



THIRTY-SIXTH WORLD HEALTH ASSEMBLY



COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING

Palais des Nations, Geneva
Friday, 13 May 1983, at 9h00

CHAIRMAN: Dr D. B. SEBINA (Botswana)

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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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TWELFTH MEETING

Friday, 13 May 1983, at 9h00

Chairman: Dr D. B. SEBINA (Botswana)

1. HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE: Item 32 of the Agenda (Resolution WHA35.15; Documents A36/14, A36/34, and A36/INF.DOC./3, 4, 7 and 10) (continued)

The CHAIRMAN invited those delegates who so wished to explain their vote on the resolution which had been approved at the previous meeting for transmission to the plenary. He reminded them that in accordance with Rule 77 of the Rules of Procedure of the Health Assembly, sponsors of a proposal should not speak in explanation of their vote unless the proposal had been amended.

Dr SUAREZ-MORA (Venezuela) said that the position of Venezuela had been consistently to support the initiatives and programmes of assistance and international cooperation by United Nations bodies, and, in the present instance, by WHO, to promote, guarantee and improve the social and economic welfare of the peoples of the occupied Arab territories, including Palestine. From that point of view, his delegation exhorted the Israeli Government to provide the collaboration necessary to attain that just humanitarian objective.

His delegation shared the views on health and medical assistance contained in the resolution on health conditions of the Arab populations; nevertheless it considered that the political elements contained in the resolution went beyond the sphere of competence of the Health Assembly, and should be analysed in other, more appropriate international fora. For that reason Venezuela had abstained during the vote.

Dr SOLARI (Uruguay) wished to record his delegation's concern with the health situation of the Arab population in the occupied territories, including Palestine, and its support for all measures connected with health services to improve that situation. In that respect, it agreed with the findings of the report of the Special Committee of Experts and the activity of WHO in combination with the health services necessary to provide complete medical and hospital assistance to the population. Unfortunately, his delegation had not been able to support the resolution as proposed in its entirety, because it contained statements of a political nature which went beyond the scope of the present technical forum. His delegation felt it was inappropriate to express views in the Health Assembly on subjects that were more properly the concern of other fora of the United Nations; it had abstained in the vote for that reason.

Miss NASCIBENE (Argentina) fully endorsed the objective of the resolution, which was to improve the health situation of the Arab population in the occupied Arab territories, including Palestine. Her delegation supported and would continue to support all measures adopted for that purpose, in particular the work of the Special Committee of Experts. If the resolution had been voted on in parts, her delegation would have been able to endorse most of the paragraphs. Nevertheless, as was consistent with the position maintained by Argentina at previous Health Assemblies, her delegation had felt obliged to abstain in the vote, because it could not accept the condemnation of particular countries in the technical resolutions of the United Nations. Such resolutions should be reserved exclusively for political bodies of the United Nations.

Dr LISBOA RAMOS (Cape Verde) said that in a moment of confusion during the vote, his delegation had inadvertently recorded an abstention. The official position of his delegation was to firmly support all measures to assist the struggle of the Palestinian people. In so far as that might be possible, he wished to correct his delegation's vote, or its effects, by stating that his delegation was in favour of the resolution in its entirety.

Mrs VAISTO-MELLERI (Finland) said that Finland's position on the Middle East question was based on the United Nations Security Council resolutions 242 and 338, and the recognition of the legitimate rights of the Palestinian people. Her Government had stressed its position many

times in the appropriate United Nations fora. It had also made its views clear concerning Israel's settlement policies and continuing illegal acts on the West Bank and in the Golan Heights. Those acts continued to breed frustration, violence and problems in various sectors, including the health sector. The events which had occurred in Lebanon during the past year showed clearly that a comprehensive and lasting peace solution was needed more urgently than ever before.

Finland supported additional health and medical assistance through WHO and UNRWA to improve the living conditions of the population in the occupied Arab territories. However, the resolution just approved contained some elements which fell outside the competence of WHO and were too far-reaching. For that reason, her delegation had abstained during the vote.

Mr NAVARRO (Spain) said his delegation had abstained during the vote; but had the resolution been submitted for consideration in separate parts and not as a whole, it would have abstained on preambular paragraph 10 and operative paragraphs 6, 8(b) and 8(c) and voted in favour of the remaining provisions. He expressed once again Spain's continual support for the cause of the Palestinian people. It was his country's wish that WHO should concentrate its activity on its specific objectives and avoid dealing with subjects that had their proper place in the General Assembly of the United Nations.

