

STUDENT DAYS

My life in the military began rather inauspiciously. At land grant colleges like the University of Minnesota, all male students at the time were required to participate in the Reserve Officer Training Corps (ROTC). The training offered very little didactic education and nothing about weaponry; I never fired a gun there. Instruction was apparently aimed at indoctrinating male college students to obey military authority, follow orders, and keep pace with others. For most of my contemporaries the ROTC commitment seemed a reasonable requirement for attending a state-supported university, but a few of us strongly opposed the intrusion of militarism into our student days. We hence sought to stop compulsory ROTC.

Involvement with left-wing political groups on the campus led to my becoming leader of a strike against the ROTC at the end of the school year in the spring of 1934. That activity unfortunately made my mother nearly frantic. As I was her eldest son (and the eldest grandson of her parents), she and the whole family had been counting on my admission to medical school and becoming a physician. She felt strongly that my activities were menacing not only my own career but the entire family expectation. The strike did take place during the time that medical school admission decisions were being made, and my mother and I were both conscious of the fact that in those days not many Jewish applicants were allowed to enter. I was terribly sorry to see her suffer so much but believed that my actions justified whatever the consequences might be. That year the medical school dean, Elias Lyon, decided to break the pattern with respect to limiting Jewish student enrollment. Hence, in the entering class of 100 University of Minnesota Medical School students that fall in 1934 several of us were Jewish.

A few of us absented ourselves from the annual spring military parade and instead barricaded ourselves in a second-floor front room of the University Student Union. Standing at that room's large window we spoke in ROTC uniform to about a thousand students gathered below. As evidenced by later disclosure of secret documents showing the U.S. government's involvement, our action, aimed at getting "the Marines out of Nicaragua," did not stop U.S. military support of the corrupt Nicaraguan governments that participated in the exploitation of their people by American interests. Our demonstration against the ROTC, however, probably did serve to bolster enthusiasm among those of us opposed to growing reactionary forces in Europe and their counterparts in the U.S. Against these growing Fascist trends President Roosevelt ultimately became, with Churchill as his close associate, the principal leader of the world's democratic forces.

The Spanish Civil War had strongly highlighted for me what was happening world-wide in the 1930s, when Franco fought with considerable Fascist support from outside Spain to overturn that nation's republican government. When Fascism represented such an obvious threat to peace and security for so many countries, forces from several countries were mobilized to combat it. Americans and others joined an International Brigade to aid the Republic. Though sorely tempted to enlist in that body I did not do so, justifying my inaction by thinking that finishing medical school would be more useful to mankind. Later I felt regret about that decision, especially when I came to know Archie Cochrane, the British epidemiologist best known as founder of the "clinical trial," and others who did volunteer (Bosch, 2003).

ENLISTMENT IN THE ARMY AND FIRST ASSIGNMENTS

The December 7, 1941, bombardment of Pearl Harbor finally catapulted our nation into the war. Though my wife, young son, and I were securely ensconced at that time in Rochester, the World War II Fascist advances were steadily intruding into our social circumstances. Europe was rapidly coming under Nazi control and the Japanese forces were overrunning East Asian and Pacific areas. Although protected from being drafted into military service professionally by being engaged in public health service and personally by having a wife and child, I finally joined the anti-Fascist war. The thought of a world dominated by Hitler, Mussolini, and Hirohito became intolerable to me, and their early victories made that outcome seem quite possible.

In 1943 I volunteered for the U.S. Army Medical Corps. My first assignment took me for training in tropical medicine to the Bethesda Naval Hospital, and the two months there constituted the most rigorous study period of my life. Dedication to the war effort, combined with the learning opportunity, kept me working long hours, but at last my professional public health and political interests coalesced. Enlisting also somewhat assuaged the guilt I felt for not having joined the Spanish republic's anti-Fascist struggle of the late 1930s.

