I. Title: Towards A Nuclear Weapons Free-World

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1 VI. Summary

2 APHA has formally recognized, for at least four decades, the direct and indirect adverse public 3 health consequences of nuclear weapons research, development, testing, production, and use, and 4 has also explicitly recognized the essential role of public health professionals in advancing the 5 abolition of nuclear weapons. This policy statement provides an update to the evidence in support of APHA's past policy statements and reaffirms APHA's call for the abolition of nuclear 6 7 weapons. This proposal calls for: 1) the United States (U.S.) and the other nuclear weapons states 8 to sign and ratify the 2017 United Nations (UN) Treaty on the Prohibition of Nuclear Weapons 9 to pursue negotiations in good faith on effective measures relating to the cessation of the nuclear arms race; 2) the U.S. Congress and President to work towards the goal of a world free of nuclear 10 11 weapons including, but not limited to, rejoining the Intermediate-Range Nuclear Forces (INF) 12 treaty, renewing and expanding the New Start Treaty, pursuing multilateral regional treaties, 13 renouncing first use of nuclear weapons, and ending the sole presidential authority to launch a 14 nuclear attack; 3) the U.S. Congress and President to address legacy and current occupational and environmental health harms posed by the U.S. nuclear weapons complex; and 4) all public 15 16 health professionals and schools of public health to advocate for a world free of nuclear weapons, including opposition to diverting resources to weapons development and production, 17 18 teaching material covering health impacts of the nuclear weapons cycle in schools of public health, and conducting further research and publishing materials on nuclear weapons issues. 19

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VII. Relationship to Existing APHA Policy Statements

APHA has long been on record in acknowledging the direct and indirect adverse public health
 consequences of nuclear weapons research, development, testing, production, and use, and has
 also underscored the role of public health professionals in advancing the efforts to abolish
 nuclear weapons. APHA resolutions on this topic include:

- Prioritizing Cleanup of the Hanford Nuclear Reservation to Protect the Public's Health
 20105 (2010) [Contamination; Civilian health]
- The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed
 Conflict and War 20095 (2009) [War as a public health problem; Prevention; Promote
 Peace]

1	3.	Opposition to US Attack on Iran 200718 (2007) [Prevent pre-emptive attack; reduce
2		nuclear weapons proliferation]
3	4.	Opposition to the United States Plans for New Nuclear Weapons Development and Pre-
4		emptive War 200324 (2003) [Conflict resolution through negotiation; Re-establish
5		commitment to respecting international treaties]
6	5.	Opposition to National Missile Defense and the Militarization of Space 200119 (2001)
7		[Reduce nuclear arsenal; Reinvest funds for the people]
8	6.	Nuclear Weapon Free World 9932 (1999) [Engage in Anti-Nuclear resolutions]*
9	7.	Taking Nuclear Weapons Off Alert 9931 (1999) [Hair trigger alert]*
10	8.	Cessation of Continued Development of Nuclear Weapons 9804 (1998) [Opposing
11		nuclear weapons modernization]*
12	9.	Cessation of Nuclear Testing and Abolition of Nuclear Weapons 9605 (1998) [Opposing
13		nuclear weapons modernization]*
14	10	. Implementation of the Chemical Weapons Convention 9712 (1997) [Ban use of chemical
15		weapons]*
16	11	Public Health Hazards at Nuclear Weapons Facilities 8917 (1989) [Right of American
17		people to know all information in order to exercise political right; health risks]*
18	12	. The Health Effects of Militarism Date 8531(PP) (1985) [Prevention of a Nuclear War;
19		Public Health Budgetary Impacts]*
20	13	Nuclear Testing and Dumping of Nuclear Waste Materials in the Pacific Ocean 8307
21		(1983) [Destruction of environment and the jeopardization of human life]*
22	14	. Nuclear War and Nuclear Weapons 8117 (1981) [Pursuing verifiable agreement to
23		eliminate nuclear arsenals among nuclear weapons states]*
24	15	. Nuclear Power 7909 (1979) [Significant lack of preventative health policy]*
25	16	. World Peace and the Military Budget 7913 (1979) [Military budget as a threat to world
26		peace]*
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28	* De	notes statement has been or will be archived this year.
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1 Rationale for Consideration:

2 APHA has a long history acknowledging the immense threat that nuclear weapons pose to 3 public health and human existence. APHA is now archiving older policy resolutions, creating 4 an opportunity to consolidate and update our nuclear weapons policy statements. 5 6 The United Nations adopted a nuclear weapons abolition treaty in July 2017, and to date 7 there are 84 signatories and 47 ratified states [1]. This new UN treaty, for which the International 8 Campaign to Abolish Nuclear Weapons garnered the 2017 Nobel Peace Prize, represents our best 9 opportunity in generations to achieve a global consensus to abolish nuclear weapons [2]. 10 11 The pressure for resumption of explosive nuclear testing for weapons development is increasing: The Trump administration has been discussing pursuing the first U.S. nuclear test 12 13 explosion since 1992 [3]. 14 New threats are on the horizon: The number of nuclear-armed states threatens to expand, with 15 the incipient weapons program of Iran stalled [4] while other countries in the Middle East such 16 as Saudi Arabia seek nuclear capabilities [5]. Previously effective arms control treaties are being 17 abandoned, and the nuclear weapons states (NWS) are rebuilding and modernizing their arsenals 18 19 [6]. 20