Mr GROTH (Sweden) recognized that the occupation of Arab territories and the Israel settlement policy, and particularly the aggravation of the situation caused by the annexation of the Golan and continuing Israeli measures in the West Bank and in Gaza had created a number of problems in various sectors, including the health sector. Sweden had repeatedly and strongly criticized Israeli policies in regard to the occupied territories; its views on those policies had been clearly spelled out many times in the United Nations General Assembly and other relevant fora. WHO should do what it could in the health sector to improve the conditions of the population affected. Other specialized agencies should do what they could in their respective fields. His delegation had abstained in the vote on the present resolution because it contained formulations that were too far-reaching and did not fall within the competence of the Organization.

Miss PANTOJA (Peru) said that as the international community well knew, Peru supported and expressed solidarity with the Palestinian Arab cause, and considered as indispensable the respect for the inalienable rights of the Palestinian people, including its right to return and to self-determination: its recognition was an indisputable part of the establishment of a just and lasting peace in the Middle East. As a country respecting human rights and the norms governing relations of friendship and cooperation among States, Peru found it unacceptable in international relations to use force, and to recognize territorial conquests or unilateral decisions which disregarded internationally accepted law. The Peruvian delegation, consistent with its political tradition on the subject, supported requests for international cooperation to give attention to health problems affecting the region mentioned in the resolution. It had not participated in the vote because it had considered that a considerable part of the resolution lay outside the legal boundaries of the Health Assembly and fell within the competence of the General Assembly of the United Nations, which was the appropriate political forum, whereas the Health Assembly was an eminently technical forum.

Mr UTHEIM (Norway) said that his delegation had voted against the resolution because it contained elements of a political nature which did not fall within the competence of the Health Assembly. Furthermore, he failed to see that the report of the Special Committee of Experts justified the condemnatory language contained in the resolution. His Government's views concerning the territories occupied by Israel, including Jerusalem and the Golan Heights, had been stated repeatedly, both in the Security Council and in the General Assembly, and were well known. The Norwegian attitude was based on the Fourth Geneva Convention of 1949 relative to the protection of civilian persons in time of war, which was applicable to all the territories occupied by Israel in 1967. Norway had repeatedly called upon Israel to abide by its obligations under that Convention.

Mr BOYER (United States of America), in explanation of his delegation's vote, said that the statement by the delegate of Kuwait on the previous afternoon had made it clear to him that the co-sponsors of the present resolution had not really intended WHO to take operational

responsibility for health conditions in the occupied territories, but only to monitor the developments of the population there. He thought there might actually have been a problem of translation from Arabic, or of semantics, but that the resolution which had been voted on should be read in the context of the explanation given by the delegate of Kuwait.

He could not accept the impression given on the previous day that the request to the Director-General to establish three medical centres "with funds allotted for this purpose" contained no financial implications for the regular budget, and that the proposal could be considered without reference to a report on such financial implications, as was required under Rule 13 of the Rules of Procedure of the Health Assembly. It was true that the Rule allowed for the absence of such a report "in case of urgency", but he did not believe that the urgency envisaged in that phrase covered the circumstances pertaining or invoked at the end of the previous day's debate. The establishment of three medical centres would cost money; he saw no reason why the Secretariat should not have observed Rule 13 and provided the Committee with a statement on the amount required and its source. Rule 13 called for the submission of a financial report "before [a proposal was] considered by the Health Assembly in plenary meeting". He would therefore request the Secretariat to comply with that stipulation before the resolution came before the plenary: there was ample time for it to do so.

Mrs DRUNEN LITTEL (Netherlands) said that her delegation had voted against the draft resolution for a number of reasons. First, the text as presented contained a number of general political statements which - in its view - were out of place in the context of the World Health Assembly. Moreover, it believed that those statements were by no means in balance with the report of the Special Committee of Experts on the health conditions of the Arab population in the occupied Arab territories. And finally, her delegation found it difficult if not impossible to accept the words in the title "occupied Arab territories, including Palestine": the recommendation that health care and the establishment of health centres in occupied territories were the responsibility of WHO did not seem compatible with the primary responsibility of the occupying power to ensure adequate health care for the population in the occupied territory.

In the absence of further explanations of vote, the CHAIRMAN said that it remained for the Committee to finalize its report on the item to the plenary; in the light of the remarks by the delegate of the United States, that would be done at a later stage.

