LEGITIMIZING POSITIVE HEALTH FOR ALL
A GENEALOGY OF THE
WORLD HEALTH ORGANIZATION'S
DEFINITION OF HEALTH

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The World Health Organization established in 1948 begins its constitution with a famous definition, which states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1948: 100: 1). The definition is clearly ambitious in the sense of being positive rather than negative and in the sense of being broad rather than mainly having a somatic focus. It is also cited in endless health policy documents, international as well as domestic, and much has been written on how to go beyond a narrow view of somatic health and apply the positive health definition in various areas of health care practice and public health.

In many national contexts, WHO’s definition has reoriented key health policy goals to reach beyond medical treatment facilities and focus on broader issues of public health and well-being. But how can we understand the birth of this peculiar health definition as the centerpiece of the new global health organization in the late 1940s? Certainly, we cannot explain or make sense of this key health policy idea merely by pointing to its later use and praise. Almost nothing has been written about the origin of this unusual definition nor for that matter about the health political context in which it emerged (Yach 1998). The goal of this paper is first and foremost to clarify and connect the main elements of this untold story. Furthermore, the ambition is to provide a deeper understanding of why this cornerstone of contemporary health policy was a surprising and ‘untimely’ progressive policy idea to be introduced at this time.

Why surprising and untimely? In order to specify what the puzzle is, it is useful first to consider in which sense it even constitutes a real definition. Being exceptionally broad and all-inclusive, it is not the typical scientific definition by which we distinguish one phenomenon from another. It is hard to imagine anything that is not somehow relevant for health in this broad sense and even harder to imagine any one person ever achieving such a state of complete well-being. Rather than a conceptual definition of health, it is perhaps more useful to think of WHO’s statement as a health political objective. It sets a high yardstick for health policies at all levels and also expands the scope of what health authorities should be concerned with. The first puzzle, then, is why the WHO was formed around this ambitious health policy ideal and why it was presented in the form of a health definition.

Second, WHO’s health definition also appears somehow out of place in the ‘politics’ of health care debates in the late 1940s, especially in the United States. Even more so if we consider the subsequent lines in WHO’s constitution that are concerned with health “for all” and where health is established as a fundamental human

right that governments have a responsibility to provide for through "adequate health and social measures" (WHO 1948: 100). The document does not directly advocate 'socialized medicine' or universal health insurance, but it is not far from it either. The core ideas in WHO's constitution clearly point to a strong government involvement in health care provision and social security. This appears somewhat surprising and directly at odds with the "cold war politics" (Packard 2016: 112), the "medical McCarthyism" (Brickman 2013) as well as the uncontested "sovereignty" of the organized medical profession (Starr 1982) during this time. If it is true, as Foucault claims (2008), that governmentality became 'state phobic' in the immediate aftermath of WWII, how was possible for the WHO to legitimize moving in the exact opposite direction? In other words, the aim is to understand how it was possible to found the WHO around a progressive health policy agenda and receive the United States' acceptance within the ideological climate of the early Cold War.

Third and finally, the precise wording of WHO's health definition also presents a puzzle, at least in my view. It may seem intuitive today after having been repeated over and over, but it seems like an odd piece of discourse to begin a bold, new declaration with. Why would WHO's founding actors begin a bold document by stating what health is 'not merely the absence' of? It sounds like a response to a question or previous statement saying that health is in fact the absence of disease. Further, it does not sound like the type of legal language one would expect to find in a constitution nor is it framed in medical language either. The puzzle here is thus also to understand the exact wording of WHO's health definition. Who wrote the sentence or amended it to its final form, and what problems did they see this as the proper response to?

To sum up, this paper seeks to produce a genealogy that explains how WHO's health definition was formulated and legitimized within a health political context. A number of other aspects of WHO thereby become instrumental to this genealogy. For example, the paper draws on historical works on international health organizations in the 20th century (Weindling 1995; Borowy 2009; Solomon et al. 2013; Packard 2016), on individual actors involved in various stages (Fee & Brown 1997; Farley 2008). The objective here, however, is not to study the WHO as international organization as such (Hanrieder 2015), its structures, budgets and rules. The aim is rather to see it as a vehicle for the development of an important idea that expanded the scope of health politics and policy in both international and domestic settings. To theorize this development, the next section places the paper within scholarship on ideas and politics.

How to study the development and politics of ideas

The growing literature on ideas in political science offers a variety of approaches and exemplary analyses where ideas are shown to fuel changes in public policies or institutions (Béland & Cox 2011; Blyth 2002; Schmidt 2008). This has led to a deeper understanding of how ideas structure what we see as problems, solutions, heroes, villains or objective structural conditions in a given field (Stone 2003). The literature on ideas is in principle applicable to all policy areas, but the most attention has been given to the impact of economic ideas on welfare and macroeconomic policy, and in particular the shift from to Monetarism since the late 1970s (Walsh 2000; Hall 1993; Blyth 2002).