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VIII. Problem Statement

2 As of April 2020, approximately 13,410 nuclear weapons in the world were held by 9 countries. 3 The NWS include (with estimated total arsenal size in parentheses): Russia (6,372), United 4 States (5,800), United Kingdom (195), France (290), China (320), Israel (90), Pakistan (160), 5 India (150), and the Democratic People's Republic of Korea (DPRK) (35) [6]. The APHA has previously determined it is not possible for a country to "win" or survive a nuclear war [7], that 6 7 such a war would kill millions of people both directly and indirectly, and that such a war cannot 8 be limited geographically. Public health professionals are uniquely positioned to play a robust 9 role in abolishing nuclear weapons. Indeed, a previous APHA president, Dr. Victor W. Sidel,

10 together with renowned public health champion Dr. H. Jack Geiger, were, together with other

11 physicians, co-authors of seminal articles in the New England Journal of Medicine in 1962 on

12 the critical role of health professionals in preventing nuclear war [8].

13 Research, testing, production, manufacturing, storage, and use of nuclear weapons has

14 *harmed health*

15 The United States used nuclear weapons on the populations of Hiroshima and Nagasaki in

August 1945, killing close to a quarter million people by the end of that year [9]. Short-term
 mortality and morbidity included severe burns, blast-associated trauma, and acute radiation

18 toxicity [10]. Epidemiological studies of atomic bomb survivors have demonstrated long-term

19 increased risk of hematopoietic malignancies and solid cancers, in addition to thyroid disease,

20 chronic liver disease, hypertension, and uterine myomas [11]. In utero exposures increased risk

21 of severe intellectual disability, small head size, and decreased intelligence quotient (IQ) scores

22 in offspring [12]. The use of nuclear weapons also caused profound and persistent social and

23 mental health consequences [13]. In the short term (2-3 weeks), Japanese atomic bomb survivors

24 suffered "emotional stupor," characterized by emotional numbress and latency of emotional

response [14]. Likewise, increased neurotic and depressive disorders were noted 3 months after

the attack [15]. Note that post-traumatic stress disorder (PTSD) did not exist as a concept, let

alone a diagnosis, until nearly 30 years later. These effects do not dissipate with time. In 1997,

28 52 years after the bombings, a survey-based study on the survivors of the Nagasaki bombing was

29 performed finding severe apathy, disordered relationships, and anhedonia [16]. The very

30 anticipation of a nuclear war increases the risk of mental illness. Adolescents surveyed 2 months

31 preceding the outbreak of the Persian Gulf War in 1991 were again surveyed in 1995. Findings

demonstrated that in adolescents reporting fear of nuclear war once a week or more often, risk of
common mental disorders was doubled [14]. In 1983, the WHO concluded, "the only approach
to the treatment of the health effects of nuclear explosions is primary prevention of such
explosions, that is the prevention of atomic war" [17].

5 Scientists have modeled a potential conflict involving no more than a few hundred nuclear weapons, similar to the size used on Hiroshima; the resulting global environmental 6 7 damage would threaten the food supply and lead to mass starvation worldwide. Specifically, a 8 regional conflict between India and Pakistan, limited to 100-150 weapons used on each side, 9 could lead to global cooling by 2-5 degrees Celsius. With a decline of surface sunlight blocked by explosive-related particulates and debris, and associated reduction of precipitation ranging 10 11 from 15-30%, agricultural productivity would decrease 15-30% on land, resulting in a "nuclear famine" for up to 2 billion people, and further global collateral fatalities [18, 19]. 12

Nuclear weapons research, testing, and production have resulted in widespread 13 contamination of our air, water, soil, and ecosystems. From 1945-1980 the U.S., U.S.S.R., China, 14 U.K., and France conducted more than 500 atmospheric tests—the equivalent of 440 megatons 15 16 of TNT. Radioactive fallout from atmospheric testing was dispersed worldwide, and downwind exposure was associated with increased prevalence of thyroid cancer and leukemia [20]. The 17 National Cancer Institute has estimated atmospheric testing at the Nevada Test Site resulted in 18 19 11,300 to 212,000 additional cases of thyroid cancer in the U.S. [21]. Global testing of nuclear 20 weapons resulted in large doses of radioactive exposures among unsuspecting populations, and an estimated tens of thousands of fatal cancers by 2000 [22]. 21