My training continued with field experience in malaria control. For that purpose a few Medical Corps officers were assigned to a field exercise during which we were housed at the Florida State College for Women in Tallahassee, Florida. GIs standing outside but not allowed to enter the compound yelled vulgarities at us as we returned to the campus each evening. We learned primarily by using dynamite to drain swamps where malaria-carrying mosquitoes were breeding, the common practice of engineers who had earlier pursued that approach to preventing malaria in the southeastern United States. A dynamite expert cautioned us that even shaking the dust around sticks of dynamite could result in explosion, and cartons of the stuff should therefore be handled very carefully and never dropped. To illustrate the danger he showed us pictures of men who had been blasted against nearby cement walls because they mishandled dynamite. Seeing those men appear as shadows stuck to the wall deeply impressed us. On the field trip to practice the ditch-draining we young medical officers lined up to lift cases of dynamite from a truck, and then carry them to the swamp site. When my turn came I stepped to the back of the truck like the others and picked up a case. Nobody, however, had made clear to me that dynamite is very heavy. The sudden, unexpected weight on my outstretched arms caused me to drop the case onto my feet. Although the dynamite did not explode, I sensed that my fellow trainees avoided me thereafter.

After tropical medicine training I was assigned as preventive medicine officer to the San Francisco Port of Embarkation, where my principal duty was to assure that no communicable disease problems were brought into port. That entailed my going out about five o'clock A.M. several times a week into the fog covering the San Francisco Bay in a small boat that would carry a few boarding officers to a troop ship that carried mostly returning wounded soldiers, and was en route to dock. After climbing up the rope ladder dangling over the side of the moving vessel I would seek out the medical officer and carry out prescribed formalities for release of the ship from quarantine. The routine consisted mainly of having a cup of coffee with a fellow medical officer on the ship and exchanging some signatures and papers.

On one occasion, however, the visit was more than routine. The ship's medical officer told me that several returning soldiers had died of a suffocating throat disorder during the voyage. Upon investigation it quickly became evident to me that the men had died of throat diphtheria. The disease had spread to returning soldiers during the journey home in the ship's crowded conditions, evidently originating from several patients in the ship's hospital with severe skin diphtheria that they had acquired in the South Pacific. The young medical officers on board the troop ship had not previously seen, and unfortunately did not recognize, throat diphtheria. The causative organisms will grow in wounds under conditions that prevailed in the World War II Pacific Theater, and a substantial number of the returning wounded suffered skin diphtheria. From the latter cases diphtheria bacilli would infect other soldiers on the troop ship, thus yielding the classical, throat form of the disease whose fatal effects could have been avoided by detecting the cases early and giving antitoxin to the patients.

Seeing those dead soldiers stunned me because such deaths were even then nearly always preventable. Knowing that Dr. Karl F. Meyer, Director of the Hooper Foundation at the University of California at San Francisco and a world authority on communicable diseases, was an influential consultant to the Army, I brought the information directly to him. That seemed to me likely to be more effective than going through Army channels. Dr. Meyer invited me to join him for lunch a couple of days later at the San Francisco Family Club. I encountered a highly impressive array of high Army and Navy brass at that luncheon table. After a nice meal, Dr. Meyer, who had placed me at his right hand, asked me to recount the ship-diphtheria story, after which I proposed assuring that adequate stocks of diphtheria antitoxin be placed immediately on board all troop ships, radioing all medical officers with returning troops concerning the diphtheria danger, and instructing all others who might have similar future responsibilities about the matter. Powerful personality that he was, Dr. Meyer then swept the luncheon table group with his hand to emphasize his words, "The lieutenant has described the situation and made his recommendations; now you gentlemen will do what the lieutenant says." The gentlemen appeared a bit discomfited but not inclined to defy Dr. Meyer.

That experience indicated how much the right personal leverage can influence a critical situation. Subsequent events in both civilian and military life reinforced my belief that certain situations justify finding a short-cut way to influence decision makers rather than following bureaucratic channels. Indoctrinating people too strongly in routine officialism

often precludes effective action in public health as well as in other circumstances.

