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Abbasi, K., Ali, P. orcid.org/0000-0002-7839-8130, Barbour, V. orcid.org/0000-0002-2358-2440 et al. (15 more authors) (2023) Reducing the risks of nuclear war—The role of health professionals. *Hematological Oncology*, 41 (4). pp. 605-607. ISSN 0278-0232

<https://doi.org/10.1002/hon.3218>

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Reducing the risks of nuclear war—The role of health professionals

In January 2023, the Science and Security Board of the Bulletin of the Atomic Scientists moved the hands of the Doomsday Clock forward to 90 s before midnight, reflecting the growing risk of nuclear war.¹ In August 2022, the UN Secretary-General António Guterres warned that the world is now in “a time of nuclear danger not seen since the height of the Cold War.”² The danger has been underlined by growing tensions between many nuclear armed states.^{1,3} As editors of health and medical journals worldwide, we call on health professionals to alert the public and our leaders to this major danger to public health and the essential life support systems of the planet—and urge action to prevent it.

Current nuclear arms control and non-proliferation efforts are inadequate to protect the world's population against the threat of nuclear war by design, error, or miscalculation. The Treaty on the Non-Proliferation of Nuclear Weapons (NPT) commits each of the 190 participating nations “to pursue negotiations in good faith on effective measures relating to cessation of the nuclear arms race at an early date and to nuclear disarmament, and on a treaty on general and complete disarmament under strict and effective international control.”⁴ Progress has been disappointingly slow and the most recent NPT review conference in 2022 ended without an agreed statement.⁵ There are many examples of near disasters that have exposed the risks of depending on nuclear deterrence for the indefinite future.⁶ Modernization of nuclear arsenals could increase risks: for example, hypersonic missiles decrease the time available to distinguish between an attack and a false alarm, increasing the likelihood of rapid escalation.

Any use of nuclear weapons would be catastrophic for humanity. Even a “limited” nuclear war involving only 250 of the 13,000 nuclear weapons in the world could kill 120 million people outright and cause global climate disruption leading to a nuclear famine, putting 2 billion people at risk.^{7,8} A large-scale nuclear war between the USA and Russia could kill 200 million people or more in the near term, and potentially cause a global “nuclear winter” that could kill 5–6 billion people, threatening the survival of humanity.^{7,8} Once a nuclear weapon is detonated, escalation to all-out nuclear war could occur rapidly. The prevention of any use of nuclear weapons is therefore an urgent public health priority and fundamental steps must also be

taken to address the root cause of the problem—by abolishing nuclear weapons.

The health community has had a crucial role in efforts to reduce the risk of nuclear war and must continue to do so in the future.⁹ In the 1980s the efforts of health professionals, led by the International Physicians for the Prevention of Nuclear War (IPPNW), helped to end the Cold War arms race by educating policy makers and the public on both sides of the Iron Curtain about the medical consequences of nuclear war. This was recognised when the 1985 Nobel Peace Prize was awarded to the IPPNW.¹⁰ (<http://www.ippnw.org>).

In 2007, the IPPNW launched the International Campaign to Abolish Nuclear Weapons, which grew into a global civil society campaign with hundreds of partner organisations. A pathway to nuclear abolition was created with the adoption of the Treaty on the Prohibition of Nuclear Weapons in 2017, for which the International Campaign to Abolish Nuclear Weapons was awarded the 2017 Nobel Peace Prize. International medical organisations, including the International Committee of the Red Cross, the IPPNW, the World Medical Association, the World Federation of Public Health Associations, and the International Council of Nurses, had key roles in the process leading up to the negotiations, and in the negotiations themselves, presenting the scientific evidence about the catastrophic health and environmental consequences of nuclear weapons and nuclear war. They continued this important collaboration during the First Meeting of the States Parties to the Treaty on the Prohibition of Nuclear Weapons, which currently has 92 signatories, including 68 member states.¹¹

We now call on health professional associations to inform their members worldwide about the threat to human survival and to join with the IPPNW to support efforts to reduce the near-term risks of nuclear war, including three immediate steps on the part of nuclear-armed states and their Allies: first, adopt a no first use policy¹²; second, take their nuclear weapons off hair-trigger alert; and, third, urge all states involved in current conflicts to pledge publicly and unequivocally that they will not use nuclear weapons in these conflicts. We further ask them to work for a definitive end to the nuclear threat by supporting the urgent commencement of negotiations among the nuclear-armed states for a verifiable, timebound

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agreement to eliminate their nuclear weapons in accordance with commitments in the NPT, opening the way for all nations to join the Treaty on the Prohibition of Nuclear Weapons.