22 The U.S. has over 40,000 hazardous sites for nuclear weapons waste; the cleanup cost so far is \$41.1 billion [23]. The Waste Isolation Pilot Plant (WIPP) in New Mexico is the only 23 24 operational deep geologic repository for military-generated nuclear waste in the U.S., and its permitted operational lifetime ends in 2024; nevertheless, the Department of Energy is currently 25 26 undertaking plans to utilize the site for long-term disposition of surplus 27 plutonium and conducting other activities being challenged in court as mechanisms to extend the 28 operational lifetime and capacity beyond the facilities existing permit [24, 25]. Worldwide, tons 29 of plutonium and highly enriched uranium are not properly secured, posing a risk of nuclear theft 30 and diversion into weapons programs [26]. Additionally, some spent nuclear fuel is not readily

31 transportable, and railway transport, the current preferred mode, cannot ensure safety [27].

Numerous incidents involving releases of nuclear weapons-related radioactive materials have occurred since the 1940s. The 1957 Kyshtym disaster in Russia led to acute hematopoietic reactions to radiation exposure and long-term health harms including a higher incidence of infectious, endocrine, nutritional, metabolic, and gastrointestinal diseases among the exposed population [28]. Unintentional releases have also involved nuclear-armed delivery systems that narrowly failed to detonate, including from the Damascus Titan missile explosion in 1980, and the 1961 Goldsboro B-52 crash [29].

8 Former sites of plutonium production in Washington and Tennessee are highly 9 contaminated. At the Hanford site alone, during its 50 years of operation, 500 million gallons of 10 highly radioactive, chemically toxic waste was produced, some of which is being released 11 directly into the environment. Soil and groundwater are extensively contaminated [30].

The long-lived nature of radioactive and other environmental releases from the nuclear weapons cycle ensures timeless human exposure. The U.S. National Academy of Sciences reports: "At many sites, radiological and non-radiological hazardous wastes will remain, posing risks to humans and the environment for tens or even hundreds of thousands of years. Complete elimination of unacceptable risks to humans and the environment will not be achieved, now or in the foreseeable future" [31].

18 First use and hair-trigger alert create risk for using or unintentionally launching nuclear 19 weapons

20 According to the most recent 2018 Nuclear Posture Review (NPR), the U.S. "has never adopted a `no first use' policy regarding nuclear weapons," and it "remains the policy of the United 21 22 States to retain some ambiguity regarding the precise circumstances that might lead to a U.S. 23 nuclear response" [32]. In addition, the 2018 NPR also states, "the United States will maintain a 24 portion of its nuclear forces on alert day-to-day and retain the option of launching those forces promptly" [32]. As of 2017, the U.S., Russia, France and Britain deployed an estimated 1,869 25 26 nuclear warheads on alert, ready to be used on relatively short notice, with the U.S and Russia 27 deploying 1,749 warheads combined, or 94%. The U.S. possesses an estimated 892 warheads on 28 prompt alert, ready to be launched within 15 minutes, upon orders from the U.S. President, including 392 ICBMs and 460 SSBNs [33]. Many of today's nuclear weapons are more than 80 29 30 times as powerful as the bomb dropped on Hiroshima [34, 35]. Of the U.S.'s 1,750 deployed

1 warheads, approximately 1,300 are deployed on ballistic missiles, with another 300 at U.S.

2 strategic bomber bases. Another 150 U.S.-owned bombs are in Europe [36].

3 Policy allowing a U.S. president to independently launch a weapon could be catastrophic

4 The president legally maintains complete control over the U.S. nuclear arsenal. No one in

5 Congress, the judicial branch, or even the U.S. military, can use legal means to prevent their use

6 once the president's order is given.

7 Costs of nuclear weapons diverts resources from public health

8 The Department of Energy oversees the U.S. nuclear weapons research and development

9 program at federal laboratories such as the Sandia National Laboratory; Los Alamos National

10 Laboratory (LANL) in New Mexico; and Lawrence Livermore National Laboratories in

11 California. Several large corporate contractors directly operate these federal laboratories with

12 compensation in the billions of dollars in outstanding contracts [37].