PREVENTIVE MEDICAL OFFICER IN THE SEVENTH INFANTRY DIVISION ON LEYTE

While I was stationed at the San Francisco Port of Embarkation early in 1945, orders came for me to join the Army's Seventh Infantry Division which was then battling for Leyte in the Philippines. Having successfully made the attack on Attu in the Aleutians and then on Kwajelein in the mid-Pacific, the Seventh Division had been selected for that task. Later, examining my route on a C-47 plane to Leyte via Hawaii and Kwajelein to join the Division, I gave profound thanks for that airplane crew's navigational and piloting competence. Arriving one evening with no knowledge of the Seventh Division, completely ignorant of combat, and with no training for it, I reported to Division headquarters carrying orders to be the preventive medicine officer.

My introduction to the situation came the first night when I stood up to urinate. Whispered, colorful expletives from my new comrades promptly taught me where I was and what not to do. Especially at nighttime, never do anything that might attract attention to one's location because doing so might invite Japanese sniper fire. Urinate immediately before you lie down for the night, and if you can't wait till the morning, just roll over a few feet. Indoctrination into battle culture continued with learning how to bathe with water in a helmet, and how to wash one's clothes in a river.

The Headquarters staff did not know what a preventive medical officer should do, and I wasn't too sure myself. As a physician, however, my first point during the intense battle was to ascertain how I could help care for the heavy casualties that were flowing into the clearing station, a quasi-hospital for the Division's approximately 15,000 soldiers. Our situation was akin to that depicted in the TV *MASH* program—except that our unit included no female nurses. Having essentially no competence in the surgical treatment of battle trauma, as my new medical colleagues disappointedly but immediately confirmed, I was assigned to the "shock tent." There we received the severely wounded soldiers who needed blood transfusions and other preliminary treatment. We cared for the worst cases, mostly those with bloody, dirty, penetrating wounds, aiming to keep the soldiers alive a few hours until the surgeons could provide further treatment.

My preventive medicine role on Leyte began when we encountered an epidemic of schistosomiasis. Noting that several soldiers from the Division's engineer battalion reported suffering severely from chills, severe headache, fever, and often dermatitis, I suspected schistosomiasis because the engineers had been building bridges across slow streams, and that work necessitated their spending hours in the river water where they had possibly been exposed to the causative agents. These agents pass one stage of their life cycle in snails that flourish in shallow, slow-moving water, and then escape to bore into a passing human's skin and proceed to the intestine and liver, where they cause extensive pathology. Human (or animal) excrement then reinfects the water where the snails pick up the organisms again. Though schistosomiasis occurs on several continents and islands, a particularly virulent form (*S. japonicum*) prevails in the Southeast Asian areas. The tropical medicine training course had emphasized the condition, and I had been on the lookout for it.

Examining the patients' blood smears with a microscope I found a very high eosinophilia rate. This type of white blood cell increases sharply in parasitic infections such as schistosomiasis. Observing the typical symptoms, ascertaining the eosinophilia count, and noting that the disease outbreak affected only men who had been exposed to slow-moving water made it easy to conclude that we were dealing with schistosomiasis. It attacked several dozen men in that engineer's battalion for whom I recommended evacuation because their illness would continue for several weeks. That was hardly complete preventive medicine, but at least it was recognition of a disease exotic to American medical officers.

After firm military control of Leyte was established, the Division's Special Services Officer introduced the drinking routine at Headquarters. There was, of course, no alcohol during combat. When a rest period arrived, however, his recipe consisted of placing sweetened lemon powder into an aluminum canteen, adding some heavily chlorinated water from whatever source, and dosing that mixture with alcohol derived from the medical supplies. He called the awful concoction White Flash.

