public Health Perspective

Mary-Wynne Ashford,
MD



Secretary-General Holds Virtual Press Conference to Release Report on Impact of Call for a Global Ceasefire.
UN Photo/Mark Garten. April 2020.

“Put armed conflict under lockdown”

—Antonio Guterres, Secretary-General of the United Nations, March 23, 2020

Canada and 53 countries led the call supporting the UN Secretary General in what may be the most important public health initiative of this pandemic.

Gutteres points out that we face a common enemy in COVID-19, an enemy that strikes the most vulnerable in every country, the women and children, the disabled, marginalized and displaced.

As physicians and health professionals we urge all countries to support this visionary response to a pandemic that is devastating even the most advanced medical systems in the world. Imagine how it will spread like wildfire through a crowded refugee camp with malnourished and desperate people huddled in tents in the mud and cold. What water they have is needed for drinking not for washing hands. Isolation is impossible.

Although the Secretary General does not call for an end to sanctions, the suffering and death caused by the extreme lack of medical

capacity of Iran and North Korea to address the COVID-19 pandemic imperils hundreds of thousands in those countries.

An outbreak in a conflict zone would spread quickly to countries including those that might have already begun to recover.

In war-ravaged countries, health care systems have collapsed, doctors and hospitals are often targeted, and this virus will hit combatants and survivors alike. Armed conflict must be stopped and humanitarian aid provided without prejudice immediately.

This call is not a pipe dream. So far 70 countries have signed on to support the Secretary General and twelve ceasefires have been reported.

The Canadian Government is to be congratulated on leading the call for a global ceasefire. No one is safe until everyone is safe.

This article was originally published in the Times Colonist April 20th 2020.

The Side Effects of Economic Sanctions: The Case of North Korea

Vincent Soh, MD.

Written as 4th Year

Medical Student UBC



Drying Ginseng in a hospital corridor, North Korea.
Mary-Wynne Ashford, MD. 2000.

I was born into the war—a war which has carried on for over fifty years.

But “war” for me was nothing more than a word thrown around by newscasters. Growing up in a small South Korean town only 50 kilometers south of the demilitarized zone, I have never felt unsafe or experienced the anguish of true desperate hunger. Instead, over the years, I have witnessed one of the most rapid economic booms in the century, a remarkable global expansion of both culture and technology, and the evolution of a world-renowned health care system. I could never believe that my country was at war...

In stark contrast are the experiences of my cousins north of the 38th parallel. To them, the effects of the war are devastatingly real and tangible.

It is estimated that about 40 percent of North Korean citizens do not have access to adequate nutrition, clean water or basic medical supplies. Due to the lack of medications, diagnostic equipment and health care facilities, many North Koreans still suffer from preventable diseases such as tuberculosis and malaria. Despite efforts from humanitarian organizations, North Korea

continues to experience a significant burden of child malnutrition, which causes severe long-term health consequences. Separated by a mere seventy years of diplomatic conflict, the Koreas have become two completely incomparable countries.

Why is this? The two nations enjoy the same culture, share similar climate and geography, and are rooted in thousands of years of rich unified history. But while one is regarded as a global economic leader, the other is considered one of the poorest countries in the world. Is this the immediate consequence of corrupt leadership? Or the inevitable result of communist ideology? To answer this question, I delved into the last seventy years which separated the two nations.

In 1948, following the end of World War II and the independence of the Korean peninsula from Japanese colonialism, the Koreas were split along the 38th parallel with the Soviet Union occupying the north and the United States occupying the south. Eventually, a full-scale war broke out between the two Koreas and their supporting countries. After three years of catastrophic casualties, the fighting ended with an armistice; but not a peace

This article was originally published in the CMAJ Student Humanities Blog. Reprinted with permission.

treaty. Even today, North Korea continues to press for a treaty of mutual non-aggression with the US.

In the meanwhile, since the start of the war, North Korea has been subjected to various economic sanctions, spearheaded by the United States. In 2006, following a nuclear test, the United Nations Security Council (UNSC) imposed large-scale, but targeted, sanctions on North Korea, which targeted the elite as well as prohibited the provision of weapons of mass destruction. In 2016, in response to persistent and escalating nuclear threats, the sanctions broadened to transfers of non-military goods such as coal, iron, transportation vehicles, seafood, etc.

