

PROPOSED RESOLUTION

TO: WFPHA
FROM: Peter Orris, MD, MPH
Chair, Environment Committee
DATE: April 10, 2008
TITLE: Safer Chemical Policies

WHEREAS, The U.S. chemical industry designs, produces, and imports 42 billion pounds of chemical substances per day, with global production growing a projected 4-fold by 2050;^{1,2} and

WHEREAS, Many of the substances useful to society are also hazardous to human and ecosystem health. Hazardous chemical exposure poses the greatest threat to children and to women before and throughout reproductive age, impacting children's health, development, behavior, and learning, with exposure to neurotoxic chemicals during critical child development periods linked to lifelong deficits in brain function³; and

WHEREAS, WFPHA has passed resolutions concerning Persistent Organic Pollutants in 1996; Promoting Health in an Era of Global Free Trade in 1998;) Health Care Without Harm in 1999; Support for International Action to Eliminate Persistent Organic Pollutants in 2001; Zero Waste in 2003; International Trade Agreements: Priorities for Health in 2003 and 2004; and a call for a Global Ban on the Mining and Use of Asbestos in 2005 all expressed concerns about aspects of chemicals and chemicals policies and their effects on human health; and

WHEREAS, many national toxic control acts intended to prevent negative human health impacts of chemicals have, according to numerous independent analyses, fallen short of their objectives by failing to serve as a vehicle for effective public, industrial, and governmental *assessment* of the hazards of chemicals in commerce and *control* those of greatest health concern. Often even the most extensive laws fail in that they: do not require chemical producers to generate or disclose chemical hazard information on the more than 80,000 chemicals registered for use in commerce, nor the 2000 new chemicals introduced each year. They often require government to meet an excessively high standard of proof before acting to protect public or environmental health, primarily allowing protective action only after chemicals have caused harm; and it does not encourage prevention through the development and use of safer alternatives;^{4,5} and

WHEREAS, in addition current market conditions fail to safeguard public health, creating problems including: the appearance of hundreds of industrial chemicals in human tissues and fluids, including the cord blood of infants;^{6,7} the development of chronic diseases and premature death related to chemical exposures in the workplace; and disproportionate risks due to chemical exposures among members of minority, immigrant, and low-income communities; and

WHEREAS, Sweeping changes in public and environmental health policy in the European Union are driving global interest in cleaner technologies, including safer chemicals.

FINALLY WHEREAS,

on a global level fundamental changes are needed in the way that societies manage chemicals, Environment Ministers, Health Ministers and other delegates from over 100 governments together with representatives of civil society and the private sector declared in Dubai, February 6, 2006, that the environment worldwide continues to suffer from air, water and land contamination, impairing the health and welfare of millions. They adopted the Strategic Approach to International Chemicals Management (SAICM), a global plan of action whose stated goal is: to achieve the sound management of chemicals throughout their life-cycle so that, by 2020, chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment.

THEREFOR, BE IT RESOLVED, The WPHA agrees with the SAICM:

- On the need to take action to “prevent the adverse effects of chemicals on the health of children, pregnant women, fertile populations, the elderly, the poor, workers and other vulnerable groups and susceptible environments.”
- On the need to “apply the precautionary approach” and “give priority consideration to the application of preventive measures such as pollution prevention.”
- On the need to address the “lack of capacity for managing chemicals in developing countries and countries with economies in transition, dependency on pesticides in agriculture, exposure of workers to harmful chemicals and concern about the long-term effects of chemicals on both human health and the environment.”
- With the commitment to “promote and support the development and implementation of, and further innovation in, environmentally sound and safer alternatives, including cleaner production, informed substitution of chemicals of particular concern and non-chemical alternatives.”
- On the need to promote “adequate transfer of cleaner and safer technology” and with a call to make available both “existing and new sources of financial support.”
- On the need to promote “capacity-building, education and training and information exchange on sound management of chemicals for all stakeholders.”
- That “the sound management of chemicals is essential if we are to achieve sustainable development, including the eradication of poverty and disease, the improvement of human health and the environment and the elevation and maintenance of the standard of living in countries at all levels of development.”
- With the commitment to “promote and support meaningful and active participation by all sectors of civil society, particularly women, workers and indigenous communities, in regulatory and other decision- making processes that relate to chemical safety.”
- With the commitment to facilitate access to “information and knowledge on chemicals throughout their life cycle, including the risks that they pose to human health and the environment.”

