

**World Health Organization  
Archives Unit**

**Transcript of an oral interview with Professor Milton P. Siegel  
Moderated by Mr Gino Levy  
With the participation of Mr Norman Howard-Jones**

**Tapes one and two recorded on 15 November 1982  
Tapes three and four recorded on 19 November 1982**

## Conventions used in transcribing

- The whole name of a speaker appears the first time; initials are used each time after with a colon to separate the initials from the text.
- Three dots are used to indicate hesitation or when the speaker did not finish a sentence
- Square brackets are used for:
  - An inaudible word or phrase e.g. [unintelligible]
  - Additional information provided by the transcriber
  - Indicate the beginning and end of a new tape
- Quotes are used for reported speech
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- Underlining is used for particular stress on a word
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- Style guide used: *WHO style guide*. Geneva, World Health Organization, 2004 (WHO/IMD/PUB/04.1)
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- Dictionary used: Oxford Concise
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- Proper names were verified in WHO official records

## NOTICE

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*Prepared by Carole Modis, formerly Librarian, WHO Library*

[Beginning of tape one]

**Gino Levy<sup>1</sup>:** This is the fifteenth of November 1982. We're in the radio studio of the World Health Organization headquarters in Geneva, and we are making a recording for the oral history programme of WHO. We have the privilege to have in the studio with us this afternoon Professor Milton P. Siegel who was the first Assistant Director-General of WHO in charge of the most important facets of the Organization's activity since its inception then for 28 years [correction from **Professor Milton P. Siegel**: "24"] 24 years. Professor Siegel was in charge of administration, finance, putting WHO on the firm, solid economic and financial groundings which have it kept alive up to date. Also in the studio with us today is Dr. Norman Howard-Jones who also is one of the veterans of WHO who for—how many years Norman? [reply from **Dr Norman Howard-Jones**: "22"]—22 years, directed a key division in charge of all editorial and reference services. Everything written coming out of WHO came out of Dr Howard-Jones's division. And now I'll ask Dr Howard-Jones to ask Professor Siegel to start us on this record.

**Dr Norman Howard-Jones<sup>2</sup>:** Thank-you, well, Milton, we all know that you are one of the pioneers of World Health Organization and that you exercised considerable formative influence on its development. I think it might be suitable for you to start by saying when you were born, where you were born, and what steps led you to devote your career to the service of international health. I do not propose to intervene very much in this discussion, and therefore I leave you to...I pass it back to you.

**Professor Milton P. Siegel<sup>3</sup>:** Thank you very much, Norman and Gino. I am very pleased to have this opportunity to participate in the oral history programme, and I certainly hope that it will be continued as I have always had a very strong feeling with regard to the importance of history. I think it's rather unfortunate that many other individuals that were involved at the inception of the Organization were not interviewed and their recollections not put on tape because all too many of them have disappeared as the years have gone by. I was born in the state of Iowa in the United States of America. Both of my parents emigrated from Europe, the Baltic part of Europe, at the beginning of the century. They were married in the [United] States in St. Louis, Missouri, and we moved to Iowa where I was born in the city of Des Moines. I attended...all my initial schooling was in Des Moines, Iowa. I was born in the year 1911, in the month of July. I think, Norman, you happen to know the day because we have the same birthday which is July twenty-third—just two years difference in our ages. I attended all my education...all my experience was in Des Moines Iowa, and I was educated at the university called Drake University, and I then started a career which was my initial interest in life which was in the area of architectural design. After three years of that, I was somewhat

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<sup>1</sup>Mr Gino Levy, Chief, News Media Relations at WHO in 1982

<sup>2</sup> Mr Norman Howard-Jones joined WHO on 1 September 1948, the first day of operation of the World Health Organization, by transfer from the Interim Commission, as Director Division of Editorial and Reference Services; left WHO in 1970.

<sup>3</sup> Mr Milton P. Siegel joined WHO on 1 September 1948, the first day of operation of the World Health Organization, by transfer from the Interim Commission as Director then Assistant Director-General of the Division of Administration and Finance which was renamed Department of Administration and Finance, then Office of the Assistant Director-General; left WHO in 1971.

unfortunate and had some rather serious health problems, and I was unable to do anything after my major surgery for about eighteen months. During which time I had an opportunity to think a lot about health. Perhaps that's one of the things that sort of steered me into being interested in all aspects of health and medicine. My first experience, after I was able to return to work, was during the serious part of the [Great] Depression<sup>1</sup> period in the thirties when I was working for an organization called the Iowa Emergency Relief Administration. Among the various programmes which we had in addition to housing, and feeding, and clothing, was a medical care programme which was rather a unique kind of programme. It was probably the first experience that anyone ever had in the United States with what might be called government medicine. I wouldn't compare it all to the National Health Service, but it was a rather unique effort to find ways and means for the people to be able to obtain medical care at reasonable prices, and the physicians were very pleased to be able to get part of their bills paid. It was either that or nothing at all during that rather difficult period. Following that I was recruited by the United States Department of Agriculture, and I left my home state of Iowa and ended up in Texas, and I now consider myself an adopted citizen of Texas. I have lived in several different cities in Texas including Dallas and Houston, particularly, which I think are both well known metropolitan areas. After Pearl Harbor<sup>2</sup> in December 1941, I was transferred to do some other activities for the US Government which resulted in my becoming involved rather intimately with international health, and it might of interest to record the fact that, because of my assignment at one time, I was staff member of an organization called UNRRA at that time, United Nations Relief and Rehabilitation Administration.<sup>3</sup> One of my assignments was to go out to the Middle East, and I spent three months in Cairo which is where I had the opportunity to become acquainted with Dr [Henry] Van Zile Hyde<sup>4</sup>, who as you know died about 10 days ago. Dr [Van Zile] Hyde is the individual who was very much involved with the creation of the World Health Organization as representative of the US Government beginning with some of the preparatory work that was done in the State Department before the Preparatory Commission<sup>5</sup> which met in Paris in the early part of 1946. So he was involved with the then Surgeon-General who was Dr [Thomas] Parran in helping develop the agenda and the documentation, including what became the Constitution of the World Health Organization when the International Health Conference<sup>6</sup> met in July of that same year, 1946. When the Interim Commission<sup>7</sup> came into existence following the International Health Conference under the leadership of Dr Brock Chisholm<sup>8</sup>, a Canadian who was the Executive Secretary, I think it was called, of the Commission. Is that right Norman?

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<sup>1</sup> The Great Depression began in late 1929 and lasted for about a decade.

<sup>2</sup> United States naval base which was attacked by the Japanese on 7 December 1941

<sup>3</sup> The United Nations Relief and Rehabilitation Administration (UNRRA), administrative body (1943-1947) created by a forty-four nation agreement to assist nations after by the Second World War

<sup>4</sup> Chief, Health Division, UNRRA, 1945; Chief, Division of International Health, United States Public Health Service, 1948-49; Assistant Chief, Health Services Branch, Division of International Labor, Social and Health Affairs, 1950-52; U.S. representative on the executive board, World Health Organization, 1948—1952

<sup>5</sup> Technical Preparatory Committee for the International Health Conference held in Paris from 18 March to 5 April 1946

<sup>6</sup> International Health Conference held in New York from 19 June to 22 July 1946

<sup>7</sup> The Interim Commission sessions were held from July 1946 to December 1948.

<sup>8</sup> Dr Brock Chisholm, first Director-General of the World Health Organization 1948 to 1953

[Indicates affirmative]

And then later he became the first Director General of the World Health Organization. About a year after the Interim Commission<sup>10</sup> was in operation, Dr Hyde had suggested to Dr Chisholm that they ought to try and recruit me to help in the formative work on the administrative and financial side of what was going to become the World Health Organization. It may be of interest just to note that, just to deviate somewhat from the chronology aspects of this recording, I was in New York at the time of the International Health Conference<sup>9</sup>. I had been seconded by the US government. When the war [Second World War] was over, I returned to the US Department of Agriculture, and the Under-Secretary of Agriculture was the first Assistant Secretary-General of the United Nations for Administration for Finance and Personnel Matters<sup>1</sup>. As he knew of my past experience, he arranged for the Secretary of Agriculture to second me to him for a period of time to help him organize the Secretariat of the United Nations. So it's perhaps a coincidence that I too was at Hunters College at the time of the International Health Conference, but I didn't even know that the International Health Conference was going on because I was so involved trying to help establish the Secretariat of the United Nations. After two months, they asked me to come on their staff as a full time staff member which I rejected because—well there were a number of reasons for this, but one of the major considerations for me was that I saw it [the United Nations] as a highly political organization, and I didn't feel that I wanted to be involved with an organization that was going to be involved solely in political problems. This is not to say that I don't consider that the United Nations is an extremely important organ. As has been said by many people, if it didn't exist, it would be created. And I think it has played a very important role in the post -World War Two world. There has been a lot of criticism [of the United Nations]. I myself perhaps could indulge in some of that, but I think that it's a very good development that it existed because it does provide for a forum for the governments of the world to debate their political differences which is far better than becoming involved in outright warfare. The fact remains that I didn't feel that I wanted to get involved in that sort of thing at that particular time in my life so I merrily went back to my duties in the Department of Agriculture. When I was interrupted one day by a telephone call from Dr Van Zile Hyde who wanted to have lunch with me, and we met together, and he began to tell me about this new organization which was called the World Health Organization, which incidentally was not its original name when the Constitution was first put together at the Paris Preparatory Commission<sup>2</sup>. It was called an International Health Organization, and as you know very well, Norman, they had quite a debate on what the Organization should be called; and they finally decided to leave the words "United Nations" out of its title, and they called it the World Health Organization. The concept being that health was global, and no one should be kept out and everybody should be allowed to be in—which I thought was a rather good concept. I was very much interested in what Hyde had to tell me, but I told him that I was not interested in leaving the United States at that time and that I'd be glad to help him find the type of person he

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<sup>1</sup> John B. Hutson, served in US Department of Agriculture for 25 years, appointed Under-Secretary in 1945; served as the first Assistant Secretary-General in charge of the United Nations Department of Administrative and Financial Services, 1946 to 1947.

<sup>2</sup> Technical Preparatory Committee for the International Health Conference held in Paris from 18 March to 5 April 1946

was looking for but that I was not interested in moving to Switzerland. Again at that point in time, it just didn't seem to fit my career objectives.

Just to deviate on another point, I mentioned earlier that I started out in life to be an architect and having had three years training and experience, when it came time to build this building as well as the regional offices buildings, it was inevitable that I would take a look at the plans and specifications and come to my own conclusions based on my own experiences which were somewhat antiquated by that time. And I couldn't help but get involved in some of the considerations that took place with regard to the kind of building design that was suitable and the nature of the construction. This building, which is indeed an aesthetically well-designed building, was not my first choice of what we should have built. Neither was the architectural engineering a matter that was satisfactory to me, but I recognized that I was completely out-of-date, and I didn't feel like I could object to the nature of the structure. But I did have some objections to some of the design of the structure, and I was very soon told by the Director-General and the Deputy Director-General to keep my nose out of the business of the architect because the architect was complaining to the Director-General about interference by me. So that I refrained from having much to do with the architect once the building got under way.