OKINAWA

Our Division's rest was limited, and we soon began loading ships for another battle. This time, although most of us did not know it until en route, we were headed for Okinawa. The Japanese were anticipating an attack on the southern tip of that long island, but MacArthur somehow assembled a huge fleet of ships that carried two Army infantry and two Marine divisions for a surprise attack about midway on Okinawa's west

side. Evidently the Japanese were not well prepared for such an assault, and their main defense against our invasion consisted of dispatching kamikaze pilots on suicide missions to disrupt our landing. Scores of them attacked our ships, which the Japanese had apparently discovered approaching Okinawa only the night before our attack. Flying very cheap aircraft with only enough gasoline for a one-way journey, the kamikaze pilots were surrounded by huge amounts of explosives and expected to die while ramming their planes against our ships. Although violating the rule against observing such action, I managed, along with a few others, to watch the tremendous display of armament for a few minutes. Our anti-aircraft fire destroyed most of the planes flying toward us, although some did manage to hit a few ships.

Early on the morning of April 1, 1945, the four Marine and Army divisions landed abreast on Okinawa. Encountering little opposition on land, we made a rapid advance and within a few days our attack force controlled the central portion of the island. The Japanese could not turn their big guns around rapidly from the southern tip of the island where they had expected our landing. Later, of course, we encountered fierce opposition on Okinawa in one of the Pacific's bloodiest battles.

On the third day after the landing, however, we still had met no substantial enemy resistance, and so I resumed my role as preventive medicine officer. Pursuing my first priority (i.e., ascertaining the nature of local mosquitoes that might carry disease), I discovered some marsh water where they were breeding in a beautiful valley near our troop concentration. While bending over the water's edge to pick up and examine mosquito larvae in my dipper, I noticed two men coming down a hill into the valley and toward me. My initial thought, of course, was "Friend or foe?" Fortunately, I soon recognized that they were American soldiers.

Then I realized that my being in this situation violated several rules that could bring me into serious trouble. I was alone, which is absolutely prohibited in combat, and away from headquarters without permission. An officer must always keep his weapons close at hand, whereas my carbine and pistol were about fifty feet away. We did not wear metal insignia in combat because Japanese snipers selectively picked off officers, but close-up one could tell another's rank by the markings of insignia left on our fatigue uniforms. Thus I discerned that the two men were a corporal and a private, and they could see that I was a captain. Sensing that it would be highly desirable to defend my situation vigorously and that the best defense is a good offense, I gave them a mini-lecture on mosquito biology and the diseases that mosquitoes can carry. That included explaining that the larval stage precedes the adult flying insect,

and that the larvae of anopheles mosquitoes, which carry malaria, lie at the water's surface in an almost horizontal position, whereas the larvae of mosquitoes carrying dengue fever lie in a slanting position with only one end contacting the water's surface. The men listened quietly. In fact, they did not say a word until, after about ten minutes, they turned and left. Before they were out of earshot, however, I heard one say to the other, ". . . and for Christ's sake they make guys officers for that." Thus I escaped penalty for violating so many Army rules.

The first few days on Okinawa turned out to be a quiet prelude to a very tough battle. Upon moving toward the south we encountered heavy Japanese forces of fierce fighters; our casualties became extensive and backlogged our surgical teams. Again, as on Leyte, I was pressed into shock tent service. One night a corporal and I were attending about fifteen seriously wounded soldiers who were lying on cots down the middle of the long shock tent awaiting surgical care. As the corporal bent over a soldier to place a needle into his vein, I observed a huge snake behind him, still dragging its tail from outside the tent and seemingly ready to strike his calf. Responding to my yell the corporal wheeled around; the reptile then passed directly under the cot on which the wounded soldier was lying and turned between the two lines of patients. We feared that the snake, whose five foot length we could now fully see, would strike a soldier. My associate grabbed a shovel and meeting the snake as it emerged from the lines of bloody wounded, he banged its head. We were immensely relieved after that brief but intense ordeal.