We commit ourselves and call upon all stakeholders including governments, non governmental organizations, the private sector, intergovernmental organizations and others to work together to implement SAICM policies, and to reform domestic chemicals assessment and management laws, policies and practices to achieve the 2020 goal in all countries

¹ American Chemistry Council. 2003. Guide to the Business of Chemistry, p 37. American Chemistry Council: Arlington, Virginia.

² Organization for Economic Cooperation and Development (OECD). 2001. Environmental Outlook for the Chemicals Industry, pp. 34-36 (<http://www.oecd.org/dataoecd/7/45/2375538.pdf>).

³ Goldman, L.R. and Koduru, S.H. 2000. Chemicals in the environment and developmental toxicity in children: A public health and policy perspective. *Environmental Health Perspectives*, 108(3): S443-S448 (<http://ehp.niehs.nih.gov/members/2003/6115/6115.html>).

⁴ Anastas P, Warner J. 1998. Green Chemistry: Theory and Practice. Oxford University Press: New York.

⁵ National Academy of Sciences, National Research Council, Board on Chemical Sciences and Technology. 2005. Sustainability in the Chemical Industry: Grand Challenges and Research Needs—A Workshop Report. National Academy Press: Washington, DC (<http://www.nap.edu/books/0309095719/html>).

⁶ Centers for Disease Control and Prevention. 2005. The Third National Report on Human Exposure to Environmental Chemicals (<http://www.cdc.gov/exposurereport/>).

⁷ Houlihan J et al. 2005. Body Burden: The Pollution in Newborns. Environmental Working Group: Washington, DC (<http://archive.ewg.org/reports/bodyburden2/execsumm.php>).

PROPOSED RESOLUTION

TO: WFPHA
FROM: Peter Orris, MD, MPH
Chair, WFPHA Environment Committee
DATE: April 10, 2008
TITLE: **Healthy Food Pledge**

Whereas The US California Medical Association passed Resolution 705-07 entitled Improving Health through Sustainable Food Purchasing in 2007 which stated in part:

*Whereas, industrial agriculture relies on application of high levels of synthetic fertilizers and toxic pesticides, herbicides, and fungicides, exposure to which can lead to elevated cancer risks and disruption of human reproductive, immune, endocrine and nervous systems;ⁱ and,
Whereas, non therapeutic antibiotics routinely fed to industrial livestock pass through the food chain to humans and contribute to human antibiotic resistance, and eliminating the use of non therapeutic antibiotics in livestock can help ensure that human antibiotic treatments remain effective;ⁱⁱ and,
Whereas manure from concentrated animal feeding operations (CAFOs) has resulted in severe air and water pollution; and nitrates from this manure are linked to blue baby syndrome, birth defects, thyroid disorders, and cancer;^{iii,iv} and airborne particles and gases from CAFOs are linked to extremely elevated rates of respiratory and intestinal disorders in nearby residents;^{v,vi} and CAFOs are implicated in many outbreaks of food-borne illness such as *E. coli* and *Salmonella*;^{vii,viii} leading the American Public Health Association to call for a moratorium on CAFOs^x; and,*

Whereas the food purchasing decisions made by health care institutions can affect the health of patients, staff, and visitors; and the massive purchasing power of the health care industry can influence the direction of U.S. agriculture by purchasing food that is produced in an environmentally and socially sustainable manner; and,

Whereas the WFPHA has passed policies on Population and Ecological Sustainability in 1994; Health, Economics and Development in 1996; Health Care Without Harm in 1999; and Public Health and Globalization in 2001 placing living standards food and environmental sustainability in health care and society as a whole and

Whereas the municipalities, regions, and some nations have adopted plans to Improve Local Access to Locally Grown, Sustainable, Healthy Food and Value-Added Products and to Increase Public Awareness. ^{x, xi}

Whereas hospitals and health care systems have joined in signing the Healthy Food in Health Care Pledge^{xii} Which commits the pledged institutions to:

- *Work with local farmers, community-based organizations, and food suppliers to increase the availability of locally sourced food.*
- *Encourage vendors and/or food-management companies to supply food that is, among other attributes, produced without synthetic pesticides and hormones or antibiotics given to animals in the absence of diagnosed disease and which supports farmer health and welfare and ecologically protective and restorative agriculture.*
- *Implement a stepwise program to identify and adopt sustainable food procurement.*
- *Communicate an interest in foods that are identified as local and certified.*

- Educate and communicate within the system and to patients and community about nutritious, socially just and ecological sustainable food, healthy food practices and procedures.
- Minimize or beneficially reuse food waste and support the use of food packaging and products that are ecologically protective;
- Develop a program to promote and source from producers and processors that uphold the dignity of family, farmers, workers, and their communities and support sustainable and humane agriculture systems.