To go on now with the chronology, I was recruited, finally, under considerable pressure from Dr [Van Zile] Hyde who pleaded with me that I was the man that was needed and that I was one of the few people that had the experience that was needed to get the Organization started. So I arranged for a one year leave of absence from the Department of Agriculture. And I came to Geneva at the time of the Fourth Session of the Interim Commission which was in August of 1947<sup>1</sup>. By the time of the Fourth session of the Interim Commission, they had already made what I considered to be some rather serious blunders which I felt would haunt the Organization for a good many years. And the one particular one that upset me and almost resulted in my not staying, was the fact that at the Third session of the Interim Commission<sup>2</sup>, for reasons that I didn't know until I started to ask questions, they had already established what the size of the budget should be for the Organization, without taking into consideration, as far as I could learn, the nature of the programme, what the Organization was all about. Having read the Constitution<sup>3</sup> not once but several times, because I happened to believe in looking at the legislation that creates any kind of entity, I couldn't see how they could possibly deal with all the functions that were detailed in the very well-drafted Constitution of the World Health Organization which as you know is in effect an international treaty. And in the United States, all international treaties have to be confirmed by the upper house of the Congress which is called the Senate, and in their accepting the Constitution of the World Health Organization, they inserted in the decision of acceptance a number of restrictions or caveats, one of which was...the one that was the most of important, I suppose, was they provided that the US Government had the right to withdraw from the Organization at any time it wished to do so, after serving a reasonable period of notice of one year, I think,

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<sup>1</sup> Fourth Session of the Interim Commission held in Geneva from 30 August to 13 September 1947

<sup>2</sup> Third Session of the Interim Commission held in Geneva from 31 March to 12 April 1947

<sup>3</sup> Constitution of the World Health Organization, adopted by the International Health Conference held in New York from 19 to 22 June, 1946; signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948

and that they would pay all their obligations up to that time. Another caveat that was inserted was an absolute figure or numbers as to the size of the US contribution to the budget, and this was determined by taking the percentage of the US assessment in the United Nations and applying it to that unfortunate figure of US\$ 4,800,000 which the Third Session of the Interim Commission<sup>1</sup> recorded as being the size of the order of magnitude of budget of the Organization. And at that time the per cent applicable to the United States contribution was, I think it was 39.89%, and if you multiply that by the US\$ 4,800,000 you arrive at a figure somewhat less, just a few thousand dollars less, than the absolute figure that was inserted by the US Senate in its ratification of the WHO Constitution which was US\$ 1,920,000—this was, 39.89%, is just a few thousand below that figure. And the third restriction that they had was that member of the Executive Board designated by the US Government must be a physician who had been in practice, private practice as a physician, for a minimum of five years, and that he would represent the United States on the [Executive] Board—which was in direct conflict with the provisions of the WHO Constitution. As a result of these restrictions, the United States Government was not accepted as member that had ratified the WHO Constitution, and it was only after a good deal of discussion with the Secretary-General's Office of the United Nations, who was designated as the responsible depository for all ratifications of the WHO Constitution, that they arrived at what seemed to be a reasonable course of action which was to let the First World Health Assembly<sup>2</sup> decide whether or not the United States Government could be admitted in the membership even with these restrictions.

Norman, you said weren't going to talk very much, but I would invite you please to interrupt me at any time you wish to clarify any of the points that I might be making because I could be in error on some things because we're going back quite a few years, and I am calling on my memory pretty much, well completely, to make this recording.

The Fifth Session of the Interim Commission<sup>3</sup> was convened for January, I think, 1948, and you would remember Norman if that's correct. I think you came on board at that time. Is that correct?

**NH-J:** Yes

**MS:** And I was commuting between New York, where the Interim Commission had an office, and Geneva where the primary office of the Interim Commission in fact had been established although it, in name, was in New York. The Interim Commission functioned on the basis of obtaining loans from the United Nations in anticipation that once the World Health Organization came into formal existence, a provision would be made in the first budget to repay the United Nations for the advance of financing they provided. And I don't recall the exact amount, but it was very close to US\$ 2,000,000. So if you take that amount out of the first budget of US\$ 4,800,000, you don't have very much left for programme activities.

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<sup>1</sup> Third Session of the Interim Commission held in Geneva from 31 March to 12 April 1947

<sup>2</sup> First World Health Assembly held in Geneva from 24 June to 24 July 1948

<sup>3</sup> Fifth Session of the Interim Commission held in Geneva from 22 January to 7 February 1948

**NH-J:** There is just one point. I think there was also UNRRA money available.

**MS:** You're right. UNRRA which was in a period of liquidation made arrangements with several of the international organizations, particularly the specialized agencies, but also UNICEF [United Nations Children's Fund] which was as you know not a specialized agency; it's an integral part of the United Nations itself. And I think most of the resources went to UNICEF. The amount that was given to WHO was based upon the WHO staff or the staff of the Interim Commission that were still working under the general functions of UNRRA, but these were all the health people that were being taken over by WHO, and UNRRA provided the initial financing for the field staff so that the money that was loaned from the United Nations was used solely to cover the costs of the Interim Commission in New York and Geneva. The UNRRA money only had to be used for the purposes it was given—namely to finance the field staff until such time as either the funds ran out or the WHO came into formal existence and had its own budget. At the time of the First World Health Assembly which was convened in June or July 1948<sup>1</sup>, early in the session the problem of what to do about the United States being accepted as a Member was dealt with, and it was on the decision of the First World Health Assembly that the United States of America was accepted as a full member even though it had these caveats or restrictions in their ratification. As I recall it's interesting to note that the Chief Delegate of the Soviet Union, the USSR, made the proposal to the First World Health Assembly to accept the United States as a member—is that correct?

**NH-J:** Well it's a little more elaborate than that. The essence of the thing was that whether the credentials of the US delegation could be accepted in view of the reservations that had been made to the Constitution, and it was at one time there was discussion during the Interim Commission as to whether the delegation should be seated in the public gallery. But it was eventually agreed that this should be passed to the Credentials Committee which decided that the US delegation should be provisionally seated and when in the plenary assembly the question of the US credentials came up—the first speaker was Sir Wilson Jameson<sup>2</sup> who said it would be unthinkable that the US was not be accepted as a member and that we must not be too pedantic and so on. Then an Indian Chief Delegate<sup>3</sup> got up and said much the same thing, and then the Russian delegate<sup>4</sup> got up and said that this was an extraordinary state of affairs. Only one state out of all who'd signed the Constitution had made reservations and that this was unacceptable and then in his last sentence he said "But we agree".

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<sup>1</sup> First World Health Assembly held in Geneva from 24 June to 24 July 1948

<sup>2</sup> Sir Wilson W. Jameson, Chief Medical Officer, Ministries of Health and Education, Chief Delegate for the United Kingdom to the First World Health Assembly

<sup>3</sup> Sir Dhiron Mitra, Legal Advisor to the High Commissioner for India in the United Kingdom, London

<sup>4</sup> Dr N.A. Vinogradov, Deputy Minister of Public Health, Chief Delegate for the USSR to the First World Health Assembly



**MS:** Thank-you. You provided an elaboration which I think is very important and useful. I think you should include the fact that Sir William Jameson was the Chief Medical Officer of the United Kingdom as well as Chief Delegate.

**NH-J:** Yes

**MS:** Well the First World Health Assembly dealt with the budget which had to be of the size equal to US\$ 4,800,000 which I had anticipated would have been rather difficult to deal with because we had to make provision in it to repay the United Nations some sum, I think it was something less than US\$ 2,000,000. We also made provision for the initial establishment of a working capital fund of something around US\$ 1,500,000. That didn't leave very much for operating expenses for the balance of 1948. Because of those factors, I proposed that we fix a date, an effective official date for the formal existence of the World Health Organization. And it was in July that the First World Health Assembly was in session, but the Organization's effective date for operating purposes was fixed at 1 September 1948. All staff appointments, all the official records, all the official accounts started on with 1 September 1948 for the World Health Organization. Everything before that was considered Interim Commission. Do you remember that?

**N-HJ:** Yes yes

**MS:** The First World Health Assembly therefore had...well that first budget was reasonable because it only had to cover a four-month period, and we had the funds necessary for the Organization to get off to a reasonable beginning, and it also gave us sufficient time to do some of the things that no other international organization to my knowledge has ever been able to do. Because we were able to make all necessary arrangements as Interim Commission for the formal Organization during that period and even before that I was working on the development of financial policies, of personnel policies. Frankly I was never really interested, too much, in the Interim Commission's method of operating because I was more interested in establishing the necessary policies and guidelines for the formal Organization. I paid very little attention indeed to any of the personnel arrangements or the financial arrangements of the Interim Commission other than to ensure that adequate accounting functions were carried out and that necessary documentation existed to satisfy the auditors so that we could get on with making the arrangement for the formal Organization. And as far as I know, the World Health Organization is the only organization in the whole UN system which had staff appointments made before the staff had to be paid. As I remember when I first went to help establish the UN Secretariat in New York, in some cases it was three, four, or five months before any of the staff were able to be paid through normal personnel actions and procedures. But we from the first day were in a position where we had the necessary documentation to operate in an effective manner. The budget for 1949 which was dealt with at the First World Health Assembly was fixed at a figure of US\$ 5,000,000. The application of the percentage applicable to the United States with a US\$ 5,000,000 budget exceeded the limitation established by the United States Senate when it ratified the WHO Constitution so we immediately had the problem because the United States couldn't pay its contribution to the Organization because they didn't have the necessary

legislative authority in the United States to exceed that US\$ 1,920,000. So they went to work to try to get that increased, and they did get a supplemental action through the United States Senate, and they changed it to another absolute figure, unfortunately, of US\$ 3,000,000 which coincided with the United States' assessment starting to be reduced to reach a level of 33⅓%. One of the interesting things about the World Health Organization's budgeting procedure and the way in which it fixed the assessments against members was that we didn't use a percentage scale. We followed a system which was in use by the League of Nations where they used a unit scale. And we had to convert the percentages used by the United Nations to units. So that in the application of the unit system and the differences which existed at that time in membership because WHO had some members that were not members of the UN. Some of that still exists and some exists the other way round now—the United Nations has some members that are not members of WHO. So there is the necessity of making adjustments in the scale. And I think it was about five years later that the World Health Organization adopted a percentage scale of assessments in fixing the contributions of members to the annual budget of the Organization and discontinued using the unit system.

[End of tape one]

[Beginning of tape two]

**MS:** Now it might be of interest to note how we got into that situation. When I first came to Geneva during the Interim Commission period<sup>1</sup>, and having known little bit about the history of the League of Nations<sup>2</sup>, in fact more than a little bit because I was always interested in it as part of my interest in history in general, I had the attitude that instead of trying to reinvent the wheel, as they often say, maybe we can learn something from the predecessor organization which was called the League of Nations, and maybe we can learn some things about how you do it in the best way and at the same time, learn about things you ought not to do. So I made some inquiries to try to find out who was still around who was in the administration of the League of Nations, and I was introduced to a very fine gentleman who was the last staff member of the League of Nations. And he was in charge of administration, and he ended the League of Nations by terminating himself. And that was Mr V. Z. Stencek<sup>3</sup> who was of Czechoslovakian origin, and I think by the time I met him, he had become a citizen of Switzerland. I spent some time talking to Mr Stencek, and I asked him if he would become a member of my staff to help in starting the work of the World Health Organization. I gave him the assignment of writing the staff regulations, staff rules.... Again WHO is one of the very few organizations that had these documents already prepared before the Organization came into existence so we knew what we were doing. In the meantime I had some other people that were working on financial regulations, financial policies, and financial rules and that, too, was a completed document. All these documents have been amended and altered with changing circumstances which is normal. I'd be the first one to argue that nothing is sacrosanct; it should be altered if it's warranted on the basis of changing circumstances, and certainly the world has changed since 1947 or since the end of World War Two.

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<sup>1</sup> Interim Commission sessions held from July 1946 to December 1948

<sup>2</sup> League of Nations (1919-1946) established for the promotion of international peace and security

<sup>3</sup> Chief, Personnel at WHO September 1948 to April 1949

Now I could go on to explain some of the early history of the establishment of the United Nations and how specialized agencies were created to be independent and separate organizations from the United Nations because I became sort of a research worker in understanding what happened at Yalta which is where the primary decisions were made by the heads of three governments, namely Winston Churchill, Franklin Roosevelt and Stalin<sup>1</sup> and this is where they made certain decisions which found their way in to what became the United Nations Charter<sup>2</sup>. The provisions of the Charter of the United Nations I think in Article 55, 56, and 57 [Articles 58 to 60, see also Articles 63 and 64] are the ones that provided for the creation of specialized agencies with the provision that one of the organs of the UN Organization would be responsible for coordinating the activities of all of the specialized agencies, and that organ is called the Economic and Social Council<sup>3</sup>. I don't believe they have ever exercised their functions in the way that was envisaged, and just who's responsible for that failure I wouldn't care to indulge in discussing at the moment. I am willing to discuss it whenever anybody wishes to as I have some very definite views as to what went wrong and why it went wrong and how it could have been remedied. But it's too late to do it now because the concept of having a coordinating organ for the various activities of the specialized agencies is indeed an exceedingly important one.