As generally seems to happen in the Army when an unusual incident occurs, experts suddenly appear. Among the small group of soldiers that quickly gathered around the battered snake, one identified the specimen as a hemi-habu, a highly poisonous species that was common in Okinawa. Opening the jaws and demonstrating with his finger, he pointed out that on one side the snake had an anomalous double-pronged fang (poison injector) but only the usual single prong on the other side. During the discussion after the "lecture," to our astonishment the snake began moving again. Someone quickly grabbed the shovel and chopped off its head. That reminded me of my own manual-prescribed duty: preserve in alcohol the head of any large snake found and send it to higher headquarters for study. Word of that experience spread rapidly, and during the ensuing days front-line soldiers found several such reptiles on the rocky ground over which they were advancing. The more enterprising men would cut off the snakes' heads, approach their commanding officers, and explain that "the doctor" back at division headquarters desperately needed them for submission to higher headquarters. Thus, they would escape the combat line for a few hours while delivering the booty. With many snakes'

heads arriving in this fashion our dwindling supply of alcohol (only potable alcohol being available) aroused loud outcries from my fellow officers. We did not actually encounter any snake bites, and we did manage to preserve some alcohol for White Flash rather than pickling snakes' heads.

Meanwhile our Seventh Division as a whole was struggling mightily for the island, which the Japanese fervently defended. After turning their big guns around, they pounded us as we moved from Okinawa's mid-point toward the south. The battle became a major turning point in the tide against Japan, clearly a prelude to attacking the core of Japan itself.

By that time Hitlerism had been defeated in Europe and May 12, 1945, had been designated as Victory in Europe (VE) Day, so our nation's war effort could now be concentrated on bringing down the Japanese military machine. Though battered and retreating, the latter remained formidable. Despite our realization that some of us would be the last American casualties in the war, it was exhilarating to know that we were winning; the Seventh Division leadership had instilled fierce pride in us.

USING CASUALTIES OF ONE EPIDEMIC TO FIGHT ANOTHER

As the Division proceeded to fight its way south we encountered not only further heavy casualties but two additional epidemics. One was dengue fever, a severe and disabling mosquito-borne disease characterized by fever, severe backache, headache, and fatigue. Usually recovery occurs in about ten to fifteen days, but during that time the pain becomes so tormenting that the patient sometimes expresses concern not that he is going to die but that he is *not* going to die. Because that epidemic was disabling many of our soldiers, I approached the Division commander, General "Vinegar Joe" Stilwell, to seek a detail of men who would accompany me into semi-forward areas, just behind advancing troops, to spray the larval breeding sites with DDT—mostly pots of water around the newly abandoned, walled clusters of huts where the Okinawans had lived prior to the battle. I explained to the General how we must stop the mosquitoes that transmit the dengue fever virus by spraying the larvae and thus minimize casualties from the epidemic. Violating instructions, I had managed to get some DDT and knapsack sprayers loaded for the Okinawa invasion. To my plan, however, the General responded in language indicating how he had acquired the nickname, "Vinegar Joe." He made it utterly clear that my request was the most ludicrous proposal he had ever heard and that in our situation every man was needed

behind a real weapon to kill Japanese soldiers, not a DDT spray gun to kill mosquitoes.

A few days before the dengue fever outbreak, a second epidemic—battle fatigue—had also struck the Division, with lassitude as its major symptom. Although it had been taking a huge toll in Europe, battle fatigue had not previously affected Pacific Theater troops extensively. But when we encountered heavy artillery from the guns turned on us as we moved south, scores of our men suffered battle fatigue. The treatment consisted of relieving them from combat temporarily, holding them at the clearing station, and then moving them forward again as soon as sufficient recovery permitted and before they became too accustomed to freedom from front-line conditions.