Be it Resolved that the World Federation of Public Health Associations encourages hospitals and other health care institutions to sign and support the Healthy Food Pledge and

Be it further Resolved that the WFPHA will work to secure food for professional meetings consistent with this pledge and

This resolution relies heavily on materials written and developed by Jamie Harvie, PE from a paper presented by The Center for Health Design® and Health Care Without Harm at a conference sponsored by the Robert Wood Johnson Foundation, September 2006. www.healthdesign.org.

i Blair, A., and SH Zahm. 1995. "Agricultural exposures and cancer." Environmental Health Perspectives

ii Smith D.L., J. Dushoff , and J.G. Morris. "Agricultural Antibiotics and Human Health." PLoS Med. 2005

iii Mensinga, T., G. Speijers, and J. Meulenbelt. 2003. "Health Implications of Exposure to Environmental Nitrogenous Compounds." Toxicological Reviews. 22(1):41-51.

iv Mirvish, S.S. 1991. The significance for human health of nitrate, nitrite, and n-nitroso compounds in Nitrate Contamination: Exposure, Consequence, and Control. NATO ASI Series, Vol. G30.

v Thu K, K. Donham, R. Ziegenhorn, S. Reynolds S., et al. 1997. A control study of the physical and mental health of residents living near a large-scale swine operation. J Agric Saf Health 3:13–26.

vi Southwest Utah Board of Health and Southwest Utah Public Health Department. 2001. "An Evaluation of Health Concerns in Milford, Utah and the Possible Relationship of Circle Four Farms to Those Concerns."

vii USDA. (n.d.) Prevalence of *Salmonella spp.* and *Escherichia coli* On U.S. Livestock Operations. Emerging Animal Health Issues.

viii Centers for Disease Control and Prevention. 1998. Surveys of waterborne disease outbreaks compiled by the Center for Disease Control and Prevention from 1986 to 1998, published in Morbidity and Mortality Weekly Reports. CDC, Atlanta.

ix American Public Health Association (APHA). 2003. Policy Statement 2003 -7 Precautionary Moratorium on New

Concentrated Animal Feed Operations. Retrieved on August 23, 2007. <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1243>

^xhttp://egov.cityofchicago.org/city/webportal/portalContentItemAction.do?BV_SessionID=@ @ @ @0678339903.1201558368 @ @ @ @&BV_EngineID=cccdadedeihmllecefecelldffhdfgn.0&contentOID=536957067&contentTypeName=COC_EDITORIAL&topChannelName=HomePage

^{xi} http://egov.cityofchicago.org/webportal/COCWebPortal/COC_EDITORIAL/Eat_Local_Live_Healthy.pdf

^{xii} <http://www.noharm.org/us/food/pledge>

Reinforcing the Public Health Commitments on Peace and Human Rights

Proposed by the Brazilian Association on Collective Health (Abrasco)
To be submitted and reviewed to the WFPHA approval to be presented at the General Assembly at 42nd WFPHA Annual Meeting, Geneva, May 18th 2008.

Recognizing the *Rio Declaration* (August 2006) and recalling the thirty two resolutions and two position paper adopted by WFPHA on its previous Assemblies ⁽¹⁾, from 1978 to 2005, and considering:

- the contents, arguments and requests addressed in the resolution "Peace for Public Health Initiative", adopted by WFPHA Assembly at the 27th Annual Meeting, in May 3rd 1993;
- the contents, arguments and requests stated in the resolution "Public Health, Peace and Human Rights", adopted by WFPHA Assembly at the 37th Annual Meeting, in May 19th 2003;
- "Global solidarity and responsibility are essential to meet the enormous challenge of assuring that every human being can live their lives with respect and dignity, thereby creating a better future for the next generations." (*Rio Declaration*, August 2006).

recognizing finally that:

- public health contributions can prevent and stop the consequences of war, social crises and violence;
- good mental health as well as the human rights require that people everywhere are allowed to free will and to belong to their original cultural and spiritual community, to speak its language and to exercise its traditions;
- much of the social turmoil and injustice worldwide is a consequence of not allowing peoples to exercise their culture and trying of forcing them into a cultural framework which is not theirs.