To briefly summarize the concept of economic sanctions, it is useful to compare it to a blockade or a siege. While blockades are intended as an act of war—to use belligerent means to cut off the transfer of goods in order to damage the enemy's economy and force them into capitulation—economic sanctions are supposedly a “peaceful” method of coercing nations towards diplomatic compromise. But when looking at the health consequences of these sanctions on the innocent lives of North Koreans, I can't help but wonder if it is in fact a peaceful alternative.

It's easy to imagine how a method intended to disrupt a country's economy would affect the health of its citizens.

However, economic sanctions do more than simply stunt the growth of an economy. In the case of North Korea, people are struggling to meet their health-care needs due to a lack of necessary medical items which are banned by the sanctions such as sterilizers, syringes, needles, ambulances, and medical imaging machines. Humanitarian organizations are facing unprecedented challenges in providing medical aid to North Koreans due to sanction-related red tapes and reluctance by external investors to engage in partnership for fear of political consequences.

I had the opportunity to speak with Dr. Kee Park, a neurosurgeon and global health

activist from Harvard University, who has visited North Korea over 20 times since 2007. He performs spinal surgeries alongside North Korean physicians and acts as an advocate for vulnerable civilians who are impacted by the economic sanctions. During his numerous visits, he has experienced a persistent and progressive scarcity of resources which leaves him to work in conditions that are unimaginable in the developed world. For instance, he often does not have access to X-ray machines because the hospitals do not have the means to maintain them due to the inability to legally import parts. He has seen surgical equipment such as scalpels being “reused until they are absolutely unreusable.” How much longer can people adapt to survive these unforgiving conditions?

One may argue that such circumstances are universal among developing countries. However, the difference is that North Korea is essentially barred from receiving humanitarian aid. Since the implementation of more stringent sanctions, humanitarian activists like Dr. Park have encountered exponential difficulties in providing aid to North Koreans. In recent years, Dr. Park's organization has found it impossible to send necessary equipment into the country due to the strict regulation of sanctions. Even NGOs, especially smaller organizations, are having to abandon their posts because they are unable to logistically fund their missions. As a result, North Koreans are left to fend for themselves in a world that has completely turned its back on them.

I won't pretend to know enough about politics to discredit the merit of economic sanctions as a diplomatic tool. But international laws clearly state that sanctions must not compromise the humanitarian needs of its civilians. But what are we doing to mitigate these unintended side effects? Is it ethical to discount the basic human rights of millions of innocent people for the sake of diplomatic compromise?

As Dr. Park ardently states, “We cannot block aid out of fear.”

Never Again! Ceremonies to commemorate the bombings of Hiroshima and Nagasaki

August 6th & 9th, 1945

More details on each
of the events are
available at
ippnwc.ca/never-again-2020

Across the country, cities are holding commemorative events on August 6th and 9th. Many cities are having virtual events and many are organizing bell ringing with churches, synagogues, mosques and temples. In some events they are ringing bells 75 times because the bombs were dropped 75 years ago.

These events remind us that we are still living under the threat of nuclear war by accident or intent, at the very time we need all our energy

and resources to address climate change and the COVID-19 pandemic. The nuclear threat is one that governments can address immediately and the effect would not only be increased security, but the freeing of hundreds of billions of dollars to address urgent human needs.

The following are events with IPPNW Canada speakers. Please send us details of events in your community so that we can add them to our list.

Toronto

AUGUST 6TH AT 19:00 OM PDT

Live webinar

Speakers: Setsuko Thurlow; Phyllis Creighton
Sponsors: Hiroshima Nagasaki Day Coalition

Victoria

AUGUST 6TH AT 08:15 AM PDT

AUGUST 9TH AT 11:50 AM PDT

Bell ringing

Worldwide bells will be rung in churches, mosques, temples, and synagogues at the time the bombs were dropped.

AUGUST 6TH AT 12:00 PM PDT

Live webinar

Speakers: Dr. Jonathan Down, Dr. Mary-Wynne Ashford and Magritte Gordaneer
Sponsors: IPPNW Canada; Vancouver Island sponsors are Anglican Church of the Advent of Colwood and Langford, the Victoria Chapter of World Beyond War and World Beyond War International, with support from Anglican Church of St. John the Divine, Victoria.

