

Normalizing nuclear weapons: a deadly deceit

Dear Friend of GBPSR,

Any attempt to portray an atomic blast as a survivable disaster is deeply terrifying. Yet recent public health messaging from the New York Health Department suggests exactly that. Normalizing such an event by stating that there are simple disaster management steps to take is worse than misleading: it could result in misinformed public acceptance of the use of such weapons of mass destruction without any understanding of their potency.



[Misleading information about how to respond to a nuclear attack.](#)

There is no way to plan for an emergency response to a nuclear attack. Even small bombs, such as the one used at Hiroshima (many fold smaller than the nuclear bombs that await hair-trigger deployment today) would lead to such massive loss of life and infrastructure that no meaningful response could be mounted.

Physicians have been aware of the destructiveness of an atomic explosion since 1962, when three of GBPSR's founders, Drs. Bernard Lown, Jack Geiger and Victor Sidel, first modeled, [in a series of articles published in the New England Journal](#), the scenario of a small nuclear explosion in Boston. If a 20 megaton atomic bomb were to fall on the city, Boston would become a 4 mile crater, and Newton, where Lown lived, and surrounding suburbs, would be incinerated — bomb shelters included. Three million would be expected to die, either from the direct blast or aftereffects. Medical care would be unavailable, since hospitals as far away as Emerson would be incapacitated or decimated and because many caregivers would die in the blast: 90% of all doctors and nurses were

killed at Hiroshima.

Yet [this NY Health Department video](#) suggests that there are viable actions people might take if “the big one” were to drop on NYC. Paraphrasing some of the painfully absurd pseudo-advice:

—“Stay indoors!” — *but where would that be, exactly, in the aftermath of a nuclear bomb, when homes and offices would be vaporized?*

—“Take off your clothes, be careful to keep the radioactive dust away from your body, and shower” — [DIY nuclear decontamination](#)?! *Really? And where exactly would a civilian dispose of those highly radioactive contaminated clothes? Our health departments have extensive disaster management training in chemical decontamination—and NONE of it is DIY. Shower? How? There would almost certainly be no running water.*

—“Stay tuned for advice from your disaster management team” — *But since many of the disaster management team would be dead and many communication systems incinerated by the blast—how exactly could that be accomplished?*

Ironically, this builds on messaging developed by the [Center for Disease Control](#) and first posted in 2018, when supposedly “small” nuclear weapons were being promoted as viable weapons to use in war despite their obvious [tremendous risks](#). Astonishingly, this information is still available—and the [CDC website](#) uses the same implausible suggestions for [what to do in the event of a nuclear explosion](#).

[Here is an excellent counterpoint response](#) to this absurd PSA by New York activists who support the International Campaign to Abolish Nuclear Weapons (ICAN).

It is important to note that CDC in fact offers no such training to its own personnel. CDC has extensive programming in disaster preparedness — *but none of these programs include training in how to respond to the detonation of a nuclear bomb*. CDC emergency disaster preparedness training covers such situations as nuclear power plant meltdowns and conventional explosions. But not nuclear explosions. *Indeed, no such plans currently exist in our public health departments. Those who study disaster management do NOT learn these useless measures.*

There is so much disinformation on the internet that it is difficult to keep up with it, let alone push back. But when disinformation about nuclear technologies leaches into the mainstream press, and even more concerningly, into public health messaging, it is important to call it out forcefully.

Moreover, the war in Ukraine has made clear the terrible potential of nuclear power plants to be turned into nuclear bombs—eloquently described in [this article](#) by MIT professor Kate Brown as well as in [this recent NYT article](#).

Ending the development of these genocidal weapons will save lives: not just indigenous lives and those of the environmental justice populations who live on the lands where the majority of the extraction and development of nuclear weapons takes place; but it will remove the tremendous threat to life that our continued support of the nuclear industry perpetuates. The normalizing of nuclear armageddon is an expensive distraction from what we should focus on: ensuring survival — not speeding the destruction of humans and every other living creature. This week marks the 77th anniversary of the bombing of Hiroshima and Nagasaki. Let us not forget their lessons, lest we be tempted to repeat them.

We encourage our members to take action by:

1. Encouraging your congressional representative to co-sponsor Congressman James McGovern’s

Back From the Brink resolution in Congress, [House Resolution 1185](#).

2. Joining the over a million people worldwide who have demanded that NATO and Russia pledge not to use nuclear weapons in the war in Ukraine: you can [sign the petition here](#).

Thank you to all of our members for all that you do to support these initiatives and our efforts.

If you would like to help fund GBPSR's initiatives, we welcome your donations [here](#).

Onward!



Brita E. Lundberg, M.D.

Chair of the Board

[Greater Boston Physicians for Social Responsibility](#)
[Facebook](#) | [Twitter](#) | [Instagram](#)