The focus on economy does not necessarily make the ideas approaches unsuited for studies of health policy ideas and international organizations (McNamara 1998; Baert 2011; Goldstein & Keohane 1993). For example, Blyth (2002: 35-41) argues that ideas reduce uncertainty and offer new blueprints as weapons against existing structures in times of crisis, most of which can be said to apply in the aftermath of World War II and the breakdown of the earlier international organizations. Nevertheless, uncertainty and institutional frameworks means something quite different in economic and monetary policies than in the field of global health, so perhaps Blyth's model does not apply so easily here after all. This study concerns the role of a core policy idea in the establishment of a new institutional framework. The new health definition does not directly replace a former one and it is only in hindsight that the positive health definition appears as a fully-formed blueprint for policy.

This paper mainly uses Foucault's genealogical approach (2000; Saar 2002) to disentagle the heterogenous elements and layers and meaning that ultimately came together and formed WHO's health definition. Similar to previous analyses of other idea shifts in public health policy (Larsen 2012; 2015), a key ambition in this type of genealogy is the "retrieval of forgotten struggles and subjugated knowledges" (Walters 2012: 132). A fundamental starting point of genealogy is to critically question the functionalist explanations that are often attached to new ideas in hindsight, formulated most clearly in Nietzsche's dictum "…the origin of the emergence of a thing and its ultimate usefulness, its practical application and incorporation into a system of ends, are *toto coelo* separate" (2006: 51). Neither the usefulness nor the meaning of WHO's health definition can thus be distilled from its later dissemination across the fields of health policy and public health. The widespread acceptance of the idea today does not

explain how it was made acceptable and seen as the solution to perceived problems at the time of its inception. It is necessry instead to restablish the lines of *descent* between the idea and previous, related ideas as well as to recreate the 'scene' or the power struggle in which the idea *emerged* as dominant (Foucault 2000).

The literature on genealogy is very attentive to issues of temporality and the dangers of reading the present into the past. An important question here is about periodization and how to organize the material in a way that is at one time sufficiently detailed and complex to flesh out the heterogenous elements of the story, but which is still comprehensible to readers. The following presentation aims to strike this balance by organizing the material in two parts. The first and longest part traces the origin of the health definition from several lines of descent from before WWII until 1946 when WHO's constitution materialized in finished form. Most attention is given to the last five years of the period, so it is not the aim to map the health definition in relation to a broader history of medicine (Porter 1997). The second part of the genealogy concerns the question of how WHO's health definition was made acceptable within the health political context of the late 1940s. This part describes how the positive health definition made its way through various stages of negotiations and most importantly how it was ratified in the US. In sum, the two parts of the analysis considers different questions, but also refer to consecutive periods for the most part. The next section specifies the methodological choices involved in the assembly of the genealogy in further detail.

Methods and empirical sources

While genealogies are usually very careful about issues of temporality, it is probably fair to say that they are rarely as explicit and systematic about a lot of other methodological choices than standard political science scholarship. It is therefore useful to clarify some of the key choices involved in the selection and organization of empirical sources here.

First, the selection and organization of empirical sources. Two strategies were basically combined in the pursuit of written documentation here, mainly gathered through fieldwork at the WHO and UN/League of Nations archives both located in Geneva, Switzerland. One strategy was to comb the WHO archives chronologically for sources related to the WHO constitution, in particular the preamble, ranging from the first preparatory conferences in 1945 to around 1949. Most of the material in the genealogy's second part comes from this search. Early in the process of gathering these

sources, it became clear, however, that key parts of the text in WHO's constitution including the health definition was drafted before the time covered by the WHO's archives. As a second strategy, I therefore pursued what can be called a reverse snowballing in order to reconstruct the process and timeline of actors and documents involved in writing what later became WHO's constitution. In practice, this involved going through parts of the archives of the two international health organizations that predated the WHO, namely the Office International d'Hygiène Publique (OIHP) and the League of Nations Health Organization (LNHO). Of these, only the LNHO archives (located at the United Nations Library, Geneva) turned out to be relevant for the development of WHO's health definition.

In addition to the primary sources from the WHO, the OIHP and the LNHO, the study also includes a large amount of secondary sources, i.e. sources that are not official documents produced by the institutions mentioned. This group of sources includes some of WHO's later published historical works on its own history and biographies on key actors in the early stages of the institution (Fee & Brown 1997; Sze 1982: Farley 2008). It also includes a large amount of scholarly work, most of it in the fields of history, that covers some aspects of international health work in the first half of the 20th century (e.g. Borowy 2009; Weindling 1995; McFayden 2014b; Packard 2016).