The situation gave me an idea. I spoke to the psychiatrist in charge of the battle fatigue patients: “I understand you want the men to go forward as they improve but not immediately into combat.” “That’s right,” he replied. I proposed that he assign a few such men to me so that I could train them for DDT spraying and then have them accompany me into the villages up ahead as we took them. He agreed that the plan would combine psychiatric treatment with preventive medicine and thus find a way around a higher echelon decision that obstructed a task that circumstances required (The venture ultimately induced the General to recommend me for a Bronze Star!). Some days later, as my crew and I entered one of the villages, we encountered unexpected machine gun fire from inside the deserted compound. Our men quickly captured a lone enemy soldier somehow left behind by the retreating Japanese forces. Questioned about why he opened fire rather than laying low until we passed, he explained that he had thought we were coming after him with flame-throwers rather than our knapsack DDT sprayers.

THE ATOM BOMB

I remember clearly the evening of August 6, 1945—Hiroshima Day. We had secured Okinawa through heavy combat, and after working all day loading for the obvious assault on the main body of Japan we were becoming highly conscious of the huge numbers of casualties expected there. Heavy resistance with tremendous firepower would confront us, essentially like what happened in the Normandy invasion. Gathered around a small radio for the evening newscast a small group of us learned about the first atom-bomb blast and its huge civilian toll. The obvious implications provoked my life’s most mixed sensation, and I suspect that of my companions. We realized with relief that the likelihood of our

being killed while invading Japan had been virtually eliminated, but killing so many Hiroshima civilians as the price made us distraught. It was a torturing, wonderful-terrible feeling. More than a half-century later I still reflect on the personal feelings of having avoided an invasion of central Japan mixed with appreciating the military rationale that maximum terror should be inflicted on the enemy, but greatly shocked at destroying a whole city of essentially noncombatant people. About the only thing that gives me some comfort is the satisfaction of having been a soldier in helping bring down the Hitler-Hirohito axis.

KOREA

We continued loading ships, but the Division's destination was changed to Inchon, the port city for Seoul, Korea. With peace just established, I did not then realize the political significance of our landing in what eventually became South Korea. Relieved of invading Japan, we were just happy to be somewhere else and out of combat.

The first afternoon at Inchon I happened to disembark with a Special Services officer who invited me to join him in his jeep. Touring the strangely peaceful countryside we observed an inn nestled in some low hills. As we approached and entered, a retinue of attendants escorted us to a single table set lavishly for about six persons but apparently meant just for our arrival! Briefly wandering about the establishment while awaiting our meal my companion noticed a bottle of Scotch whisky, something we had not seen in a long while. Quickly responding to our interest, an attendant opened the bottle and poured us substantial drinks. We were thoroughly jolted a half hour later, however, just as we were thoroughly enjoying the situation, and dinner seemed about ready. Two other jeeps carrying several high army and navy brass rolled up to the inn's entrance; the local people had obviously mistaken the major and me as early arrivals for a really important party. After surrendering what was left of the whisky we were allowed to eat a much lesser meal in a different room from that of the real party.

A few days after our arrival in Korea in August 1945, we all began calculating the time when we could return home. The army had devised a scheme that set the date for return according to the number of points that had been earned by months of military service in the war, including extra points for months overseas and for the number of children born no later than VE Day. My second son, Jack, had been born in 1944 while our family was in San Francisco, and my third, Stephen, entered the

world precisely on VE Day, thus providing the points necessary to get me home a few months early.

The return by ship necessitated a transfer in Manila, where I decided to have a grand meal before leaving the Orient. During the third course in a great hotel with a magnificent, old dining room, a huge rat traveling along a dripping pipe immediately overhead destroyed the ambience and my taste for the meal. It was also a symbol of the huge tasks that confronted public health now that the war was over. The next day I boarded ship for the voyage back to San Francisco.

THE IDEOLOGY OF WAR

Now, almost sixty years after my World War II experience and having observed how war has changed since that time, I realize that the twentieth century transformed the nature of international combat, not only in weaponry but also in its globalization. From its beginnings in primitive tribal conflict over land (economy) and hegemony, war has extended to reflect nationalism and has moved into international alliances. Yet its social roots seem much the same.

