

PEACE CAUCUS

Voice Your Support for the Proposed APHA Resolution: **OPPOSITION TO THE CONTINUATION OF WAR IN IRAQ**

An October 2006 study in the Lancet estimates that as of July, 2006, there have been 654,965 (392,979–942,636) excess Iraqi deaths as a consequence of the war (see article below for more information about the Lancet study). At the 2006 annual meeting in Boston, APHA's Governing Council will be considering a resolution opposing the Iraq war. (See page 2 for the complete text of the resolution). There are several important ways for you to urge APHA to adopt this resolution.

WHAT YOU CAN DO TO HELP PASS THE PROPOSED APHA RESOLUTION AGAINST THE IRAQ WAR:

- Speak in support of the resolution at the APHA Public Hearings on proposed policies. The hearings will take place on **Sunday, November 5th, between 3:30-6:00 PM.** (Check the final program for the location of the hearings).
- Speak in support of the resolution at your section meetings.
- Seek out your Governing Council representatives and ask them to vote for the resolution.
- Speak in support of the resolution to your colleagues and let them know what they can do to make sure APHA has a strong anti-war position.

New Study Estimates Over 600,000 Iraqi Violent Deaths Since U.S. Invasion

A team of researchers from Johns Hopkins Bloomberg School of Public Health, and the School of Medicine, Al Mustansiriya University, Baghdad, Iraq has estimated the rate of violent death among Iraqi civilians has continued to escalate, with approximately 15,000 Iraqi deaths per month. (Burnham G, Lafta R, Doocy S, Roberts L. *Mortality after the 2003 invasion of Iraq: a cross-sectional cluster sample survey.* www.thelancet.com Published online October 11, 2006). The purpose of the study was to update a previous estimate of nearly 100,000 deaths in Iraq between March 2003 and September 2004 attributed to the invasion of Iraq. Between May and July, 2006, researchers conducted a national cross-sectional cluster sample survey of mortality in Iraq. 50 clusters were randomly selected from 16 Governorates, with every cluster consisting of 40 households. Information on deaths from these households was gathered. Three misattributed clusters were excluded from the final analysis; data from 1849 households that contained 12,801 individuals in 47 clusters was gathered. 1,474

(Continued on page 3)

Peace Caucus 2006 Program at a Glance

War and Public Health Monday 12:30-2:00 PM	3234.0
Terrorism and Public Health Monday 4:30-6:00 PM	3418.0
Health Impacts of War in the Middle East Tuesday 12:30-2:00 PM	4152.0
Labor, The War in Iraq and Public Health: Tuesday 2:30-4:00 PM	4235.0
Labor, The War in Iraq and Public Health: Part 2 Taking Action Tuesday 4:30-6:00 PM	4330.1
Building Peace: Initiatives and Education Wednesday 12:30-2:00 PM	5133.0
Peace Caucus Business Meeting—NEW TIME LOCATION TBA Wednesday 7:00—8:30 AM	



PROPOSED APHA RESOLUTION: OPPOSITION TO THE CONTINUATION OF THE WAR IN IRAQ

The American Public Health Association,

Recalling policy statements approved by the American Public Health Association (APHA) Governing Council opposing initiation and continuation of the war in Iraq (1)(2); and

Recognizing that two credible reports with different methodology released since November 2004 have indicated that the U.S.-led military conflict in Iraq since March 2003 has resulted in the estimated deaths of between 34,000 (3), and 100,000 or more (4) Iraqi civilians, with well-documented human rights violations against Iraqi prisoners in Abu Ghraib and other U.S.-controlled facilities; and

Recognizing that the military conflict since 2003 has resulted in the extensive destruction of Iraqi society and health-supporting infrastructure (5); and,

Noting that the military conflict since 2003 has resulted in widespread environmental damage and contamination, including the still-unaccounted for dispersal of depleted uranium (DU) in many populated areas of Iraq (5); and