The WFPHA

- asks governments and international organizations and agencies to recognize this right and to organize Society in such a way that different cultural and spiritual groups can live peacefully besides each other; and
- condemns all efforts of using violence to negate this right.

In particular the WFPHA

- strongly disapproves the recent violent episode involving the President of East Timor, José Ramos Horta - the 1996' Nobel Peace Prize, and
- urges the government of the Peoples Republic of China and the Dalai Lama as the spiritual leader of the Tibetans to peacefully meet and to jointly find a political formula which allows the Tibetans to exercise their cultural and spiritual autonomy.

(1) Resolutions and position papers adopted by WFPHA are available at http://www.wfpha.org/pg_about_policy.htm

Renewing calls for a global action

Proposed by the Brazilian Association on Collective Health (Abrasco)

To be submitted and reviewed to the WFPHA approval to be presented at the General Assembly at 42nd WFPHA Annual Meeting, Geneva, May 18th 2008.

Recognizing the *Rio Declaration* (August 2006) and recalling the thirty two resolutions and two position paper adopted by WFPHA on its previous Assemblies ⁽¹⁾ , from 1978 to 2005, and considering:

- the contents, arguments and proposals stated in the position paper “Non-Governmental Organizations and Primary Health Care”, prepared by WFPHA for the International Conference on Primary Health Care, Alma-Ata, Kazakh SSR, September 6-12, 1978;
- the contents, arguments and role of the Public Health Movement addressed in the resolution “Public Health and Globalization”, proposed by the WFPHA Resolutions Committee at the 35th Annual Meeting, in May 14th 2001;
- the contents, arguments and recommendations addressed in the resolution “Global Climate Change”, proposed by the WFPHA Resolutions Committee at the 35th Annual Meeting, in May 14th 2001;
- the contents, arguments and requests stated in the resolution “Access to Essential Medicines, the Need for Fair Prices, and Better Research”, adopted by WFPHA Annual Meeting, in Brighton, in April 19th 2004;
- the contents, arguments and requests stated in the resolution “Health and International Trade Agreements”, adopted by WFPHA Annual Meeting, in Brighton, in April 19th 2004;

considering finally

- the 30th Anniversary of the International Conference on Primary Care and the Alma Ata Declaration (Alma Ata, Kazakh SSR, September 6-12, 1978)

The WFPHA calls again for the commitment and involvement of Governments and Civil Societies organizations with issues of health and development. “Access to effective health care is a fundamental human right and a precondition to social and economic development. All social inequalities in access to health care should be eliminated.” (*Rio Declaration*, August 2006). The

historical role and mission of the Governments and global Society within all the stages in the development of primary health care programs must be effective.

The WFPHA recognizes that the efforts to reduce the damages to living beings and consequences of the accelerated climate change are far from reaching their goals. The WFPHA recognizes the urgent need for a global *recall-for-action* and reinforces and renews its resolution on “Global Climate Change” proposed by the WFPHA Resolutions Committee at the 35th Annual Meeting, in May 14th 2001. WFPHA invites all its members and partners to develop and disseminate the actions addressed to reduce the impact of climate change.

The WFPHA expresses deep concern about the increasing and continuous impact of globalization on the deterioration of the health situation and quality of life of the people.

“Globalization, which has a potential to break down social, economic and political barriers, has unfortunately produced a vicious cycle, where inequity between and within nations has increased, leading in turn to increased poverty and exclusion, worsened living conditions and, finally, overall poor health. This places an increased burden on the underprivileged, furthering the inequities and repeating the whole cycle. In particular, this threatens the fulfillment of the Millennium Development Goals.” (*Rio Declaration*, August 2006).

“Good health in all parts of the population is not only a moral good in itself, but also a prerequisite for economic growth and sustainable development (...)” (WFPHA resolution on “Health and International Trade Agreements”, Brighton, UK, in April 19th 2004).