All you have to do is recall that there's many functions in WHO Constitution that are duplication or have been duplicated by other specialized agencies. To take examples: in the general area of nutrition, the [UN] Food and Agriculture Organization (FAO) in Rome has a similar function as does WHO with regard to nutrition. With regard to occupational health and safety, the International Labour Organization (ILO) has functions which found their way into the WHO Constitution. Similarly, UNESCO [United Nations Educational Scientific and Cultural Organization] in the area of education overlapped with functions that were given to WHO in the WHO Constitution. Then the organization that was created after WHO, the International Atomic Energy Agency (IAEA) had some functions relating to peaceful use of atomic energy that overlapped with some of WHO's functions. So there was an absolute need for some coordinating organ comprised of governments to try and do something about this. As it worked out, I think the agencies themselves entered into bilateral agreements between themselves which, I think, helped solve some of these problems. In fact I think they did solve them in a rather reasonable fashion. And I think we still have in existence joint committees of FAO [and] WHO, of UNESCO and WHO, of ILO and WHO on occupational health and safety matters. When they have expert committee meetings, both organizations are represented on subjects of occupational health and safety. All these have their origin from the beginning of the Organization. And I think that the Secretariat of the Organization as it exists today ought to be aware of the fact that some of the problems that they don't have, have been avoided

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<sup>1</sup> Crimea (Yalta) Conference held in February 1945 between President Roosevelt, Prime Minister Churchill and Generalissimo Stalin

<sup>2</sup> The Charter of the United Nations, signed on 26 June 1945, in San Francisco, at the conclusion of the United Nations Conference on International Organization, and came into force on 24 October 1945

<sup>3</sup>The Economic and Social Council currently coordinates the work of the 14 UN specialized agencies, 10 functional commissions and five regional commissions; receives reports from 11 UN funds and programmes, and issues policy recommendations to the UN system and to Member States.

because of some of the good work that was done at the outset by the responsible people in WHO. And I was, incidentally, not one of those that were involved with the interagency or bilateral agreements—it wasn't in my area of responsibility at that time. But I think some very good work was done by the staff involved at time which was under the leadership, of course, of the first Director-General, Brock Chisholm and of some of his staff. I think Dr Bill Forrest<sup>1</sup> was one of the people who had a good deal to do with those relationship arrangements, even though later on he had something to do with some of the problems that was created between organizations. But that's beside the point. He did make a positive contribution which I think sometimes is overlooked. But a lot of people were involved, and the WHO Executive Board was very much involved because they had to approve these agreements before they went to the subsequent sessions of the World Health Assembly.

Just to include another bit of what I think is interesting history. You forgive me for focusing on the United States, but I am a native citizen of the United States and I know a little bit about that country and its origin and its history. And having worked in the US Department of Agriculture, I know quite a bit about how the [US] Federal Government operates or did operate. There was an election held for president of the United States in November 1948. Harry Truman<sup>2</sup> who succeeded into the presidency on the death of Franklin Roosevelt, because he was vice-president at the time, was a candidate was for election as president of the United States, and he was elected in the November election to take office. At that time, I believe the presidential inauguration was still in March although it may have been moved to January by that time, I have forgotten [it took place on 20 January 1949]. But certainly in the [19]40s before 1949, it was always March fourth as the date for the inauguration of a new president, but they changed it at some point, and I have forgotten which year it was changed. Well at Truman's (it must have been January) inaugural address, he mentioned four points<sup>3</sup> which were going to be in his programme objectives under his four-year term as president. And his fourth point was technical assistance to developing or under-developed countries as they called them at that time. And the next day I received telephone call from Dr Van Zile Hyde who by that time was, I think, in charge of the International Health Division of the US Public Health Service<sup>4</sup>. He started the conversation by saying, "By any chance did you hear or have you yet read Truman's inaugural address?" And I said, "Yes, as a matter of fact, I stayed up and listened to it on short wave radio." And he said, "Do you remember his fourth point about technical assistance to under-developed countries?" I said, "Yes, I was rather interested in that, and I made a note when I heard it, and I wondered what was in the minds of the people that contributed to the President's inaugural address." And I said, "You know I 'm well aware of how presidents' addresses are written because when I was

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<sup>1</sup> Dr William P. Forrest joined WHO in September 1948 by transfer from the Interim Commission, Special Assistant in the Office of the Director-General; reassigned on 1 December 1949 as Director, Division of Coordination of Planning and Liaison; reassigned on 1 January 1953, Director Office of External Relations; reassigned on 1 September 1953, Medical Consultant, Regional Office for the Eastern Mediterranean; left WHO October 1954.

<sup>2</sup> Harry S. Truman, thirty-third President of the United States 1945 to 1953

<sup>3</sup> The Point Four Program was a comprehensive technical cooperation program; its primary mission was to improve the social, economic and financial conditions in less developed countries.

<sup>4</sup> Chief, Division of International Health, United States Public Health Service, 1948-49

in the US Department of Agriculture, I was always asked to suggest paragraphs for the President's speeches, and I know they go around government departments inviting people to make suggestions. The White House takes some of them, discards most of them." And he said, "Yes, Milton, that's our problem. We don't know where the idea came from, but it came from some bureaucrat in the US Government somewhere. We don't know who it was, and nobody knows what the President meant" (in what incidentally became later became the Point Four Program as you know). And he said, "By any chance do you have any proposals for a health programme for the under-developed countries." I'm using the term that they used; we stopped using that term, and we now call them the "developing countries." I argue that "developing countries" includes every country in the world, including the so-called more advanced countries—they're developing also.

**NH-J:** And those that are developing backwards

**MS:** [chuckles] Some of them, I think at times too. I think there's a dance step—one step forward and two steps backward. And I said [to Dr Van Zile Hyde], "Well it just so happens that I have put together a supplemental programme for the budget of 1950 to supplement the otherwise budget for 1950, and it's entirely related to technical assistance to the developing countries." And he said, "Gee, that's just great. Could you send me a copy?" And I said, "I will have to clear it with the Director-General, but I think he would certainly have no objection." Which I did very quickly, and he quickly concurred that it should go forward because it was going to all the members of the Executive Board which was going to meet within the next week anyway. We had a supplementary budget for health programmes to developing countries simply because we had put together this supplementary programme and budget to start with the year 1950. This was to be later considered at the Second World Health Assembly<sup>1</sup> which was convened in Rome. I think it met in July of [19]49. The Executive Board that year, I think, met around February<sup>2</sup> because the Rome session was in July where as the normal timetable for sessions of the World Health Assembly in Geneva would have been in May because that was the only time the facilities were available to us in the Palais des Nations.

So health was probably the first programme that was submitted to the United States Government by the US Public Health Services to try to identify what President Truman meant in his now well-known "point four", by virtue of the fact that we had already put something together. That served as a very valuable document to be considered by the United Nations following the decision of the Economic and Social Council in its well-known Resolution 222<sup>3</sup> at the Ninth Session of the Economic and Social Council which created what was called the United Nations Expanded Programme of Technical Assistance<sup>4</sup>. And in their resolution, they indicated percentage figures of the resources that would be contributed, on a voluntary basis, by governments to the special account for

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<sup>1</sup> Second World Health Assembly held in Rome from 13 June to 2 July 1949

<sup>2</sup> Third Executive Board held in Geneva from 21 February to 9 March 1949

<sup>3</sup> Resolution 222 *Economic development of under-developed countries* approved on 15 August 1949 by the Ninth Session of the Economic and Social Council

<sup>4</sup> Expanded Programme of Technical Assistance for Economic Development of Under-developed Countries

the Expanded Programme of Technical Assistance, and WHO was assigned a figure of 22%. (It seemed there were a lot of “twos” going around at that time which makes it rather easy to recall.)

I think I should move back to the Fifth Session of the Interim Commission<sup>1</sup> because it was the last full session of the Interim Commission before the First World Health Assembly. It was that fifth session [of the Interim Commission] in January of 1948 that took the decision to convene the First World Health Assembly even though at that time they did not yet have a sufficient number of ratifications of the government signatories to the [WHO] Constitution at the time of the International Health Conference. They were rather confident that they would have the necessary twenty-six ratifications, so they fixed the date and the place for the convening of the First World Health Assembly with was the end of “June...July [1948] in Geneva at the Palace of Nations [Palais des Nations].<sup>2</sup> Another function of the Interim Commission was to make some proposals to the First World Health Assembly about the programme of work of the Organization, and after a considerable amount of debate in a conference room in the Palace of Nations, I think it was room K4. Norman, both of us were present when this was all going on—on the sidelines as good secretariat members trying to keep our mouths closed so that members of the Commission who were entitled to speak could say what they wanted to say. And after considerable debate, they selected four priority programmes as representing the major health problems, then, in the world, which in their opinion needed to be given priority in extending assistance to the developing countries. And the programmes if I recall, and I’m not going to try and give any order of priority to these four, but I think the first one that was identified was malaria, and I’m not sure whether that was number one or some other number among the four. But the four were malaria, tuberculosis, venereal disease, and maternal and child health.<sup>3</sup> And those were the four that went forward to the First World Health Assembly. In the Programme Committee of the First World Health Assembly, they added what I recall two additional subjects as making a total of six.<sup>4</sup> Now there may have been a seventh one, but I’m not sure<sup>5</sup>. As I recall the two that were added to the four that were recommended by the Interim Commission—one was nutrition and the second one was environmental health, and I think at that time, it might have been called environmental sanitation. So these were the six priority programmes—and there may have been a seventh one but I don’t recall what it was—that represented the subjects which the governments’ members of WHO at that time considered to be the subjects of public health problems in the world which warranted special handling and special consideration by the World Health Organization and its members. And that was how the first programme was more or less put together, on the basis of those six priorities. Now

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<sup>1</sup> Fifth Session of the Interim Commission held in Geneva from 22 January to 7 February 1948.

<sup>2</sup> First World Health Assembly held in Geneva from 24 June to 24 July 1948

<sup>3</sup> Minutes of the Fifth Session of the Interim Commission (WHO.IC/Min.5/10) from 3 February 1948: the programmes in order of priority were malaria, tuberculosis, maternal and child health, venereal disease control.

<sup>4</sup> The additional programmes, in order of priority, were nutrition and environmental hygiene (Third report of the Committee on Programmes, adopted by the First World Health Assembly 21 July 1948 (World Health Organization Official Record no. 18, p. 306).

<sup>5</sup> Other programmes listed were public health administration, parasitic diseases, virus diseases, mental health and habit-form drugs

there were some other subjects that were included, such as mental health, but it was not given the same priority status as the six that I mentioned. It took quite a few years, incidentally, before very much of WHO's resources were devoted to the subjects of environmental sanitation or environmental health as well as nutrition because these other programmes, particularly the communicable disease programmes, were considered of a higher priority at the time. And I have no doubt but what they were—among the communicable diseases problems in the world.

Maternal and child health on the other hand, which includes almost any health problem you can imagine, was a joint function and responsibility of WHO and of an organization that is called UNICEF [United Nations Children's Fund]. And at that time the letters "UNICEF" stood for United Nations International Children's Emergency Fund. It was conceived as a short-lived organization, but it later on was given almost permanent status, and they took the word "emergency" out of their title, but they retained the letters "UNICEF" so as not to confuse anybody—at least that was the justification for retaining it. Well WHO and UNICEF had a lot of problems in the early period of identifying who would be responsible for what. There was a joint WHO—UNICEF meeting<sup>1</sup> of some members of the WHO Executive Board and some members of the UNICEF Executive Board and a well-known figure in public health who was one of the key people in the League of Nations whose name was Dr Ludwik Rajchman<sup>2</sup>, I think. Was it "Ludwig"? Was that his first name?