All sources were organized in a Nvivo archive in order to secure a systematic and practical use. In practice, however, only small sections of a small number of sources actually contained text that was deemed relevant to the formation of the WHO's health definition. This made it futile to pursue a systematic qualitative coding of all the sources, because almost everything concerned questions relevant to WHO officials at the time, but irrelevant to the genealogy of the health definition. For example, these were questions regarding the financing of WHO activities, the location of WHO headquarters, voting procedures in WHO's Health Assembly, the organization of work tasks and subsidiary regional offices around the globe (see Hanrieder 2015). In other words, coding the material here basically means putting aside all the documents with no information on WHO's health definition and then reordering the remaining sources in chronological order. The last process involved few sources and therefore did not apply an advanced coding strategy. It is perhaps worth to add that due to the reverse snowballing, the sources are not always presented in the order in which they were collected, but are 're-serialized' to represent how they truly developed (Walters 2012: 124). The logic of discovery may be different from the logic of justification so to speak.

A final word is necessary here about the role of actors such as key WHO and LNHO officials in the genealogy. The analytical goal is clearly not to establish an actor-based or individualist causal explanation. Nonetheless, the study follows ideas through the hands of important actors and use the reason and meaning ascribed to the ideas by those actors at the time as sources to understand the idea that was ultimately formed (Bevir 2006). It is not uncontroversial to do so and certainly comes with a risk of personalizing or individualizing the explanation. In this study of a policy process over 70 years ago, there are rarely any good alternatives to follow actors and their written sources in order to reconstruct what was understood as problems and solutions at the time. Another risk is that actors may portray their own role in the formation of WHO's constitution differently from what actually happened and thereby assign false ownership to the core ideas. An example of this was discovered early in the research process here, as explained in the beginning of the genealogy's first part below.

The origin of WHO's health definition

The key question in the first part of the genealogy is who authored the WHO's health definition. Not because the individual is of interest in itself, but because it serves to understand the meaning that was put into the definition when it was written and which problems or alternative views it was seen as the proper response to. Early in the research for this paper, the author behind the health definition was identified as Szeming Sze (1908-98), a Chinese doctor and delegate to several of international conferences where both the United Nations and the WHO was founded, not least at the United Nations Conference on International Organization in San Francisco, April 1945. This was based on Sze's memoirs where he not only credits himself with having conceived the idea of a world health organization over lunch with a Norwegian colleague, but also claims to be the one who proposed to add a health definition to the preamble (of WHO's constitution) with the following wording "Health is a state of physical fitness and of mental and social well-being, not only the absence of infirmity and disease" (Sze 1982: 15). He claims to have included mental health in the definition because of his fruitful cooperation with Brock Chisholm, a psychiatrist who went on to become WHO's first Director-General, and for himself to have put preventive medicine on the agenda through this health definition (World Health Forum 1988: 33; see also Farley 2008: 7). It appears correct that Sze played a role in putting health on the

agenda at the San Francisco conference (Packard 2016: 361-5), but his claim to have come up with the health definition is simply untrue.

The work on a draft constitution for what was later named the WHO formally began at the meeting of the Technical Preparatory Committee (TPC) in Paris in March and April 1946. The committee was formed after the UN charter had included the word health (article 57) at the San Francisco conference and thus formally recognized the need for a new organization (see table 1). Following the San Francisco conference, the United Nations Economic and Social Council meeting in London in February 1946 decided to pursue a specialized health organization and thereby initiated the TPC for the following month. The Yugoslav delegate Andrija Stampar (1888-1958) and vice-president of the Economic and Social Council was pivotal in the decision that formally authorized the preparations for what ultimately became the WHO (Borowy 2009: 442; Cvjetanovic 1990).

TABLE 1: BRIEF TIMELINE OF WHO'S ESTABLISHMENT

- April 1945: San Francisco conference, UN considers dedicated health organization
- February 1946: UN Economic and Social Council decides to prepare a health organization
- Mar-Apr 1946: Technical Preparatory Committee (TPC) (Paris), negotiates constitution text
- Jun-Jul 1946: International Health Conference (IHC) (New York), final constitution siged July 22
- 1946-1948: Interim Commission of the WHO
- Apr-Jul 1948: WHO constitution takes force and First World Health Assembly opens

It is clearly documented in the TPC minutes that there was no agreed upon draft constitution ahead the conference, but a total of four different draft proposals were formally introduced at the second and third meetings by the British delegate Jameson, the American delegate Parran, the French delegate Cavaillon and finally by Stampar (WHO 1947: 42-58, annexes 6-9). Neither of these four proposals were directly adopted, but final text clearly builds on Stampar's proposal, which included the very important preamble with a preliminary health definition (see table 2 below). Sze, who claims to have authored the definition, was in fact present and seem to have been somewhat involved in the subsequent edits of the text, but without any role in bringing the health definition to the table. The health definition entered the preparatory work for the WHO constitution through Stampar's draft proposal (WHO 1947: Annex 9; Packard 2016: 100; Farley 2008: 18), but it is important to underline that the proposal itself was not written by Stampar nor did it have anything to do with the Yugoslavian government that Stampar technically represented. Stampar had received the draft from Yves Biraud, a French official at the League of Nations Health Organization in Geneva

during WWII, when Stampar stopped by Geneva on his way to the UN Economic and Social council meeting in London the previous month (Borowy 2009: 441; 2013: 103).

