



THE AXON

Thursday
April 29, 1971

QUARANTINE THE OAKLAND INDUCTION CENTER

Because of the high morbidity rate resulting from induction, we are declaring quarantine of the Oakland Induction Center. Our preventive medicine action will begin at 10:00 a.m. Friday April 30 on the steps of the Oakland Induction Center, 1515 Clay, Oakland.

All interested individuals are urged to meet on the lawn in front of the Medical School at 8:00 a.m. We will leave in car caravan from the Medical School Lawn Rally to travel to Oakland. White coat and tie are recommended.

Supporters and door-blockers are both essential to the demonstration. Those who support will explain our opposition as medical personnel to the war, pass out relevant literature, and dissuade those who desire entrance to the Center. Supporters run no risk of arrest. Those who block the doors will be arrested. If you are planning to participate should meet with us at 7:00 p.m. this evening in M127.

WHY?

The Indochinese war continues, and mass killing continues, despite troop withdrawals and promises of winding down the war. The aggressive employment of the military, use of the draft to force men to kill, and misuse of medical personnel to support our slaughtering armies are entirely incompatible with the fundamental aim of medicine: preservation and enhancement of life. While medicine is committed to the eradication of disease, the war is the most catastrophic menace to the health of Southeast Asia and the moral character of the United States. We feel compelled to actively oppose this disaster.

WHY NOW?

This action is not a reaction to a specific expansion of the war, as were the protests after Cambodia and Laos. This is an outcry against the day-to-day brutality practiced by American power in Vietnam.

WHY THIS WAY?

For a non-violent individual, civil disobedience is the most effective means of opposition to war policy. The thirteen San Jose draft board blockers demonstrated, through television and newspaper coverage, their deep opposition to the war. Thirteen marchers would have been ignored. Consider how much more effective the 150,000 S.F. marchers would have been had they blocked weapons manufacturers and induction centers instead.

Civil disobedience is growing. Within the past week, the New Jersey Turnpike was blocked, there was a weep-in in Congress, and an induction center was blocked. More is planned. At some point in its growth, civil disobedience ceases to be only symbolic, and becomes a concrete hindrance to the war effort.

Many people talk about peace and wish for peace, but their dedication to peace exists only in words. A most important effect of civil disobedience is on the life of the civil disobedient. He, through his physical act and personal commitment, unites his thoughts to his actions, his conscience to his style of life.

THE WAR CONTINUES...

MEDICINE AND THE WAR IN VIETNAM

Each one of us has an individual religious and ethical background which bears upon his decision to participate in the military. In addition, we as physicians have a unique responsibility to humanity which we express in the Oath of Geneva. It is this responsibility which creates for us a non-combatant role in the military. It is this responsibility which requires that we speak out today against the practices of the military.

1. Can the physician practice good medicine in the military?
2. Can the physician practice ethical medicine in the military?
3. Can we as physicians tolerate the actions of our military toward the peoples of Southeast Asia?

In regard to the first question, the Army Field Manual states:

"The Army Medical Service is a supporting service of the combat elements of the Army primarily concerned with the maintenance of the health and fighting efficiency of the troops. The mission of the medical service in a theater of operations is to conserve manpower by recommending, and providing technical supervision of the implementation of, measures for safeguarding the health of the troops, effective medical care, and early return to duty; and to contribute directly to the military effort by providing adequate medical treatment and rapid orderly evacuation for the sick and wounded."

The fact that early return to duty is one of the physician's goals prevents the best possible treatment for an individual soldier. How can a physician wish to speed the recovery of a soldier so that he may again go out into the field and be further maimed or killed?

The answer to the second question is also "No." The realities of the Vietnam war require trained physicians to violate the Oath of Geneva and choose patients and procedures with political motives. For example, according to an article in Military Medicine, "one of the major objectives of the Medical Civil Assistant Program (MEDCAP) is the maintenance of the favorable image of the Central Government of Vietnam and of the U.S. in the minds of the general population...The U.S. Military Hospitals (MEDCAP II) admit selected Vietnamese civilians for 'high impact' (highly visible) surgical procedures such as correction of harelips, while hundreds of war injured civilians have little or no access to medical facilities." In Vietnam, "triage" extends not only to degree of injury but to degree of acceptance of US military objectives -- Americans are treated before ARVN before Vietnamese civilians, and perhaps in low-pressure situations, then also Viet Cong. The Army said it clearly at the 1967 AMA convention: "In the war to win men's minds, medicine can be considered to be a 'weapon'."

Finally, can we as physicians tolerate the actions of our military in Southeast Asia where, as Dr. Henry Kaplan (Chairman, Radiology Dept., Stanford Medical School) has put it, more people are killed in a week than a physician can expect to save in a lifetime? The answer is NO: we cannot and will not stand by quietly while our government, in our name, destroys the lives we are committed by our oaths, our consciences, and our humanity to protect.