**NH-J:** Ludwik Rajchman

**MS:** Right, yeah. And he was a rather domineering type of person.

**NH-J:** It's I think worth mentioning that he was the Director of the Health Organization of the League of Nations.

**MS:** Yes, yes, indeed. That should be taken into account. He was very...he tried to be very active and take an active role in the creation of the World Health Organization, but he was sort of pushed aside by some of the people involved at that time because, as highly reputable as he was from a technical point of view, he had some characteristics that put him in the category of being someone they didn't really want involved. So when he was virtually eliminated from consideration for any important role in the Interim Commission [for the creation] of WHO, he became a rather bitter enemy of WHO and joined forces with other people in the functions that were being carried out by UNICEF. So he was very active in this joint meeting, and Dr Chisholm had asked me to be sure to attend the meeting because he thought it was pretty important that all of his key staff were well-aware of what was going on because it was a rather critical period in defining the respective roles of the two organizations. And it ended with a general agreement, in spite of Dr Rajchman, that WHO would be the technical organization responsible for

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<sup>1</sup> The Joint Committee on Health Policy

<sup>2</sup> Ludwik W. Rajchman, Director of the Health Organization of the League of Nations 1921 to 1939; Adviser to the National Government of China 1939 to 1943; Chairman of the Executive Board of UNICEF 1946 to 1950

approving technically all the health programmes of UNICEF relating to maternal and child health. And UNICEF would be the supply organization; they would provide the funds for supplies and equipment. This required some rather interesting footwork behind the scenes because Dr Rajchman was not in favour of that arrangement. And I happened to be the person who wrote the text of the decision that was taken by the joint committee of WHO and UNICEF. And when the meeting was over, Dr Chisholm said to me—and this is just by the way—he said, “You know, Milton, as far I know, you’re the only one that has ever out-smarted Dr Ludwik Rajchman. I don’t how you did it, but I want to tell you that I didn’t expect it to succeed.” That was good for my ego at that time.

Well do you want me to go on to the Second World Health Assembly or....

**NH-J:** Well I think it would be worth saying something about it. As I recall that the budget was put up in two parts to the Second World Health Assembly--the regular budget and the supplemental operating programme.

**MS:** You are right. It’s that same supplemental operating programme that I was talking about (**NH-J:** Yes, yes) that found it’s way into Truman’s famous Point Four [Program] and then to the Expanded Programme of Technical Assistance that was established by virtue of the Economic and Social Council’s decision that I referred to earlier. So that by the time the [Second World Health] Assembly took place—the supplemental programme—while the [Health] Assembly took note of it, they didn’t really, they weren’t really asked to take action because it was going to become part of this new Expanded Programme of Technical Assistance. That’s what I recall. Is that, do you agree with that?

**NH-J:** Well it was going to be...the money was going to be from voluntary contributions from governments which meant, really, technical assistance.

**MS:** Exactly, and it was dependent upon voluntary contributions. Now the regular budget that was put forward at the time of the Second World Health Assembly for the fiscal year 1950, totalled US\$ 7,500,000 which was far above what anybody ever considered would be necessary for the work of the World Health Organization. If you compare the budgets of those first three years, [19]48, [19]49, and [19]50 to what the Organization is doing today, it would seem rather ludicrous, I think, to believe that it would be possible even at that time with the constant dollar of 1949 [or] 1950 to go very far in dealing with the health problems of the world [with a budget of US\$ 7,500,000].

**NH-J:** Yes, and you may remember that the justification for putting up what amounted to an overall increase of 400% for the 1950 budget, was supposed to be justified by meeting world health needs.

**MS:** Yes, for some reason we had the feeling that we existed for that purpose [ironic laughter].

**GL:** When did the “green pages” start then?



**MS:** The “green pages” which I started—I think the colour was selected by Dr Howard-Jones or somebody on his staff. I just said, “Let’s have a different colour.”

**NH-J:** That was because I was green with envy that I didn’t have the idea myself. [laughter].

**MS:** I had nothing to do with the selection of the colour. I just thought it would be desirable to have colour other than white which was the regular budget. And then the “green pages” as they became well-known for—the colour green. They started about a year later; I think perhaps 1951 budget or 1952.

**GL:** Listing other supplemental projects...

**MS:** ...listing all the programmes that we ought to be doing but we couldn’t include in the regular budget because it would result in the regular budget increasing at too rapid a pace. So we introduced this method of having a way of identifying programmes that governments would like to have, but we couldn’t accommodate them within the limitations of what the Director-General, the Executive Board, the governments of the world that participate in the World Health Assembly considered a reasonable annual increase to the regular budget.

I might again deviate a little to indicate some of my own personal feelings about the size of the budget and just make a slight comment as to why I was so unhappy with what I found when I arrived on the scene of the Interim Commission and discovered that, thanks to one member of Dr Chisholm’s staff who was Dr Yves Biraud<sup>1</sup>, who insisted that the figure of US\$ 4,800,000 was all the Organization would ever need. My unhappiness with that figure was probably based on my own experience. I came from the US Government, where I was in the US Department of Agriculture. I was given a new assignment when I returned to the Department after World War Two, which was to try to clear up all the records of the Lend Lease Food Programme. The last annual budget that I dealt with in the [US] Department of Agriculture was US\$ 6,000,000,000. I was one of the responsible people in the financial branch of that organization that dealt with the budget of US\$ 6,000,000,000 and I found myself coming to a new organization that had for, I think, rather sad reasons created a figure of US\$ 4,800,000 which to me represented perhaps one day’s expenditures for what I had previously been dealing with. This almost resulted in my not staying after the First World Health Assembly, but Dr Brock Chisholm asked me to continue on, so I agreed to stay a second year on a temporary basis providing I could get another year’s leave of absence approved by the [US] Secretary of Agriculture which I was able to get with a certain amount of agony, I might say, on the part of some of the people back in Washington because since I was on leave of absence, they couldn’t replace me because I a right to return to the job. They had to replace me with only a temporary staff member. Those two temporary years...as so often happens, the

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<sup>1</sup> Dr Yves Biraud joined WHO by transfer from the Interim Commission 1 August 1948, Director Division of Epidemiology; reassigned Director of the Division of Health Statistics on 1 January 1959; left WHO on 31 October 1960.

temporary became permanent, and as has been stated by Mr Levy at the outset of this recording, I was the Assistant Director-General of WHO for twenty-four years. So the two years became twenty-four years, and my stay and having a home in Geneva, Switzerland is still going on, and after thirty-four years, I still have an apartment in Geneva. So that's what sometimes happens to the "temporary", and I suppose, Norman, you had a somewhat similar experience.

**NH-J:** [indicates yes]

**MS:** I think a lot of people did at that time. Maybe this a point at which we should stop. I mean I can go on for a couple hours, but I don't know how much you want to get in your oral history. You have to leave...

**GL:** I would like to leave and come back so it remains for me on this first instalment—because we may want Professor Siegel to continue on a second recording for more details on the formative years of WHO—it remains for me to thank him profusely for having given us his time and the benefit of his memories, his views, his comments and brought out so many facts which would not have been recorded if hadn't been for this programme of oral history of WHO. I thank you, Dr Howard-Jones, thank you, Professor Siegel. This is Gino Levy in WHO on the fifteenth of November 1982.  
[End of tape two]

[Beginning of tape three, part one]

**GL:** This is the nineteenth of November 1982 in Geneva at WHO studio, we are resuming the talk, the interview with Professor Milton Siegel and Dr Norman Howard-Jones on the origins and early history of the World health Organization for the oral archives of WHO. I'd like if I may (this is Gino Levy) to ask Dr Howard-Jones whether he would like to start the second part by introducing I understand some sort of a question?

**NH-J.:** Thank-you. There's one general point I'd like to make, and I'd be very interested to have Professor Siegel's reactions on this point. It seems to me looking back on the early days that there was a very adversarial relationship between the Secretariat on the one hand and the Executive Board on the other. I remember some very tense sessions of the first meetings of the Executive Board and, in particular, I remember that Chisholm<sup>1</sup> at one point told the Board that it had no right to discuss the budget but only the programme because members of the Board were "health" experts, not "financial" experts, and [that] in fact this was in flagrant contradiction to the Constitution which provides that the Executive Board should transmit the budget (not the programme), transmit the budget to the [Health] Assembly with its comments. So this rather adversarial relationship went on for quite a considerable time and led to a system where at the [Health] Assemblies, for some years, three budget levels were presented. There was one that was called "The Director-General's proposal". Then there was the "Board's proposal" which was a bit less, and then there was the "Assembly proposal" which was even less; it was the

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<sup>1</sup> Dr Brock Chisholm, first Director-General of the World Health Organization 1948-1953

procedure adopted according to the Rules of Procedure of the Assembly<sup>1</sup> to vote on the motion furthest removed from the original procedure. Now it was taken that the Director-General's proposal was the original proposal. To my mind, this has always been illegal because the Director General...in no legislature can a permanent paid official introduce a motion. A proposal is, by definition, something introduced by a member of the legislature. So it seems to me that this was, in retrospect, a very questionable procedure. And I think now I have tried to be provocative, and Milton is always at his best in a provocative situation so [laughter] I'd be very interested to hear what he has to say about this and related matters.

**GL:** Professor Siegel, would you like to respond to this precise question?

**MS:** Well I'm very happy that...first of all I'm happy to be able to continue because I think our first session was only the beginning really of some of my own recollections about the early origin of this Organization—there is much more involved. And I'm indeed extremely happy, Norman, that your request for more specific information, perhaps more pertinent information which focuses on some of the problems that were encountered early in the Organization's development. Because at the last recording, I seemed to have fallen into the trap, you might say, of suggesting [that the recording] be chronological; it seemed logical, of course to say that: we should now take up the Second World Assembly. I certainly have no intention of dealing with this in the sequence of each Health Assembly because I certainly am not in a position to do that. So I am very happy that you have reverted to a general question which does not necessarily apply to any one particular session of either the Executive Board or the [Health] Assembly. I had intended to suggest that we disregard the indication that we would discuss the Second World Health Assembly even though I think there are some aspects that relate to your specific, stimulating, question.

I'd like to first, if you don't mind, talk about certain aspects of the Constitution of the World Health Organization which has and continues to govern the operation of the Organization, as it should. I have some feeling, occasionally, that there have been some deviations from it, but nevertheless, it certainly is a splendid document, and I feel that the authors of the Constitution deserve to be highly commended for their work in finally reaching some sort of a compromise and agreement among the governments represented at the International Health Conference in 1946.<sup>2</sup> Even though I feel there are some very important problems with it [the Constitution] all of which can be identified as to their origin perhaps, but they certainly have handicapped this Organization in many respects from an administrative point of view. I believe that administrative arrangements can or cannot provide substantial support to the programme objectives of any organization. And I refer particularly to the arrangement in the WHO Constitution for the manner in which the regional directors are appointed. It [the Constitution] gives an indication that the six regional directors (as it turned out to be six by decision of the First World Health Assembly which is another subject we perhaps might cover during this session) don't

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<sup>1</sup> Rules of procedure of the World Health Assembly. In *Basic documents*, 54<sup>th</sup> ed. Geneva, World Health Organization, 2005.

