Brock Chisholm, the World Health Organization, and the Cold War

John Farley

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To Alec, Evan, Emily, Madeline, and wee Colin

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Preface

Seventy-four-year-old George Brock Chisholm, the first director general of the World Health Organization, died on 4 February 1971, at Victoria's Veteran's Hospital in British Columbia. His last years were not easy. As Grace, his wife of forty-seven years, told Marcolino Candau, the WHO's second director general, in a moving letter written only three days after his death:

> Brock was ill for more than three years and two years of that time he was in the Veterans' Hospital. I had a nurse for him and I spent every afternoon with him, and he was given every possible comfort by the whole staff, but he was really only existing. I did not think that I would ever reach the time when I would want him to leave me but I did, I could not want him to live. He developed pneumonia and I was with him when he slipped quietly and peacefully away.[1]

She told Candau that her husband had left the WHO without a worry, knowing "you were the ideal new Director General and that made his so-called retirement almost care free ... I know that his life has been worth while and that his immortality will live in the hearts and minds of many people in many countries."[2] The great tragedy is that Grace's certainty has not come to pass, except in the halls of the WHO headquarters in Geneva.[3]

Several books have been written about Chisholm. Dorothy Henderson's *Will Mankind Listen?* written a few months before his death, offered a short and highly sympathetic treatment of his ideas.[4] Then, twenty-eight years later, there was a flash of interest in him when Allan Irving published a short biography, *Brock Chisholm: Doctor to the World,* and Mark Cardwell drew on Irving's book in a *Medical Post* article on Chisholm.[5] Both authors commented that he had been largely forgotten. Despite these publications, that is still largely the case today.

My own experiences bear this out. Not one of the hundreds of students in my history of medicine and history of science classes at Dalhousie University

had heard of Brock Chisholm. A few of my peers, especially the older members of Dalhousie's History of Medicine Club and Dalhousie's History Department, knew of his work. But apart from these people his name was either completely unknown or generated a smile and comments such as "Ah! The Santa Claus man" (see Chapter 2).

In November 2006, Dr. Margaret Chan of China was elected the new director general of the WHO. That she had earned her medical degree at the University of Western Ontario and holds a Canadian passport was a source of much puffery among the Canadian media. Yet to my knowledge, not one reporter mentioned that Chan was the second director general with links to Canada.

There are some exceptions, of course. Some social scientists and historians of medicine know of him, and students in the School of Nursing at the University of British Columbia – the only Canadian university to award Chisholm an honorary degree – are regularly exposed to his broad ideas on the nature of public health.

That Canada, a country that prides itself on its support for the United Nations (even though that pride no longer seems as justified as it once was), no longer remembers that one of its own became the first director general of one of the UN's most important agencies is a national disgrace.

Acknowledgments

This book not only began but also ended while I was a "Scholar in Residence" at the idyllic Rockefeller Villa Serbelloni overlooking Lake Como. While travelling there, many years ago, I spent time at the WHO headquarters in Geneva and discovered, to my total astonishment, that the first director general of the World Health Organization was a Canadian by the name of Brock Chisholm. I had no idea and was mortified at my ignorance, and I was even more surprised on my return to Canada to discover that few of my peers knew of him either. So I began to investigate his life and work at the WHO, and years later I returned to Bellagio to write the book's first complete draft. My thanks are extended to the villa's staff for their gracious hospitality.

Library and Archives Canada in Ottawa and the WHO Archives and Library in Geneva soon became the centres of my world. The staff in Ottawa were, as always, helpful and efficient, and I thank them for it. In Geneva I owe a huge thank you to Ineke Deserno, Marie Villemin, and Patrick McCormick, who helped me struggle through the complexities of their archive holdings. Socrates Litsios, retired to a wonderful spot overlooking Lake Neuchatel after years of service with the WHO, provided much encouragement and information and also converted me into a fan of the Baulmes Football Club, which will, fifty years from now, be challenging for the UEFA championship. I would like also to thank the staff of the John Knox Centre, a few minutes' walk from the WHO, where my wife and I spent many happy weeks.

At home, the helpfulness and humour of Mary Macdonald, Nadine Boutilier, and Janis Patrick, three of the librarians at Dalhousie University's Medical Library, the third centre of my world, were more than appreciated. Also, Marianne Kasica at the Archives Service Center of the University of Pittsburgh helped me a great deal as I ferreted through the Thomas Parran Papers and wondered why no one had yet written Chisholm's biography.

I appreciate, of course, the advice given by those who read parts or all of early drafts of the manuscript and who provided information on events I knew little about at the time. Judy Fingard, Ian Dowbiggin, Georgina Feldberg, and Terry Copp were especially helpful, as were Lyn Bennett and, of course and as always, Robert Joy ("Col Bob"), who read over complete drafts and, in the case of Lyn, moved commas, inserted colons, and rolled her eyes as is usual for English Department professors. Jesse Bump, who shares my interest in tropical diseases and was living in Firenze at the time, showed his skill as an editor and showered me with excellent suggestions as he read through one of the drafts. A special thanks to Karla Holloway, a fellow resident of Bellagio, who suggested the way to begin and end this book. If I have omitted some names, please accept my apologies – memory is not as it used to be.

I am grateful to the Hannah Institute for the History of Medicine, which provided a grant that enabled me to pay my last and rather lengthy visit to Geneva.

My thanks, of course, go to the staff at UBC Press in Vancouver, which, curiously, lies about the same distance from Halifax as does Geneva. Jean Wilson's patience was more than appreciated, and Ann Macklem pushed me along with great efficiency. I thank, too, one of the anonymous reviewers for the many helpful suggestions.

Writing this book also enabled me to meet with Anne, Chisholm's daughter, and her husband Jean-Pierre, who live in Victoria, BC. As I write this I am looking forward to presenting them with a copy of this book, thereby providing Grace and me an excuse to take our second and, I suspect, last train journey across Canada: 6,351 km from Halifax to Vancouver and then a ferry or a float plane across to Victoria – one of the great train journeys of the world.

Abbreviations

AMA	American Medical Association
AVS	Association for Voluntary Sterilization
BCG	Bacille Calmette-Guérin
CCF	Cooperative Commonwealth Federation
DGMS	Director General Medical Services
ECOSOC	Economic and Social Council
ESA	Euthanasia Society of America
FAO	Food and Agricultural Organization
FSA	US Farm Security Administration
IC	Interim Commission
IHC	International Health Conference
IHD	International Health Division
IIAA	Institute of Inter-American Affairs
ILO	International Labour Organization
ITU	International Telecommunication Union
LAC	Library and Archives Canada
LNHO	League of Nations Health Organization
LPC	London Preparatory Commission
NLM	National Library of Medicine, Bethesda
OAS	Organization of American States
OIHP	Office international d'hygiène publique
PAHO	Pan American Health Organization
PAM	Penicillin Aluminium Monostearate
PASB	Pan American Sanitary Bureau
PASO	Pan American Sanitary Organization
PAU	Pan American Union

PIB	Parents' Information Bureau
RAC	Rockefeller Archive Centre
TPC	Technical Preparatory Committee
UNICEF	United Nations International Children's Emergency Fund
UNRRA	United Nations Relief and Rehabilitation Administration
UNRWA	United Nations Relief and Works Agency
USPHS	United States Public Health Service
WHA	World Health Assembly
WHO	World Health Organization
WHO OR	*Official Records,* WHO

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Introduction

This is a story of a man and an institution. The man, Dr. Brock Chisholm, was a highly controversial Canadian psychiatrist. The institution is the World Health Organization; Chisholm became its first director general in 1948 and remained at that post until his retirement in 1953. Chisholm had been a surprising choice. In early 1946 during meetings of the Technical Preparatory Committee and the International Health Conference, Chisholm, the Canadian representative, would not have been viewed as one of the most experienced or favoured members. Yet when the Interim Commission began its two-year deliberations immediately after the health conference, while it was waiting for the majority of member states to ratify the WHO constitution, Chisholm was elected its executive secretary, the stepping stone to his final appointment.