Ottawa

AUGUST 6TH AT 02:00 PM EDT

Bell ringing followed by live webinar

Speakers: Ms. Setsuko Thurlow; Hon. Douglas Roche; Ms. Ray Acheson; Prof. Michel Duguay; Ms. Peggy Mason; Mr. Cesar Jarmillo; Mr. Earl Turcotte
Sponsors: Canadian Nuclear Abolition Network

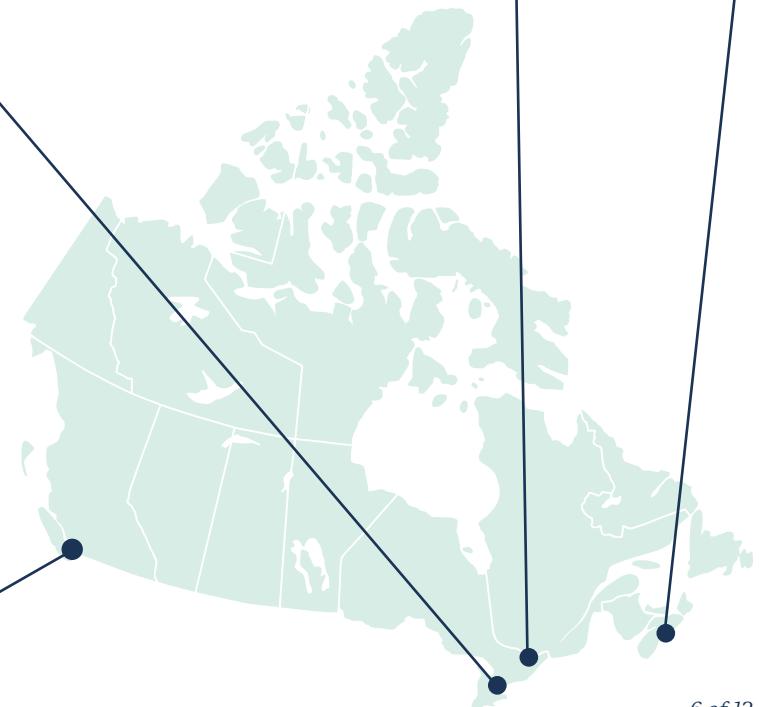
Halifax

AUGUST 6TH AT 12:00 PM ADT

AUGUST 9TH AT 12:00 PM ADT

Bell ringing

Sponsors: Nova Scotia Voice of Women





Hiroshima & Nagasaki Commemoration in Victoria, BC.
Sam Barnett. 2019.



Update on International Campaign to Abolish Nuclear Weapons

Mary-Wynne Ashford,
MD



ICAN 2017
NOBEL
PEACE
PRIZE
PARTNER

To read the full article

by Dr. Tilman Ruff
visit:

[ippnw.ca/archive/
dismantling-treaties](http://ippnw.ca/archive/dismantling-treaties)

The Treaty on the Prohibition of Nuclear Weapons (the Ban Treaty) is steadily advancing at the United Nations. The Treaty comes into effect when fifty countries sign and ratify it. Currently, 81 countries have signed, and 38 have ratified the Treaty. Canada has not yet signed.

While Canada drags its feet, long-standing disarmament treaties are being torn up, and the world is embroiled in a new nuclear arms race. Decades of work to reduce the risk of nuclear war by accident or intent have been undone by the United States.

The Bulletin of the Atomic Scientist set its Doomsday Clock to 100 seconds to midnight, the closest it has ever been. A handful of men

hold the survival of the world in their hands.

Dr. Tilman Ruff, Co-President of the International Physicians for the Prevention of Nuclear War has written an excellent article that summarizes the treaties that have been dismantled and the importance of the Ban Treaty at this time.

We encourage everyone to write to Prime Minister Trudeau to request that Canada sign the Treaty as soon as possible.

Please ask your Municipal Council and Mayor to sign the Cities Appeal to ask the Federal Government to sign the Ban Treaty.

Clipping Our Wings

Erica Frank, MD, MPH

Digital Conferences as a Permanent Global Cure: Socially Close but Physically Distant



Reshaping medical conferences without leaving the ground.
Pero Kalimero. 2016.

*Relevant visual aid showing that a person creates more climate damage in a few hours of flying than most humans create in years:
saxifrages.org/eco/*

Long before the current pandemic, we have known that fighting climate change requires changes to the way humans work, learn, and consume resources. The current global crisis, while devastating and costly, does provide a bridge to question core assumptions about human connectivity and traditional modes of gathering. With both tragedy and hope, COVID-19 has enabled much of the globe to deeply understand that we can provide quality working, learning, and meeting opportunities from a distance. These opportunities can be pathogen-free, more equitably accessible, surprisingly intimate, and financially and environmentally sustainable.

It is important to frame this conversation with the knowledge that a typically US-based, in-person conference averages almost 3 tons of CO₂ per participant.

