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WORLD HEALTH ORGANIZATION

Introduction

BROCK CHISHOLM, M. D.

Program and Accomplishments

C.-E.A. WINSLOW

**OFFICIAL DEFINITION OF "MENTAL
HEALTH" BY ALGER HISS**

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PREFACE

The World Health Organization came into formal existence early in February. For nearly a year and a half its most urgent functions have been performed by an Interim Commission.

The new specialized agency carries on one of the most successful parts of the work of the League of Nations. The Constitution of the World Health Organization, however, has a far wider basis than that established for the League organization, and embodies in its provisions the broadest principles in public health service today. Defining health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity," it includes not only the more conventional fields of activity but also mental health, housing, nutrition, economic or working conditions, and administrative and social techniques affecting public health. In no other field is international cooperation more essential and in no other field has it been more effective and political difference less apparent.

The present issue of **International Conciliation** reviews the history of the Interim Commission through its last meeting in February. The first World Health Assembly will convene in June 1948. A brief introductory article has been prepared by Dr. Brock Chisholm, Executive Secretary, World Health Organization, Interim Commission. Dr. Chisholm is an eminent psychiatrist and served during the war as Director-General of Medical Services of the Canadian Army. The main discussion of the World Health Organization has been contributed by C.-E.A. Winslow, Professor Emeritus of Yale University and Editor of the **American Journal of Public Health**. Dr. Winslow has been a member of the Board of Scientific Directors of the International Health Division of the Rockefeller Foundation, Medical Director of the League of Red Cross Societies, and Expert Assessor of the Health Committee of the League of Nations.

ALGER HISS, President

New York, February 21, 1948.

Origin of World Health Organization developed during days of Alger Hiss. Booklet runs 50 pages. Only speech of Chisholm appears here.

CONTENTS

	Page
The World Health Organization	
Introduction, by Brock Chisholm, M. D.	111
Its Program and Accomplishments, by C.-E.A. Winslow	116
Inception and Constitutional Provisions	116
Interim Commission—Structure and Functions	119
Cooperation with Other Agencies and Organizations	123
Epidemiological Intelligence	127
Formulation of Standards	128
Quarantine Regulations	130
Control of Specific Diseases	132
Emergency Aid in Epidemic Control	133
Field Missions	136
Fellowship Program	140
Publications	143
Evaluation	143
International Notes	146

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THE WORLD HEALTH ORGANIZATION

INTRODUCTION

By BROCK CHISHOLM, M. D.

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Interim Commission

History is studded with critical dates—wars, invasions, revolutions, discoveries, peace treaties—that are firmly implanted in our minds. One of the least publicized of recent dates, yet one which is likely to have the greatest impact on the peace, security, and health of humanity at large, is July 22, 1946.

On that date six-one nations, probably the largest number of nations in the history of mankind ever to agree on the same principles, signed the Constitution of the World Health Organization. The decision to adopt the term "World" as part of the title of the new Organization served to emphasize the dominant concept that the peoples of the world cannot exist half sick and half well, any more than they can exist half slave and half free; those problems which are no longer purely national must be solved not only by international action, but on a world-wide basis.

International action is the only possible solution of many problems in the field of health. This fact, recognized over a century ago, led in the past fifty years to the creation of a number of international health organizations—the Office International d'Hygiène Publique, the Pan American Sanitary Bureau, the Health Organization of the League of Nations, the Health Division of UNRRA. None was able to answer the world's critical health needs, and the necessity for the creation of a single world-wide health system within the framework of the United Nations soon became apparent. This concept was embodied in the United Nations Charter at the San Francisco Conference, and the very first international gathering called by the United Nations was the International Health Conference, in New York, June-July 1946. This Conference was attended by representatives of the then fifty-one United Nations and of thirteen non-member States, as well as observers from ten international organizations interested in public health, including several specialized agencies, UNRRA, the Office International d'Hygiène Publique, the Pan American Sanitary Bureau, the League of Red Cross Societies, the Rockefeller Foundation, and the World Federation of Trade Unions.