13 The U.S. spent, between 1945 and 1996, \$5.5 trillion on nuclear weapons and related programs. This expenditure exceeded all other categories of government spending during this 14 period, except for non-nuclear national defense and Social Security [38]. It is expected that 15 16 modernization, maintenance, and storage of nuclear weapons will cost \$494 billion over the next decade, a cost rising each year [39]. According to the U.S. Congressional Budget Office, the U.S. 17 18 plans to spend an estimated \$1.2 trillion, approximately \$4 million an hour, to upgrade and 19 modernize its nuclear weapons and delivery systems over the next 30 years [40]. Cleanup, an 20 illusory concept, is also expensive; the complete remediation costs were estimated to be \$50-60 21 billion in 2004 [41]. Even without the additional plans to upgrade and modernize weapons, and 22 to remove known nuclear waste, the U.S. currently spends \$22.43 billion tax dollars per year on 23 nuclear weapons and associated costs, which otherwise could provide funding for more than 24 302,000 clean energy jobs, VA medical care for more than 2.17 million returning military veterans, or 277,511 elementary school teachers for 1 year, or wind power for almost-39 million 25 26 households, to name a few alternative expenditures [42]. In addition, such expenditures could 27 instead be used to address major deficiencies in U.S. and global public health infrastructure and 28 access to healthcare, revealed most recently by the COVID-19 pandemic, which weaken national 29 security by creating vulnerabilities that include lowering population resilience to infectious 30 disease, other biological threats, or future pandemics, as well as decreasing military readiness 31 [43-46].

1 Every link in the chain of nuclear weapons production creates social inequities and injustices 2 There is a disproportionate amount of detrimental health and environmental effects to 3 indigenous, colonized, and minority populations from the nuclear-weapons development and 4 production cycle [47]. While Indigenous lands have served as the main sites for testing nuclear 5 weapons around the world, they have also been a major source of weapons material. For example, the uranium for the Hiroshima bomb was mined in the then-Belgian Congo, and a large 6 7 proportion of uranium mining during the Cold War (20-50%) was done in Africa [48]. In North 8 America, multiple indigenous tribes have been affected by testing and disposal of radioactive 9 material including from open uranium mines on the Spokane Indian Reservation in WA, and the Navajo Nation in Arizona, Utah, and New Mexico. In fact, the largest release of radioactive 10 11 materials in the continental U.S. occurred in 1979 as a result of an evaporation pond dam breaking at a processing site near Church Rock, New Mexico, resulting in the release of 94 12 13 million gallons of radioactive waste into the Puerco River, which flowed through nearby 14 communities [49]. Attempts to establish Yucca Mountain as a long-term civilian nuclear waste site (an important site to the Western Shoshone and the Southern Paiute) poses similar risks [50] 15 16 Between 1946 and 1958 nuclear weapons testing by the U.S. on or near the Bikini and Enewetak atolls in the Pacific vaporized islands that had been the homeland of the Marshallese 17 people for many generations. These 65 tests released approximately 6.3 billion curies of 18 19 radioactive iodine into the atmosphere, an amount 42 times greater than the total amount emitted 20 from the Nevada Test Site, and at least 116 times greater than the amount released in the 1986 21 Chernobyl meltdown [51]. The documented findings of the environmental contamination of 22 several atolls were hidden from the general public and the Marshallese people, and heavily 23 exposed research subjects were not treated adequately for radiation burns or given prophylactic 24 antibiotics [51]. For more than three decades the U.S. government sponsored several thousand human-radiation experiments-many without informed consent, including secret intentional 25 26 releases of radiation overpopulated areas [52]. Today, on Runit Island, there is a 3.1 million 27 cubic feet dome of radioactive materials from the contaminated debris and soil from 43 nuclear 28 bombs. Radioactive materials have already leaked from the dome, with great danger of further 29 leakage from concurrent rising ocean levels from global warming [50, 53]. Today, some 30 Marshallese are nervous about marriage, out of fear of passing genetic mutations to offspring. 31 Alcohol abuse and suicide are exceedingly high, and the shift away from local fishing because of legacy contamination to dependence on U.S. food aid has been associated with an epidemic of
 diabetes. [54]

3 Soldiers were also disproportionately harmed by nuclear weapons testing. For example, a 4 1995 study of 8,550 military participants in Operation Hardtack I, a 1958 test in the Pacific 5 Proving Ground, found RR for all-cause mortality (1.23, CI 1.04-1.45), all cancers (1.42, CI 6 1.03-1.96), and liver cancer (6.42, CI 1.17-35.33) were significantly elevated [55]. Workers 7 throughout the nuclear-weapons production cycle have also been exposed to radioactive and toxic materials. More than 600,000 people worked throughout the weapons complex during the 8 9 Cold War. Occupational disorders due to weapons production include, but are not limited to, radiation-induced cancers, beryllium diseases, and silicosis [56]. In 2000, the Energy 10 11 Employees Occupational Illness Compensation Program was created by Congress and run by the U.S. Department of Labor; however, through imposing a high burden of proof on 12 exposed workers, the compensation program has rejected almost two-thirds of the claims in 13 14 which radiation dose reconstructions were performed [57]. 15 Nuclear Power: a pathway to nuclear weapons 16 Nuclear power is intrinsically linked to nuclear weapons proliferation. There are over 450 17 nuclear reactors operating in some 30 countries around the world [58]; these operations provide the materials and technical expertise for potential weapons development. Since the late 1930s,

the materials and technical expertise for potential weapons development. Since the late 1930s,
thirty-one countries explored the possibility of developing potential nuclear weapons programs,

20 seventeen of which launched weapons programs, and ten acquired deliverable nuclear weapons

21 [59].