The WHO has not been especially well served by its two official histories so far published: *The First Ten Years of the World Health Organization* (1958) and *The Second Ten Years of the World Health Organization* (1968).[1] Both these books are basically descriptive, failing to note any political conflicts of the sort that surround any international organization; and both pass fleetingly over the organization's personalities. Thus, for example, the first of these books, covering the Chisholm years, mentions him only once by name. Two short books have been written about Chisholm himself, and Ian Dowbiggin has recently examined Chisholm's controversial views on birth control, sterilization, eugenics, and euthanasia.[2]

Chisholm had built his career in the military. During the First World War he survived nearly three years as an infantryman in the Canadian Corps on the western front. After the war he earned a medical degree and became a psychiatrist. During the Second World War he became the Canadian Army's Director General of Medical Services. By 1944 he was a senior Ottawa bureaucrat, and over the following eighteen months he succeeded in embarrassing and infuriating members of the government by appearing to be a

godless iconoclast. One would hardly expect someone with such a reputation and lack of public health experience to be elected to lead the WHO.

But once secure in his new post as the WHO's director general, Chisholm became far more diplomatic, becoming a key player in the first eight years of that organization's life. With the world in political turmoil, he became a "visionary" with a world view that reached far beyond the mere cooperation of member states; indeed, perhaps because of his horrendous experiences in the front-line trenches of the Great War, he became an outspoken opponent of patriotism in all its forms. It was he who successfully argued that the organization be called the "World" and not the "International" Health Organization. He also became a passionate advocate of the UN and world government as well as a critic of overt nationalism, the Cold War, and the arms race. He was, in other words, a member of a group that today, as in the past, some dismiss as "globalists."

Those who were unable to think beyond their own national boundaries felt uneasy around Chisholm. Such people included those who believed that what was good for their own country was necessarily good for the whole world, and those who argued that national interest should always be the final arbiter of national policy. Still others believed that the UN could and should be manipulated to further their own political agendas. Given that the powerful nations were more prone to think in these terms, especially in the early years of the Cold War, the visionaries faced a daunting task. Chisholm believed that to counter nationalism, a secretariat of international civil servants was absolutely essential; and that likewise, the WHO's Executive Board should be composed of apolitical medical experts giving only technical advice.

Chisholm was also faced with "bloc voting," where, for political reasons, groups of countries acted as one. There was the Soviet bloc, of course; and after it withdrew in 1949 and 1950, Chisholm found himself facing the Arab bloc and, most powerful of all, the US and South American bloc. One can argue, of course, that North America and Western Europe constituted an even more powerful bloc that enjoyed almost free rein after the Soviets withdrew.

Chisholm tended to side with the have-not countries and was drawn into their clashes with the haves, mainly over budgets. The former demanded that budgets be increased to meet their pressing needs; the latter, the ones that paid, resisted further expenditures. The idea that "those who pay the piper call the tune" was as embedded then as it is now, and with the United States and Great Britain paying half the WHO's budget, the haves always prevailed when they insisted. Though delegates were always worried that the United States would leave the WHO, taking its money with it, the have-nots were surprisingly adept at thwarting the wealthier countries' efforts to minimize budget increases.

In the main, the WHO was judged on its efforts to combat the world's most serious diseases. At the time, there was a general feeling of optimism in this regard. The Second World War had seen the discovery of penicillin, DDT, and many vaccines. Many WHO staffers believed that with these new weapons, it would be possible to eradicate communicable diseases, none of these more important than malaria, tuberculosis, and syphilis, the initial targets of WHO campaigns. But others within the WHO, including Chisholm, were not so optimistic and did not embrace the era's almost limitless medical optimism, this "magic bullet" medicine. This more skeptical group included those with the most experience in public health. Men such as Andrija Stampar, Karl Evang, and René Sand were proponents of social medicine; they believed, that is, that any improvement in public health would require social and economic measures as well as strictly medical ones. They felt uneasy with the magic bullet approach whereby, in the words of Socrates Litsios, each disease would be attacked "by almost surgical-like interventions" in what came to be called "impact" projects. However, the magic bullet approach was backed by a powerful group of Western-backed and Western-trained malariologists, and Cold War realities more or less demanded that "hearts and minds" be captured by quick, Western-directed solutions to medical problems rather than by the slow grind of social and economic improvements. During Chisholm's years in office, the Cold War and its politics were always palpable. In such a climate, the WHO had no choice but to use magic bullets. The director general was not a commanding officer determining the order of battle and the nature of the weapons. WHO policy was (or at least should have been) determined by general assemblies and executive boards, not by the director general.

During Chisholm's tenure the WHO also became embroiled in a controversy with the Catholic Church, when Chisholm and Jawaharlal Nehru, the Indian prime minister, launched a family planning project. Opposition from the Vatican and many Catholic countries grew so strong that the WHO was forced to halt this program indefinitely. The controversy was exacerbated by Chisholm's long-standing position on such matters. Well before leading the WHO, he had been a vocal critic of organized religion and especially the Catholic Church. He favoured birth control, sterilization practices, negative eugenics, and even euthanasia.

When Chisholm retired to Vancouver Island after only one term, he began to speak out again (and one should never forget that Chisholm was a superb orator). He was a strong proponent of what were, for some politicians, dangerously controversial policies. For example, he called in his speeches for nuclear non-proliferation and world government. Here he was returning to the questions on which he had focused during his pre-WHO days: Why do we make war, and how can future wars be prevented?

After two cataclysmic world wars within thirty-one years, others besides Chisholm were beginning to ask why they had happened and what could be done to prevent a third. How could the prevalence of war be lessened? Some believed that human nature was the root cause of wars; others placed the blame on nation-states. The latter view posits that we are products of the societies in which we are born and raised, and that it is these societies that make wars. Thus the first group explained the world's ills "by the evil in man," the second by "the evil qualities of some or all of the states."[3] Both sides in this debate included pessimists and optimists. The former believed that wars are inevitable, either because these evils are so deeply rooted in our genes, as it were, that nothing can be done about them; or because nation-states will always emphasize their own selfish interests. By contrast, the optimists believed that we can either change human attitudes, by education perhaps, and thereby produce people less likely to turn to war; or that we can bring nations together so that they are less likely to wage war.

Initially, as a psychiatrist, Chisholm placed the blame on human nature but believed that this could be addressed by changing the way children were raised. His view was only strengthened during his tenure with the WHO, where he witnessed close up the self-interest of nation-states. Like a piper, the WHO "has to play those tunes which its political masters in the Assembly were prepared to pay for," and these masters were taking their orders from governments.[4] It is curious that even though he had little faith in the capacity of nation-states to act in ways other than self-interest, he still believed that the future belonged to the UN. But how could the UN act in an enlightened way when its members were self-centred nation-states?