<sup>2</sup> International Health Conference held in New York from 19 June to 22 July 1946

even seem to be staff members of the Organization because they are appointed by the Executive Board of the Organization. And I see this as perhaps one of the most serious administrative problems in the Organization because I don't feel that WHO was conceived as being six separate regional organizations which it could become. Fortunately as far as I can observe, it has not yet become such but there is always the danger that it could become six separate regional health organizations and thus destroy the original concept that there should be single World Health Organization. And Norman, as you very well know, and Gino, I'm sure you're familiar also with it, the regional directors are appointed not by the Director-General, but they're appointed by the Executive Board of WHO. And from the outset, I clearly expressed my views to the first Director-General, Dr Brock Chisholm: I felt that he as Director-General should intervene in the discussions of the Executive Board when they dealt with the appointments of regional directors and express his own view as to the person who should be appointed. And there was a considerable reluctance on the part of the two Directors-General with whom I was associated as the Assistant Director-General to intervene on any occasion. And I felt that this was somewhat an evidence of weakness on the part of the Directors-General, namely Dr Chisholm and Dr Candau,<sup>1</sup> but they didn't want to, if I can use the expression, stick their necks out with governments. And to my horror, if I may use that word, it was on the initiative of a friend of mine (who I always thought was a friend of mine and I still think so) Dr Neville Goodman,<sup>2</sup> who developed the idea of letting the regional committees nominate a regional director, which I thought also was incorrect because it conflicts with the Constitution of the Organization. The Constitution states that the regional director shall be appointed by the Executive Board in agreement with the Regional Committee. Now Dr Goodman reversed the procedure. He had the Regional Committee make the nomination to the Executive Board where it should have been the other way around—the Executive Board should make the appointment and then ask the Regional Committee if they had any objection because it is in agreement with the Regional Committee.

**NH-J:** My recollection is that it states in the Constitution that the Regional Director shall be nominated by the Regional Committee and appointed by the Director-General. That it is the staff of the Regional Office that is appointed by the Director-General in agreement with the Regional Director.

**MS:** Norman, I must say that you are right on your latter point but incorrect on the first point. I'm looking at the Constitution trying to find the wording and in Article 52 of the Constitution, and may I read it. It says, "The head of the Regional Office shall be the Regional Director appointed by the Board in agreement with the Regional Committee." Now Neville Goodman reversed the procedure.

**NH-J:** Ah, yes, I see

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<sup>1</sup>Dr Marcolino Gomes Candau, Second Director-General of the World Health Organization 1953 to 1978

<sup>2</sup> Dr Neville Marriott Goodman joined WHO on 1 September 1948, by transfer from the Interim Commission, as Director of Field Operations and from 1 January 1949 simultaneously acting Assistant Director-General Department of Operations; left WHO on 2 July 1949.

**MS:** And that I think created some problems. Now you are absolutely correct on the next point because Article 53 states, “The staff of the Regional Office shall be appointed in a manner to be determined by agreement between the Director-General and the Regional Director.” So you were right on the latter point. And I always was...I don’t know how Neville Goodman managed to get ahead of me on that one, but he certainly did because I would have stopped him if I had been aware of what he was doing.

**GL:** What was Mr. Goodman’s position at the time?

**MS:** He was Assistant Director-General for Advisory Services. At that time, I was not an assistant director-general. I had been elevated to the auspicious status of an assistant director-general at the later part of 1949. So even though I say I was Assistant Director-General for 24 years, it is not exactly accurate, but it’s a little bit cumbersome to say I was Assistant Director-General for 23 years, and the first year I was a Director. That’s correct I think isn’t it? But I’m reading from the Constitution, Norman, and this always bothered me, and I tried to find some way out and if you remember at one stage I succeeded in.... I think perhaps it was either the Director-General or the Executive Board itself that suggested that regional committees should send forward nominations of more than one person, that they should nominate perhaps two or three, indicating the priorities they attached to their appointment by the Executive Board. So the Executive Board would have the authority that the Constitution really delegated to them which was to appoint the regional directors. Now the Executive Board, unfortunately, is presented with a *fait accompli*. [The members of the Executive Board] get one nomination, and they either have to elect that person (or appoint that person) or reject him, which they could do. Please...

**NH-J:** There is another point. This whole situation, as we know very well, originated from the prior existence of the Pan American Sanitary Bureau<sup>1</sup>, and here there’s no question, realistically, of the Director-General of WHO appointing the Director of the Pan American Sanitary Bureau. This was done by an election of the Pan American Sanitary Conference<sup>2</sup>. And so the only role, really, of the Executive Board was to rubber stamp the election of the Director of the Pan American Sanitary Bureau as the acting regional director of the region for the western hemisphere, and it was, I suppose, natural that other regions should want to follow the same pattern and not place the Americas in a unique situation *vis à vis* regional directors.

**MS:** I have no comment, particularly, except to agree with you on how it evolved and why it happened the way it did. I think that particular point could be remedied if the Director-General took the necessary steps to do so. I think he could do it today; I think he could have done it twenty years ago; I think it could have been done thirty years ago. And I think it’s still open for somebody to take such action because Article 54 of the Constitution states that the Pan American Sanitary Organization now known as the Pan

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<sup>1</sup> On December 2, 1902, at the First International Sanitary Convention of the Americas in Washington, D.C., 11 nations joined to form what has become the Pan American Health Organization

<sup>2</sup> The Pan American Sanitary Conference is the highest governing authority of the Pan American Health Organization; it meets every four years.

American Health Organization “shall be integrated as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.” I think this particular point could be reopened, and they could perhaps change some of the procedural arrangements which would require some study, and I don’t think we should indulge in dealing with that—except to point out that it does represent a potential hazard, and it could result in someday there being two separate regional health organizations in the Americas or the western hemisphere which could easily happen. But from the outset with, I might say, a good deal of trauma and agony, I was asked by Dr Chisholm to negotiate a working arrangement with the then Director, Dr Fred Soper<sup>1</sup> who was one of the great people in public health as I think you and I both agree, during the period that he was active. I’m not saying that the Pan American Sanitary or Health Organization should disappear—on the contrary—I sincerely believe that it should be maintained. But I think there are certain details which might be smoothed over, let’s say, so that it might work perhaps somewhat better, although the staff of the [Pan American Health] Organization are so fully integrated into the system that WHO is in—together with the other organizations that comprise the United Nations system—because no one wants to upset the present arrangements that exist with regard to staff privileges, what I now think is excessive salaries to the staff of the international organizations in general but particularly with regard to a joint pension fund arrangement. No one wants to upset that, and the staff of the Pan American Health Organization are enjoying the same privileges as the staff of the World Health Organization.

In the Staff Regulations of the World Health Organization at the last session in which we made the first recording, I called attention to the fact that these were first drafted before the Organization came into existence. The first regulation<sup>2</sup> provides that all staff members of the Organization will be governed by these regulations, and this includes the Director-General. No one has ever questioned that fact. The Director-General has always been very happy to accept the generous arrangements that have been made for him under the Staff Regulations and so have the regional directors and so have the assistant directors-general, I might say. [laughter] All of whom have always been over-paid, including myself. And I heard on the early newscast this morning and yesterday morning as I was trying to get out of bed, both in French and in English because I listen to both. Apparently there is an interesting struggle going on in the United Nations General Assembly right now with regard to the budget of that Organization where certain governments have let it be known quite strongly and clearly that they will not agree to any increase in the budget, in fact they want a decrease. And they haven’t yet...I don’t what they’ve said. When I read the newspapers or the journals of yesterday and today, I can’t help but be impressed by the fact that many commercial organizations are reducing the salaries of their staff a minimum of 10% at a time when I happen to know that the international organizations are trying to obtain increases for their staff during this period

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<sup>1</sup> Dr Fred Lowe Soper, Director of the Pan American Health Organization 1949-1959

<sup>2</sup> Staff Regulations of the World Health Organization. Regulation no. 1.1: All staff members of the Organization are international civil servants. Their responsibilities are not national but exclusively international. By accepting appointment, they pledge themselves to discharge their functions and to regulate their conduct with the interests of the World Health Organization only in view.

of what is commonly referred to as a “recession” which I’m not sure is the right terminology.

Well I was going to refer to something you mentioned, Norman, at our previous recording with regard to the definition of health. I think I ought to mention that while I am referred to as “Professor”, I didn’t have that title when I was in the World Health Organization. I became a professor after I left the World Health Organization and joined the faculty of the University of Texas Health Science Center in Houston, Texas where I was professor of international health. One of the first things [questions] I encountered when I arrived in the university environment, from among the faculty was, “Would you explain to us how WHO ever arrived at its definition of health as set forth in its Constitution?”<sup>1</sup> I found myself trying to justify what all the Directors-General and everyone else who had ever made speeches about WHO always referred to as the definition of health as set forth in the WHO Constitution. Then I referred to the Constitution, and there is no such definition of health in the WHO Constitution. It doesn’t exist as a definition of health; it exists as an objective of the World Health Organization set forth in the preamble to the Constitution. And yet recently I heard Dr Mahler<sup>2</sup>, the current Director-General, referring to the WHO definition of health which is not at all consistent with the Constitution of WHO. Unless you want to argue that since it’s in the preamble, [it] is a statement of definition by the Constitution of the World Health Organization. But it certainly doesn’t say that it is because there is a list of ten or twelve objectives in the preamble. And one of them is a statement which I view as an objective rather than a definition. Mind you, I think it’s a well-stated concept of ideal health; whatever it may mean to anyone is acceptable I think. But this is one of the first things I encountered when I became a faculty member, and I can remember almost at the beginning of every academic year being confronted with graduate students because those were what we had where I was assigned. They were working mostly on their doctoral degrees in public health or Doctor of Philosophy in public health or one of the sciences involved. We would go through the steps—what is health? I would start out and I would write on the blackboard, “Health is the absence of death.” That was the first point. Then I would ask the students, let’s go on from there, and let’s add some other things to it, and when we got through, we came pretty close to the preamble of the World Health Organization. Well it just seemed to me that it’s worth mentioning that it’s time that people stopped talking about the definition of health as provided for in the Constitution of WHO because there is no such thing—in my opinion.

**NH-J:** And if I may interject, Milton, in any case, I would very readily settle for the absence of disease or infirmity. Once [unintelligible], I couldn’t give a damn about it. [laughter]

**MS:** Well you would also accept the fact that it’s the absence of death.

**NH-J:** Well it depends on how you look at it.

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<sup>1</sup> Preamble to the Constitution of the World Health Organization : “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

<sup>2</sup> Dr Halfdan Theodor Mahler, Third Director-General of the World Health Organization 1973-1988

**MS:** Yes, which is true with almost anything.

**NH-J:** You are certainly not ill if you are dead.

**MS:** No, it's finished at that point.

**NH-J:** You don't have a health problem.

**MS:** That's right, so there are no health problems once the heart has stopped beating. Well I think it might be useful to revert to some of the other things I have said. And I'll come back to your question as some of this discussion evolves. But I can recall shortly after I joined the Interim Commission at the beginning of August 1947<sup>1</sup> that I was appointed in New York. At that time, Norman, you may or may not remember, that any appointments over a certain level of US dollar figure could not be made by the Executive Secretary of the Interim Commission<sup>2</sup>; it had to have the approval of the Chairman who was Dr Stampar<sup>3</sup>, who was another of our greats who both of us had the privilege of knowing in the general field of public health. And he had trouble appointing me because I exceeded the figure that was the guideline for the appointment of staff by the Executive Secretary of the Interim Commission. So my appointment had to go to Dr Stampar, and he was rather reluctant to approve a non-physician at a salary which to him at the time seemed somewhat excessive. That figure was calculated on the basis of what my salary was at my then-current position in the US Government which was the highest level you could reach in the Civil Service of the US Government. He had a little trouble swallowing that one, but he did. That was my first contact with Dr Stampar. He couldn't understand how anyone who was not a physician would warrant such a salary as I was receiving which was a few hundred dollars in excess of what the Executive Secretary was authorized to do. Another evidence, I might say, of what I consider to be bad administration or bad administrative policy—in any event the executive head of any organization ought to have the authority commensurate with the responsibility. Dr Brock Chisholm did not have that. I found that that too represented one of the initial problems of the Organization.