22 For example, the first nuclear weapons detonation by India in 1974, described as a 23 "peaceful nuclear explosion," utilized plutonium derived from the CIRUS (Canada India 24 Research Utility Service) reactor, with heavy water supplied by the U.S., and Canada providing 25 financing and technical expertise [60]. This event initiated the dangerous nuclear arms race in 26 South Asia whereby India and Pakistan subsequently, perfected delivery systems and increased 27 their nuclear arsenals [61]. This combustible situation was exacerbated by the signing of the 28 U.S.- India Civilian Nuclear Cooperation Agreement in 2006 [62]. 29 With the collapse of the 2015 Iran Nuclear Deal (JCPOA, see section "Key Nuclear

30 Weapons Treaties are Being Abandoned" below) [63], the possibility of a new Mideast nuclear 31 arms race has increased, exemplified by the opening of a nuclear power plant by the United Arab 1 Emirates in August 2020, and with other Arab countries such as Saudi Arabia initiating or

2 planning nuclear power programs. [64, 65].

3 Key nuclear weapons treaties are being abandoned

Treaties have played a critical role in primary prevention of health harms, by diminishing
atmospheric dissemination of radionuclides and by containing the number and distribution of
nuclear weapons to reduce risk. As of 2020, however, the global treaty regime has shown signs
of unraveling.

8 In 1963, the Partial Test Ban Treaty (PTBT) banned nuclear weapon tests in the 9 atmosphere, outer space, and underwater. The Treaty on the Non-Proliferation of Nuclear Weapons (NPT) was enacted in 1968 to stem proliferation by prohibiting the acquisition of 10 11 nuclear weapons by non-NWS and by establishing a binding agreement by the NWS to pursue 12 timely nuclear disarmament [66]. The NPT also resulted in the negotiation of nuclear weapon 13 free zones as demonstration of meeting NPT obligations, and successfully prohibited 14 manufacturing, possession, and deployment of nuclear weapons in certain parts of the world [67]. In 1987, at the height of global nuclear arsenals and intense U.S.-Soviet tensions, the 15 16 Intermediate-Range Nuclear Forces (INF) Treaty was negotiated, opening the possibility of further limitations on strategic nuclear and conventional ground-launched ballistic weapons, a 17 18 critical step towards elimination [68]. 19 The Comprehensive Nuclear Test Ban Treaty (CTBT), which opened for signature in 20 1996, establishes a verification regime including seismic, hydro-acoustic, infrasound, and

21 radionuclide monitoring stations to register underground or atmospheric testing [69]. As of

October 2020, 168 states had signed and ratified the treaty. The United States, China, Iran, and
Israel have signed but not ratified the treaty, both steps of which are required for the treaty to

enter into force [70].

In 1999, 140 nations of the United Nations General Assembly voted to reaffirm the Outer Space Treaty, which preserves use of outer space for peaceful purposes, by adopting a resolution entitled "Prevention of an Arms Race in Outer Space." The U.S. voted against the resolution and Israel abstained [71]. The Anti-Ballistic Missile Treaty once served as a control against the militarization of space; however, the U.S. withdrew from the treaty in 2002 [72]. The 2011 New Strategic Arms Reduction Treaty (New Start) renewed and expanded

31 upon the Start I and II Treaties, further reduced nuclear arsenals, and created a verifiable

agreement between the U.S. and Russia. However, this agreement will expire in 2021 without a
plan for renewal [73]. To bypass the stalling of nuclear disarmament by NWS, 122 nations voted
to pass the Treaty on the Prohibition of Nuclear Weapons at the UN in 2017 [1]. As of October
2020, the Treaty has garnered 84 signatories and 47 States Parties. Though all NWS have
opposed this treaty, a minimum of 50 States Parties is required to have the Treaty enter into
force, which in effect would make nuclear weapons illegal under international law [1].

In May 2018, The U.S. unilaterally withdrew from the 2015 Joint Comprehensive Plan of Action (JCPOA), under which Iran dismantled much of its potential nuclear weapons program and had provided international inspectors extensive access to its nuclear facilities, in exchange for relief of severe economic sanctions [63]. After the U.S. re-imposed severe sanctions on Iranian oil exports that crippled Iran's economy, Iran resumed some of its nuclear activities, and in 2020 announced its intentions to end most of its commitments to the JCPOA [74].

In August 2019, the Trump administration officially withdrew from the INF treaty, claiming that Russia had violated the terms of the treaty, and providing the U.S. additional military options to counter China's rise in military capabilities in Asia [75]. Although China had nuclear weapons at the time the INF treaty was signed in 1987, it has since developed a larger and more and diverse arsenal, 95% of which would have been prohibited by the INF treaty had China been a signatory [75].