David Mitrany, a Romanian-born former professor of political economy at Princeton and Harvard, and an officer in the British Foreign Office during the Second World War, presented one answer to this dilemma in the 1940s. "The evil of conflict and war springs from the division of the world into detached and competing political units," he wrote, and there were only two ways out of this dilemma: world government or "spreading a web of international activities ... through which the interests and life of all nations would be gradually integrated."[5] Thus, instead of concentrating on disarmament conferences and other matters that cut to the very heart of national self-interest, and that never seemed to accomplish anything, efforts should be made to "buy" nations through guile. Nation-states could be enticed into a cooperative mode by building international organizations based on specific functions, such as health, that obviously demanded international cooperation and whose importance could be perceived immediately. These would evolve into "functional organizations" devoting themselves to social, economic, and health matters rather than political organizations of the sort that were by nature rife with controversies. Thus functionalists assumed that it was possible

to separate political from non-political affairs. The latter included apolitical technical issues, such as disease control and public health, that offered hope for international consensus. Functionalists placed such non-political issues first in the belief that it was these where international agreement was possible. According to Mitrany, "our aim must be to call forth to the highest possible degree the active forces and opportunities for co-operation, while touching as little as possible the latent or active points of difference and opposition."[6] Functionalists hoped that once cooperation had been achieved in these spheres, this goodwill would spill over into the political spheres, which were more contentious. As physician and historian of medicine at the University of Western Ontario Javed Siddiqi has noted, the functionalists were attempting to undermine what they viewed as the basic causes of war "by establishing international functional organizations, which deal with 'non-political' issues such as public health, illiteracy and hunger more adequately than individual states can possibly do. The cooperation built up in the functional or 'non-political' sphere is ultimately expected to 'spill over' into the frankly 'political' sphere of human interactions, eventually rendering peaceful relations between nation-states the only viable and inevitable outcome."[7]

Thus the founding of the International Labour Organization (ILO), the Food and Agricultural Organization (FAO), the UN International Children's Emergency Fund (UNICEF), and the WHO can be viewed as functionalist experiments – as attempts to separate, if possible, political from functional issues. Critics of functionalism – and there have been many – argue that it is a myth that the political and the technical can be separated.[8] Politicization – what Javed Siddiqi defines as negative politics or the use of power and the distortion of debate through the introduction of irrelevant extraneous issues – affects all aspects of the WHO's work and cannot be excluded: the two spheres will always be interwoven: "Politics has been present throughout the history of the Organization; when personal and national interests are at stake health professionals are often as negatively political as their professional diplomatic counterparts."[9] Thus "world politics has been inseparable from world health," and the present-day crisis in the UN and accusations of "politicization" simply reflect the fact that the West has lost its majority in the UN as new countries have gained their independence.[10] During Chisholm's tenure, between 1946 and 1953, when the West ran the WHO, one never heard about the evils of politicization. As Siddiqi deliciously notes, "having contributed to it themselves, Western governments should be no more shocked to find politicization in the WHO than to stumble across gambling in a casino."[11]

Although not entirely persuaded by Siddiqi's arguments, I have tended to follow the functionalist approach by placing strictly medical issues, such as

malaria and syphilis control, in different sections of the book from more political issues in which delegates engaged. This is not to suggest that negative politics did not enter the medical areas in a major way; I am saying that when they did, it was largely because of Cold War tensions. I tend to sympathize with Evan Luard, who contends that although political disagreements certainly arise, there is "less political bickering" and there are "less political differences" in the functional fields. But – and it is a large but – even here, "the household gods of national honour and national interest present themselves everywhere."[12] Nevertheless, there is widespread belief that even though world health has been weakened by extraneous political infighting, the common need to deal with health in an international setting has enabled the WHO to survive and achieve almost universal membership despite these political tensions.[13]

Chisholm tried to exclude politics from the WHO and was constantly frustrated in his efforts. He was too busy at his post to be aware of Mitrany's work and the debates over functionalism. Though he continued after he retired to perceive the UN as the only hope for a world threatened with annihilation, and though he often spoke as if the world had made great strides in that direction, by the end of his tenure he believed that nation-states were the greatest threat to world peace and to the proper functioning of UN agencies. Disillusioned by the activities of nation-states, he turned again to mankind, to humanism, and to world government, in the belief that the only real hope rested on the people of the world coming to their senses and learning to think and act globally; it seems he had given up on nation-states and had decided to appeal directly to the world's people. Perhaps this was naive, and one has to wonder whether he ever really believed it would happen. But to the very end, Chisholm remained a visionary.

1
The First Steps, 1945-46

Dumbarton Oaks Conference	August-October 1944
UN Conference on International Organization	April-June 1945
Economic and Social Council (ECOSOC)	First meeting, 7 February 1946
Technical Preparatory Committee	March-April 1946
International Health Conference	June-July 1946
Interim Commission	First meeting, 23 July 1946
World Health Assembly	First meeting, 24 June 1948

The WHO may be said to have started over lunch. In April 1945 health was not on the table when delegates gathered in San Francisco for two months at the United Nations Conference on International Organization. The concern at that meeting was world peace and collective security. But, as Dr. Szeming Sze of China recollects, there were three physicians at the conference: Dr. de Paula Souza of Brazil, Dr. Karl Evang from Norway, and himself. They were having lunch together when Evang asked, "Why not start a new health organization?" Why not, that is, attempt to pull together the existing international health organizations into a single one?[1] Soon after, Brazil and China jointly proposed "that a General Conference be convened within the next few months for the purpose of establishing an international health organization." This was approved unanimously.[2]

The UN conference had its beginnings during the Second World War, when twenty-six states allied against the Nazis named themselves the United Nations. The general view among them was that to succeed better than the European-run League of Nations – and to have more teeth – the new organization would have to allow the Great Powers to dominate, with the power to block any position of which they disapproved. It was hoped that in this way, the new body would avoid the fate of the League of Nations, which the United States, the Soviet Union, Germany, Italy, and Japan either did not join or left after joining.[3] In August 1944 the Big Four (the United States, the

United Kingdom, the Soviet Union, and Nationalist China) met at Dumbarton Oaks in Washington, DC, where they agreed to establish the UN for the purpose of maintaining international peace and security. The UN would consist of a permanent assembly of all states as well as a council of eleven states, with the Big Five (France, after pressure from Moscow, was added to the four at the meeting) as permanent members, each with a veto. Few worried about what would happen if the Great Powers failed to agree and the new organization became paralyzed as a result.[4]

At the Yalta Conference in February 1945, Churchill and Roosevelt had agreed with Stalin that, to become members of the fledgling UN, all nonbelligerent nations would have to declare war on Germany by 1 March 1945. Immediately, six South American countries (Chile, Ecuador, Paraguay, Peru, Uruguay, and Venezuela) declared war, joining Brazil, which had broken off relations with the Axis powers in 1942 and had sent some of its troops to fight in the appalling conditions of the Italian campaign. The other South American states had either been lukewarm supporters of the Allied cause, or – as in the case of Argentina – active supporters of Nazi Germany. With a profascist government, pro-German army officers, and German-subsidized newspapers and companies, and with anti-Semitism rampant, Argentina was "the Axis citadel in [the] Western Hemisphere," with whom the United States had broken off diplomatic relationships in 1944.

But only a few months later, even though Germany and Japan had been banned from the UN and Italy and Spain had been granted only observer status, Argentina had become a full member. This extraordinary turn of events was basically the result of political machinations on the part of Nelson Rockefeller, Assistant Secretary of State for Latin America, and a deal struck with Soviet foreign secretary Vyacheslav Molotov.[5]

A fervid anticommunist and a devotee of inter-American solidarity, Rockefeller persuaded Argentina to declare war on Germany well past the cut-off date, at a time when the British, Canadians, and Americans were already across the Rhine, the Red Army was gathering for its final assault on Berlin, and Hitler was hiding in his bunker. Undeterred, Rockefeller set about securing a seat for Argentina in the UN, even though Colonel Juan Perón was refusing to help the Allies in convoy duty, refusing to crack down on Nazi businesses, and in fact cracking down on many pro-Allied dissidents.