2. THE ROLE OF PHYSICIANS AND OTHER HEALTH WORKERS IN THE PRESERVATION AND PROMOTION OF PEACE AS THE MOST SIGNIFICANT FACTOR FOR THE ATTAINMENT OF HEALTH FOR ALL - REPORTS OF THE INTERNATIONAL COMMITTEE OF EXPERTS IN MEDICAL SCIENCES AND PUBLIC HEALTH: Item 31 of the Agenda (Resolution WHA34.28; Documents A36/12, A36/13 and Corr.1 and A36/INF.DOC./11) (continued)

The CHAIRMAN drew the Committee's attention to the amendments which had been proposed to the draft resolution on the role of physicians and other health workers in the preservation and promotion of peace. The discussion had been suspended to allow time for consultation; he would invite the delegate of India, who had originally introduced the draft resolution, to report on the situation.

Dr SIDHU (India) said that in addition to the original 11 co-sponsors the following countries had indicated that they wished to co-sponsor the draft resolution. They were: Sao Tome and Principe, Ethiopia, Guinea, Syrian Arab Republic, United Arab Emirates, Liberia, Comoros, United Republic of Tanzania, Somalia, Democratic Yemen, Djibouti, Zimbabwe, Togo, Iraq and the Islamic Republic of Iran.

He also understood that Mozambique, Yemen and Tanzania had withdrawn their proposed amendments to the draft resolution.

He had been encouraged by the overwhelming support received from Member States. The co-sponsors had done their best to arrive at a consensus draft, and had shown a great deal of accommodation; but certain countries had firmly insisted on the inclusion of amendments unacceptable to others. The view of the co-sponsors was that to incorporate all the proposals in a single text would amount to a negation of the draft resolution and lead to no action

whatever being taken. Regrettably, therefore, he had to say that despite the efforts of all concerned, it was not possible to present a generally agreed text to the Committee.

Dr MOCUMBI (Mozambique) confirmed that, taking into account the existence already of a WHO publication, Health Aspects of Chemical and Biological Weapons, as well as the information provided by various speakers, including the representative of the Special Committee, his delegation had withdrawn its amendment to operative paragraph 6 of the draft resolution.

Dr HAJAR (Yemen) confirmed that since it considered a consensus on the matter to be imperative, his delegation had withdrawn its proposed amendment to the draft resolution.

Dr CHAGULA (United Republic of Tanzania) confirmed that his delegation had withdrawn its proposed amendments and wished to be considered as a co-sponsor of the draft resolution.

Mr ONKELINX (Belgium) recalled that at the Thirty-fourth Health Assembly Committee B had voted to establish an international committee of experts to examine matters pertaining to the preservation and promotion of peace. The Belgian delegation had, like a number of others, opposed that initiative on the grounds that the World Health Organization was not the proper forum for discussion of a question with such complex political overtones. In pursuance of the Health Assembly's decision, the Expert Committee had been set up and had produced a remarkable and comprehensive report, for which it was to be commended. Without in any way touching on the technicalities of the substance of the report, whose accuracy he had no reason to doubt, he felt, however, that many of the points made were not unfamiliar ones. All those present, he was sure, were well aware of the horrors of nuclear war, or indeed of any war. That awareness was shared by the people of his own country and no doubt of many others.

The Health Assembly, however, ought not to approach such questions from a political angle. When the draft resolution now before the Committee had been put forward, a number of those delegations that had voted against the carrying out of the study two years previously had been greatly concerned lest it lead the Health Assembly to engage in political and polemical debate. Actuated by that concern, they had embarked on a discussion with the co-sponsors of the draft resolution in order to try to arrive at a consensus text. In that connection, he wished to thank the delegate of India in particular, one of the co-sponsors of the draft resolution, for his cooperation in those efforts, even though it had ultimately proved impossible to reconcile all points of view so that the attempt to reach a consensus had had to be abandoned. As a result of that failure his delegation, together with the delegations of Australia, Benin, Canada, Chile, France, the Federal Republic of Germany, Italy, Luxembourg, Monaco, Portugal, Spain, the United Kingdom, the United States of America and Uruguay had four amendments to propose to the draft resolution in order to allay their basic concerns.

The first proposed amendment was merely to delete the words "with grave concern" in operative paragraph 2 of the draft resolution, since it was felt that it was difficult for the Health Assembly to make a value judgement on the Expert Committee's report.

