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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. *Allergy*, 78 (11). pp. 2826-2828. ISSN 0105-4538

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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 90s 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 Modernisation 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.

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 programme 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 co-authored 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 Centre, Burkina Faso/University of Heidelberg, is Co-chair of the International Advisory Committee, NIHR Clean-Air (Africa) Global Health Research Unit and 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 International Physicians for the Prevention of Nuclear War, 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 International Physicians for the Prevention of Nuclear War 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 Choison 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 International Physicians for the Prevention of Nuclear War; he was Co-president of the International Physicians for the Prevention of Nuclear War 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 International Physicians for the Prevention of Nuclear War. All the other authors declare no competing interests.


Kamran Abbasi¹

Parveen Ali² 


Virginia Barbour³ 

Kirsten Bibbins-Domingo⁴ 

Marcel G. M. Olde Rikkert⁵ 


Andy Haines⁶ 

Ira Helfand⁷ 

Richard Horton⁸ 

Bob Mash⁹ 

Arun Mitra¹⁰ 

Carlos Monteiro¹¹ 

Elena N. Naumova¹² 

Eric J. Rubin¹³ 

Tilman Ruff¹⁴ 

Peush Sahni¹⁵

James Tumwine¹⁶

Paul Yonga¹⁷ 

Chris Zielinski¹⁸

- ¹British Medical Journal
²International Nursing Review
³Medical Journal of Australia
⁴JAMA
⁵Dutch Journal of Medicine
⁶London School of Hygiene and Tropical Medicine
⁷International Physicians for the Prevention of Nuclear War
⁸The Lancet
⁹African Journal of Primary Health Care & Family Medicine
¹⁰International Physicians for the Prevention of Nuclear War
¹¹Revista de Saúde Pública
¹²Journal of Public Health Policy
¹³New England Journal of Medicine
¹⁴International Physicians for the Prevention of Nuclear War
¹⁵National Medical Journal of India
¹⁶African Health Sciences
¹⁷East African Medical Journal
¹⁸University of Winchester, World Association of Medical Editors

Correspondence

Chris Zielinski, University of Winchester, World Association
of Medical Editors.
Email: czielinski@ippnw.org

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>
Andy Haines  <https://orcid.org/0000-0003-1792-5408>
Ira Helfand  <https://orcid.org/0000-0001-7373-0774>
Richard Horton  <https://orcid.org/0000-0002-3777-1533>
Bob Mash  <https://orcid.org/0000-0002-9562-4734>
Arun Mitra  <https://orcid.org/0000-0001-5120-962X>
Carlos Monteiro  <https://orcid.org/0000-0002-6910-062X>
Elena N. Naumova  <https://orcid.org/0000-0002-3422-7460>
Eric J. Rubin  <https://orcid.org/0000-0003-1991-9992>
Tilman Ruff  <https://orcid.org/0000-0001-6596-698X>
Paul Yonga  <https://orcid.org/0000-0002-8053-4605>

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