In San Francisco, Molotov wanted to seat Ukraine and Byelorussia (modern-day Belarus) as independent states, but to do that he would need South American support. That would come, but only at a price – an invitation to Argentina. Thus the two Soviet republics and Argentina were immediately seated at the conference and became initial members of the UN, where there was now a twenty-one-vote American anti-Soviet bloc. Also, not surprisingly, the San Francisco conference was dominated by the Great Powers. The editors of the

Canadian Forum noted that "the little nations all had their say and the big powers had their way."[6]

The Big Four at the Dumbarton Oaks conference agreed that the UN should address economic and social problems, responsibility for which should be vested in an Economic and Social Council (ECOSOC), which would consist of one representative from each of eighteen member states. Such concerns were not a priority for the major powers; for its part, Canada's greatest interest lay with these non-military aspects of the future UN, and it played a leading role in efforts to increase the power and prestige of ECOSOC and to counter proposals at Dumbarton Oaks that ECOSOC be merely a "subsidiary agency" under the authority of the General Assembly.[7] To the Canadian delegation, ECOSOC was not something tacked on, "but an important part of the whole security structure."[8] A drafting committee, including Canada, then wrote what came to be Chapters IX and X (Articles 55-72) of the UN Charter. In these chapters, specialized agencies in economic, social, cultural, and educational fields would be brought into relationship with the UN through the eighteen-member ECOSOC, which, being veto-free, was less under the influence of the Great Powers. To this list of fields, health was finally added.

At ECOSOC's inaugural meeting, held on 7 February 1946, the delegates agreed to call an international health conference and to establish a Technical Preparatory Committee (TPC) to prepare for the conference. Britain and the United States continued to believe, though, that they would be able to control health matters in ECOSOC just as easily as they controlled political matters in the UN. Immediately after the San Francisco conference ended, Thomas Parran, Surgeon General of the United States Public Health Service (USPHS), and Wilson Jameson, Chief Medical Officer of the British Ministry of Health, engaged in a lengthy behind-the-scenes correspondence. They agreed that a preparatory committee needed to be formed to prepare for the general conference and that it should be kept small, with experts limited to the Big Five and Brazil. Any number beyond that would be "beset with difficulties." By the end of 1945, however, after criticisms from the French, and worried that a small committee might cause "serious heartburning" from those left out, both men had come to see that the committee would need to be larger than five-plus-one.[9] They also learned that the Soviets were not happy that negotiations might be taking place outside the UN umbrella and that, in the short time remaining before the first General Assembly, to be held in London in January 1946, any preparatory meeting might cause "diplomatic difficulties."[10] Thus ECOSOC agreed to invite *all* eighteen serving members to each send an expert on public health to attend meetings of the TPC, whose mandate was to prepare an agenda for the forthcoming international conference.

Earlier Health Organizations

This was not the first attempt to build a single international health organization. Early in the century, Camille Barrère, the French ambassador to Rome, grasped that responding to epidemics by ad hoc conferences, as had happened eleven times between 1851 and 1903, was a totally inefficient way of stopping their spread. A uniform and rational system of quarantine was necessary, and for that a permanent body was needed.[11] Following his suggestions, the Paris office of the Office international d'hygiène publique (OIHP) was established in 1907. It was controlled by a permanent committee of technical experts, one per state, which met once or twice each year and elected a president. There was also a director and a small secretariat. Curiously, neither a veto nor the one-vote-per-state rule was put in place. Instead, the number of votes held by a state was determined by the category it chose to occupy: the higher the category, the greater the number of votes and the higher its cash assessments. Thus Britain, a first-category state, was assessed the maximum amount and was granted six votes.

After the First World War, the OIHP was increasingly viewed as too narrowly focused on quarantines. Furthermore, many felt – justifiably – that the OIHP had become too French and jealously independent. "Fundamentally," Howard-Jones writes, "it was a club of senior public health administrators, mostly European, whose main preoccupation was to protect their countries from the importation of exotic diseases without imposing too drastic restrictions in international commerce."[12] As an organization, it was also obsessively concerned about its own autonomy.

The first threat to that autonomy came from the League of Nations and (to a lesser extent) the Red Cross. In 1920 the Council of the League of Nations called for an international conference of health experts to set up a permanent health body to advise the league on the prevention and control of diseases and to combat the terrible typhus epidemic that had erupted in Poland.[13] This conference, which met in London in April 1920, moved that a permanent health organization be established in Geneva. The League of Nations Health Organization (LNHO) eventually met in February 1924, with Dr. Ludwik Rajchman of Poland as medical director. In many ways this was a precursor of the WHO. Its mandate was far broader than that of the OIHP; it included nutrition, housing, and rural hygiene. It set up technical commissions on a large number of health problems, although it never had the funds to offer much more than token assistance.[14] Many of its members would later serve with the WHO. The LNHO came to an end in the black days of the late 1930s, when opponents of Rajchman, led by the league's pro-fascist secretary general, Joseph Avenol, unleashed a torrent of criticism against Rajchman as part of an effort to purge leftists from the league. In January 1939, having no other option, Rajchman resigned.[15]

The London conference also agreed that the LNHO should absorb the OIHP. But the OIHP stalled on this. Finally, in May 1921, the United States announced that not being a member of the League of Nations, it could not accept the linkage of the two organizations. So the Americans and the French led other delegates to reject the amalgamation; the OIHP would retain its autonomy and what Howard-Jones calls "a bastion of an antediluvian conception of international health work."[16] The OIHP constantly harassed the LHNO. "Why should we lend a hand," snapped Barrère, "to an undertaking which would deprive us of an instrument promoting French influence, which since the year it was founded in 1907 has had its headquarters in Paris and has rendered most worthwhile services to public health."[17] For neither the first time nor the last, the self-interest of a nation-state was standing against international cooperation.

This mischief making continued after 1945. The day after Christmas that year, with the idea of a single health organization once again fermenting, the French Embassy in Washington informed the US Department of State that the OIHP would be resuming its activities by inviting its members to an international conference the following May. Also, the Permanent Committee of the OIHP would need to be reconvened under the chairmanship of the American Hugh Cumming, Director of the Pan American Sanitary Bureau.[18] Neither the British nor the Americans were at all happy with this idea; they instructed Cumming to initiate steps by which the OIHP would be absorbed into a single international health organization.[19] Cumming, who had been a member of the OIHP's Permanent Committee between the wars, was totally opposed to that idea.[20] However, the State Department quickly put an end to Cumming's schemes, and he was forced to agree that the OIHP needed to merge with the new organization.[21] A few days later the French government cancelled the called-for conference; the OIHP would cease to exist.