In-person conferences typically require financially and environmentally costly travel, often undertaken by frequent travellers who make up a significant portion of annual global aviation. Distance conferences eliminate the financial and environmental costs of travel and enable participants to reduce time away from families, work, and other obligations. Further, distance conferences promote equity

by allowing access and participation to those in low and middle-income countries who may not have access to travel, accommodation, and other necessary expenses related to in-person conferences.

One point of contention is whether digital conferencing can replace the richness of networking and connection that might occur in person. The compelling evidence around conference-related emissions combined with this question around the usual quality of the virtual conferencing experience led to the creation of MeetHere.org. This platform enables a diverse range of collaborative experiences via virtual conferencing, including discussion panels, breakout sessions, cocktail/conversation sessions, shared “Uber Eats” experiences—and we’ve even hosted a wedding on Vancouver Island and in Switzerland!

Making the shift to virtual engagement doesn’t have to mean a loss of quality engagement or connection. In fact, the opposite can be true.

Virtual conferences can allow global citizens to engage more mindfully, thoughtfully, and equitably than ever before. We can be a part of the solution, not the problem.

COVID-19, Refugees, and War Zones

Tim Takaro, MD, MPH

An update
on COVID19
in refugee
camps, informal
settlements and
dense urban
slums.



These notes are
compiled from the
talk by Tim Takaro,
MD, MPH to the IPPNW
Canada Active
Member Meeting on
8 April 2020, reprinted
with his permission.

Ongoing conflicts continue to produce refugees into a system (or lack thereof) that is already over capacity. It is well known that conflict, political instability, resource limitations, poor governance, weak health systems and public health infrastructures, and poor air and water quality make responding to disease outbreaks extremely difficult. Of 169 countries reporting cases of COVID-19, 79 are refugee-hosting countries with reported cases of local transmission at the end of March. Here is a brief update based upon recent documents and experience from previous epidemics.

- In North West Syria, population 4 million, there are a total of 153 ventilators and 148 beds in ICUs, while nearly a million recently displaced people are living in overcrowded areas. In North East Syria, with approximately 2 million inhabitants there are fewer than 30 ICU beds, only ten adult ventilators and just one paediatric ventilator
- In Gaza, there are 70 ICU beds and 62 ventilators for 2 million people. It is also one of the most densely populated areas in the world, with a high proportion of the population living in refugee camps with limited access to water and other basic services.
- In Yemen, where only half of the hospitals are still fully functional, there are 700 ICU beds, including 60 for children, and 500 ventilators. Reporting from north-west Syria, the head of Idlib's health directorate, Dr Munzer al-Khalil, said: "In one year, we lost around 76 health facilities. Donors have cut their funds and medical staff have been killed, arrested or displaced. The health sector in Idlib cannot cope with the inevitable outbreak and we fear 100,000 people could die unless we get supplies immediately. Our ventilators are always 100% occupied and we don't have one single bed ready for a corona virus case today. Camps are the perfect breeding ground for the virus and [we are] 400% over capacity, with 10 or more people sharing one tent."

We have seen that social distancing is very challenging in crowded cities like NYC, with devastating consequence. Imagine the speed

of transmission in packed refugee camps and food distribution sites.

However, as an April 8th 2020 Nature Medicine publication attests, based upon previous epidemics and pandemics (Ebola, SARS, MERS, H1N1, and influenza) the death from indirect effects (interruption of life-saving treatment for TB, DM, CVD, HIV, diversion of resources, medical supply disruptions, death & illness in providers, absenteeism) exceeds the death from the disease. During 2014–16 Ebola epidemic in West Africa, reduced Rx for TB, HIV & malaria caused 10,600 deaths while the total Ebola deaths in same countries caused 11,300 deaths.

Survival Rules:

- Observe the ceasefire
- Maintain essential services
- Protect healthcare workers, with PPE, testing and economic protection from impacts of quarantine and self-isolation
- Promote access to infection prevention measures
- Build/maintain transparency, trust and community partnerships with authorities who are responsible for the camps
- Avoid stigmatizing policies

Countries housing refugees are technically responsible for the wellbeing of those refugees, but many are prioritizing their own citizens (for example, in early March, Greek authorities on the Island of Lesbos were unable to provide food and medical attention to refugees being held there). Restrictions on humanitarian aid to vulnerable areas, such as Israeli restrictions on Gaza, must be lifted.

