by Christine Herrmann

PSR Board Member Ira Helfand, M.D., has played a monumental part in PSR for more than 30 years. As a recent arrival to PSR, I noticed fairly quickly that he seemed to be everywhere. He represented PSR and IPPNW when he spoke at the Second Conference on the Humanitarian Impact of Nuclear Weapons in Mexico on Valentine’s Day. Two weeks later, he was here in the District, meeting with White House National Security staff to brief them on the conference, which the Administration failed to attend. At the IPPNW World Congress in Kazakhstan last month, he was re-elected co-president. By the time you read this, he’ll have traveled to South Africa to address the World Medical Association’s annual meeting in Durban, before attending the Nobel Peace Laureate’s Summit in Cape Town. Every time I talk with Ira, I learn something remarkable, but he doesn’t draw attention to himself; he’s gracious and generous to all. He’s someone I think you’d like to know is behind the wheel here at PSR.

The question that nags at me the most is how he stays focused on an issue that requires such powers of concentration when we see so little movement on nuclear disarmament. All the while, he balances the demands of a medical practice and a family in Massachusetts. From the start, Ira heaps praise on PSR’s staff: “You folks have to deal with this full time. You don’t get a break—I have my practice, where I see patients and I get to see immediate progress. You’re doing the heavy lifting.” I assure him we feel completely supported by PSR donors and activists, who help us carry the load.

Then he adds, “My wife has a busy practice, my sons are grown; I have the time now. It’s harder for doctors in their 30s and 40s, all the demands between work and family.” “How did you get so involved?” I ask. “Let me see. It was a break—I have my practice, where I dealt with this full time. You don’t get a break—I have my practice, where I see patients and I get to see immediate progress. You’re doing the heavy lifting.” I write our grant proposal on a hospital blue sheet.”

“One night I worked the midnight shift in the hospital ER and the next morning, as I flew down to New York, I hand–wrote our grant proposal on a hospital blue sheet.”

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We remember our generous Legacy Society members who have passed on:

Wayne C. Spiggle, M.D.
Alice Stek, M.D.
Sarah Subaihl
Catherine Thomasman, M.D.
Hans U. Tschersich, M.D.
Marta L. Valleroy, M.D.
Richard Feinbloom, its former president, came to a meeting and suggested we restart PSR, so that’s how we got started.

“We got in touch with some of the doctors who had been involved with PSR back in the 1960s. Bernard Lown, who had co-founded the original PSR, told us that nuclear power was a health problem, but that nuclear weapons were the real danger to our survival. He referred us to the articles PSR had written for the New England Journal of Medicine in 1962, and we were blown away. Eric Chvias, one of the key leaders in our new PSR, organized a conference on the medical consequences of nuclear war in Boston early in 1980. More than 800 people came and the platform was all over it for two days.

“For the next three years, we staged conferences in medical schools all over the country. Each time, 500 to 1,000 people came and we built chapters that way.

“You’ve stuck with the issue all these years. Have there been ups and downs?”

“What kept us going was the belief that the imminent threat to human survival is something we can’t ignore. Government policy put nuclear weapons in place. There is something we can do about it. We have to—the capacity for human error is tremendous. Right now, we have recalcitrance in the superpowers. These people have no idea what nuclear war would mean.

“There’s no great leader in this movement. Reagan, at the end of his term, was starting to get it. He came close to negotiating with Mikhail Gorbachev, who understood. In his memoir, Gorbachev credits IPPNW with changing his thinking about nuclear war. At a meeting IPPNW leaders had with him, Bernie Lown...
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stuck a finger in Gorbachev’s chest and bluntly explained what would happen in a nuclear war. That changed him. It’s the closest we ever came. IPPNW and PSR provided the central part of the message. Still, it could be Obama who comes to terms with all this. He understands better than anyone—he raised expectations with his Prague speech. But then three—quarters of the governments of the world came to Nayarit (Mexico) to talk about nuclear weapons and real participation from any of the nuclear powers, including the U.S., was absent.

“Can we successfully pressure the nuclear powers?” he continues. It sounds like a rhetorical question. “We in PSR can show the medical consequences—what happens when nuclear weapons are used. Educating the public and decision-makers can change their behavior. I think resistance is eroding.”

Ira goes on to explain how impatience is growing among the non-nuclear powers, that things must change. They must.

“People don’t hear much about all the accidents and mishaps,” I say, thinking of the 78 nuclear accidents Eric Schlosser compiled in his book, Command and Control, using the Freedom of Information Act to access the information.

“That’s true.” I think we agree that the public has only so much appetite to know how bad things are and how much worse they could get.

“What will you do,” I ask, “when we achieve nuclear disarmament?”

I can hear the kind of sigh that comes with a smile. “I’ll take a full month off. There are so many big problems. Climate change is bearing down hard on us.”

Another conversation, and I’ve learned something new. I feel more ready for the day when I run into President Obama on the street. I’ll stick a finger in his chest and tell him that, as the leader of the Free World, he must find a way to disarm the world of nuclear weapons. What didn’t we learn from Hiroshima and Nagasaki and the hundreds of above-ground nuclear tests and the 78 known accidents? When will the enormity of the word overkill sink in?

On behalf of PSR members, activists, staff and his fellow board members, I’m quite honored to say thanks, Ira, for all you do!

Catherine Thomasson, M.D.

EXECUTIVE DIRECTOR

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PSR’s national office and chapters work within a large community that seeks to implement these currently available fixes. Some chapters work to shutter coal plants, others to halt hydraulic fracturing—two of PSR’s strongest areas of work to date on climate. Some of our chapters strive to stop massive coal, oil or liquefied natural gas exports. Others work to reduce the consumption of animal products—cows, goats, and sheep contribute 25 percent of methane emissions in this country—and support a healthier food production system. Still others advocate for more energy-efficiency measures and renewable-energy standards. Because our climate is already changing, two PSR chapters are helping to develop the infrastructure their communities need to brace for heat waves, rising waters and drought.

Such a massive effort requires many more hands. PSR realizes that a strong strategy is essential for recruiting, training and motivating legions more health professionals with their membership in focus groups, online surveys and interviews. We scanned the community to get input on the current trends in addressing climate, and we crafted a strong plan.

Healthy Climate Solutions will be our campaign cry! Our positive message will promote energy efficiency and clean renewable energy as the path to a healthy future. Our initial goal will be full implementation of the EPA’s Clean Power Plan—which limits allowable carbon emissions from power plants— in every state, as well as rolling out fossil fuel divestment strategies through our chapters and student groups.

PSR/National’s Climate Organizer Kelly Benjamin is working with chapters to create new Climate Action Teams, which we expect will spring up in many locations. Each team will receive a curriculum of basic climate information, including health impacts, and details on the workable solutions we seek to implement. Teams will meet monthly to learn new skills and take action.

Watch for our new recruitment ads, and join with us as we address climate change by cutting carbon emissions to protect and preserve public health!

Catherine Thomasson, M.D.