The danger is great and growing. The nuclear armed states must eliminate their nuclear arsenals before they eliminate us. The health community played a decisive part during the Cold War and more recently in the development of the Treaty on the Prohibition of Nuclear Weapons. We must take up this challenge again as an urgent priority, working with renewed energy to reduce the risks of nuclear war and to eliminate nuclear weapons.

AUTHOR CONTRIBUTIONS

Ira Helfand and Andy Haines developed the idea of the editorial and led drafting along with Chris Zielinski. All other authors contributed significantly to the editorial content.

ACKNOWLEDGMENTS

Respective authors were paid by their employers. Chris Zielinski's time was funded by International Physicians for the Prevention of Nuclear War.

CONFLICT OF INTEREST STATEMENT

KB-D is a full-time employee of the American Medical Association, working as the Editor-in-Chief of JAMA and the JAMA Network. AH is principal investigator of the Pathfinder Initiative 2020–2025, co-investigator of Sustainable Healthy Food Systems research program 2017–2023, and co-investigator of Complex Urban Systems for Sustainability and Health 2017–2023, all funded by the Wellcome Trust, with additional funding from the Oak Foundation for the Pathfinder Initiative, and he reports royalties from Cambridge University Press for the coauthored book Planetary Health; consultancy fees paid to his institution from the Wellcome Trust for his role as Senior Advisor on Climate Change and Health in 2021; travel/meeting support from WHO and Human Frontiers Science Program; and he is a member of the Cool Roofs trial steering committee Nouna Research Center, Burkina Faso/University of Heidelberg, is Co-chair of the International Advisory Committee, NIHR Clean-Air (Africa) Global Health Research Unit, is a member of the Independent Advisory Group, Collaboration for the Establishment of an African Population Cohort Consortium, and he was Co-chair of the InterAcademy Partnership, Climate Change and Health Working Group 2019–2022 and Co-chair of the Academy of Medical Sciences/Royal Society working group on “A healthy future—tackling climate change mitigation and human health together” 2020–2021 (all unpaid). IH reports honoraria for several speaking engagements, all donated to Back from the Brink, the IPPNW, or Physicians for Social Responsibility; travel/meeting support for Nobel Peace Laureates' Summit, the World Federation of Public Health Associations World Congress, and the UN Human Rights Commission Youth Summit; and he is a member of the steering committee of Back from the Brink and the International Steering Group of the International Campaign to Abolish Nuclear Weapons, a Board member of the IPPNW and Physicians for Social Responsibility, and a Trustee of the Phillips Exeter

Academy (all unpaid). MGMOR reports research grants from the Dutch Research Council, NOW (grant number COMPL.21COV.001) and from the Netherlands Organisation for Health Research ZonMw (grant number 09120012010063) and he is Chair of the Dutch guideline committee on cognitive impairments and dementia. TR reports a contract with the Institute for Energy and Environmental Research (USA) for papers addressing the health and environmental consequences of nuclear testing in multiple locations, including Australia, French Polynesia, central Pacific, and China; honorarium from The Choisun Ilbo media group in South Korea for a lecture on nuclear weapons in 2022 and for nuclear weapons presentations from Hyogo Medical Practitioners Association (Japan), Peace Boat (Japan), and the University of Sydney; he was an expert witness on radiation and health for Environmental Justice Australia acting for Mine-Free Glenaladale regarding proposed Fingerboards Mineral Sands Mine to the Victorian Government Fingerboards Inquiry and Advisory Committee; he is a member of RV3 Rotavirus Vaccine Development Scientific Advisory Board, Murdoch Children's Research Institute/Royal Children's Hospital; he is a member of the Committee of International Campaign to Abolish Nuclear Weapons Australia; he is a member of the Internet Peace Prize Award Committee (Sunfull Foundation, South Korea); he was a member of the Victorian International Humanitarian Law Advisory Committee, Australian Red Cross; he is a Board member of the Initiative for Peacebuilding, Faculty of Arts, University of Melbourne; he is an At-large Board member of the IPPNW; he was Co-president of the IPPNW 2012–23; and he is Honorary Principal Fellow, Melbourne School of Population and Global Health, University of Melbourne. PY reports grants from Atea Pharmaceuticals; honoraria for lectures, presentations, and educational events from bioMérieux and Pfizer Pharmaceuticals; fees for participation on an advisory board from Pfizer Pharmaceuticals; and he is a member of the Antimicrobial Stewardship Study Group Executive Committee (2022–2024) and the Clinical Practice Guideline Panel on Vaccinations in Immunocompromised hosts for the European Society of Clinical Microbiology and Infectious Diseases. CZ reports consulting fees for his role as senior adviser on the international journals project from the IPPNW. All the other authors declare no competing interests.