Finally, stigmatizing and harsh migration enforcement with disregard for displaced populations undermines the first-line public health defences, i.e. the willingness for individuals to report symptoms and seek care. Pandemics do not discriminate and access to care should not either. Protecting our most vulnerable populations is not only a moral imperative but an urgent public health requirement: the health of one is the health of all.

Getting Involved With IPPNW Canada

Invitation to become an Active Member

If you are interested in working with us on a campaign in your local area or nationally, you might be interested in joining our monthly Zoom call first as an observer. We discuss issues, share projects we are working on, and support each other in our work. There is no fee. The zoom call is on the first Wednesday of each month at 5:00 PM PDT, please send an email to admin@ippnwcanada.ca indicating if you wish to be an observer or an Active Member. We ask Active Members to submit a CV and Application Form.

Medical Student Mentorship

If you are in a program that allows time to do independent research and you are interested in peace, environment and health, we have physicians who are willing to mentor you and assist you to write for publication.

Dr. Vincent Soh's Blog in the CMAJ is in this newsletter. Two other students have submitted articles for publication.

What You Can Do for Peace

Attend or organize a meeting about how to reduce racism and prejudice in your community.

Write letters, poetry, music for your community to build unity and justice.

Write a letter to Prime Minister Justin Trudeau, House of Commons, Ottawa K1A 0A9 to thank him for signing the Call for Global Ceasefires, and ask him to sign the Treaty on the Prohibition of Nuclear Weapons.

Invite churches, synagogues, mosques and temples to ring their bells on August 6th at 8:15 am local time and on August 9th at 11:50 am, the times the bombs were dropped.

Write a letter or organize a Zoom call with people you know to talk about the Atomic Bombings in 1945. If you would like to use our PowerPoint slides, they are on our website: ippnwcanada.ca

IPPNW Canada Organizational Updates

Board of Directors 2020–2021

We are pleased to announce the 2020–2021

Board of Directors.

Dr. Jonathan Down, President; Vinay Jindal, Past President; Dr. Charles King, Treasurer; Dr. Mary-Wynne Ashford, Secretary; Dr. Nancy Covington; Dr. Erica Frank; Dr. Tim Takaro; Maureen Brouwer; and Glen Brouwer.

Transition

Canadian Physicians for Research and Education in Peace changed its name to International Physicians for the Prevention of Nuclear War Canada. Assets from Physicians for Global Survival (Canada) which was

recently dissolved, were transferred to IPPNW Canada. Final approval from the Charities Directorate is forthcoming.

We are going paperless

To save money and the environment, we are shifting to newsletters online.

Please update your email address by sending an email to admin@ippnwcanada.ca. Let us know if you prefer to receive the newsletter in your email or if you will read it on the website. Our website is ippnwcanada.ca

If you are unable to access the online version, we would be pleased to mail you a paper copy. Please send your name and address.

McGill University Peace Event

Magritte Gordaneer &
Lia Holla



Image showing the remote Peace Conference.
2020.

In early May, IPPNWC ran a webinar for university students across Canada in collaboration with Students for Peace and Disarmament at McGill University and Divest McGill to discuss the interconnectedness of health, environmentalism, and militarism during the COVID-19 era. The webinar began with a presentation by IPPNWC board member Dr. Erica Frank who discussed her organization NextGenU and provided resources for transitioning activism onto more sustainable online platforms during and after the COVID-19 Crisis. Dr. Richard Denton presented on divestment from both war and fossil fuels as a form of activism. Dr. John Guilfoyle spoke of the health and militarism intersect as well as the environmental consequences of war during a pandemic. Dr. Mary-Wynne Ashford presented on ways forward, activism and global change

such as the current UN Secretary-General's call for a global cease-fire during the coronavirus.

After the presentations, IPPNWC members engaged in a fruitful conversation with students. They discussed why environmentalism and peace are essential to address in the COVID-19 context, what security really means, and how COVID-19 will change it. Human security became a central discussion point, whereas within a pandemic, the requirements for security are evolving and dynamic. Also discussed was how education, activism, and other institutions will change and evolve due to the coronavirus. IPPNWC is excited to have made meaningful connections with student activists and is looking forward to future intergenerational collaboration and further assisting efforts of university students and young members of IPPNWC.

Support IPPNWC

There are several ways to financially support the actions of IPPNWC: You can donate through our website which takes you directly to our Canada Helps account; IPPNWC gratefully accepts bequests and legacy giving; or you can fill out this form to donate directly. IPPNWC appreciates our committed and generous donors.

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www.canadahelps.org/en/dn/47809

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