Recognizing that the continued U.S. military occupation of Iraq, and reported Pentagon plans to establish "enduring bases" in Iraq (6), has provoked widespread opposition among broad sectors of Iraqi society, engendering continued support for a growing insurgency (7); and

Recognizing that the military conflict has already resulted in the deaths of over 2,500 U.S. and allied soldiers (8), as well as hundreds of forces serving as private contractors hired by Foreign Military Firms (FMFs) (6). Overall, the conflict has resulted in over 17,000 U.S. and allied forces being wounded in action, with many very serious and disabling injuries, requiring costly rehabilitation services, particularly for the estimated 20 percent of the wounded with brain and spinal injuries (9); and

Noting that a comprehensive Pentagon study published in March 2006 revealed that more than one in three soldiers and Marines who served in Iraq later sought help for mental health disorders (10); and,

Recognizing that the military conflicts in Iraq and Afghanistan have, since September 11, 2001, cost approximately \$331 billion, with the current Administration requesting an additional \$120 billion for military operations through the end of 2006, supplementing the requested \$439.3 billion FY 2007 Defense Department budget. (11) Such fiscal costs, occurring in the context of large and rising domestic U.S. budget deficits, have already led to proposed slashing of essential public health programs and services for the American people (12); and

Understanding that total fiscal costs of the military conflict in Iraq represent resources that could better be used to address current and future domestic and global public health and environmental health needs, (13) and to develop alternative and sustainable energy sources that could address the looming crisis of global climate change and could indirectly help reduce the risks of terrorism;

Therefore, APHA calls on the U.S. government to:

1. **Immediately initiate the safe withdrawal of all U.S. armed forces from Iraq**, accompanied by selected deployment of replacement international peacekeeping troops under the command of the United Nations in areas of potential significant risk for inter-ethnic conflict or civil war; and,
2. Halt plans to establish "enduring" military bases in Iraq; and,
3. Support a United Nations-led process to oversee continued efforts to develop an Iraqi constitution that respects the rights and interests of all domestic ethnic and political groupings, generally based on established UN principles of international human and economic rights; and
4. Abide by international standards of human rights, the Geneva Conventions, and the U.S. Constitution, by immediately and unequivocally ending such practices as the imprisonment of persons arbitrarily defined as "enemy combatants" without access to lawyers, habeas corpus petitions or judicial review; to end the use of torture, including the outsourcing of torture by so-called "rendition" of prisoners to other nations known for their systematic employment of such abuses in interrogation and the establishment of secret prisons; and, to end domestic violations of the civil rights and privacy of our own citizenry through National Security Letters and other extra-constitutional provisions of the Patriot Act; and
5. Guarantee the security of, and priority for, the reconstruction of vital health-supporting infrastructure in Iraq and to ensure safe access to this infrastructure by the Iraqi people, while also guaranteeing that adequate resources are provided for the care and rehabilitation of injured U.S. military personnel and their families; and
6. Provide needed funds, in coordination with NATO nations and regional Mideast allies, for aforementioned reconstruction and security assistance, to be disbursed by UN agencies and Iraqi-acceptable NGOs; and
7. Immediately allow agencies such as the United Nations Environmental Program to begin to characterize the extent of all environmental contamination in Iraq caused by the military conflict, and to adequately fund efforts to protect Iraqi civilians and all soldiers involved in the conflict from the consequences of any established or potential environmental exposures; and,
8. Use the funds saved by the withdrawal of U.S. forces from Iraq to meet public health needs in the United States and in developing countries.