The second proposed amendment was, in operative paragraph 3, to replace the word "Endorses" by "Notes" and to delete the final words "and that nuclear weapons constitute the greatest immediate threat to the health and welfare of mankind". Endorsement had been considered too strong a term. The delegates to the Health Assembly were there as representatives of their governments, they were not all physicians and while they could note and commend the report and recommend that it should be widely circulated, it was premature to express the value judgement intimated by the word "endorses". The despairing conclusion in the first part of operative paragraph 3 would give useful food for thought to governments and health services, and its presence in the draft resolution was acceptable; the major difficulty encountered by the co-sponsors of the amendment was to be found in the final clause of the paragraph as it stood. They firmly maintained that the statement it contained was a value judgement that the Health Assembly was not competent to make. He believed that WHO, in making such a statement, would for the first time be directing its action towards political spheres that were the prerogative of other international forums, among them the United Nations General Assembly and the Committee on Disarmament.

The third proposed amendment was to replace the words "to ensure that wide publicity is given to the report" in operative paragraph 5(2) by "to ensure that the report will be widely disseminated". The latter wording was considered to reflect more accurately WHO's practice of disseminating information by distributing documents and reports.

The fourth amendment proposed was to delete operative paragraph 6, and had been motivated by the feeling that it would be unnecessary in future for the Health Assembly to continue systematic, organized and, perhaps, "politically oriented" discussion on the matter. However, if the simple deletion of operative paragraph 6 proved unacceptable, the co-sponsors of the amendment were prepared to consider any substitute compromise text that might be satisfactory to the co-sponsors of the draft resolution.

On behalf of the delegations concerned, he expressed the hope that the amendments proposed would be accepted and thus lead to a draft resolution that could be accepted by consensus.

Dr SIDHU (India) said that he had listened carefully to the views expressed by the Belgian delegate in justification of the amendments sponsored by a group of western and other countries. The sponsors of the draft resolution were extremely disappointed by the attitudes of those delegates who could not lend their support to a modest initiative which was supported by the vast majority present. During the debate on the item, 31 delegates had taken the floor to lend their full support to the draft resolution, which was sponsored by 11 non-aligned countries. Subsequently, 15 more countries had intimated that they wished to be considered as co-sponsors. In a spirit of accommodation, they had agreed to deferment of the vote, and to hold consultations with the western and other countries in an effort to reach a consensus.

During the first round of discussions, they had done their utmost to be accommodating and had been willing to accept a number of amendments which would have weakened the thrust of the draft resolution. At the end of the first day, agreement had appeared to be close, but the following morning they had been faced by new amendments which would completely negate the intention of the original draft resolution.

The main objective of the draft resolution had been to draw attention to the conclusion of the International Committee of Experts that nuclear weapons constituted the greatest threat to the health and welfare of mankind, from which followed the remainder of the operative part of the draft resolution concerning the need for wide publicity and for continuing studies. It was those very key elements which the western countries wished to delete. His delegation had therefore decided to retain the original draft and submit it to a vote in the Committee. Now, however, further amendments were being submitted which would destroy the original intent and purpose of the draft resolution. Those amendments must be rejected.

Nuclear war was the greatest peril facing mankind today. Not even a vast army of health personnel or a greatly increased number of hospitals would be able to cope with its disastrous consequences. That fact must be patently obvious to all. Nevertheless, some countries were advancing the specious argument that the Health Assembly was not competent to discuss the matter. How else could they explain the proposed amendment to operative paragraph 3? Those who were sitting on a veritable volcano were attempting to deny its existence by recommending the deletion of operative paragraph 6, saying that matters relating to the effects of a nuclear war were not something with which WHO should deal. What was the responsibility of the Health Assembly? Was it merely an assembly of scientists and experts who must pronounce no moral judgement? Were they sitting in an ivory tower, in total isolation from the real world? The danger lay not in becoming too involved in the larger issues of the contemporary world, but - on the contrary - in ignoring the political, social, economic and moral context in which all must act collectively. Did not the Constitution of the Organization state that: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", and that "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States"? There could be no complete physical, mental and social well-being so long as the world continued to live under the threat of a nuclear holocaust.

He further quoted from Chapter II of the Constitution Article 2(b), according to which one of the functions of the Organization was: "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate". Could it be denied that the use of nuclear weapons would affect public health and medical care, and was it not a function of the Organization to deal with the preventive and curative aspects of a nuclear war? Those who questioned the role of the Organization should have taken the trouble to acquaint themselves more fully with the Organization's Constitution.

The countries which were attempting to dilute the efforts to give wide publicity to the conclusions of the International Committee's report were precisely those who professed themselves attached to the ideal of free speech. Sharing as he did that ideal, he was amazed that they were trying to prevent the widest publicizing of the report's conclusions. It was clear that one of WHO's functions was to provide information, counsel and aid in the health field and to help in developing an informed public opinion on health matters. It was therefore clear that it had a role to play in publicizing the report.