But there was one organization that refused to merge with the WHO. This was the Pan American Sanitary Organization (PASO), the oldest of the international agencies, which used and still uses its long history to justify its autonomy. Thus it, not the OIHP, became the principal irritant for those wishing to form a single health organization. The PASO was launched with the convening of an International Sanitary Conference in Washington at the end of 1902, where delegates established the Pan American Sanitary Bureau (PASB) with permanent headquarters in Washington, DC, staffed by members of the US Public Health Service (USPHS). The bureau's main role was to protect public health and eliminate diseases in the various republics in order to facilitate trade.[22] By 1924 all of the South American republics had joined the bureau; that year all of them formally ratified the Pan American Sanitary Code, which promoted cooperative measures against the spread of diseases, especially the plague.[23]

At that time, Surgeon General Hugh Cumming of the USPHS was chairing the PASB on a part-time basis; then in 1936 he left the health service to become the PASB's first full-time director, a position he held until his retirement in 1947. Thomas Parran succeeded him at the USPHS; Fred Soper, formerly one of the leading field officers in the International Health Division (IHD) of the Rockefeller Foundation, replaced Cummings at the PASB in 1947.[24] At Cumming's final meeting with the bureau, according to Soper, "Cumming performed, as expected, as a Defender of the Faith, of states rights etc., and does his best to make it difficult for anyone to succeed him."[25]

The PASB saw itself as the first and only true international health agency in which "benefits of international collaboration have become evident." Yet by 1946, the time of the TPC, it employed only one full-time technically trained person, and its budget was inadequate at $115,000 – a sum gathered from each state by a $0.40 assessment for every thousand inhabitants.[26] Soper was to strengthen and profoundly alter the organization. In 1947, promised an extra $875,000 from the largest member states and an increased quota of $1.00 per 1,000 population, the bureau authorized a budget of $1.3 million.[27] A year later, suggestions were made to abandon the quota system in favour of one based on percentage of budget, which would increase the US budgetary share from about 52 to 72 percent.[28] By 1953, however, collections from governments were still $300,000 short of the assessed quotas; clearly, the PASB was neither as vigorous nor as productive as its supporters were claiming. Even so, it was to remain a thorn in the WHO's side.

Two other organizations also played a role in the early history of the WHO. The first was the IHD, which operated from 1913 to 1951. Though not strictly an international organization, it worked in eighty countries.[29] The second was the UN Relief and Rehabilitation Administration (UNRRA), which was formed in 1943 as a temporary body to provide food, clothing, shelter, and relief from suffering to war refugees; to prevent pestilential diseases; to return prisoners to their homes; and to restore essential health services.[30] It lasted only four years, however. The United States withdrew its support because it was no longer willing to allow an international organization to distribute the benefits of US power, especially when most of that money was being spent in Eastern Europe. Journalist I.F. Stone saw this decision as a bitter spectacle in which UNRRA had been abandoned "for a system under which we proposed to exact a political *quid pro quo* for feeding hungry people; it was to be – starve, or else."[31] Although a nucleus of its field workers transferred to the WHO; most of its cash, however, was allotted to UNICEF.

The Technical Preparatory Committee

This was the background when the Technical Preparatory Committee gathered for its Paris meeting in March 1946. It represented, according to Jackson, an epistemic community, that is, a network of professionals with

Table 1

Members of the Technical Preparatory Committee (18 March-5 April 1946)

René Sand (chairman)	Belgium
Manual Baez	Mexico
Gregario Berman	Argentina
Joseph Cancik	Czechoslovakia
Andre Cavaillon	France
Brock Chisholm	Canada
Karl Evang	Norway
Wilson Jameson	Britain
Marcin Kocprzak	Poland
Phokion Kopanaris	Greece
C. Mani	India
Thomas Parran	United States
Aly Shousha Pasha	Egypt
Geraldo de Paula Souza	Brazil
Andrija Stampar	Yugoslavia
Szeming Sze	China

Source: WHO OR 1, p. 5.

recognized expertise and competence in a specific area. Chaired by René Sand of Belgium, it consisted of sixteen members drawn from the ECOSOC countries plus ten alternates (see Table 1).[32]

But the Soviet bloc was not convinced that social and economic issues were a matter for a new world organization; it feared that without veto power it would constantly be outvoted. It therefore sent no delegates to the TPC, which first met on 18 March 1946. That date marks the real beginning of what later became the WHO.[33]

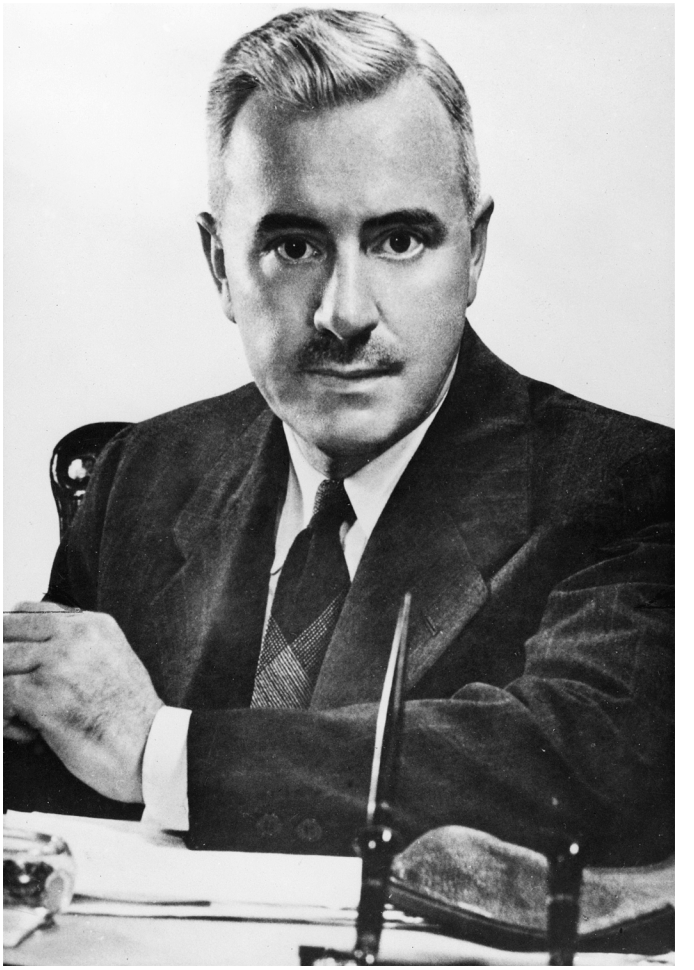
Some delegates, including Baez, Evang, Jameson, Parran, Sand, Souza, and Stampar, had administrative experience beyond the national level, having served in organizations such as the Red Cross, the LNHO, the OIHP, and UNRRA. Other members had experience only at the national level. In terms of public health, Brock Chisholm of Canada would have been viewed as one of the least experienced members, chosen by virtue of being Canada's deputy health minister.[34] Based simply on experience, four candidates stood out from the others as a possible director general: Evang, Parran, Sand, and Stampar, with Baez and Jameson perhaps in the running.

Of the four leading candidates, none had Stampar's experience. He was an idealist of social medicine for whom, in the words of Mirko Grmek, "his patients were not individuals but human communities."[35] Born in 1888 in a Croatian peasant community near the Austro-Hungarian border, he graduated in medicine from the University of Vienna (there being no medical schools in Croatia) and in 1912 began a two-year family practice in Karlovac,

Andrija Stampar and his wife, Desanka
Schlesinger Library, Radcliffe Institute, Harvard University

southwest of Zagreb. He was then appointed district health officer, an assignment interrupted by war service between 1916 and 1918. After the war he became head of the Department of Hygiene and Social Medicine in Belgrade, taking on the massive task of building up a health service in the new Kingdom of Serbs, Croats, and Slovenes, where so little had existed before. There he fought for the inclusion of social medicine in the medical school curricula. In 1931 he was forced to retire on political grounds. Proponents of social medicine were usually at the forefront of those demanding social change and were viewed as a threat by those who adhered to the status quo.

After his firing, Stampar moved into the field of international health, taking up a three-year appointment in China with the LNHO. In 1939 he returned to his homeland to become Professor of Hygiene and Social medicine in Zagreb, but was interned by the Germans between 1941 and 1945. Back at his old post in Zagreb, in 1947 he became President of the Yugoslavian Academy of Sciences, a post to which he was re-elected in 1951, 1954, and 1957, a year before his death. Stampar was a knowledgeable and imposing figure who seemed more qualified than anyone else to be the WHO's first director general. But ability and experience were not the only factors at play. Would the WHO be willing to allow a Croat to be its director? Would the United States and the South American bloc support a man from Communist Yugoslavia after the US Republican Party had gained congressional power in the mid-term elections of 1946?