(See references page 3)

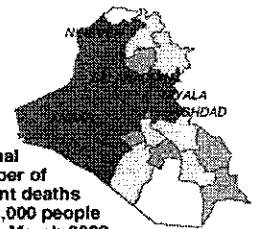
Over 650,000 Iraqi Violent Deaths Since the U.S. Invasion

(Continued from page 1)

births and 629 deaths were reported during the observation period. Pre-invasion mortality rates were 5.5 per 1,000 people per year (95% CI 4.3–7.1), compared with 13.3 per 1,000 people per year (10.9–16.1) in the 40 months post-invasion. The study estimates that as of July, 2006, there have been 654,965 (392,979–942,636) excess Iraqi deaths as a consequence of the war, which corresponds to 2.5% of the population in the study area. Of post-invasion deaths, 601,027 (426,369–793,663) were due to violence, the most common cause being gunfire. The authors conclude the number of people dying in Iraq has continued to escalate. The proportion of deaths ascribed to coalition forces has diminished in 2006, although the actual numbers have increased every year. Gunfire remains the most common cause of death, although deaths from car bombing have increased.

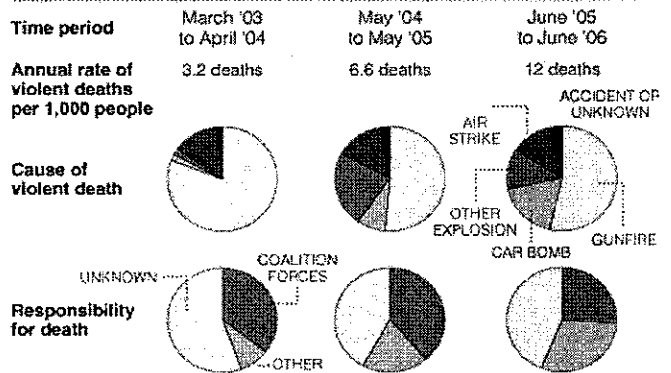
A New Estimate Of Civilian Deaths

A study by the Johns Hopkins Bloomberg School of Public Health determined the rate of violent deaths in Iraq since the 2003 invasion. Extrapolating from a survey of 1,849 Iraqi households, the report estimates that 601,027 Iraqi civilians died in violence between March 2003 and this July, a figure far higher than other previous estimates.



Annual number of violent deaths per 1,000 people since March 2003

■ More than 10 □ Fewer than 2
■ 2 to 10 □ Not available



Source: SABRINA TAVERNISE and DONALD G. McNEIL Jr. *Iraqi Dead May Total 600,000, Study Says*. *New York Times*, October 11, 2006

REFERENCES FOR APHA PROPOSED RESOLUTION OPPOSING THE IRAQ WAR

1. APHA Policy Statement 2002-11 Opposing War in Central Asia and the Persian Gulf. <http://www.apha.org/legislative/policy/policysearch/index.cfm?fuseaction=view&id=287>
2. APHA Policy Statement 9923 Opposing War in the Middle East. <http://www.apha.org/legislative/policy/policysearch/index.cfm?fuseaction=view&id=194>
3. Iraq Body Count <http://www.iraqbodycount.net> Accessed March 14, 2006.
4. Roberts L, Lafta R, Garfield R, Khudhairi J, Burnham G. Mortality before and after the 2003 invasion of Iraq: cluster sample survey *The Lancet* - Vol. 364, Issue 9448, 20 November 2004, Pages 1857-1864.
5. See, for example, articles from the *Seattle Post-Intelligence* http://seattlepi.nwsource.com/national/133581_du04.html ; the *BBC* http://news.bbc.co.uk/1/hi/in_depth/2860759.stm ; and the *International Security Network* http://www.isn.ch/news/sw/details_print.cfm?id=7393 .
6. Singer PW. Outsourcing War. *Foreign Affairs*. March/April 2005
7. *Times of London*, Jan 4, 2005.
8. <http://www.cnn.com/SPECIALS/2003/iraq/forces/casualties/> Accessed March 14, 2006.
9. <http://www.defenselink.mil/news/casualty.pdf>. Accessed March 14, 2006; Uchitelle L, When Talk of Guns and Butter Includes Lives Lost. *New York Times*, January 15, 2006.
10. Hoge CW, Auchterlonie, JL, Milliken CS. Mental Health Problems, Use of Mental Health Services, and Attrition From Military Service After Returning From Deployment to Iraq or Afghanistan. *JAMA*. 2006;295:1023-1032.
11. Cloud DS. \$120 Billion More Is Sought For Military in War Zones. *New York Times*, February 3, 2006.
12. Goldstein A. Bush's Budget Bolsters Pentagon. \$2.77 Trillion Plan For 2007 Would Trim Most Agencies. *Washington Post*, February 7, 2006.
13. Sachs J. *The End of Poverty. Economic Possibilities for Our Time*. The Penguin Press, 2005.