In May 2020, the Trump administration decided to withdraw from the Open Skies Treaty, which permits the U.S. and Russia to conduct short-notice, unarmed reconnaissance flights over the other countries in order to collect information on military activity, with the rationale that Moscow was violating the treaty by not allowing flights over a suspected nuclear weapons deployment site and major Russian military exercises site [76].

24 Rising Dangers of U.S. and Global Nuclear Weapons Modernization Programs

According to the Federation of American Scientists, "all the nuclear weapon states continue to modernize their remaining nuclear forces, adding new types, increasing the role they serve, and appear committed to retaining nuclear weapons for the indefinite future" [6]. The U.S.'s plans to rebuild essentially all of its nuclear weapons and delivery systems with new designs and capabilities will likely fuel tensions with Russia and China. This new nuclear arms race is exacerbated by the parallel development of hypersonic missiles (capable of delivering nuclear or conventional weapons over long ranges at ultra-high velocities) by the U.S., Russia, China,

India, France, and other nations. Such very accurate, nuclear-capable missiles can reach nearly 1 2 every point on the surface of the earth within 30 minutes, with no current defense systems having 3 the ability to intercept missiles that are able to maneuver so unpredictably at hypersonic speeds 4 [77]. A further threat of destabilization is posed by the anticipated increased incorporation of autonomous systems and artificial intelligence (AI) into nuclear command, control, and 5 communications systems (NC3) as well as into nuclear delivery platforms and vehicles, which 6 7 could raise the chances of accidents and miscalculation, and increase the risks of escalation into 8 nuclear warfare [78].

9 In summary, as activist and former U.S. military analyst Daniel Ellsberg has stated in his 10 2017 book, *The Doomsday Machine: Confessions of a Nuclear War Planner*: "The present risks 11 of the current nuclear era go far beyond the dangers of proliferation and non-state terrorism that 12 have been the almost exclusive focus of public concern for the past generation and the past 13 decade in particular. The arsenals and plans of the two superpowers represent not only an 14 insuperable obstacle to an effective global anti-proliferation campaign: they are themselves a 15 clear and present existential danger to the human species, and most others" [79].

16 Evidence-based strategies to reduce nuclear weapons

17 Strengthening Treaties and Advancing Opportunities for Multilateral Diplomatic Engagement

18 Treaties have provided a critical means for arms control, de-escalation to reduce risks of nuclear

19 war, and arsenal reduction in relation to nuclear weapons, as well as other weapons of mass

20 destruction. Treaties have reduced the global nuclear weapon arsenal from a peak in 1986 of

21 about 70,000 to less than 14,000 presently [6, 80].

As detailed above, there are gaps in the implementation of these treaties, and in some cases, lack of participation altogether. NWS are demonstrably not moving in good faith towards

24 cessation of the nuclear arms race per Article VI of the NPT, underscored by NWS

25 modernization plans, and by recent U.S., and then, Russian withdrawal from the INF. The New

26 Start treaty will expire in 2021 and would benefit from renewal and expansion. Otherwise, for

the first time since 1972 there will be no legally binding agreement between the world's two

28 largest NWS [81].

Historic successes in banning the development, production, deployment and use of other
 weapons of mass destruction point the way forward, exemplified by the Biological Weapons

1 Convention of 1975 [82], the Chemical Weapons Convention of 1997 [83], and the Anti-

2 Personnel Mine Ban Convention of 1997 [84]. These conventions provide a strong legal

3 framework for the successful implementation of verifiable international agreement and ultimate

4 abolition of nuclear weapons [85]. Additional comprehensive frameworks for reductions in the

5 size and health risks of nuclear arsenals include, but are not limited to, building mutual

6 confidence in negotiations towards verifiable reduction in arsenals [86], and challenging

7 underlying policy frameworks that posit that armed states can only prevent and repel attack if

8 they are prepared to respond in kind [87, 88].

9 Civil society advocacy for a world free of nuclear weapons

The international community has the authority to bring armed parties to the table for
negotiations, as they have in the past, to create further successful solutions. A strong consensus
to abolish nuclear weapons is evidenced by widespread global support for the 2017 Treaty on the
Prohibition of Nuclear Weapons [89]. The international community has a variety of persuasive
powers to bring states to join the treaty.

Back from the Brink (BftB), an approach gaining momentum across the U.S., pushes for 15 16 stepwise, readily achievable measures leading to the ultimate abolition of nuclear weapons. Health professional and community-based activism under the aegis of BftB is encouraging many 17 18 state and local jurisdictions to adopt anti-nuclear resolutions, including the U.S. Conference of 19 Mayors and the state legislatures of California, Oregon, Maine and New Jersey, and the cities of 20 Tucson, Los Angeles, Washington DC, Baltimore, Santa Barbara, and Portland, Oregon. Health 21 organizations on board include: People's Health Movement USA, Physicians for Social 22 Responsibility, the New Hampshire Public Health Association, and the Maine Medical 23 Association [90].