The first task of the International Health Conference was the

drafting of the World Health Organization's Constitution. This document may well go down in history as one of the most far-reaching of all international agreements. It **defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."** In addition to its more traditional duties, the new Organization is specifically enjoined:

→ to promote **maternal and child health** and welfare and to foster the ability to live harmoniously in a changing total environment (II l);

to foster activities in the field of mental health, especially those affecting the harmony of **human relations** (II m);

to promote, in co-operation with other specialised agencies where necessary, the improvement of **nutrition, housing, sanitation, recreation, economic or working conditions** and other aspects of environmental hygiene (II i);

to promote, in co-operation with other specialized agencies where necessary, the **prevention of accidental injuries** (II h);

to study and report on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from **preventive and curative** points of view, including hospital services and **social security** (II p).

The specific inclusion of mental hygiene, nutrition, housing, accident prevention, medical care, and social and economic conditions **represents a broader concept of public health in the field of international action than has ever been promulgated heretofore.**

The Constitution also authorizes the WHO to carry forward the work of the League of Nations' Health Organization and the advisory health services of UNRRA, and provides for the integration into the WHO of the Office International d'Hygiene Publique and, as regional offices, of the Pan Arab Sanitary Bureau at Alexandria and, ultimately, the Pan American Sanitary Bureau. These provisions for regional offices are **among the most important in the Constitution** and the machinery thus provided should make possible an effective flexible and **decentralized system.**

At the 1946 International Health Conference an Interim Commission was appointed as a preparatory body only, to continue

the functions of former international organizations, and, if necessary, to solve urgent health problems pending the coming into existence of the permanent Organization. Eighteen nations were elected to appoint representatives on the Interim Commission, which has just concluded its fifth session.

These sessions were eventful ones. The pressure of circumstances was such that the Interim Commission became in effect an operating agency. It has re-established the epidemiological reporting services of the League and has revived the technical work of that Organization and the Office in such fields as vital statistics, the standardization of drugs and biologicals, the fight against important epidemic diseases, the supervision of international quarantine measures, and the adaptation of the Sanitary Conventions to conform with modern scientific knowledge and to meet new needs. Three WHO health missions are continuing work initiated by UNRRA in China, Greece, and Ethiopia, and medical liaison officers in Italy and Poland are now giving more limited health advisory services. All possible resources were mobilized through the Interim Commission to assist the Egyptian Government in combating a cholera epidemic in the autumn of 1947.

At the final meeting of the Fifth Session of the Interim Commission in Geneva early in February, the Chairman announced that, with the ratification of the Constitution by twenty-one Member Nations of the UN and the completion of legislative action by eight other Member Nations (though the instruments of ratification had not yet been deposited), the World Health Organization had, to all intents and purposes, formally come into existence as a specialized agency of the United Nations. The Interim Commission thereupon decided to call the First World Health Assembly on June 24 in Geneva.

A tentative budget for 1949 of \$6,367,995, which will be recommended to the World Health Assembly, reflects the priority list established by the Interim Commission. The largest single item is \$1,071,690 for fellowships, medical literature, teaching equipment and emergency medical supplies. An important sum is also provided for advisory services and teams to demonstrate new medical and public health techniques to countries cut off from scientific developments by wartime censorship. WHO will continue, in addition, to enlarge already established services, such as work in biological standardization, an international pharmacopoeia, epidemiology, and public health statistics. The 1949 budget allocates substantial sums for the campaigns against malaria, tuberculosis, and venereal diseases, already under way, and provides for a number of new projects, including nutrition, nursing, rural

hygiene, alcoholism, plague, schistosomiasis, and health education and information.

Outstanding among the new tasks to be assumed by the WHO is a Maternal and Child Health Program. The recommendations adopted by the Interim Commission at its Fifth Session for submission to the World Health Assembly envisage statistical and other research projects including research on Infant Mortality, Child Guidance and Mental Health, and the social aspects of a Maternal and Child Health Program; collection and distribution of relevant information; assistance to governments through expert advice on the administration of Maternal and Child Health Programs, fellowships, and lecturers, experts or teams to demonstrate the special services; and cooperation with organizations concerned with Maternal and Child Health.

The World Health Organization is more than an international health agency. The Interim Commission, as much as the permanent body about to be established, challenges historical precedents in the field of health which have been largely negativistic and defensive. The World Health Organization is a positive creative force with broad objectives, reaching forward to embrace nearly all levels of human activity. Its Constitution is truly the Magna Carta of health, and constitutes one of the most powerful international instruments designed to help man attain a better standard of living. Its creed proclaims that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States."

The responsibility for attaining these ideals rests not only on the World Health Organization and on national governments, but on the peoples of the world.