APHA PEACE CAUCUS PROGRAM

Boston, MA. NOVEMBER 5-8, 2006

Patrice Sutton, MPH, Program Planner

MONDAY 12:30 PM-2:00 PM BCEC 210C

3234.0 WAR AND PUBLIC HEALTH

V. W. Sidel, MD and B. S. Levy, MD, MPH, Presiders

12:30 PM

Darfur. S. Sirkin

12:45 PM

Physician-Soldier: The all-volunteer military and how it changed who serves in our name.

S. K. Trynosky, JD, MPH

1:00 PM

New American militarism. A. J. Bacevich, MA, PhD

1:15 PM

U.S. labor against the war. N. Wohlforth

1:30 PM

Discussion.

Co-Sponsors: APHC, COWR, MCH, OHS, VIETC, SC, LABOR

CE credits: CHES, CME, Nursing

MONDAY 4:30 PM-6:00 PM BCEC 253B

3418.0 TERRORISM AND PUBLIC HEALTH

B. S. Levy, MD, MPH and V. W. Sidel, MD, Presiders

4:30 PM

Health effects among New York City residents as a result of 9/11.

P. J. Landrigan, MD, MSc

4:45 PM

Biodefense: A bad idea whose time has come. D. Ozonoff, MD, MPH

5:00 PM

Torture and medical complicity: Where we stand. L. Rubenstein, JD

5:15 PM

Civil liberties. H. J. Geiger, MD, MSciHyg

5:30 PM

Discussion.

Co-Sponsors: APHC, MCH, OHS, VIETC, SC, LABOR

CE credits: CHES, CME, Nursing

TUESDAY 12:30 PM-2:00 PM BCEC 50

4152.0 HEALTH IMPACTS OF WAR IN THE MIDDLE EAST

A. F. Meyers, MD, MPH, Presider

12:30 PM

Public health nursing response to war: From the College of Nursing to Afghanistan. G. Gorman, RN, PhD

12:45 PM

Politics of Deteriorating Health in Palestine. D. Qato, PharmD, MPH

1:00 PM

Israeli disengagement from Gaza and public health: One year after.

M. Gdalevich; M. Huerta, MD, MPH; A. Leventhal, MD, MPH, MPA; Y. Arbeli, RN, MHA; S. Scharf

1:15 PM

Health and Human Rights Project of Jewish Voice for Peace: Report from October 2006 delegation.

A. F. Meyers, MD, MPH

1:35 PM

Discussion.

Co-Sponsors: MCH, VIETC, SC

CE credits: CHES, CME, Nursing

WEDNESDAY 7:00-8:30 AM (NEW TIME) Location TBA

Please Check at PSR Booth 657

435.0 PEACE CAUCUS BUSINESS MEETING

EVERYONE WELCOME!

