

## Ending nuclear weapons, before they end us

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*A worldwide nuclear arms race is underway. Deployed nuclear weapons are increasing again, and China, India, North Korea, Pakistan, Russia, and the United Kingdom are all enlarging their arsenals. An estimated 2,100 nuclear warheads in France, Russia, the United Kingdom, the United States, and, for the first time, also in China, are on high alert, ready for launch within minutes. With disarmament in reverse, extensive nuclear modernisations underway, multiple arms control treaties abrogated without replacement, no disarmament negotiations in evidence, nuclear-armed Russia and Israel engaged in active wars involving repeated nuclear threats, Russia and the United States deploying nuclear weapons to additional states, and widespread use of cyberwarfare, the risk of nuclear war is widely assessed to be greater than ever. This year, the Doomsday Clock was moved the closest to midnight since the clock's founding in 1947.*

This May, the World Health Assembly (WHA) will vote on re-establishing a mandate for the World Health Organization (WHO) to address the health consequences of nuclear weapons and war ([World Health Organization, 2025a](#)). Health professionals and their associations should urge their governments to support such a mandate and the new United Nations (UN) comprehensive study on the effects of nuclear war.

The first atomic bomb exploded in the New Mexico desert 80 years ago, in July 1945. Three weeks later, two relatively small (by today's standards), tactical-size nuclear weapons unleashed a cataclysm of radioactive incineration on Hiroshima and Nagasaki. By the end of 1945, about 213,000

people were dead ([Tomonaga, 2019](#)). Tens of thousands more have died from late effects of the bombings.

Last December, Nihon Hidankyo, a movement that brings together atomic bomb survivors, was awarded the Nobel Peace Prize for its “efforts to achieve a world free of nuclear weapons and for demonstrating through witness testimony that nuclear weapons must never be used again” ([NobelPrize.org, 2024](#)). For the Norwegian Nobel Committee, the award validated the most fundamental human right: the right to live. The committee warned that the menace of nuclear weapons is now more urgent than ever before. In the words of Committee Chair Jørgen Watne Frydnes, “it is naive to believe our civilisation can survive a world order in which global security depends on nuclear weapons. The world is not meant to be a prison in which we await collective annihilation” ([NobelPrize.org, 2025](#)). He noted that our survival depends on keeping intact the “nuclear taboo” (which stigmatises the use of nuclear weapons as morally unacceptable) ([Tannenwald, 1999](#)).

The nuclear taboo gains strength from recognition of compelling evidence of the catastrophic humanitarian consequences of nuclear war, its severe global climatic and famine consequences, and the impossibility of any effective humanitarian response. This evidence contributed significantly to ending the Cold War nuclear arms race ([Helfand et al., 2016](#); [Robock et al., 2023](#)).

While the number of nuclear weapons is down to 12,331 from their 1986 peak of 70,300 ([Kristensen et al., 2025](#)), this

still equals 146,605 Hiroshima bombs (Norwegian People's Aid, 2025) and does not mean humanity is any safer (Science and Security Board, 2025). Even a fraction of the current arsenal could decimate the biosphere in a severe mass extinction event. The global climate disruption caused by the smoke pouring from cities ignited by just 2% of the current arsenal could result in over two billion people starving (Xia et al., 2022).

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Led by Ireland and New Zealand, in late 2024 the UN General Assembly voted overwhelmingly to establish a 21-member independent scientific panel to undertake a new comprehensive study on the effects of nuclear war (United Nations General Assembly, 2024). The panel has been tasked with examining the physical effects and societal consequences of nuclear war on a local, regional, and planetary scale.

The resolution calls upon UN agencies, including WHO, to support the panel's work (United Nations General Assembly, 2024). Such an authoritative international assessment is long overdue; the last such report dates from 1989. It is shameful that France, the UK, and Russia opposed this resolution (Reaching Critical Will, 2025).

In 1983 and 1987, WHO convened international committees to study the health effects of nuclear war. Its reports were influential examples of WHO fulfilling its constitutional mandate "to act as the directing and coordinating authority on international health work" (World Health Organization, 1987). In 1993, WHO produced a further report on the health and environmental effects of nuclear weapons

(World Health Organization, 1993). However, despite WHA mandating periodic reports, no further work was undertaken, and in 2020 WHO's mandate lapsed.

Marshall Islands, Samoa, and Vanuatu, supported by others and the International Physicians for the Prevention of Nuclear War, are working to renew WHO's mandate (World Health Organization, 2025a).

Our joint editorial in 2023 on reducing the risks of nuclear war urged immediate steps: adopt a no-first-use policy, take weapons off hair-trigger alert, pledge not to use nuclear weapons in current conflicts, start negotiations to eliminate arsenals, and join the Treaty on the Prohibition of Nuclear Weapons (Abbasi et al., 2023; United Nations, 2017).

The UN scientific panel and a renewed WHO mandate can provide vital, authoritative evidence to trigger decisive political leadership. This is a core health imperative for all.

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