Thomas Parran
Courtesy Archives Service Center, University of Pittsburgh

Sand was experienced, but he was handicapped by his age and ill health, which prevented him from presenting the committee's report to the New York International Conference, as he was required to do.[36] That job fell to Chisholm, who had been elected earlier as the committee's rapporteur. Furthermore, Sand was not elected to be a member of any of the important committees, and though nominated as Chairman of the General Drafting Committee at the subsequent international conference in New York, he was overwhelmingly defeated by the British delegate, 31 votes to 4; he seems to have disappeared from the scene thereafter.[37] It did not help that he, like Stampar, was a member from a small country (Belgium), for at the fifth meeting

Karl Evang
WHO Archives

of the New York conference the delegates from the Great Powers were appointed to be vice presidents under Parran, the president, while Souza from Brazil was added to represent the powerful South American bloc. Stampar crept in by the backdoor, as it were, being nominated as one of three extra vice presidents.[38] But Sand was left out.

Thomas Parran was another favourite. Born in Maryland in 1892 and with a medical degree from Georgetown University, he had joined the USPHS in 1917, where he quickly gained respect for his efforts to combat the 1919 Spanish flu epidemic. In 1926 he was appointed assistant surgeon general in charge of the Venereal Diseases Branch, where he gained much publicity by breaking the taboo of silence that surrounded syphilis.[39] Under the patronage of President Franklin Roosevelt, he became the Officer of Health for New York State before being appointed Surgeon General of the USPHS, a post he held between 1936 and 1948.[40]

Evang was another extremely active and outspoken member in the early years, "full of sparkling ideas and ideals," according to the Yugoslavian delegate Branko Cvjetanovic.[41] He was a Norwegian socialist, active in the Norwegian Labour Party, an upholder of social medicine who realized that public health needed to incorporate social reforms.[42] In the 1920s, after serving time in jail for refusing military service, he became involved in Norway's venereal disease problem and became an advocate of sex education and sexual

liberation, including women's reproductive rights. When the Germans invaded Norway in 1940, he fled the country and became Chief Medical Officer to the Norwegian exile government in London, after the war becoming the country's "health tsar," who concentrated power in a central administration. But he took his outspoken opinions on sexual liberation into the WHO, and thereby gained the hostility of the Vatican as well as of delegates from many Catholic countries.

Britain's Wilson Jameson was another strong candidate with experience, but before any decisions had been made at the WHO, he had moved back to London, where he would play a key role in the establishment of Britain's National Health Service.[43]

And what of Chisholm? It is clear that his star began to shine quite brightly during the technical committee's deliberations. By all accounts, he was a superb orator. He first addressed the committee at its fourth meeting, where he spoke passionately about the new organization, placing himself firmly among those who considered themselves "visionaries" and showing himself prepared to take the new organization well beyond the limited horizons set by those who saw it as an extension of existing state agencies.

As a young country, he explained in his first speech, "Canada would find it difficult to accept the opinion that the aims of the Organization should be limited in scope." And in words that his countrymen would have instantly recognized as pure Chisholm, he continued: "The world was sick, and the ills from which it was suffering were mainly due to the perversion of man, his inability to live at peace with himself. The microbe was no longer the main enemy; science was sufficiently advanced to be able to cope admirably with it, if it were not [for] such barriers as superstition, ignorance, religious intolerance, misery, and poverty. It was in man himself, therefore, that the cause of present evils should be sought; and these psychological evils must be understood in order that a remedy might be prescribed."

The scope of the task before the committee was boundless. That is why he associated himself with the "visionaries." Members of the commission might find it necessary to bite off more than they could chew, but the alternative was complete chaos: "They should do their utmost to bring all the peoples of the world together in the service of physical, social, and emotional health."[44]

With this speech Chisholm enhanced his reputation among many of the delegates, as a spokesman perhaps of the world's middle powers. Jackson maintains that Chisholm's speech was quite unlike any other "in its force of passion, colloquial syntax, and roving breadth."[45] It was in this context that the day after his speech, Chisholm proposed that the new organization be called the "World or Universal Health Organization" to indicate that, unlike other health agencies "it was even more than international."[46] The following day, the delegates agreed with him; henceforth the organization would be called the World Health Organization.[47]

The Draft Constitution

One of the TPC's major tasks was to prepare a draft constitution that would be voted on during the international meeting. Britain, the United States, and France as well as Stampar himself presented briefs that were to compose the backbone of the draft constitution.[48] According to Jackson, these four briefs laid out what health experts thought would be necessary for any world health body. Essentially, the medical world no longer saw public health as a matter of applying quarantine regulations; it seemed that medicine now had the technological tools, such as penicillin and DDT, to control diseases at their source. "The new technologies," Jackson writes, "expanded the conceivable borders of disease control, hitherto limited to states with decent hygiene standards and effective border quarantines." The struggle could now be taken to the source countries themselves.[49] In addition, most public health experts now understood well that social and economic conditions were a determining factor in health; thus they favoured ideas drawn from social medicine. In this regard, Stampar's preamble spoke of health as being more than the absence of disease, "but also a state of physical and mental well-being and fitness resulting from positive factors, such as adequate feeding, housing and training."

The four drafts presented broadly similar views as to what the key functions of the new organization should be. These were to control epidemics and communicable diseases; to exchange medical and health information; to bring about standardization of vital statistics, biological preparations, and drugs; to help coordinate research activities; and to advise governments on health questions and implement the control of drugs. Curiously, though, the four drafts showed little interest in helping developing countries; their more pressing concern seemed to be the health problems of war-ravaged Europe. Furthermore, all the experts had been trained in Western scientific medicine and believed that public health officials should provide high-quality care and receive rigorous scientific training. To a man, they believed that this Western model could and must be transferred elsewhere.

The four drafts also agreed on the new organization's administrative structure. There would be a governing body, the World Health Assembly, made up of delegates from each member country, who would meet every year. This body would elect a twelve- to eighteen-member Executive Board with three-year rotating terms; its members would meet three to four times every year to direct and control the organization's activities. Finally, there would be a director general, who would appoint the staff of the Secretariat and prepare the budgets.

At the eighth meeting of the TPC, Chisholm was elected rapporteur as well as chairman of the committee that would prepare the first draft of the WHO's constitution. Clearly, his star was rising within the organization. At the final meeting of the TPC, held on 5 April 1946, he presented his famous preamble

– the basic precepts for fostering harmonious relationships between all peoples:[50]

> Health is a state of physical fitness and of mental and social well-being, not only the absence of infirmity and disease.
>
> The right to health is one of the fundamental rights to which every human being is entitled, without distinction of race, religion, political belief, economic or social condition.
>
> The fundamental freedoms can be obtained and maintained only when people are healthy, well nourished and protected against disease.

The preamble continued by stating that the well-being of states and individuals is dependent on health, both physical and mental, and that the "healthy development of the child towards world citizenship is of paramount importance." It also expressed concern over the unequal levels of health promotion and disease control in member countries and asserted that "governments have a responsibility for the health of their peoples, which can be secured only by the provision of adequate health services."