APHA PEACE CAUCUS PROGRAM

Boston, MA

NOVEMBER 5-8, 2006

TUESDAY 2:30 PM-4:00 PM

4235.0 LABOR, THE WAR IN IRAQ AND PUBLIC HEALTH

Paul E. Almeida, Moderator

2:30 PM	Health Consequences of the War in Iraq	Barry S. Levy, MD, MPH
2:50 PM	Labor Views the Cost of War	Nancy Wohlforth
3:10 PM	War on U.S. Workers	Russ Davis
3:30 PM	Effects of the War on Health Care	Ann Hirschman, RN-C, FNP

Organized by: Labor Caucus

Co-Sponsors: Peace Caucus, Occupational Health and Safety;
Socialist Caucus

CE Credits: CME, CHES, Nursing

TUESDAY 4:30 PM-6:00 PM BCEC 255

**4330.1 LABOR, THE WAR IN IRAQ AND PUBLIC HEALTH:
PART 2 TAKING ACTION**

R. Gould, MD, Facilitator

The war in Iraq war has had a huge adverse effect on public health including civilians and military personnel. The purpose of this session is to provide opportunity for a follow-up discussion to a preceding session, Labor, the War in Iraq and Public Health (Session 4235.0: Tuesday: 2:30 PM-4:00 PM). The format of this session will be a moderated "Town Meeting." The goal is to provide an opportunity for participants to discuss specific actions public health workers can take to prevent the detrimental impacts of the war on public health.

Sponsored by the Labor Caucus and the Peace Caucus
Co-Sponsors: COWR, MCH, OHS, VIETC, SC

WEDNESDAY 12:30 PM-2:00 PM BCEC 254A

5133.0 BUILDING PEACE: INITIATIVES AND EDUCATION

J. Marshall, MD, Presider

12:30 PM	Humanitarian responses to migrant deaths in the United States-Mexico desert borderlands. T. L. Carroll, PT, MPH
12:45 PM	Capital punishment: Why the death penalty is incompatible with the promotion of peace and human rights. M. Donohoe, MD
1:00 PM	Explorations in reconciliation between Palestinian and Israeli Arab youth. J. J. Kuntz, MPhil
1:15 PM	Reuniting the "disappeared" children of El Salvador with their families. E. S. Barnert, MD/MS candidate
1:30 PM	Applying rights-based approaches to health in situations of low-intensity conflict to build peace: A case study from Chiapas, Mexico. A. E. Yamin, JD MPH; H. Sanchez Perez, MD; M. Arana, MD
1:45 PM	Discussion.

Co-Sponsors: CPHFC, COWR, MCH, VIETC, SC

CE credits: CHES, CME, Nursing

HEALTH CARE WORKERS AROUND THE GLOBE CONDEMN NORTH KOREAN NUCLEAR TEST:

(continued from p. 7)

"A Giant Step Backward"

The highest priority of the international community must now be to help the countries of the region withdraw from the nuclear precipice. We strongly urge restraint by all parties. Under no circumstance should a preventive or pre-emptive attack be contemplated. Peace and lasting security in North Asia depend upon everyone with a stake in the region using every diplomatic means at their disposal to defuse this crisis and reach an agreement.

The DPRK's nuclear test must be seen as a wake-up call to the other nuclear weapon states, who must no longer avoid negotiating a Nuclear Weapons Convention to rid the world of these genocidal weapons. The International Court of Justice has unanimously declared that they have an obligation to do so under international law.

A nuclear war, whether limited to the Korean Peninsula, or extending further into North Asia or beyond, would be a catastrophe of almost unimaginable proportions, exterminating vast populations and destroying the lives of future generations. Those who are responsible for such a war will not be forgiven; neither will those who could have prevented the catastrophe, but did not even make the attempt.

The protection brought by nuclear weapons is illusory, regardless of who owns them ...