The sponsors of the draft resolution noted with deep regret the attempt by a number of delegates to prevent the adoption of a sober and moderate expression of concern regarding the disastrous consequences of a nuclear war. Such attempts displayed a lack of sensitivity to the apprehensions of the vast majority of countries. He therefore totally rejected the amendments proposed, would vote against them, and would appeal to all delegates who supported the draft resolution to do the same: the interests of humanity and the right of the majority to speak its mind on a matter of grave concern were at stake. In the last analysis, however, he was confident that the draft resolution would be adopted.

Professor ISAKOV (Union of Soviet Socialist Republics) said that he spoke both as a delegate of his country and as a physician. Those delegates who considered that the study of the consequences of a nuclear catastrophe was a purely political matter were very much in error. By so saying, a number of countries were attempting to deprive WHO of the right to carry on further study of the medical aspects (and he would insist on that adjective) of the possible consequences of a nuclear catastrophe. He had the greatest respect for the report submitted by the International Committee, and that report had indicated that many medical aspects had not yet been studied, including the effects on world ecology as well as epidemiological, genetic and other considerations where human beings were concerned. No other organization was so well qualified to study those aspects as WHO, which united representatives of the most varied specialties in the field of medicine. It would not be possible for the Organization to ensure the implementation of the strategy of Health For All by the Year 2000 unless it were able to contribute to questions related to the maintenance of peace.

WHO was successfully carrying out studies of the diseases which afflicted modern society. How could it not concern itself with the possible consequences of a nuclear war?

His delegation fully endorsed the arguments by the delegate of India, unreservedly supported the draft resolution, and rejected the amendments proposed to it.

Mr SUGANO (Japan) said that his delegation wished to be associated with those which sponsored the amendments to the draft resolution proposed by the delegate of Belgium, in the belief that they had been submitted in an attempt to reach a consensus.

Dr ALFA CISSÉ (Niger) said that his delegation wished to be a sponsor of the draft resolution. He pointed out that when the draft resolution had first been discussed, 44 delegates had taken the floor; now it appeared that the debate was to be repeated. Had it not been suggested that the Health Assembly had no time to waste, even on the discussion of terrorism, assassinations and other issues that were highly prejudicial to human welfare, and that it should confine itself to the strictly medical aspects of human existence? In his view, it was not possible to speak of health without taking account of the political dimensions of health. Nothing in WHO's Constitution or in the Rules of Procedure of the Health Assembly suggested otherwise; the Organization must concern itself with policies that would result in a constant improvement of human welfare; and in health, as in social, cultural and economic affairs, policy and politics could not be dissociated from each other.

His delegation could not accept the amendments which had been proposed; and he moved that the Committee pass at once to a vote.

At the request of the Chairman, Mr CHRISTENSEN (Secretary) read out Rule 63 of the Rules of Procedure, which governed motions for closure.

Mr TRAUTTMANSDORFF (Austria) opposed the motion for closure because he wished to request the Chairman, under Rule 52 of the Rules of Procedure, to allow consideration of a further amendment to be submitted orally by his delegation in a spirit of compromise.

Mr van den DOOL (Netherlands) requested a continuation of the debate because his delegation wished to become a co-sponsor of the resolution.

The CHAIRMAN put to the vote the motion for closure of the debate.

The proposal was carried by 82 votes to 27, with 1 abstention.

The CHAIRMAN then invited the Committee to consider the amendments introduced by the delegate of Belgium, proceeding thereafter to a vote on the draft resolution as a whole.

Mr TRAUTTMANSDORFF (Austria), on a point of order, requested the Chairman to permit him, under Rule 52 of the Rules of Procedure, to introduce an amendment to the draft resolution.

The CHAIRMAN pointed out that the debate was now closed, and that under Rule 63 the Health Assembly could thereafter vote only on proposals moved before the closure.

Mr ONKELINX (Belgium), on a point of order, regretted that the Rules of Procedure prevented the Committee from hearing the Austrian delegation's proposed amendment; it would have been very useful because it had been aimed at finding a consensus.

He requested a separate vote on each of the amendments he had introduced earlier.

The CHAIRMAN, accepting that request, proposed that the fourth amendment (to delete operative paragraph 6) be taken first, as being furthest removed from the original; the second amendment be taken second, as being second furthest removed; the third amendment be taken third; and the first amendment be taken last.