Well shortly after I returned to New York after the Fourth Session of the Interim Commission, there was an outbreak of cholera in Egypt and in its neighboring countries. The head of the New York office was Dr Frank Calderone<sup>4</sup> if you remember him. I don't know whether you have ever heard of him, Gino, but he was the original director of the New York office which was considered, in effect, the headquarters of the Interim Commission. I don't choose to go into why Dr Chisholm decided to move from New York to Geneva, but there were some personnel problems that he thought he could best

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<sup>1</sup> Interim Commission sessions were held from July 1946 to December 1948

<sup>2</sup> Dr Brock Chisholm

<sup>3</sup> Dr Andrija Stampar 1888-1958 served as expert advisor to the League of Nations, Health Organization, Chairman of the Interim Commission and Delegate to World Health Assemblies

<sup>4</sup> Frank Anthony Calderone joined WHO 1948 by transfer from the Interim Commission as Director, WHO Liaison Office with the United Nations: left WHO end 1949



handle by being in Geneva. So we were involved, in fact rather overwhelmed, with trying to assist in the fight against the spread of cholera in the Middle East. I say the Middle East with a certain amount of hesitation because I will talk about why WHO doesn't call their regional office in that part of the world the "Regional Office for the Middle East". But we undertook, or were requested, to make arrangements for the purchase and shipment of cholera vaccine to several countries in the Middle East (I must say at this point) particularly Egypt and some of its neighboring countries. Dr Frank Calderone...I think perhaps this was one of the most outstanding pieces of work I observed that he was able to do. He did it extremely well—he was very effective. I'm not suggesting that everything else he did was bad because that's not correct. He was really outstanding in the arrangements that he made in obtaining price reductions on the submission of proposals from pharmaceutical companies on what they would charge for cholera vaccine. I can remember how he was successful in arranging for price reductions from what originally as much as ten cents per dose of cholera vaccine. I won't talk about how good or bad it [the vaccine] was, but it was all there was available. Beginning with the figure of ten cents per dose, we were getting it for two cents per dose which was quite a substantial reduction. We were buying many thousands of doses of vaccine which were shipped to Egypt and some of the neighboring countries. I can remember personally dealing with the Permanent Delegation of Syria to the United Nations—they use to come to our office of the Interim Commission which was in the Empire State Building on the 63<sup>rd</sup> floor—this was first time in my life I had ever had an office on the 63<sup>rd</sup> floor of anything. That was probably as close to heaven as I shall ever get. In any event, it was quite an interesting experience. I had to arrange for receiving reimbursement from these countries for which we were buying supplies and equipment. The equipment consisted mostly of needles and syringes, and rather large supplies of lime—for reasons that you understand, I'm sure. I had the role of arranging for the shipping and for the letters of credit, and other documentary credit paper through the banks because the Interim Commission didn't have the resources of their own to pay for these. This whole programme in Egypt was carried out by a man who became a very dear friend of mine, Dr Shousha<sup>1</sup> who as you know, Norman, was the first Regional Director for the Eastern Mediterranean Region of the World Health Organization at Alexandria. At that time Dr Shousha was the Deputy or the Under... or whatever it was called—the second in command of the Ministry of Health of Egypt.<sup>2</sup> As a result of his most efficient and outstanding work, he was recognized everywhere as having done a most outstanding job in stopping that epidemic which could have become much more widespread had he not taken the rather strong measure that he took as well as was taken in some of the neighboring countries to stop the spread of cholera at that time. It was one of the initial exposures that I had in the World Health Organization to working toward stopping the spread of an epidemic before it became too widespread. Dr Shousha at that time was called Dr Aly Shousha...

**NH-J:** Sir Aly...

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<sup>1</sup> Dr Aly Tewfik Shousha, First Regional Director for the WHO Regional Office for the Eastern Mediterranean 1949-1957

<sup>2</sup> Dr Shousha was the Under-Secretary of State of the Ministry of Public Health, Cairo, Egypt

**MS:** That was after he was knighted, but before that he was Dr Aly Shousha Bey. I first met him in Cairo during World War Two. My acquaintance with him started with that period. And shortly after that, he was promoted from a “Bey” to a “Pasha” so he was then called Sir Aly Tewfik Shousha Pasha, and then when was knighted, he was Sir Aly Tewfik Shousha Pasha. Then when Nasser<sup>1</sup> became president, all titles were dropped, and he became once again just a simple Dr Aly Tewfik Shousha. He continued to be a good friend of mine until his unfortunate, premature death which occurred in Geneva, Switzerland incidentally. And his son, who is an exceedingly efficient and esteemed staff member of the World Health Organization, continues to be a good friend of mine. And his wife, who remembers me quite well, and to whom I always send my best regards, remembers our former relationship very well indeed.

Now I mentioned earlier that when I was given the task of organizing the services of what we refer to as the administrative, financial and personnel functions of the Organization, that I tried to obtain, tried to identify people who had had previous experience in the League of Nations so that we would be able to benefit from their experience in the League, and maybe we would learn more about what not to do and would help us identify what we should do (which I’ve always considered was one of the important aspects of knowledge of history of anything). And I mentioned that I obtained the services of the person who was the last staff member of the League of Nations Mr V. Stencek. But there was another person who we employed who looked after the arrangements for conferences. That was Mr Chester Purves?

**NH-J:** Yes

**MS:** ...who was the man who was given this responsibility for making all the conference for the Second World Health Assembly in Rome<sup>2</sup> Had I not had the assistance of people such as those two (Stencek and Purves), I am confident I would have made the same errors as have been made by many other people, such as myself, in other organizations. But I think we avoided many of those errors, and therefore many of the problems in WHO which other organizations, unfortunately, encountered. During my period in Cairo, there were a few other people that I met that I brought to WHO because I knew them. I knew what their abilities were...and I might just casually mention Ted Smith<sup>3</sup> who was a USA national who was brought to Geneva to become Chief of Finance and Accounts. And another gentleman by the name of Maurice Bigio who worked for Ted Smith in Cairo who was an Egyptian national at that time I think. He came to WHO early in its origin; he’s now retired, and unfortunately, he’s not very well. But he continued to be a good friend, not only of myself, but [of] almost everyone in the Organization. I can only pay tribute to all those people as well as many others that I recruited from different places in the world that I happened to know. And as is usual in the case of anyone that has the privilege, I might say, of creating and being involved in the origin of an organization, you go to the people you know, whether they were former friends or current friends. Some of

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<sup>1</sup> Gamal Abdel Nasser, President of Egypt 1954-1971

<sup>2</sup> Second World Health Assembly held in Rome from 13 June to 2 July 1949

<sup>3</sup> Ted Lyle Smith joined WHO in 1949 as Budget Officer, Office of Budget and Management; reassigned Chief, Finance and Accounts; left WHO in 1967.

them became former friends I might say. But they certainly played an important role in proceeding with the development of WHO through some of its formative years.

And Norman as you so correctly stated, in the earlier years we did encounter considerable difficulties between the Secretariat under the leadership of the Director-General and the Executive Board because we were still sorting out what the respective functions were. As a result we all became quite familiar with the provisions of the Constitution of WHO. People would quote it to support whatever side of the argument they chose to take. As is often the case, you can argue both sides of the question equally well—if you are a good debater, you can do it. I've seen some people that are really outstanding in their ability to do this sort of thing, and I've been accused of being pretty good at it myself, but I don't think I'm as good of some of the others I've had the opportunity and privilege to work with. But I don't remember the point you've made that Dr Chisholm at one stage told the Executive Board that they didn't have the right, if I understood you, to criticize his budget—putting it in other words. I do recall that there were some rather, shall I say, interesting discussions about the functions of the Director-General and the functions of the Executive Board. In my own opinion there is no doubt that the original budget estimates are those of the Director-General. Article 55 of the Constitution, in my mind, clearly states that the Director-General shall prepare and submit to the Board the budget estimates of the Organization. Now [with regard to] your point that a civil servant or a member of the staff of a public service, whatever it might be called, when it is dealt with in the legislative organ, is never considered as the originator of anything. That might be the case, I don't know. Every government has their own system of functioning and in the case of WHO because of the nature of the legislative process...

[End of tape three, part one]

[Beginning of tape three, part two]

**MS:** ... the nature of the legislative process in WHO, because of the way the rules of procedure have been drafted and have been approved, some proposal has to be identified as the original proposal so that you can vote in a sequential manner on amendments to it. So something has to be identified as the original, and then you vote first, in the case of WHO (this is not the case in all organizations) on the amendment furthest removed from the original. And the issue here, as I understood you, was whether the Director-General's proposal was the original. Please....

**NH-J:** It was whether it was a proposal in the legal sense. It's only a question of tactics, I think, because it would have been very easy to get one of the delegates at the [Health] Assembly to make this proposal—it might have been Egypt, or anybody. And this would have become the Egyptian proposal, and that would have been in order. But to my mind to call it the Director-General's proposal was not in accordance with normal procedures in legislative bodies. And I also recall at the International Health Conference, one of the points discussed was whether the Director-General should be a member of the Executive Board, and it was decided that he should not be. So in fact, he had no status for putting forward a proposal of any kind to the...a formal proposal which required a vote...

**MS.:** I think it's a debatable point....

**NH-J:** We're debating it. [Laughter]

**MS.:** Well it was debated at length during many sessions of the Board. But by common usage, shall we say, it was accepted that the Director-General's proposal was the original. I'm not sure that was correct. I'm not willing to say that was the correct decision, but it turned out that that was the way it was dealt with. I read the first sentence, which I shall repeat, "The Director-General shall prepare and submit to the Executive Board the budget estimates of the Organization." that's in [the Constitution of WHO] Article 55. "The Board shall consider and submit to the Health Assembly such budget estimates together with any recommendations the Board may deem advisable." Now at that point, I don't know whose proposal is the original. There were probably as many occasions when the Board was in complete agreement with Director-General's estimates so there were no differences. But there were an equal number of occasions I suppose if one made an analysis over the years, where the Board proposed something different. I can remember at least one occasion when the Board in fact proposed something larger than the Director-General's proposal which was rather rare, but it did happen. And then there's another provision which was always ignored and that's [the Constitution of WHO] Article 56. It states "Subject to any agreement between the Organization and the United Nations, the Health Assembly shall review and approve the budget estimates and shall apportion the expenses among the Members in accordance with a scale to be fixed by the Health Assembly." I don't recall that we ever submitted anything to the United Nations about our budget. We submitted it to them for information, but we never waited for a reply. I don't believe anybody in the United Nations would have ever given us a reply because, again, they didn't want to accept that responsibility. If you study that in connection with the agreement, the relationship agreement, between the United Nations and WHO as well as the agreements that were executed between the United Nations and other specialized agencies.... At time those agreements were originally drafted, as I mentioned at our previous session for the first recording where I was present, I happened to be involved in the drafting of some of the initial agreements between the United Nations and specialized agencies when I was seconded to the UN. And I couldn't understand why the UN Secretariat were unwilling to make provision in the relationship agreements that would give the UN a more important role in the operations of the specialized agencies, including the review of their annual program and budget estimates. I must say it is as a result of all these problems that we developed the idea of calling it, even though the Constitution only refers to it as a "budget", we called it a "program and budget". I don't how many years after I retired from WHO that someone decided to drop the word "and". I don't know what the significance of dropping the word "and" is, so it's now called "program budget". I sometime would like to have somebody explain to me what the difference is between a "program budget" and a "program and budget", but I don't think this is the time.

**NH-J:** No, but I'll tell you one difference: in the Program Budget it is impossible to find out what any money is being spent on.

**MS:** Thank-you. Well, I don't whether I've answered your question, but I'd like to go on. If I have not, please let's pursue it....

**NH-J:** No, I think that...

**MS:** Does that help clarify whatever there was to clarify, which was quite a bit. It's a very important point that you raised, Norman, and I'm glad you raised it.