The WFPHA therefore resolves to intensify its efforts to reduce the health impact of climate change, globalization and social crises by strengthening its capacities for international professional exchange and advocacy, based on its own network of national public health associations as well as on connections to other international organizations and agencies.

(1) Resolutions and position papers adopted by WFPHA are available at http://www.wfpha.org/pg_about_policy.htm

Amy Hagopian

PROPOSED LETTER FOR GEORGES BENJAMIN TO SIGN ON BEHALF OF APHA
SUBMITTED BY SAMIR BANOUB ON BEHALF OF THE INTERNATIONAL HEALTH
SECTION, APRIL 29, 2008

Letter in support of the Capuano Resolution

The American Public Health Association voices its strong support for the Capuano Resolution, which calls for President Bush to not attend the Opening Ceremonies of the Olympic Games in Beijing unless China takes steps to stop selling military arms to Sudan, persuades Sudan to end violent attacks in Darfur and allow for full deployment of UMAID. APHA does not support a boycott of the Beijing Games by athletes and believes in the ideal of the Olympic Games as a symbol of peace and international cooperation.

The genocide in Darfur, now entering its sixth year, has had devastating impacts on the Sudanese people and the public health system of the entire country. Southern Sudan has one of the highest maternal mortality rates in the world, where 1 out of every 50 women dies in childbirth. Sudan's infant mortality rate, which is a proxy indicator for how well the health system functions and which had been declining rapidly since 1960, has stagnated since the violence intensified in 2002. Such a decline in health indicators is directly related to the ongoing war and violence in Sudan and neighboring Chad, and the ongoing war and violence are directly influenced by China's financial, political and military support to the Khartoum government.

China has unprecedented leverage in Sudan; as its largest trading partner, China receives two-thirds of Sudan's oil exports. It is Sudan's foremost diplomatic ally in the United Nations Security Council, serving as its primary protector. China has given substantial sums to the Sudanese government both through direct investments in the oil sector, totaling more than \$3 billion, as well as by cancelling over \$100 million in debt owed to the Chinese government. China also remains the largest arms supplier to Sudan, fueling and perpetuating an ongoing genocide that will take generations to recover from.

Yet China remains effectively silent in using its leverage for the health and security of civilians, and humanitarian workers. – and by its silence, China's inactions are fueling the ongoing violence and declining health and quality of life of Sudanese people.

The Capuano Resolution asks for the US to stand united with other world leaders, such as those from France, Britain, and Germany, and boycott the Opening Ceremonies. China needs to use its considerable leverage to three ends: to call upon the Sudanese government to allow the full and timely deployment of the UNAMID forces, to insist that the government stop targeting civilians in its military operations, and to intensify its efforts at negotiating a peaceful resolution to the conflict. If China fails to do this, the US would, under the Capuano Resolution, boycott the Opening Ceremonies.

The Olympics have long been a symbol of peace, brotherhood, and global cooperation. We must use this unique window of opportunity to send a message to China, that its diplomatic inaction is equivalent to complicity, a complicity that we as a global community cannot tolerate.

DRAFT FOR SUBMISSION

Statement of American Public Health Association and World Federation of Public Health Associations on situation in Zimbabwe.

Since the election in Zimbabwe on March 29, 2008, credible reports from human rights organizations, medical organizations, embassies in Zimbabwe, and journalists, as well as sworn statements by citizens of Zimbabwe, have demonstrated that the government and ruling ZANU-PF party have orchestrated a widespread campaign of terror, violence and intimidation against individuals associated with the opposition Movement for Democratic Change or citizens who might in the future vote for the opposition. The violence has included beatings and other forms of physical assault, burning of homes and villages, and torture; there are credible reports that torture camps have been set up by ZANU-PF.¹ The UN High Commissioner for Human Rights, Louise Arbour, has expressed “grave concern about “threats, intimidation, abuse and violence directed against NGOs, election monitors, human rights defenders and other representatives of civil society.”²

As of April 23, the independent, non-partisan Zimbabwean Association of Doctors for Human Rights (ZADHR), had evaluated 323 individuals who were physically assaulted by government and government-sponsored forces since April 1, and these cases only represent a fraction of the assaults. ZADHR found many cases of fractures, soft tissue injuries, hematomas, and falanga, the last a form of torture in which bars or sticks are used to beat a person’s feet and which can cause life-long disability.³

As individuals flee their villages, sometimes into the woods and in other cases to other towns and villages, a humanitarian crisis, exacerbated by already dire shortages of food, is developing.⁴ At the same time, there are reports that government is obstructing humanitarian agencies from supplying such aid.⁵

¹ Human Rights Watch, Zimbabwe: Surge in State-Sponsored Violence, April 25, 2008.