Mr ONKELINX (Belgium), on a point of order, expressed surprise at the order in which it was proposed that the Committee should vote. The amendments were concerned with different paragraphs of the draft resolution. There was thus no problem as to whether one amendment was further removed than another from the original. Voting should proceed in the order of the amendments, paragraph by paragraph. He suggested that the Legal Counsel might clarify the point.

Dr VIGNES (Legal Counsel) said that the Chairman's ruling had been based on Rule 67 of the Rules of Procedure, to the effect that when there were several amendments (in the present case four), the amendment that was furthest removed from the original text of the resolution should be considered first. The Belgian delegation seemed to want separate voting on each amendment; the point of his proposal was not quite clear.

The CHAIRMAN explained that if each amendment were voted on separately, a decision would have to be made as to which of them was furthest removed from the original text. If, however, the amendments were voted on as a whole, the difficulty vanished.

Mr ONKELINX (Belgium) apologized for prolonging the discussion. He pointed out that Rule 67 of the Rules of Procedure was intended to regulate a situation where several amendments to a single proposal were being considered. Where there were two amendments to the same paragraph the problem arose as to which of them was further removed from the original. In the present case, however, there were four amendments, each of which affected a different part of the resolution. There could thus be no competition between them. He suggested, therefore, that the Committee vote on the amendments in the order in which they had been circulated.

Dr VIGNES (Legal Counsel) acknowledged that that might be a possible interpretation. The question, however, was whether the Committee was considering the resolution as a whole or the separate paragraphs. If paragraph 6 of the draft resolution were deleted, would the new draft resolution be more or less removed from the original than, for example, if paragraph 2 were deleted? The Chairman had said that in deleting paragraph 6 the Committee would have a resolution which was furthest away from the original. By deleting paragraph 2 the modification to the resolution would be smaller. There were thus versions more or less removed from the original resolution. That was what the Chairman had rightly had in mind when suggesting the order of voting.

The CHAIRMAN explained that the Indian delegate had indicated that the deletion of paragraph 6 would almost nullify the whole draft resolution. Thus, as the Legal Counsel had said, such a deletion would produce a resolution furthest removed from the original. He would therefore prefer to take that item first.

It was so agreed.

The CHAIRMAN put to the vote the amendments introduced by the delegate of Belgium.

The fourth amendment was rejected by 85 votes to 24, with 5 abstentions.

The second amendment was rejected by 84 votes to 25, with 3 abstentions.

The third amendment was rejected by 88 votes to 27, with 1 abstention.

The first amendment was rejected, by 88 votes to 27, with 2 abstentions.

The draft resolution as a whole was approved by 97 votes to 12, with 9 abstentions.

The CHAIRMAN invited delegations wishing to speak in explanation of vote to adhere strictly to the provisions of Rule 77 of the Rules of Procedure when they did so.

Mr HAYES (Ireland) said that he had abstained from voting on the draft resolution because, although he was satisfied with the main thrust of the text, he did not endorse some of its components. The formulation of operative paragraph 6 had, in particular, been a source of difficulty. In that connection, he very much regretted that he had been prevented by the premature closure of the debate from joining with the delegate of Austria in proposing an oral amendment reformulating that paragraph, which would have enabled him to vote for the draft resolution.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland), in explanation of his vote, said that the position of the United Kingdom had been fully covered by the statement made by the delegate of Belgium before voting began. Like the delegate of Ireland, he regretted that it had not been possible to consider the compromise proposal the delegate of Austria might have put forward. He wished to make it quite clear that the United Kingdom Government was fully aware of the grave effects of nuclear war on health and health services, giving the highest priority to the prevention of war, in particular nuclear war. The efforts of the Expert Committee to keep the content of its report within the field of responsibility of WHO were appreciated, but there was much in the resolution that he could not agree with and had felt unable to vote for. In particular, he was concerned by the reference in operative paragraph 3 of the resolution to the Expert Committee's conclusion that "nuclear weapons constituted the greatest immediate threat to the health and welfare of mankind". He considered that statement misleading and firmly believed its consideration to be outside the competence of the Organization and hence of the Health Assembly. He also believed that there were other factors, such as tropical diseases, malnutrition and cancer, that were of more immediate and practical concern to the Organization, which was right to concentrate its resources on them. In his Government's opinion, the policy of nuclear deterrence had helped to preserve conditions of peace for over 30 years. It hoped that the world would never have to face the horrifying consequences of nuclear war and would spare no efforts to prevent such a calamity.

The meeting rose at 11h15.

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