I like to record two incidents that occurred, and I call them incidents because I think that's all they were. Shortly after the coming into force of the Constitution on the effective date 1 September 1948, the World Health Organization was now in action, let us say. The Interim Commission ceased to exist—this was September. About October, the Director-General, Dr Brock Chisholm went to a meeting in New York of the United Nations General Assembly. I think even now there's always a meeting in about October of all the agency executive heads, and the Secretary-General of the UN usually in New York at that time of the year and then they usually have a meeting in the spring somewhere in another part of the world.<sup>1</sup> And during his [the Director-General] absence he designated one of the then assistant directors general, Dr Gautier<sup>2</sup> as Acting Director-General.

[End of tape three, part two]

[Beginning of tape four]

**MS:** One day I received a telephone call from Dr Gautier summoning me to his office, and I use that word quite deliberately. When I arrived at his office, he introduced me to two gentlemen who were involved with the management and operation of the Tuberculosis Research Office in Copenhagen, commonly referred to as the TRO. I was introduced to Dr Carroll Palmer<sup>3</sup> who was, I think, the Director of the Tuberculosis Research Office and Dr...is it Lionel Holm<sup>4</sup>? I'm not sure of his first name.

**NH-J:** I'm not either

**MS:** Well anyway, Dr Holm, who was Danish and who was a well-known tuberculosis expert—probably a very good, old friend of the present Director-General, Dr Mahler. Dr Gautier introduced me to these people. He told me who they were and what they were in charge of which was, I recognized, it was, perhaps, a very important programme, knowing a little about the problem of tuberculosis—and I emphasize, a little bit. And he said to me, "I want you to issue a cheque to Dr Carroll Palmer for US\$ 100,000 because

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<sup>1</sup> As of 2005, the executive heads of the specialized organizations meet annually in April and October in a forum called the United Nations System Chief Executives Board for Coordination (CEB), chaired by the Secretary-General of the United Nations.

<sup>2</sup> Dr Raymond Gautier joined WHO in 1948 by transfer from the Interim Commission as Assistant Director-General, Department of Technical Services; left WHO in 1950

<sup>3</sup> Dr Carroll Edwards Palmer joined WHO in 1949 as Medical Director, Tuberculosis Research Office; left WHO in 1955.

<sup>4</sup> Dr Johannes Herman Holm joined WHO in 1952 as Medical Officer, Chief Tuberculosis; left WHO in 1959.

they have to get started, and they need to open a bank account and have some money.” And I said, “Well before I can do that, I need to know what I’m doing because I don’t just write cheques and sign them without knowing what the money is going for.” At that time, I thought US\$ 100,000 was a lot of money for the World Health Organization. It wasn’t much money to me; it was a lot of money to my wife, but it wasn’t to me, even at that time, because I had been accustomed to dealing with rather larger amounts than US\$ 100,000. Dr Gautier became very annoyed with me, and he said, “Mr Siegel you are not to ask any questions about this. You are instructed, I instruct you, I’m the Acting Director-General to write this check for US\$ 100,000 and issue it to Dr Palmer and bring it to my office.” And I said, “Dr Gautier, I don’t take those kinds of instructions from you or anyone else. I’ll tell you what I am willing to do. I am willing to tell someone on my staff to prepare the check for your signature. If you are willing to sign that check, you can feel free to do so. But I will write a memo for the file that I think you are completely out-of-order and that I resent your behaviour, and you would do me a great favour if you will report what I have to say to the Director-General when he returns. Now if you want to instruct me, you have to sign a memo instructing me to prepare a cheque for your signature—then I will tell my staff to do so. Otherwise we will be very happy to make arrangements for these gentlemen to establish a bank account in the usual way in Copenhagen, and we will place a certain amount of money in that bank account so they can begin to pay bills, providing they understand they must do it in accordance with the financial policies and procedures of this Organization.”

I don’t suppose you ever heard that story. I used to tell that story to every one of the regional administrative and financial officers who were sent to each of the six regional offices, and I made it clear to them that, under no circumstances, were they ever to sign a cheque in payment of bill of any kind just because the Regional Director, whoever he might be, wanted a cheque for payment of something. I told them what I did, and I told them to do the same thing. And if you ever are in a position where you don’t want to do it, simply say that you have to refer to me in Geneva. But don’t you ever sign a cheque unless you have the necessary documentation to support the issuance of a payment for that expenditure. And if you ever do, I’m the first man that’s going to recommend your termination. And that was the orientation that I used to give every one of the regional chiefs of administration and finance in the six regional offices [who worked] under six independent regional directors. I mention that because I think it represents one of the problems in the beginning of any organization. I think we had it under control from the outset.

Another interesting experience I had was when the head of the health statistics function in WHO, at that time, I don’t remember whether it was a division or what it was called, but let’s say it was the Division of Health Statistics. The person in charge was Dr Pascua<sup>1</sup> who I know you remember quite well, Norman, as I do. He had submitted a request for the purchase of a dozen calculators for his staff in the Division of Health Statistics. The Purchasing Office referred it to me for approval because it exceeded a certain amount of

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<sup>1</sup> Dr Marcelino Martinez Pascua joined WHO 1948 by transfer from the Interim Commission, as Medical Officer, Chief Health Statistics, renamed 1949 Division of Health Statistics ; reassigned in 1953, Director Consultant in the Department Central Technical Services ; left WHO 1957.

money and at that time I'd set certain limits as to purchases that had to come to my office for approval which subsequently as the years went by were altered, taking into account the developments. He had requested twelve hand-driven calculators, and I told them to send it back, rejecting it—which they did. Dr Pascua came to my office, a little bit red in the face and rather argumentative; wanting to know under whose authority I was rejecting the purchase of twelve calculators that he badly needed. And I said, “Dr Pascua, please sit down and hear me out.” I said, “At this time in the development of technology, to order twelve hand-driven calculators, in my mind, is going back a couple hundred years and using wheels that are made out of stone. Why don't you order twelve motor-driven calculators?” And he said, “I didn't think you'd approve that!” And I said, “That's the only thing I will approve because I don't think you should be using hand-driven calculators. I think you should use the best technology that is available at this stage of development in the world. Being familiar with calculators because I used to use some that were hand-driven, and I used to use some that were motor-driven, I will only buy you twelve motor-driven calculators.” And I thought he was going to throw his arms around me and kiss me. He was quite happy when he left. And that's just an illustration of some of the rather interesting things I do recall early in the period of the life of this Organization.

**GL:** Two instances of practical events which gave a very sound financial and administrative basis of which WHO is justly proud in the UN family at the moment.

**MS:** Thank-you Gino. I'm glad you said that, I didn't ask you to, but I appreciate those kind remarks because we, not only me because I had some wonderful people that were associated with me, and I like to think that provided a certain amount of leadership. But as the years went by the Organization grew “like topsy” if I might use that expression. More and more had to be done, more and more decisions had to be made by people on my staff—they never reached my desk. Norman, you and I have talked, when we have the occasional get-together about the evolution of WHO, and the question that you raised, that you had not warned me advance you were going to raise, touches somewhat on one of the issues that were dealt with early in the life of this Organization. Because the budget for 1950 was so much of an increase, percentage-wise, over the budget for 1949, you remember the figures were US\$ 5,000,000 in 1949 and US\$ 7,500,000 in 1950. At the Second World Health Assembly in Rome, the [Health] Assembly became rather concerned about such an enormous increase in a budget. That's what...50% increase...from US\$ 5,000,000 to US\$ 7,500,000?

**NH-J:** 400% originally....

**MS:** Well, yes, if you take [into] account of the supplementary budget. But this was what later was referred to as the....

**NH-J:** Later came out as 40%

**MS:** Yes, what should have been 50%...I mean US\$2,500,000 increase over US\$ 5,000,000 is, I think, 50%. Well you couldn't calculate it anyway.

**NH-J:** Well, but I meant, they eventually agreed on 40%

**MS:** OK. Anyway they set up a special working party to determine how this whole budget process should be carried out in the future, and what were the functions of the Executive Board, what responsibilities did the Board have, and what were the Board's terms of reference or criteria in reviewing budget submitted by the Director-General? In the Second World Health Assembly, and I remember working day and night for two or three days in a working party trying to develop a set of criteria to govern the Board's review. In the Second World Health Assembly, after we managed to get concurrence in the working party, and Dr Brock Chisholm would come in and out as we were proceeding with our discussions. And he contributed, as he always did, a considerable amount of assistance. Sometimes we called a working party a "harmonizing" committee—do you remember that?

**NH-J:** Yes, yes

**MS:** A "harmonizing committee"—that's a nice way to refer to a working party, I thought. I think Dr Stampar during the Interim Commission coined that phrase, but I'm not sure. Anyway, the Second World Health Assembly in resolution WHA2.62, and if you don't mind, I'd like to read the four criteria that the [Health] Assembly set to govern the Board in its review of the Director-General's annual budget estimates as they were then called. It referred to "the Board's review of the annual budget estimates in accordance with Article 55 of the Constitution shall include consideration of:

1. the adequacy of the budget estimates to meet health needs; (I thought that was a stroke of genius to get those words in there.)
2. whether the programme follows the general programme of work approved by the Health Assembly. (Now at that time there was no such thing as the "general programme of work" but the Constitutions provided that there should have been, or there should be sometime in the future.)
- 3) whether the programme envisaged can be carried out during the budget year; (which seems a very reasonable statement) and
- 4) the broad financial implications of the budget estimates with a general statement of the information on which any such considerations are based."

Now that was kind of a set of words to satisfy everybody, those that wanted support it and those that wanted to oppose it, because it says "the broad financial implications" so that governments could take any position they wanted and so could the members of the Board.

And then [the resolution WHA2.62] recommended that the position be reviewed not later than the Fifth World Health Assembly so that three years later the Fifth World Health



Assembly, in accordance with that directive, considered once again the criteria for the Board's review, and they provided virtually the same things—somewhat elaborated, but it was still the same four points. This governed the work of the Board in reviewing the budget estimates of the Organization for all the years that I was active in the Organization. What [the] present arrangement is, I don't know. I do know that there is no longer a standing committee on administration and finance to review the budget estimates of the Director-General, and it seems to work which I am very happy to know that it works. But I don't know the intimate details of how it actually functions.

The problem of the programme of work of the Organization—and under the Constitution it was the responsibility of the Board to recommend to the [Health] Assembly a general programme of work, and according to the Constitution, the words are “a general programme of work for a specific period”. Norman, you probably don't know, but the assignment to draft the first programme of work for a specific period<sup>1</sup> for the World Health Organization was given to me.

**NH-J:** No, I didn't know that.

**MS:** It was reviewed by the technical staff of the Organization obviously. But I had the assignment of being the original drafter, which as you well know and as I well know, is the most difficult assignment anyone can have. To be the original drafter of anything is much more difficult than being the person who does the review because he's [the original drafter] guy that has to use his imagination and conjure up whatever he can think of. I used to tell my staff that I've got the easiest job in the world because by the time it comes to me, it's been reviewed by four or five different levels and all I have to do is maybe change some of the use of the words somewhat, and maybe I might introduce a new idea, but somebody before it gets to me has probably covered the subject extremely well. And I've always said the person who has the job of making the original draft has the most difficult job.

And it may interest you to know, that when it came to do the second programme of work for a specific period,<sup>2</sup> I was asked to do that. Now you probably didn't know that either. But I happened to have been spending a month enjoying an illness which no physician was able to diagnose, and I wasn't allowed to go to work. Dr Dorolle<sup>3</sup>, the Deputy Director-General, would come to my apartment and sit with me and go over what I had written for the second general programme of work for a specific period. That was the last participation I ever had in writing general programmes of work.