A core document in the genealogy of WHO's health definition is thus the draft constitution that Biraud passed to Stampar who then formally introduced at the TPC (Borowy 2013: 103). The physical source document in this exchange is not available in the WHO archives, but besides being mentioned in several preserved letters (Borowy 2009: 441), the text is preserved in the TPC minutes Annex 9. It is also clear from earlier versions in the LNHO archives that Stampar's text is based more or less to the letter on a draft constitution for a fictitious future health organization written originally by Biraud's Swiss colleague and LNHO director-general Raymond Gautier (MacFadyen 2014a). At the outbreak of WWII, almost all officials left Geneva to serve their national governments or seek exile elsewhere, including former LNHO head Ludwik Rajchmann (Poland) and Melville MacKenzie (United Kingdom). This left Biraud and Gautier to run the LNHO office (LNHO 1945: 5; Howard-Jones 1978: 74) published throughout the war. It was during this time that Gautier first wrote several of the key documents beginning in March 1943, documents which the two of them subsequently edited several times and circulated to several international health actors between 1944 and 1946 when the final draft was handed to Stampar.

The main source of the WHO constitution and in particular of the preamble with the famous health definition is thus Gautier's wartime writings preserved at the League of Nations archives (MacFadyen 2014b; Borowy 2013: 104). These writings basically consist of four relatively short documents with some overlaps authored by Gautier as steps towards what became a draft constitution for the future health organization (Gautier 1943a; 1943b; 1944; Gautier & Biraud 1945). Some of documents were labeled "CONFIDENTIAL" and thus probably only intented to be circulated among international health professionals. The first document from March 15 1943 is titled "International Health of the Future" and takes its point of departure that both of the two remaining international health organizations, the LNHO on war hiatus in Geneva and headed by Gautier himself and the OIHP located in the German-occupied Paris, were doomed.

Gautier initiallly quotes the Beveridge report saying that "A revolutionary moment in the world's history is a time for revolutions, not for patching". He then warns that merely picking elements from OIHP and LNHO "…would be mere patching, and the I.H.A. of the future should have higher aims, requiring greater power and involving

heavier responsibilities. For health is more than the absence of illness: the word 'health' implies something positive, namely physical, mental and moral fitness" (Gautier 1943a: 1). This first mention of what later morphed into the health definition is surprisingly brief and seems to come out of nowhere. Gautier later adds that the goal lies beyond curative and preventive medicine and that "nutrition, housing and physical training [are] considered as the main factors of positive health" (Gautier 1943a: 1). He also connects international health work with "Social security [which] cannot be conceived without health insurance and medical treatment for all. Sooner or later this will come about (…) medical treatment for all raises the hotly debated question of State medical service versus private practice. The whole status of the medical profession may be at stake" Gautier 1943a: 6).

I will return to the clear health political implications of Gautier's text in the second part. Regarding the health definition, he does not specify the source of his ideas besides short quotations from Beveridge and de Gaulle. One could go further and say that the text is much more preoccupied with the progressive role of the positive health definition than with elaborating the meaning of the sentence itself. Its role is to seize the moment of the war to fundamentally up the ante of international health work and seek a progressive vision of positive health for all even if this comes into conflict with the existing power of the medical profession. In other words, positive health is presented as a solution to an organizational problem, that of international health work being in a fragmented, vulnerable and much too defensive state at the moment.

Gautier's next document titled "The Future Health Organization" from two months later talks more emphatically about acting on the moment, i.e. the war's expected end: "Now is the time for aiming at positive health and social justice, otherwise, the people will take their destinies into their own hands (…) in the future, there can be no question of niggardly health budgets; the people would not stand for it (…) This self-supporting Health Organisation should not only be a clearing house for public health questions of international bearing, but also an organism, aware of the importance of the medico-social problems of the hour, which it should approach with one object in view; the promoting of health for all, which means something quite different than the mere absence of disease" (Gautier 1943b: 2-4). Gautier clearly sees the definition as a gateway to expand the scope of international health work far beyond earlier initiatives like vaccines, but he also clearly understands its implications for domestic policy.

The third text from 1944 titled “For Whom the Bell Tolls” does not mention the health definition, but presents a strategy for how a future “World Health Agency” under the auspices of the United Nations can build on ideas of the LNHO without being associated with the League whose bell had tolled. Because the US and the UK governments were critical of the LNHO (Gillespie 2002: 222), Gautier said his “concealed pro-league plea” would now have to be even better cloaked. This may explain why both Gautier and later also Biraud stayed silent on their role in drafting the WHO constitution and, in effect, also in authoring the health definition: They believed their ideas would be more influential if they were introduced by someone less associated with the failing League of Nations such as Stampar, or even by letting others like Sze take the credit.