<http://www.hrw.org/english/docs/2008/04/25/zimbab18653.htm>; Human Rights Watch, Zimbabwe: ZANU-PF Sets Up ‘Torture Camps’ April 19, 2008.

<http://hrw.org/english/docs/2008/04/19/zimbab18604.htm>; Celia Dugger, Signs of Attacks on Zimbabwe’s Opposition, New York Times, April 28, 2008.

<http://www.nytimes.com/2008/04/28/world/africa/28zimbabwe.html?scp=5&sq=zimbabwe+&st=nyt>

² Alarmed by Violence in Zimbabwe, Arbour urges Restraint. Press Release,

<http://www.unhchr.ch/hurricane/hurricane.nsf/view01/BB073B7B294BC46FC1257438003A0672?opendocument> (no date).

³ Zimbabwe Association of Doctors for Human Rights, Violent Assault and Torture Remains Unchecked, 23 April 2008. See also Zimbabwe Association of Doctors for Human Rights, Cases of Post Election Violence Continue to Escalate, 18 April 2008.

⁴ UN chief says Zimbabwe in ‘serious’ humanitarian crisis. Africaisa, April 29, 2008.

<http://www.africasia.com/services/news/newsitem.php?area=africa&item=080429154843.rv1e9cs9.php>

⁵ Celia Dugger, Signs of Attacks on Zimbabwe’s Opposition, New York Times, April 28, 2008.

<http://www.nytimes.com/2008/04/28/world/africa/28zimbabwe.html?scp=5&sq=zimbabwe+&st=nyt>

According to sworn statements by eyewitnesses, key government health officials have directly participated in threats of violence. According to such statements the Minister of Health, David Parirenyatwa, threatened to kill citizens if they did not vote for President Robert Mugabe in a second round of voting.⁶

In April, 2007, the World Federation of Public Health Associations condemned assaults and torture on peaceful demonstrators in Zimbabwe and the denial of medical care to persons suffering injuries as a result.⁷

In October, 2007 the World Medical Association denounced “systematic and repeated violations of human rights, interference with the right to health in Zimbabwe, failure to provide resources essential for provision of basic health care, declining health status of Zimbabweans, dual loyalties and threats to health care workers striving to maintain clinical independence, denial of access to health care for persons deemed to be associated with opposition political parties and escalating state torture.”⁸

The American Public Health Association [World Federation of Public Health Associations]

- Condemns the actions of the government of Zimbabwe, the ZANU-PF Party, public officials including the Minister of Health and the militias, gangs, and security forces working on their behalf, for acts of violence and threatened act of violence on people in Zimbabwe and demands that they cease;
- Demands that respect for the rule of law return to Zimbabwe, including adherence to principles of democratic governance and respect for human rights.
- Calls for an immediate investigation into the conduct of the Minister of Health and his dismissal if charges are substantiated.
- Demands the protection of health and humanitarian aid workers in Zimbabwe in doing their duty treating patients, documenting torture, and providing aid to those in need.
- Demands respect for the right to health of all the people of Zimbabwe, including permitting those in need to access to medical care and humanitarian assistance.
- Calls on governments in Africa and elsewhere to do all in their power to bring the crisis to an end and assure protection of the human rights of the people of Zimbabwe.

⁶ Mugabe minister accused of gun threats, Guardian.Co.UK, April 10, 2008.
<http://www.guardian.co.uk/world/2008/apr/21/zimbabwe> Zimbabwe health minister accused as terror campaign reaches hospital wards, Times Online, April 29, 2008.
<http://www.timesonline.co.uk/tol/news/world/africa/article3835622.ece>

⁷ World Federation of Public Health Associations Condemns Human Rights Abuses in Zimbabwe, Statement by Dr. S.M. Asib Nasim, President, and Barbara Hatcher, Interim Secretary General., April 27, 2007.

⁸ World Medical Association Resolution On Health And Human Rights Abuses In Zimbabwe, October 2007 <http://www.wma.net/e/policy/a29.htm>

Submitted on behalf of APHA/ IH Section,
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