Besides disease control, a host of other objectives were listed. These included traditional medical issues, such as mental and child health, but also the promotion of improved human nutrition, working conditions, and housing. With its emphasis on mental health, children, and social medicine, the constitution bore the imprint of Chisholm and like-minded delegates. "This is Chisholm's language," wrote Ascher in reference to the constitution, "and it was largely his influence that brought about its acceptance."[51]

Most of the delegates knew one another. Stampar would recall that "in friendly meetings, in a congenial atmosphere, we worked out the draft of the Constitution of the World Health Organization."[52] But the meetings were not quite as cordial as Stampar claimed: once the agenda shifted from medical toward more political issues, solidarity crumbled. During the second half of the deliberations, difficulties began to arise over the location of the new headquarters and the role, if any, of regional organizations. Neither of these issues had been resolved when the committee ended its deliberations.

It seems that while drafting the constitution, the TPC fit the mould of an apolitical functional body, the model of what the WHO hoped to become. That this harmony tended to break down when more political issues were encountered also fits the model postulated by the functionalists.

The First Disagreements

Two issues, regionalization and decentralization, generated a great deal of rancour. There were two key questions: Should there be regional offices? And

if so, should the organization be decentralized to the degree that each region would have the freedom to determine its own activities, free of centralized control?[53] Chisholm, Evang, Stampar, and the British went along with the formation of regional offices but thought they should be under central control and that the PASB should be absorbed into the WHO. Parran and the French, for their part, believed that two types of regional organizations were possible, the "related autonomous" and the "dependent," and that both should be permitted. The autonomous bodies, such the PASB, would be established by intergovernmental agreements and brought into relationship with the WHO; the dependent ones would be established, staffed, and financed by the WHO. Furthermore, they thought that the constitution should be flexible enough "to encourage regional agencies with a high degree of autonomy." With such autonomous bodies, decentralization would be automatic. Parran even noted that the PASB "need not, of course, be bound by actions taken by the United Nations or by [its] specialized agencies."[54] A huge gap separated Parran from Chisholm.

A constitutional draft dealing with this issue did not satisfy Parran. This draft noted that regional offices and committees could be established either by the WHO directly or through the transformation of already existing agencies. In the latter case, "transitional arrangements *should be made*" (author's italics) with a view "to developing them into regional offices as quickly as practicable." In other words, the PASB would be converted into a regional office of the WHO as quickly as possible; thereby, it would lose its autonomy and be subject to strong centralized control.[55] Regional offices could exist, but the WHO would *not* become "a federation of autonomous bodies."[56]

At this point the PASB's director, Hugh Cumming, appeared on the scene. Cumming had a combative personality of the sort that assumed that anyone not in complete agreement with him was an enemy.[57] Also, he was no fan of the UN. He began his remarks with an attack on the very idea of the WHO; he considered it undesirable to create a body "with too marked a supergovernmental character." To block any further WHO activities and to ensure that the United States would continue to dominate Latin America, he declared that regional offices were essential and that the ones already in existence needed to be "maintained and developed." If there must be a world body, it must be decentralized.[58] He looked on the WHO as the product of "an insane desire to destroy existing institutions," devised by "star-gazers and political and social uplifters." He feared that "more advanced internationalists" would submerge all existing organizations into one great "super" world organization.[59]

Much to the horror of Chisholm and Evang, the delegates then agreed to weaken the draft constitution by substituting the words "may be made" for "should be made."[60] Chisholm was furious, and he launched into a passionate and hard-hitting attack on the PASB and on the very idea of autonomous

regions. Here again it was the visionary who was speaking, as far removed from Cumming as it was possible to be: "The world has drastically changed," he declared, "and the time has come to aim for an ideal ... This ideal should be to draw lines boldly across international boundaries and this should be insisted on at whatever cost to personal or sectional interests." Then, referring specifically to Cumming, Parran, and the PASB, Chisholm asked whether it was really possible at this time in the world's history for any member of the committee to think in terms of "international prestige," for there was no other reason for the existence of the PASB: "As world citizens, all should wipe out the history of the past, formulate an ideal, and try to realize it. Above all, they should not swerve from it because of the possibility of their decision being opposed by politicians." We must escape sectionalism, he urged, "to fulfil international obligations and to plan an ideal organization for the health of the world." And an ideal organization was a supranational one.[61]

The delegates now voted on the two drafts. The first of these, favoured by nine members, promoted the idea of centralized control of regional offices, which could be created directly by the WHO or could be moulded out of organizations that already existed, "with a view to developing them as quickly as practicable into regional offices of the Organization." There might be some decentralization, but it would be minimal. The alternative draft, favoured by Parran and only five other delegates, alluded to special arrangements with regional inter-governmental agencies "with a view to their facilities and services being utilized to the fullest possible extent as regional offices of the Organization." No talk of integration here; these regional agencies would be fully autonomous and would merely be working *with* the WHO.[62] But amazingly, after French and American arm-twisting, the delegates agreed in the end, despite the 9 to 6 vote, to submit *both* resolutions to the future international conference.

Lines had been clearly drawn, with Chisholm and Evang, both passionate supporters of the UN, being the strongest advocates for the internationalists and the visionaries. Evang wrote to Chisholm, to whom he had grown close, to complain about the Americans' games: "I certainly hope that the dark forces which have tried to make difficulties (only part of their general offence) will not succeed and that you can carry on the struggle for values which are really going to decide the future."[63] Like Chisholm, he was an opponent of autonomous regions, by which, he argued, "we would establish a sort of Monroe doctrine in the international health field":

> It would fundamentally undermine the very basis upon what the WHO must build its strength: unity between nations in these matters ... The members belonging to an autonomous organization would be suspected of putting the interests of that before those of the WHO. This would not only weaken the WHO, it would change the whole aspect ... The idea of one single WHO has

> been lost. It would mean pulverization, lack of authority. It would mean confusion and splitting up of force ... There is no room for autonomous health organizations within the WHO.

Evang was also upset that the committee had not given firm guidance to the forthcoming health conference. Despite being outvoted 9 to 6, the Americans and the French had insisted that their views be given equal weight with those of the other delegates. "We have thrown up our hands, passed the buck, and told the world that in this fundamental question we have no opinion," Evang complained. The French, Parran, and Cumming were refusing to compromise; were refusing to change the name of the PASB to the American Regional Office of the World Health Organization; and were refusing to entertain the idea of a centralized organization. Here, clearly, was a glaring example of politicization.

The delegates were also split over where the WHO's headquarters should be located. They all agreed that the headquarters should be close to a city recognized for its excellent health, medical, and communication facilities. This immediately ruled out any Third World country.[64] Some delegates thought it was too early to make a final decision; others felt that it should be located in the same city as the UN headquarters, wherever that turned out to be; still others argued that an independent site should be selected in order to isolate the organization from political influences. Finally they agreed, without much dispute, to draft the problem as follows: "The headquarters of the Organization should be located at ..." It is likely that most delegates felt that the issue should not be decided by a group of health experts – it was simply too political.[65]

After submitting his final report, Chisholm let fly in his report to Canada's Minister of External Affairs, Louis St. Laurent.[66] The committee had agreed on all matters except the site of the WHO headquarters and the status of regional offices, he told the minister. There had been much politicking over the headquarters site, he reported, with many delegates lobbying for their home country to become the host country.

Once New York became a favoured site for the UN headquarters, he explained, the French and British (and others) had presented sound reasons for locating the WHO at some distance from New York. Even Parran favoured this, Chisholm remarked somewhat cattily, for if the headquarters were located in New York, the chances of him becoming director general would be minimal! Chisholm went on to suggest, accurately, that Parran was highly insecure as well as generally unpopular within both the American Medical Association and the Truman administration; thus he would be more than willing "to escape to the relative security of the Director General's post." Similar comments could be made about Chisholm's standing in Canada. If he were

unable to escape into a senior UN post, the Canadian government would most likely not take him back. Clearly, Chisholm had developed a visceral dislike of Parran. "There was no love lost between him [Parran] and Chisholm," Sze correctly noted.[67] Chisholm's comments also seem to indicate that he was beginning to think of his own future and to wonder about his chances of becoming the WHO's first director general.