FUNDING INFORMATION

International Physicians for the Prevention of Nuclear War.

Kamran Abbasi¹
 Parveen Ali^{2,3,4} 
 Virginia Barbour⁵ 
 Kirsten Bibbins-Domingo⁶ 
 Marcel G. M. Olde Rikkert⁷ 
 Richard Horton⁸ 
 Robert Mash⁹ 
 Carlos Monteiro¹⁰ 
 Elena N. Naumova¹¹ 
 Eric J. Rubin¹² 
 Peush Sahni¹³ 

James Tumwine¹⁴ 
 Paul Yonga¹⁵ 
 Chris Zielinski¹⁶ 
 Arun Mitra¹⁷
 Tilman Ruff¹⁸
 Andy Haines¹⁹ 
 Ira Helfand²⁰

¹British Medical Journal, London, UK

²Health Sciences School, University of Sheffield, Sheffield, UK

³Doncaster and Bassetlaw Teaching Hospitals, Sheffield, UK

⁴Sheffield University Interpersonal Violence Research Group,
Sheffield, UK

⁵Medical Journal of Australia, Brisbane, Queensland, Australia

⁶University of California, San Francisco, San Francisco, California,
USA

⁷Radboud University Medical Center, Nijmegen, The Netherlands

⁸The Lancet, London, UK

⁹Division of Family Medicine and Primary Care, Stellenbosch
University, Stellenbosch, South Africa

¹⁰Department of Nutrition, School of Public Health, University of
Sao Paulo, Sao Paulo, Brazil

¹¹Tufts University, Boston, Massachusetts, USA

¹²New England Journal of Medicine, Cambridge, Massachusetts,
USA

¹³All India Institute of Medical Sciences [AIIMS], New Delhi, India

¹⁴Dean School of Medicine, Kabale University, Kampala, Uganda

¹⁵CA Medlynks Medical Centre and Laboratory, Nairobi, Kenya

¹⁶University of Winchester, Winchester, UK

¹⁷International Physicians for the Prevention of Nuclear War,
Ludhiana, India

¹⁸International Physicians for the Prevention of Nuclear War,
University of Melbourne, Melbourne, Victoria, Australia

¹⁹Environmental Change and Public Health, London, UK

²⁰International Physicians for the Prevention of Nuclear War,
Springfield, Illinois, USA

Correspondence

Chris Zielinski

Email: CZielinski@ippnw.org

This editorial is being published simultaneously in multiple journals. For the full list of journals see: <https://www.bmj.com/content/full-list-authors-and-signatories-nuclear-risk-editorial-august-2023>.

ORCID

Parveen Ali  <https://orcid.org/0000-0002-7839-8130>

Virginia Barbour  <https://orcid.org/0000-0002-2358-2440>

Kirsten Bibbins-Domingo  <https://orcid.org/0000-0002-8962-0622>

Marcel G. M. Olde Rikkert  <https://orcid.org/0000-0003-1397-1677>

Richard Horton  <https://orcid.org/0000-0003-1792-5408>

Robert Mash  <https://orcid.org/0000-0001-7373-0774>

Carlos Monteiro  <https://orcid.org/0000-0002-3777-1533>

Elena N. Naumova  <https://orcid.org/0000-0002-9562-4734>

Eric J. Rubin  <https://orcid.org/0000-0001-5120-962X>

Peush Sahni  <https://orcid.org/0000-0002-6910-062X>

James Tumwine  <https://orcid.org/0000-0002-3422-7460>

Paul Yonga  <https://orcid.org/0000-0003-1991-9992>

Chris Zielinski  <https://orcid.org/0000-0001-6596-698X>

Andy Haines  <https://orcid.org/0000-0002-8053-4605>

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