The UN archives also holds Gautier and Biraud’s draft constitution for the so-called International Public Health Organization of the United Nations from September 1945, which comes close to the final constitution. The text incorporated some conservative elements concerning the role of national governments in the health organization and built its structure on the recent constitution of the Food and Agriculture Organization of the UN, but Gautier counterbalanced this by adding a very progressive preamble (Borowy 2009: 441; 2013: 102; Macfadyen 2014b: 208, 222). The preamble contains most of the ideas from Gautier’s earlier writings including a new version of the health definition (see table 2 below), the goal of health for all and some ideas about the “generalisation of medical care” and distributing the medical profession “according to actual needs” (Gautier & Biraud 1945: 1). The language is different than the earlier documents, however, with a more formal or legal style inspired by the FAO constitution or other UN documents. The linguistic style automatically hides the author, because all points in the preamble are formulated as self-evident truths that all parties agree to before entering the organization. There a few other changes in the health definition, such as the emphasis on “well-being”, but there are no indications in any of the preserved documents and letters as to what prompted Gautier to introduce this.

It is mentioned in several letters to and from Gautier and Biraud around this time that their draft was circulated widely to top health officials in the UK, the US and other health organizations (MacKenzie 1945; Cumming 1945; Gautier 1945a; 1945b; Stowman 1945) including US Surgeon General Thomas Parran and the US State Department (Borowy 2009: 441). Before we return to the further development of this draft in the WHO negotiations at the TCP and subsequent conferences in 1946, it

is necessary to dig a little deeper into one key question in the genealogy that finds no answer in Gautier's wartime writings. The health definition appears to come out of nowhere in Gautier's 1943 text "International Health of the Future". The key formulation that health is "more than the absence of illness" sound somewhat out of context, because it does not refer to any previous idea saying the opposite.

There is no direct documentation of Gautier's sources, but it seems highly likely that the health definition comes from the Swiss medical historian Henry E. Sigerist (1891-1957). Sigerist was not a policymaker or international health official like the other actors above, but an academic who established the major medical history environment at Johns Hopkins University. In addition to his *History of Medicine* (Sigerist 1961), he is mostly known for his 1937 analysis of *Socialized Medicine in the Soviet Union*. The relevant book here is *Medicine and Human Welfare* published in 1941, but based on Sigerist's three Terry Lectures at Yale University.[1] The three lectures are titled "Disease", "Health", and "The Physician" respectively. The first lecture goes through conceptions of disease and illness from Ancient Egypt to his present. The second lecture seeks to define health and begins by saying that "We feel tempted simply to reverse the picture drawn in the preceding lecture and to declare that health is the absence of disease (…) Such a statement, however, would be utterly wrong because health is immeasurably more than just the absence of disease" (Sigersit 1941: 53).

This appears to be the origin of the peculiar wording of WHO's health definition. Health is defined as being 'more than just the absence disease' because it is taken from a history of medicine that defines health by juxtaposing it to conceptions of disease throughout history. Sigerist then goes through conceptions of health from ancient Greece, the Hippocratic tradition, Christianity to Virchow's social medicine in 19th century Germany. This finally leads to Sigerist's definition: "Health is, therefore, not simply the absence of disease; it is something positive, a joyful attitude toward life, and a cheerful acceptance of the responsibilities that life puts on the individual" (1941: 100). It is not identical to the wording later used by Gautier, but it is sufficiently similar to be more than a coincidence. It has been noticed several places that WHO's definition 'echoed', 'paraphrased' or simply ressembled Sigerist's argument. (Journal of Public Health Policy 1986; Terris 1975: 495; Yach 1998).

[1] The exact time of the lectures is unclear. The book preface is dated November 1940, but does not specify when the lectures took place. Yale University lists Sigerist's lectures in the academic year 1939-40, Roemer in 1940 (Roemer 1980: 251), whereas Fee & Brown puts them in 1938 (1997: 185).

Exactly how Sigerist's book influenced WHO's constitution has not been entirely clear, but most likely Gautier simply read and used the book. This can be seen also from other elements in Gautier's 1943 documents that are surprisingly similar to Sigerist, for instance talking about positive health, about moving beyond curative and preventive health (see Sigerist 1943: 241), and especially to draw the conclusion that historical development necessitated a new organization of medical care and the medical profession. It was precisely Sigerist's argument in his threefold progression from disease and health to the physician that the historical development, not least the impact of industrialism (Sigerist 1939: 188), would ultimately make medical care a public service in all civilized countries similar to how education had become public (Sigerist 1941: 144).