New York: The International Health Conference

Between 19 and 22 July 1946, delegates from fifty-one member nations of the UN, along with observers from thirteen non-member nations and the major health organizations, gathered in New York to write the constitution of the World Health Organization. A first draft of it, the "Paris draft," had already been produced by the TPC. The deliberations opened in the Henry Hudson Hotel but quickly moved to Hunter College on the east side of Manhattan, where delegates felt the full impact of a stupefying New York heat wave.[68]

The delegates to this conference were quite different from those to the TPC. There were more of them, and though the proceedings were to be dominated by those who had sat on the technical committee, each of the delegates was attending as a state representative rather than an expert individual. An astonishing number – twenty out of fifty-one – were from South and Central America. Add the United States to that list, and in theory the American bloc controlled an extraordinary 41 percent of the delegates.

The impact of the South American bloc immediately became apparent when the French delegate, André Cavaillon, nominated Parran to be conference president. Parran was then seconded by the Peruvian delegate in the name of *all* South American republics. This was significant. As Jackson correctly notes, this was "the first indication by any delegate of the activity of a bloc of states coordinating opinions."[69] This was underscored when the delegates were asked to comment on the Paris draft, which, because of Sand's illness, was presented to the conference by Chisholm. As the debate began, Paula Souza of Brazil leaped up to defend the PASB. Brazil was committed to world health, he declared, "while at the same time maintaining continental solidarity." He reminded the other delegates that there already existed "a well-developed organization."[70] Ernest Côté, a Canadian adviser, noted that the American bloc was lobbying hard for the PASB to be recognized as an autonomous office within the WHO; moreover, the American delegate "had placed himself as leader of the semi-autonomous Pan-Arab, Pan-Slav and Pan-Asiatic regional movements."[71]

The power of the South American bloc became even clearer during debates over the seating of non-UN members.[72] Committee III[73] had moved that non-UN members could become members of WHO, but only after a two-thirds majority vote of the World Health Assembly (WHA). Chile and Paraguay

considered this too high a hurdle and moved that only a simple majority be required. Everyone at the conference knew that the real issue at play here was Spain, which was not a UN member. The Russians and their allies were vehemently opposed to the entry of fascist Spain. The Byelorussian delegate reminded the delegates that "one could not forget the bloody activities of the Fascist Blueshirt Division sent by Spain into Byelorussia during the Second World War to help the Hitlerite army." They came, he continued, to murder fathers, mothers, and children. He wondered why, if Spain were elected, Germany and Japan should not be as well. Thus he would only support the entry of Spain on a two-thirds majority. Brazil naturally supported the Chilean delegate, intoning that "no political inhibitions should intervene in health matters." Canada also supported Chile, piously noting that health should be independent of politics. With the power of the South American bloc, the Chilean motion was carried 21 votes to 19, with the Soviets, Europeans, Britain, and the United States opposed. The delegates agreed also that non-governing territories would be admitted as associate members, accepting the Liberian proposal that such territories be represented by "native" members and not those from the ruling state.[74] At the time, Liberia was the only independent black African state represented at the conference.

What would become Article 20 of the constitution, allowing member states to opt out of any agreement within eighteen months, came in for some debate. It was supported strongly by the United States but opposed by both Britain and the Soviets as well as by a lawyer representing Belgium. Van Hyde, the US delegate, who pressed hard for this article, tells a delightful story: An observer from Ireland, Dr. J.B. McCormick, listened patiently while the Belgian lawyer made the case that a government might overlook a regulation and not take action in time to have itself excluded from the provision. He hammered away at this point. "So, finally this wonderful little Irishman couldn't stand it anymore, and he asked for the floor; marched up to the podium, and said, 'No government should have so much inertia that it doesn't wake up at least once a year.' Then he turned around and walked back, and that settled that argument; it never was raised again."[75]

At the end of the conference, in his report to Ottawa, Dr. Ernest Côté, a Canadian alternate from the Department of External Affairs, offered an astute albeit somewhat biased assessment of the various personalities.[76] Parran, he noted, began as "the outstanding personality" but then lost considerable ground as a result of his "indecision, bias and intellectual dishonesty." Côté, of course, was incensed over Parran's support of the PASB, though it isn't clear why he described it as intellectual dishonesty. According to Côté, the most "nefarious influence" on the conference was Cumming, who spent considerable time lobbying and propagandizing on behalf of the PASB and who by his actions caused the conference to last two weeks longer than it should have, coming "very near to wrecking the conference." Cumming's actions

and attitudes certainly did not help Parran's case. At one dinner, Côté remarked, Cumming made such a fool of himself that even the South Americans were secretly ashamed. But Côté's general suspicion of the South American states was never directed toward Souza of Brazil or Galbaldon of Venezuela. The former he found too kindly for his own good, especially when he was surrounded by other South American delegates, who had been "whipped into a frenzy" by Cumming.

But Coté spoke highly of the Soviet delegation, praising the intelligence of Drs. Krotkov and Gromashevsky in particular, while noting that the French constantly engaged themselves in "petty politics." He had nothing but praise for the British and American legal representatives, Vallat and Sandifer respectively, who were "a tower of strength" and without whom "it is very doubtful that the Constitution and the related documents could have been turned out in any workmanlike manner."

Chisholm, whose work at the conference had "brought him to the fore," and who, at least according to Coté, "was by far the strongest, the most conciliatory, patient and acceptable person at the conference," shared with Evang the dislike of the South American bloc. It is hard to imagine the outspoken Chisholm as conciliatory and patient, yet clearly, the conference brought his name forward more than ever before.

By the end of the conference, the delegates realized that their organization was falling behind the other UN agencies and needed to begin its work immediately. So they agreed to form an Interim Commission, which would start work immediately, while waiting for twenty-six of the fifty-one member states to ratify the constitution. Once they had, the First World Health Assembly would meet to officially launch the WHO.

The commission consisted of the already established General Committee[77] as well as delegates from Australia, Liberia, Ukraine, and Mexico.[78] The South Americans had thereby lost some of their clout; they would still be represented by delegates from Brazil, Peru, Venezuela, and Mexico, but this was a far cry from the 40 percent power bloc they had enjoyed during the New York Conference, and with that decrease Parran lost his strongest backers.

By then, Parran, probably realizing that he had lost ground in the race to become director general, had convinced a reporter from the *New York Times* that he was not really interested in the job despite attempts by many delegates at the New York Conference to appoint him. He considered the post of US Surgeon General "the most important public health position in the world, present or prospective," and he wanted to continue to fight for better health in the United States.[79]

The Interim Commission convened for the first time on 23 July 1946. Its first task was to elect an executive secretary. "Behind the scenes there was much maneuvering," Sze noted, "because it was generally recognized that whoever was elected would probably go on to be the first Director General of

WHO later."[80] In both cases, the winner would have the job of selecting and running a full-time secretariat; thus success at the first post would be an enormous stride toward the second.[81] Chisholm was nominated by Evang, with support from the British and Indian delegates; he was opposed by Yves Birard of France, who had been nominated by the Peruvian delegate. But with no South American bloc to support Birard, Chisholm was easily elected, 12 votes to 6. He promised at the time to resign from the Canadian government, where he was still deputy health minister.[82]

So who was Dr. Brock Chisholm?