ICAN established by Australian doctors awarded Nobel Peace Prize

Margaret Beavis

What does a United Nations Treaty on the Prohibition of Nuclear Weapons (TPNW) and a Nobel Peace Prize have to do with Australian doctors, and Australian general practitioners (GPs) in particular? Quite a lot, in fact. On 10 December 2017, the International Campaign to Abolish Nuclear Weapons (ICAN) will be awarded the Nobel Peace Prize for ‘its work to draw attention to the catastrophic humanitarian consequences of any use of nuclear weapons and for its ground-breaking efforts to achieve a treaty-based prohibition of such weapons’.1

ICAN was founded in Melbourne in 2006 by Torquay GP the late Dr Bill Williams, Associate Professor Tilman Ruff and Dimity Hawkins, from the Australian group the Medical Association for Prevention of War (MAPW). Canberra GP Sue Wareham – current MAPW president – was also a key player. What spurred them to do this? As GPs we have a clear focus on improving health outcomes. You only have to look at Australia’s record on tobacco control to know that prevention via government policy can be a very powerful tool.2

War, especially nuclear war, causes enormous death, disability and displacement. There are more than 15,000 nuclear weapons globally, with 1800 on hair-trigger alert.3 Over the past five decades there have been a number of very close calls, where radar or computer faults have nearly sparked nuclear war.4 Just a small proportion of existing arsenals could kill many more people in a few hours than were killed during the entire Second World War. Furthermore, careful modelling has shown that with even a limited nuclear exchange of <1% of current stockpiles, atmospheric particulate matter will result in a decade-long ‘nuclear winter’. Decreases in crop yields for maize, rice and wheat of 10–15% would result in a global famine, placing up to two billion lives at risk of starvation.5

In 2006 the United Nations Nuclear Non-Proliferation Treaty (NPT) was bogged down. Nuclear-armed states could veto effective abolition measures, as any decisions required consensus. At that time the United Nations landmines treaty, which did not require consensus, was proving very powerful, dramatically reducing use and virtually halting production.6 So MAPW pursued an idea from Malaysian obstetrician Dr Ron McCoy to start a similar campaign based on partnerships with existing humanitarian groups. The key to the campaign was shifting abolition from a political issue to a public health imperative.

ICAN and its many partners, including the World Medical Association, worked tirelessly to educate governments about the urgent need for action. In 2013 and 2014, Norway, Mexico and Vienna hosted intergovernmental conferences, which were attended by representatives from over 150 countries.

The recent brinkmanship, recklessness and unpredictability of US and North Korean leaders highlight the urgent need for verifiable reductions and eventual abolition on both sides.

The TPNW was adopted in July 2017 with the support of 122 nations. However, Australia refuses to sign it. Nuclear weapons are far worse than chemical weapons or biological weapons, and Australia has signed both those treaties. Many said the treaty on landmines would never work, but it has been surprisingly effective. Australia claims it shelters under a US ‘nuclear umbrella’. Would we feel OK sheltering under a ‘smallpox umbrella’? A ‘chemical weapons umbrella’? Nuclear weapons are far worse than both of those.

As medical professionals we are well placed to make change on a wider scale, as public health is a powerful motivator. Join us, or consider another area where health advocacy is urgently needed. MAPW will continue to work towards disarmament. The alternative is to watch nuclear weapons multiply and inevitably cause appalling catastrophe. As former United Nations Secretary-General Ban Ki-moon said, ‘There are no right hands for the wrong weapons’.

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References