It is essential to notice here that when Sigerist identifies a historical shift towards positive health and universal health care, he talks about modernization and industrialism in very broad terms and over long stretches of time. He says several places that the "technology of medicine has outrun its sociology" (Sigerist 1943: 241) where sociology refers to the social organization of health policy. In other words, Sigerist clearly thinks his ideas reflect a certain pivotal point in history, but none of this has anything to do with the urgency of the war or with international health for that matter. Even though Gautier's adaptation of Sigerist's ideas only comes two years later, the positive health definition now appears as the response to a different set of problems and understandings of historical necessity. The war and the breakdown of existing strcutures of international health work call for a new beginning, and Gautier recycled Sigerist's ideas to function as a progressive platform for this purpose.

To conclude this first part of the genealogy, we can now return to March 1946 when Stampar introduced Gautier and Biraud's draft constitution at the TCP conference in Paris. The minutes of the TCP conference are not sufficiently detailed to document all that was said. For example, it shows some adjustments in the wording of the preamble, but aside from ambitions to smooth the text, the minutes do not specify why the wording was altered (see table 2 below). We also do not know exactly led the participants to accept these ideas rather than the other three proposals for a constitution text. Gautier and Biraud's proposal is easily the most ambitious and progressive, and the other proposals look like dull organizational diagrams in comparison. It is therefore entirely likely that the participants simply agreed with Gautier's original thought that a new organization in a new time needs a positive idea to build on. Of course, their understanding of the sign of the times was also partly different from that of

Gautier in 1943. On one hand, the war's end could have generated a new optimism, but on the other hand several key actors point to how the world has become much more dangerous with the dawn of the atomic age (Chisholm cited in WHO 1947: 13).

This view persists at the following International Health Conference in New York in the summer of 1946. Here, both Sze and the Canadian delegate Brock Chisholm, later WHO's first Director-General, directly point to how the Hiroshima bombing had inaugurated a new period of global risk. This was what led them to their proposal, ultimately succesful, to call it the 'world' health organization rather than just 'international' (WHO 1947: 47-8). In conclusion, WHO's health definition was adopted largely because it seemed like a positive and progressive idea that somehow responded to the problems of the present. I will return to these changing conceptions of the present in the conclusion, but first the next section proceeds to discuss the health political context of WHO's constitution in more detail.

TABLE 2: TRAJECTORY OF WHO'S HEALTH DEFINITION

Author and date	**Health definition**
H. Sigerist, *Medicine and Human Welfare*, 1941 (orig. 1938-40)	"Health is, therefore, not simply the absence of disease; it is something positive, a joyful attitude toward life, and a cheerful acceptance of the responsibilities that life puts on the individual"
R. Gautier, Mar 15 1943, "International Health of the Future"	"For health is more than the absence of illness: The word 'health' implies something positive, namely, physical, mental and moral fitness"
R. Gautier, May 1943, "The Future Health Organization"	…"the promoting of health for all, which means something quite different than the mere absence of disease"
R. Gautier/Y. Biraud, Dec. 1945, *Chronicle of the Health Organisation*, p. 3.	"Health, however, is something more than absence of disease and although curative and prevetive medicine have not said their last word, they cannot endow the individual with that physical perfection which ensures joy of living. For this, the action of positive factors is required…"
R. Gautier/Y. Biraud, "Draft Constitution of the IPHO"	"Whereas health is not only the absence of infirmity and disease but also a state of physical and mental well-being and fitness resulting from positive factors, such as adequate feeding, housing and training"
A. Stampar, Mar 19 1946, IPHO draft constitution	"Health is not only the absence of disease, but also a state of physical and mental well-being and fitness resulting from positive factors, such as adequate feeding, housing and training"
Preamble draft, Mar 21 1946	"Health is not only the absence of infirmity or disease but also a state of physical fitness and mental and social well-being"
Preamble adopted, Apr 2 1946	"Health is a state of physical fitness and of mental and social well-being, not only the absence of infirmity or disease"
S. Sze, 1946 (allegedly)	"Health is a state of physical fitness and of mental and social well-being, not only the absence of infirmity and disease"
International Health Conference, Jul 19 1946 (Final WHO constitution)	"Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity"

The hidden health politics of WHO's constitution

The second part returns to the question raised about health politics in the beginning, which was how it was possible to introduce an ideal of positive health for all without meeting political or ideological resistance in a period otherwise dominated by a growing medical mccarthyism. It turns out that the formation of the WHO did provoke a conflict with conservatives and the organized medical profession in the United States, or rather the WHO became a part in an ongoing conflict over the role of government in health care. The health political conflict did not stop the WHO or its progressive ideals, however, which makes it interesting to understand the process. It is not possible or even the ambition here to map all ideological discussions of 'socialized medicine' across the globe in the postwar years. The idea is to characterize the health political context, or the 'scene' as it is termed in genealogies, in which the WHO was able to form around a very progressive constitution. The main focus is on the United States, because its acceptance was pivotal for the organization to come to life, but also because it was where such ideas would meet the fiercest ideological resistance.