The human instinct for control over resources has unfolded through various configurations into modern capitalism as the dominant form of society in the early twenty-first century. A highly significant aspect of that development has been the concentration of wealth into the hands of a relatively few people in the most powerful countries, and that power has passed into the hands of those countries' political leaders who act on the international scene. Meanwhile, vast numbers of people have been left in poverty. Those in the most impoverished nations become enraged at their lack of control over the world's obvious resources as well as those in their own countries. Their rage is increasingly and sometimes violently directed at the dominating nations of the world. Meanwhile, the powerful have become practically oblivious to the situation they are creating while enlarging their domination over the world's resources. In the endeavor to control land, oil, minerals, and other commodities as well as trade, people matter only as a means of such control.

This fundamental phenomenon is intimately linked to ideology. Tribalism-nationalism generates patriotic allegiance that rises sharply whenever the group is threatened, and that notion is enhanced by the idea of "my group's innate superiority." That idea is quite readily manipulated even among so-called well-educated people, as exemplified by Hitler's generating the Nazi view of Aryan supremacy among Germans in the 1930s that led to the Holocaust. The concept of supremacy still prevails widely in

the world. It could be observed when U.S. soldiers referred to the Okinawans as “gooks” whose lives were not worth much; they were just “in the way” of defeating Japan. That might not have been official policy, but the notion was widely expressed in soldier talk.

Religious fervor is another important element in war ideology: “My god is all-powerful and must be recognized as such; the infidels must be overcome.” From the Christian crusades to the Moslem Al-Qaeda and right-wing Israeli nationalism, that belief has motivated people to war. Suicide attacks can become the standard of loyalty in battle; kamikaze pilots showed their devotion to Emperor Hirohito that way, and it is the way Al-Qaeda adherents show their devotion to Allah.

The escalating power of modern weaponry has vastly increased warfare’s potential for damage. Land mines, atomic bombs, biological and chemical means of attack, missiles, and satellite communication strengthen the capacity for waging war and even committing genocide. National leaders currently possess immense power to use weaponry, as in the case of Truman’s decision to use the atomic bomb against Hiroshima and Nagasaki. Were both necessary, or even one? We will never know, although we may have strong feelings about the matter. Did Johnson’s decision to continue bombing North Vietnam really support America’s genuine interest? In historical perspective the answer to that question increasingly seems “no.” Will the Nazi extermination ovens or the recent airplane strikes against prominent American buildings be repeated, or even more horrible forms of human destruction be invented?

Avoiding these latter prospects obviously rests upon humanity’s capacity to formulate and implement ways of minimizing conflict among peoples and ultimately rooting out its sources. That entails overcoming the massive gaps in wealth within and between nations and dealing seriously with the ideological forces that are intertwined with and augment the economic forces of our times, for example, in Iraq. Although the United Nations, Amnesty International, and like-minded organizations are tackling some important current issues, it is by no means clear that we are nearing a universal commitment to achieve peace in the world. Perhaps international courts are a primitive beginning to overcome the deficiencies in mankind’s development that lead to war. As long as we tolerate and even encourage further accumulation of wealth by billionaires and their corporations in Saudi Arabia, the United States, and elsewhere in the face of massive world-wide poverty, I do not understand how we can hope to achieve peace. Private profit may currently be essential for efficient productivity, but it must be democratically and effectively controlled to minimize its adverse consequences.

What some of us regard as terrorists others see as rebels; it is a matter of perspective. I hope, in the interest of peace, we can deal with the realities that generate such perspectives.



Breslow family, circa 1939. Front (l to r): father Joseph Breslow, mother Mayme Breslow. Middle: sister Shirley Breslow. Rear (l to r): Brothers Sidney Breslow, Lester Breslow, Arthur Breslow.



Captain Lester Breslow, 1945.