Nuclear weapons bring war, not security

PSR: N. Korean Nuclear Test Predictable and Preventable

(continued from p.7)

of Iraq in 2003, the North Korean leadership seems convinced that a U.S. attack aimed at regime change was imminent. From that time they have pursued their nuclear weapons development program, both for plutonium and uranium weapons, with vigor not seen in the past. The United States development of new nuclear weapons designed to attack hardened facilities likely motivated North Korea's nuclear development. This coupled with the U.S. aggressive counter proliferation policy that eschews diplomacy in favor of military action to confront nuclear threats has generated this conflict. "The administration's policy of diplomatic inaction, matched with an aggressive military posture towards North Korea has led to this crisis. The U.S. Senate also bears a share of the responsibility for this policy failure. When the Senate rejected the Comprehensive Nuclear Test Ban Treaty in 1999 it relinquished the leverage and international tools to halt the test," McCally added. While results of the test are uncertain, North Korea may be preparing a second test to prove its nuclear capability. These uncertainties, and the fact that North Korea lacks delivery capability for its crude nuclear devices, give the global community a window to engage with North Korea.

PSR calls on North Korea to halt further testing, to disarm all its nuclear devices and to submit to UN inspections to verify these actions. PSR urges President Bush to engage in bilateral talks between North Korea and the United States that can lead to non-military solutions.

Detach here and return by mail, in person at the PC Business Meeting, or at the PSR Booth # 657

The Peace Caucus Needs Your Support! Membership is easy -- Join us today

Yes, I want to join the APHA Peace Caucus!

Full member \$10 Contributing member \$25 Sustaining member \$50

Enclosed is my check, payable to the "APHA Peace Caucus" for \$ _____

Name: _____

Address: _____

Email: _____ Phone: _____

APHA member? Yes No Renewal New member

APHA PEACE CAUCUS
C/O SF Bay Area Physicians
for Social Responsibility
2288 Fulton Street, Suite 307
Berkeley, CA 94704

CITE NEED FOR ABOLITION OF NUCLEAR WEAPONS BY ALL NATIONS

"A giant step backward"

International Physicians for the Prevention of Nuclear War (IPPNW) Co-Presidents Gunnar Westberg and Ime John issued the following statement on behalf of the Board of IPPNW on October 9, 2006, one day after the announcement by the Democratic People's Republic of Korea (DPRK, North Korea) that it had conducted a successful test explosion of a nuclear weapon.

The test explosion of a nuclear weapon, announced today by the Democratic People's Republic of Korea, was an irresponsible and dangerous action that can only be seen as a giant step backward for the people of North Korea and for the entire North Asian region. The government of Kim Jong Il has undermined the stability of the region and has jeopardized the security and well being of its own people, who may now suffer the repercussions of an outraged and anxious international community.

At the same time, the other nuclear weapon states have failed to make good on their decades-old commitment to eliminate their own nuclear arsenals. Had they already done so, we are confident that the DPRK would have seen no value in nuclear weapons and that the prospect of a nuclear-armed Iran would not be causing global anxiety. The nuclear weapon states have committed themselves, as members of the Non-Proliferation Treaty (NPT), to abolish all their nuclear weapons. They have, however, broken their pledge, saying that they need nuclear weapons for their security. During the Korean war, the US considered the use of nuclear weapons and has repeatedly threatened to use them against the DPRK since then. Countries such as the DPRK and Iran, often threatened by the US, might understandably resent this double standard and desire the same capacity for nuclear deterrence claimed by the US. The protection brought by nuclear weapons, however, is illusory, regardless of who owns them. Should the DPRK develop and test long range missiles, along with nuclear warheads that could be transported on these missiles, it would merely exacerbate the risk of attack by the US and its allies. Nuclear weapons bring war, not security.

IPPNW physicians and medical students have visited Pyongyang several times -- most recently in August 2005 -- in an effort to establish better relations with Korean doctors, to support medical education and improved health care, and to open lines of communication around issues of peace and security in the region. This inexcusable nuclear test has squandered resources that are desperately needed by the Korean people for food, housing, and health care. Moreover, it has needlessly provoked the country's neighbors and the rest of the world, with the likely result that the DPRK will become even further isolated in the months ahead. Where IPPNW and its affiliates had been championing a North Asia Nuclear Weapons Free Zone, we now face the prospect of a regional nuclear arms race.