**NH-J:** At what time...Nate Sinai<sup>4</sup> was involved in this at one period, wasn't he?

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<sup>1</sup> First General Programme of Work, 1952-1957. World Health Organization Office Record no. 25, Annex 5 and Official Record no. 32, Annex 10

<sup>2</sup> Second General Programme of Work 1957-1960, World Health Organization Official Record no. 63, Annex 4

<sup>3</sup> Dr Pierre Marie Dorolle joined WHO as Deputy Director-General in 1950; left WHO in 1973.

<sup>4</sup> Mr N. Sinai, Director, Office of Reports and Analysis

**MS:** Yes, he was involved for the second [programme of work].

**GL:** How many years did each specific period cover?

**MS:** Well, it was originally conceived to be five years, but the Health Assembly that approved the First General Programme of Work reduced it to three years. And then when the three years were up, or a year before the third year, the [Health] Assembly extended it for another year so the Director-General would have a guideline for preparing the budget estimates. You can see why it was given to me. It was conceived as the budget estimates. And it was about that same time that we began to call this thing “Programme and Budget”. So they extended it one year, and then they extended it another year so that eventually it did reach the five year. But the Second General Programme of Work was again cut to three years, and again it was extended for a fourth and fifth year. And I think beginning, I’m not sure, but I think beginning with the Third [General] Programme of Work for a specific period<sup>1</sup>, it was on a five year basis. I think that what it is now.

**G.L:** We’re now on the Seventh [General Programme of Work]...<sup>2</sup>

**M.S:** Yes, I have copies. I keep closely in touch with the documentation of WHO. Thanks to the powers that be in the Organization, I get most of the documentation, and I always read it so I’m aware what’s going on, but I’m not aware of why it’s going on the way it is. And I never criticize it, because I don’t know what the reasons are behind the decisions. All I know is that when you’re in a decision-making position, you inevitably take certain decisions based on the facts available to you. Being where I am, no longer in the Organization, I don’t know what the facts are; therefore, I’m not willing to indulge in any criticism because I don’t what I’m really talking about. So I’m very careful about making any comments that might be interpreted as criticisms. Now I don’t know how we are on time.... Have we been at this for about an hour, or more than an hour?

**G.L:** Slightly more than an hour, yes.

**NH-J:** An hour and a half I would say.

**MS:** Shall we go on?

**NH-J:** Let’s make four thirty a cut-off time.

**MS:** Alright. There are just one or two other points that I noted this morning when I was making a few notes that I thought might be worth inviting attention to. One of them...I want to go back to the way in which regional directors are appointed and also the Director-General. I have felt for a long time that an executive head of any organization, whether it is a public organization, governmental or whether it be a private organization, ought not to remain as executive head for more than ten years. And I’ve always regretted

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<sup>1</sup> Third General Programme of Work 1962-1965, World Health Organization Official Record no. 102, Annex 2

<sup>2</sup> Seventh General Programme of Work covering the period 1984-1989 (Health for all series no. 8)

that I stayed, even though I was not in an elected position, I always regretted that I stayed as long as I did because I think that an organization deserves a change in leadership. Perhaps I'm a victim of my own cultural background or my own environment, let's say, but the United States Congress in its wisdom voted an amendment to the Constitution of the United States of America, and incidentally, an amendment to the Constitution of the USA requires as much agony to get ratified as an amendment to the WHO Constitution does or maybe it should be put another way. But fortunately, a amendment to the WHO Constitution is not easy to proceed with and to get necessary ratification, and that's equally true with the US Congress. But they [the US Congress], I think about the year 1949 or 1950 adopted an amendment to the [US] Constitution which the necessary number of the states ratified which placed a restriction on the number of terms that the President of the United States could serve—which was two terms which translated into years is eight years. And I've always, not always, but I came to believe, and perhaps it started at the time with the determination of Dr Brock Chisholm to leave when he did, that no person should serve more than two terms. And I can recall pleading with Dr Chisholm to stay an additional three years until he reached age 60, simply to set the precedent: that at age 60 you leave. I left at age 60. Dr Candau knew, because I told him so, and I told not only him but the regional directors and the Deputy Director-General at one of our regular meetings after Health Assembly, I informed them three years before I reached age 60 that I was leaving, so they had three years notice that I was leaving when I became 60. I think the elected officials ought to have a limitation on their terms of office. I think this is another defect in the Constitution. Yes sir.

**NH-J:** There is one other point I'd like to make. That is it has always seemed to me improper that members of the Board should be able to join the Secretariat immediately—that there ought to be a bar—perhaps five years after a member has terminated his membership [in the Executive Board] before he should become eligible for appointment to the Secretariat.

**MS:** Norman, as you've often heard me say—I couldn't disagree with you less. [laughter] I've seen too many cases where members of the Executive Board at the end of that current session became staff members. So that during the session of the Executive Board, they would vote any way the Director-General wanted them to vote. I always considered that a form of bribery, if you like.

**NH-J:** A flagrant example of that is Harry Gear<sup>1</sup> who was the chairman of the first Standing Committee on Administration and Finance in 1951. And I remember his telling me that Chisholm had broached him about this idea of becoming an ADG. He told him, "Dr Chisholm, I cannot discuss this while the Committee is in session." Then of course the day after the Committee broke up, he went to Chisholm and said, "I'll take the job." [Laughter]

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<sup>1</sup> Dr Harry Sutherland Gear joined WHO in 1951 as Medical Officer, Assistant Director-General Department of Technical Services; reassigned in 1957, Special Consultant in the Office of the Director-General; left WHO in 1959.

**MS:** Well he was being pure according to his standards of purity, and he was right. I agree with you, Norman, I think perhaps this is one of the contributions this recording might make for someone doing some research on international organizations some time in the future.

**GL:** There's no provision for an age limit for executive heads in the Constitution or in the regulations.

**MS:** Well there is, it's just been ignored because the executive heads and the regional directors, in the case of WHO, have chosen to ignore the provisions of the Staff Regulations of the Organization which were approved by the Health Assembly. The Staff Regulations provide that, in Staff Regulation 1.1:

"All staff members of the Organization, (all), are international civil servants. Their responsibilities are not national but exclusively international. By accepting appointment they pledge themselves to discharge their functions and to regulate their conduct with the interests of the World Health Organization only in view."

We didn't say that this applies to the Director-General, applies to regional directors; but it says "all". I don't how you can interpret the word "all" if you exclude elected officials. Then it's not longer "all"; it should say if that was the intention, all staff members except those that are elected by governments. No one ever questioned that. I remember so well writing it, so I know what the intention was. Perhaps wasn't using the best possible English language when it was written, but that's the way it was. And of course the staff regulations and the staff policies of the Organization up to now provide that at age 60, people shall retire, unless the Director-General chooses to ask them to continue for another period of time; he therefore prolongs their appointment. Now there are all kinds of devices that have been resorted to, as we all know. People are retired at age 60 and then they are brought back as consultants. And I think the staff committees quite appropriately complain about the selected few that are brought back as consultants. I don't have objection to using experienced people as consultants. I think it's a very favorable and beneficial way of using the experience of people that have been in the Organization. But I don't they ought to be brought back for a prolonged period of time. Probably the most outstanding example, and I hate to talk about the departed people, but I don't know how many years Dr Dorolle continued on as, in effect, the Deputy Director-General.

**NH-J:** Until he was 74.

**MS:** Until he was 74?

**NH-J:** Yes, he retired in 1973.

**MS:** Well that's quite a lengthy period. Incidentally the maximum age after age 60 for extensions is 65. And he stayed on until he was 73?

**NH-J:** 74. He was born in 1899.

**MS:** Yes I remember, November the 14<sup>th</sup>.

**NH-J:** He was a nineteenth century man.

**MS:** Just. [Laughter] Well, be that as it may, I understand there is now some serious consideration to increase or to change the age limit to an age of 62 or something like that, and incidentally, the [United Nations] Food and Agriculture Organization, to my knowledge, is the one organization that from the beginning of their participation in the United Nations Joint Pension Fund, fixed age 62 for their staff, and as we all know conditions change and life expectancies change in the last thirty years. I happen to know a little bit about [unintelligible] health statistics, and I know that life expectancy has increased almost in every country in the world. Someone once asked me why I left the faculty of the University of Texas [unintelligible] five years, I said, “Because the life expectancy figures for a male at age 65 is one year longer if you live in Geneva, Switzerland than it is if you live [unintelligible]. I choose [unintelligible] to gain that extra year, I mean in Geneva Switzerland.

**NH-J:** Yes, well, it’s paradoxical that WHO is taking part in this year, what’s it called, the current thing? It’s “Add Life to Years”, and this is what programme, the name of the programme?

**G.L:** The programme is Global Programme [unintelligible] Europe Programme on Aging

**NH-J:** Yes, WHO’s solution to everything [unintelligible]

**MS:** Well I think it’s a UN year called [unintelligible for several seconds]

**NH-J:** Do you remember who first proposed that there should be a World Health Day?

**MS:** Well I’m glad you mentioned that because there could be some confusion. [Unintelligible] The World Health Organization came into formal existence on the 1<sup>st</sup> of September 1948. I don’t know who proposed it, but I know how April 7<sup>th</sup> was selected: that was the date we received the 26<sup>th</sup> ratification [of the Constitution]—that really, technically and actually the day the Constitution of WHO entered into force which is not necessarily equated with [unintelligible] started operation as such. But I don’t remember who [unintelligible]

**N-HJ:** [unintelligible]

**MS:** That’s very interesting. I remember him very well because when I first met him I asked what his name was and he told me and I asked him, “Would you spell it?” And he said, “Let me explain it to you another way—it’s not ‘easy’, it’s ‘half easy’”<sup>1</sup> [Laughter] Well, I think that we, we come to close of this recording, second recording [unintelligible]  
[End of tape four]

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<sup>1</sup> Dr H. Hafezy

Bigio, Maurice, 26	Mitra, Dhiron, 8
Biraud, Yves, 17	Palmer, Carroll, 29
Calderone, Frank, 24-25	Parran, Thomas, 4
Candau, Marcolino, 20, 35	Pascua, Marcelino, 30-31
Chisholm, Brock, 4, 12–13, 15–17, 20, 22, 24, 27, 29, 32, 35	Purves, Chester, 26
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Gautier, Raymond, 29–30	Sinai, N, 33
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Hutson, John , 5	Truman, Harry, 12
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Mahler, Halfdan, 23, 29	Vinogradov, N., 8

## **The Predecessor Organizations to the World Health Organization: a timeline**

<b>1902-</b>	<b>The International Sanitary Bureau was established Washington, D.C; it was later re-named Pan American Sanitary Bureau and then the Pan American Sanitary Organization—forerunner of the Pan American Health Organization which serves and the World Health Organization Regional Office for the Americas</b>
<b>1907-1946</b>	<b>L’Office international d’Hygiène publique</b>
<b>1923-1946</b>	<b>Health Organization of the League of Nations</b>
<b>1943-1947</b>	<b>United Nations Relief and Rehabilitation Administration</b>
<b>1946</b>	<b>Technical Preparatory Committee for the International Health Conference held in Paris from 18 March to 5 April</b>
<b>1946</b>	<b>International Health Conference held in New York from 19 June to 22 July</b>
<b>1946</b>	<b>First Interim Commission held in New York from 19 to 23 July</b>
<b>1946</b>	<b>Second Interim Commission held in Geneva from 4 to 13 November</b>
<b>1947</b>	<b>Third Interim Commission held in Geneva from 31 March to 12 April</b>
<b>1947</b>	<b>Fourth Interim Commission held in Geneva from 30 August to 13 September</b>
<b>1948</b>	<b>Fifth Interim Commission held in Geneva from 22 January to 7 February</b>
<b>1948</b>	<b>Constitution of the World Health Organization entered into force 7 April</b>
<b>1948</b>	<b>First World Health Assembly held in Geneva 24 June to 24 July</b>
<b>1949</b>	<b>Second World Health Assembly held in Rome from 13 June to 2 July</b>

*Documents from these organizations and meetings can be consulted in the WHO Library in Geneva; many of them are can be consulted online at:  
<http://www.who.int/library>*