24 Health professionals putting nuclear weapons on the public health agenda

Organizations of health professionals have successfully raised awareness among the public while advocating for strong treaties. Physicians for Social Responsibility (PSR) was founded in 1961 in recognition that "prevention of nuclear war is the only cure." PSR is the U.S. affiliate of the International Physicians for the Prevention of Nuclear War (IPPNW), a federation of national medical groups from 64 countries. IPPNW was awarded the 1985 Nobel Peace Prize for creating an awareness of the catastrophic consequences of atomic warfare and has also played an instrumental role in global campaigns to ban landmines and prevent armed violence [91].

1 The International Campaign to Abolish Nuclear Weapons (ICAN) focuses on mobilizing 2 civil society around the world to support a global nuclear weapon ban treaty and it received the 3 Nobel Peace Prize in 2017 for its efforts to raise awareness of the threat of nuclear weapons [92]. 4 The International Red Cross and Red Crescent Movement has also helped strengthen global 5 support of treaties through mobilization of its network of nearly 100 million people [93]. The 6 success of these organizations illustrates the critical role of health professionals in efforts to 7 reduce in number and ultimately abolish nuclear weapons.

8 VIX. Opposing Arguments

9 Theories of "mutually assured destruction" and "deterrence" purport that armed states can 10 prevent and repel attack if they are positioned to respond in kind. While holding fully-11 operational nuclear weapons could serve to deter an attack by a conventionally or nuclear armed 12 enemy nation (by threatening the attacker with an unacceptable material and human cost of 13 retaliation), the possession and proliferation of such weapons poses the real threat of use of 14 nuclear weapons without warning, and/or unintentionally. The historical record points to countless examples of misreading of opponent's intentions. One example is significant 15 16 breakdowns in NC3 systems, including numerous false warning of attacks, whereby devastating nuclear warfare was narrowly averted [29]. Beyond these revelations, current advances in 17 18 computer modeling have predicted that even a regional nuclear conflict, predicated accidentally 19 or by intention (involving even a small fraction of global nuclear arsenals) could plunge most of 20 planet into a protracted period of loss of sunlight and rapid global cooling characterized by 21 massive crop failures and widespread famine [18].

22 The dangers of relying on nuclear weapons for deterrence of attack, or attaining 23 geostrategic advantage, have been further complicated by the anticipated incorporation of 24 autonomous systems and artificial intelligence (AI) into the design of modernized nuclear 25 warheads, delivery systems, and the NC3 systems designed to confidently carry out (or recall in the case of perceived errors) nuclear attacks on various targets. While AI could theoretically 26 27 correct for "human factors" that have previously created dangerous situations, increased 28 autonomy of such lethal systems from timely human intervention, as well as vulnerability to 29 hacking, raises severe dangers [94].

15

Issues surrounding nuclear deterrence have become even more problematic with the
planned introduction of hypersonic missiles capable of carrying either nuclear or conventional
payloads, with unprecedented speed and purported ability to evade all types of defense systems,
including heretofore largely unproven strategic missile defenses. The anticipated use of these
missiles will further destabilize the deterrence regime, increasing the possibility of catastrophic
"use it or lose it" scenarios whereby any potential incoming attack will precipitate "mutually
assured destruction" [95].

8 Some national security experts and government officials have argued that the use of 9 nuclear weapons should also be considered to destroy alleged, and often hardened targets. These would include nuclear weapons stockpiles or production facilities, or other Weapons of Mass 10 11 Destruction (WMD) sites containing biological or chemical weapons, in nations lacking a robust 12 nuclear retaliation capability. A safer and more effective strategy to counter WMD proliferation would be for the global community, including the NWS, to strengthen the inspection and 13 14 verification protocols, and increase necessary funding for such operations, subsumed under the Biological Weapons Convention and Chemical Weapons Convention Treaties [96]. In addition, 15 16 efforts to curb nuclear proliferation would include the NWS speedily moving towards compliance with the comprehensive nuclear disarmament goals mandated under Article VI of the 17 NPT, which could include the development of an enforceable Nuclear Weapons Convention, or 18 19 ratification, and enforcement of the 2017 Ban Treaty on Nuclear Weapons [66, 89].