(Continued on page 6)

A 2005 PSR study estimated that an attack on North Korea's nuclear facilities could result in over 500,000 immediate deaths, 2 million other deaths and serious injuries, and extreme social and economic disruption in Japan and Korea as a result of people fleeing from the fallout plume.

Wilk P, Stanlick S, Butcher M, et al. *Projected Casualties among U.S. Military Personnel and Civilian Populations from the Use of Nuclear Weapons Against Hard and Deeply Buried Targets*. Washington D.C.: Physicians for Social Responsibility, 2005.

PSR Condemns Apparent North Korean Nuclear Test and Potential Radioactive Dangers

Physicians for Social Responsibility (PSR) -- which shared the 1985 Nobel Peace Prize with International Physicians for the Prevention of Nuclear War (IPPNW) -- joins the world community in condemning the apparent nuclear test conducted October 8, 2006, near Kilju, North Korea.

"If this detonation involved nuclear material, the Korean peninsula now has joined an unfortunate registry of permanently despoiled radioactive sites," said Michael McCally M.D., executive director of PSR. "The North Koreans claim that no radiation was released by this test but the health implications will not be known until results are available from environmental radiation monitoring. What we do know is that the radiation from any North Korean test will remain dangerous for hundreds of thousands of years."

A 1991 study conducted by IPPNW revealed that: Both atmospheric and underground nuclear testing have rendered large areas around the globe uninhabitable, with the health and livelihoods of citizens profoundly affected; and while underground tests may diminish immediate risks compared with those conducted above ground, long-term risks of leakage and environmental contamination, especially of ground water, still result.

This test by North Korea was predictable and preventable. Since taking power in 2001, the Bush administration has allowed diplomatic relations to worsen, waiting 18 months after coming to office to resume multi-lateral negotiations. "President Bush has refused to engage directly with North Korea, and this has heightened their fear of attack. And today we learned that President Bush again refused direct diplomatic engagement with North Korea, perpetuating this failed policy," noted Dr. McCally.

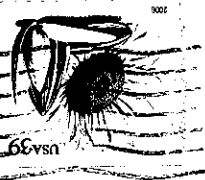
Since the Axis of Evil speech in 2002, followed by the invasion

(Continued on page 6)

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Please renew your membership—see page 6

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APHA PEACE CAUCUS
C/O SF Bay Area Physicians for
Social Responsibility
2288 Fulton Street, Suite 307
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DON'T MISS THE 2006 ACTIVIST PHYSICIANS DINNER

Sunday November 5, 2006 6:00 – 9:00 PM
Imperial Sea Food Restaurant 70 Beach Street, Boston
3 Blocks from Hyatt Regency Boston Hotel Served by APHA Bus
(2nd floor – for help with access call 312-996-5804)

This Year's Barsky Award recipient:
Leonard Rubenstein, JD, Executive Director, Physicians for Human Rights
For Consistent and Principled Defense of Victimized Peoples

This Year's Cornely Award recipient:
Kathleen M. Rest, PhD, MPA, Executive Director, Union of Concerned Scientists
For Outstanding Service in Defending Science Against Political Onslaught

\$45 in advance, \$50 at the meeting, \$30 for students

RSVP (with check payable to UIC OHSI) received no later than October 30, 2006:

Peter Orris/Shelly Lanz, Occupational Health Services Institute-University of Illinois at Chicago,
835S. Wolcott (MC 684) Chicago, IL 60612 Phone: (312) 996-5804 fax (312) 413-8485 email: porris@uic.edu

Sponsored By: Physicians Forum, Physicians for a National Health Program, Physicians for Social Responsibility, Physicians for Human Rights, Physician's Council of the Service Employees International Union, American Federation of State County and Municipal Employees, Physicians for Global Health, Physicians for Reproductive Choice & Health, American Medical Students Association.