So why is there a hidden political or ideological conflict in talking about health as a positive, joyfull attitude? It is true that universal health care systems may be just as focused on disease treatment as market based ones. Nevertheless, even if there is no necessary step from positive health to universal health insurance, some of the core ideas in WHO's constitution were conceived by actors who believed there to a relationship between a social conception of health and the organization of medical care. My claim is basically that the political conflict over WHO's health definition was succesfully kept under lid by the subtle diplomacy of former LNHO officers like Gautier.

The difference is clearer if we go back to Sigerist who experienced a very overt political resistance to his work beginning in the late 1930s. For example, JAMA's review of *Medicine and Human Welfare* labels Sigerist "…a stiff-necked advocate of the Soviets" and calls the book's final chapters an "unqualified advocacy of the system of medicine established in the Soviet Union" (JAMA 1941: 902). Sigerist *did* write fondly about the Soviet health care system in both this and some of the previous works (1937; 1939), but mostly because he thought historical development and industrialism would inherently challenge the existing organization of welfare. Although he saw himself as an academic and not as a political proponent, he met fierce resistance and ultimately left the US for Switzerland in 1947 (Fee 1997: 217).

The LNHO was not as clearly identified with leftist politics, but it did build on social medicine long before Gautier wrote WHO's founding documents (Weindling 1995), also because its key actors came from the history of medicine environment where Sigerist taught (Arndt 2013: 33). The LNHO actors did not seem to talk about socialized medicine, but certainly of social medicine and in some cases also 'sociological medicine' understood as the "…reciprocal influence of social factors in physical and mental health" (Sand 1935: 12). These understandings of health and of health intervention were carried on into the WHO (Borowy 2013: 104), for example when Stampar adressed the First World Health Assembly by saying that health matters must also be tackled "…from the sociological point of view" (Cited in Williams 1988: 10). Chisholm, WHO's first Director-General, who had no background in social medicine or the LNHO, also paraphrased Sigerist's words when his 1949 article on social medicine argued that "technology has outrun social organization in every field of human behavior" (Chisholm 1949: 13).

It is thus not all that surprising that Gautier and other founding actors of the WHO would read and use Sigerist's ideas, because most of them were committed to social medicine and to breaking down the barriers between public health and organized medicine. Gautier's choice to keep the origin of his ideas secret was probably not a coincidence either. His precedessor as director-general of the LNHO, Ludwik Rajchman, was known and ultimately ousted for his overt radicalism and internationalism (Siegel 1982: 15; Rajchman 1943; Macfadyen 2014b; Gillespie 2002: 222). Gautier's mentor, the British delegate Melville MacKenzie, advocated the more cautious approach not to overtly politicize international health (Mackenzie 1942: 54).

Gautier and Biraud seem to have followed this strategy with success, given how their progressive ideas and the LHNO legacy were succintly imported into the WHO constitution. In the minutes and the various accounts of the TCP and IHC conferences, there does not seem to be any significant criticism of the progressive ideas, but mostly acclaim for the health definition as a 'positive' idea in an apolitical sense. It is possible that some participants at these conferences did not clearly identify the hidden politics of positive health for all and government responsibility for health. With regard to the participants from the US and other countries who would conceivably resist the progressive ideas, it is however more plausible that the delegates themselves agreed with the new ideas, even if their own governments were less enthusiastic about social medicine and positive health for all.

It is interesting here to look at the US delegate and Surgeon General Dr Thomas Parran. As explained earlier, he proposed a more moderate constitution at the TCP conference. Gautier and Biraud's constitution draft could not have come as a total surprise to him, however. Gautier moved from London to Washington DC in October 1943 at the urging of the State Department, who wanted him to coordinate relief efforts between the LNHO and the UNRRA (LNHO 1945: 7; Howard-Jones 1978: 75). During this time, he must have shared one of his early writings with Parran, because Gautier's 1944 text *For Whom the Bell Tolls* says the following: "Referring to the memorandum I prepared a year ago (…), Parran asked me to draft for his personal consideration a new note on the WHA, which, of course, could no longer be a concealed pro-League plea as was the first one" (1944: 1).[2] After the war, Parran not only pursued an international health organization and presided over the IHC in New York where WHO's constitution was formally adopted. He also worked on President Truman's efforts to introduce national health insurance in the US (Blumenthal & Morone 2010: 64), a policy idea Parran had already worked on, albeit unsuccesfully, during the New Deal period.