20 While civilian nuclear energy programs have historically been linked to the development 21 of nuclear weapons programs, nevertheless, nuclear power has been supported by some who are 22 legitimately concerned about reducing global reliance on fossil fuels in light of our climate 23 emergency. Proponents contend that operating reactors emit far less carbon emissions than 24 burning fossil fuels. However, a life-cycle analysis of nuclear power reveals that it is far from carbon-free when one includes the carbon-footprint of creating nuclear fuel, or through the 25 26 construction of nuclear power plants. Moreover, real and potential safety problems of nuclear 27 power threaten public health, exemplified by the 1986 explosion of the Chernobyl nuclear power 28 plant, the 2011 Fukushima Daiichi Nuclear Disaster, and through the maintenance of numerous aged facilities well beyond their initially designated lifespan. As well, a wide array of adverse 29 30 health and environmental impacts from the operation of nuclear power plants have been 31 documented [97, 98]. Non-nuclear renewable energy sources are increasingly available for

1 speedier incorporation into the power grid at favorable cost advantage compared with nuclear or

- 2 fossil-fuel alternatives; this militates against the maintenance or expansion of nuclear power as a
- 3 climate solution [99-101]. This is especially true given the lack of societal planning for health
- 4 protective disposition of the legacy and continued dangerous nuclear wastes [102], as well as the
- 5 historic and continued stimulus for nuclear weapons proliferation.

6 XI. Alternative Strategies - N/A

7 X. Action Steps

8 1. APHA calls on the U.S. President and Senate and the other nuclear-weapons states to

9 sign and ratify the 2017 United Nations Treaty on the Prohibition of Nuclear Weapons and to

- 10 honor their existing binding commitments under Article VI of the Treaty on the Non-
- 11 Proliferation of Nuclear Weapons to "pursue negotiations in good faith on effective measures
- 12 relating to cessation of the nuclear arms race at an early date and to nuclear disarmament, and on
- 13 a treaty on general and complete disarmament under strict and effective international control."
- 14

2. APHA calls on the U.S. Congress and President to work towards the goal of a world free of nuclear weapons by:

- A. Supporting any and all current and future treaties that call for the end to nuclear weapons
 testing, research, development, manufacture, and/or use.
- 19 B. Rejoining and working for the strengthening the Intermediate-Range Nuclear
- 20 Forces (INF) Treaty, while exploring the initiation of negotiations with other countries
- 21 that either possess or are trying to develop intermediate nuclear forces, with the aim of
- 22 incorporating such nations into the INF disarmament regime;
- 23 C. Extending the New Start Treaty;
- 24 D. Pursuing multilateral regional treaties to encourage non-nuclear states to renounce
- 25 proliferation of nuclear weapons and other weapons of mass destruction;
- 26 E. Supporting speedy and comprehensive mutually reinforcing confidence-building steps
- 27 towards reduction of nuclear arsenals towards 500-1,000 among major nuclear weapons
- 28 states, as preliminary steps towards ultimate nuclear abolition;
- 29 F. Renouncing the option of using nuclear weapons first;
- 30 G. Ending the sole, unchecked authority of any U.S. president to launch a nuclear attack;

- 1 H. Taking nuclear weapons off hair-trigger alert; 2 I. Cancelling plans for enhanced, destabilizing weapons, i.e., Long-Range Stand-off 3 Weapons, hypersonic missiles; 4 Rejecting nuclear war fighting doctrines using "low-yield" nuclear weapons; J. 5 K. Halting and prohibiting all programs aiming to integrate autonomous systems and 6 artificial intelligence (AI) into nuclear warheads, weapons delivery systems, and/or 7 nuclear command, control, and communications (NC3) systems; 8 L. Cancelling destabilizing programs that would further militarize outer space, including the 9 development of a U.S. Space Force; Rejoining the Joint Comprehensive Plan of Action with Iran to continue the verifiable 10 M. 11 reversal of a potential Iranian nuclear weapons program that could stimulate additional nuclear weapons programs in the Middle East; and 12 N. 13 Rejoining the Open Skies Treaty. 14 3. APHA calls on the U.S. Congress and President to address legacy and current 15 16 occupational and environmental health harms posed by the U.S. nuclear weapons complex by ensuring adequate long-term investment in research, worker protections, healthcare, and 17 18 environmental cleanup of facilities and communities whose health and ecosystems have been 19 damaged by nuclear weapons research, development, testing, and production, and to ensure 20 related radioactive and toxic waste containment in perpetuity. This includes the set of action 21 steps already addressed in the 2010 APHA resolution "Prioritizing Cleanup of the Hanford 22 Nuclear Reservation to protect the Public's Health 20105." These steps should be applied to all 23 facilities. 24 4. APHA calls on all public health professionals and schools of public health to advocate for 25 26 a world free of nuclear weapons by educating themselves, students, the public, and policy-
- 27 makers on the critical need for rapid nuclear disarmament, including supporting curriculum
- 28 development and uptake, and research, monitoring, publication, and dissemination of
- 29 information, about the direct and indirect public health consequences of nuclear weapons, and
- 30 the public health imperative to abolish nuclear weapons.

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