It is difficult to say for certain whether there was any coordination between the progressive ideas of the WHO constitution and President Truman's domestic policy agenda, or whether it was merely the right time for ideas like these. Some US policymakers had noticed the correspondence, however. The IHC conference where WHO's constitution was finally adopted, opened with the following written message from President Truman: "The right to adequate medical care and the opportunity to achieve and enjoy good health should be available to all people. For this objective I can assure you the interest and the support of the United States" (WHO 1948: 31). When Parran delivered his closing address as president of the IHC, he cheered the WHO constitution and the health defintion as being a new 'magna carta' for health (WHO 1948: 94). The WHO ideas were thus not at odds with US health politics as such, but only with the policymakers and stakeholders protecting the status quo. One outspoken critic was Hugh Cumming, former US Surgeon General and delegate to the LNHO and the OIHP. He failed to show up as US delegate at the TCP leaving no one there to represent the resistance that clearly existed in the US (WHO 1947: 13). Afterwards, Cumming publicly urged President Truman not to ratify WHO's

[2] Gillespie (2002: 223-4) describes the relationship between Parran and the former LNHO officers as more conflictual, for instance arguing that Stampar's proposal (which was effectively Gautier and Biraud's) met resistance at the TCP.

constitution, because it reflected “the dominance of star-gazers and political and social uplifters” (Cumming cited in Farley 2008: 49). The critique was equally aimed at WHO’s progressivism and the internationalism, but the warning was overturned by the State Department (Howard-Jones 1978: 80; Borowy 2009: 439) and ignored by Truman.

Resistance towards the WHO in the US did mobilize further, but only at a later point when it was basically too late to change the constitution, the health definition and the other progressive ideas. The US Congress had originally passed Joint Resolution No. 89 unanimously in August 1945 supporting the establishment of an international health organization (US Senate 1945). Less than two years later, President Truman urged Congress to join the WHO in March 1947, but it took over a year of negotiatons before the Senate finally approved US membership in June 1948 (Farley 2008: 49; Siegel 1982: 6). The AMA testified at the Committee on Foreign Affairs in the House in June 1947 and in principle supported the WHO, but objected against “…anyone coming to the United States to tell American doctors how to practise social medicine” (Farley 2008: 49). The critiques of socialized medicine were also aimed at the US Public Health Service and other government agencies sympathetic to Truman’s agenda (Gillespie 2002: 225).

As explained in a *Time Magazine* article aptly titled “Antitoxin”, final US approval of the WHO was only given by Congress after having inserted various protections to protect the US against “a bad case of socialized medicine” (Time 1948: 32). The protections were introduced after resistance from the AMA and conservative politicians in Congress, who were equally anti-communist and isolationist (Farley 2008: 48-9). Besides some budgetary restrictions, a requirement was introduced that the US member of WHO’s executive board should have 3-5 years experience as a physician in the field (Time 1948: 32; Siegel 1982: 6). This was directly aimed to exclude public health professionals and perhaps it was even targeted directly to exclude Parran who like other ‘public health carreerists’ were accused of trying to hijack the US into socialized medicine (Time 1946: 32). Finally, a restriction was made saying that “the U.S. is in no way to be committed to any legislative program approved by WHO” (Time 1948: 33). It is not clear whether this changed much, since for instance WHO’s draft constitution already had a similar clause for all members (Gautier & Biraud 1945: 2).

As it happened so many other times in American history, the AMA and Conservative resistance ultimately defeated all the Truman administration’s efforts to introduce a health care reform despite large support for the reform in public opinion

(Steinmo & Watts 1995: 343). The fierce opposition of the medical profession to national health insurance is well documented and was not only a late 1940s phenomenon, nor was it exclusively an American phenomenon (Roemer 1980: 256). The campaign against Sigerist and other advocates of universal health insurance also shows that some form of 'medical mccarthyism' existed prior to 1948. WHO's progressive constitution and the positive health definition, on the other hand, flew under the radar long enough to be fully formed and formally adopted by the time ideological resistance set its eyes on the WHO. The ideological struggles did have an impact on the WHO's work during the first decades, however, for instance in keeping a low profile on the politically contested issue of social security (Gillespie 2002).

The succesful adoption of WHO's progressive ideas may simply be credited to the secretive strategy employed by LNHO veterans like Gautier, Biraud and Stampar. They consistently downplayed their own contributions to WHO in order to maximize the impact of their progressive ideas, which were often cloaked merely as a 'positive' idea or spirit, but without the social and political implications clearly spelled out. In addition, the early acceptance of progressive health ideas in the US was helped by the fact that it fit with President Truman's health policy agenda, at least for a while. Finally, an alternative explanation could be that US acceptance of the WHO was helped by the fact that the Soviet Union were at odds with the organization. The Soviet Union had never had good relations with the LNHO and had refused to join FAO and the ILO (Gillespie 2002: 225). Their opposition to the so-called 'Geneva spirit' persisted until they finally withdrew entirely from the WHO in 1949 only to return in 1955 after Stalin's death (Farley 2008: 80-83). Had the Soviets been outspoken supporters of the WHO's core ideas all along, this could have tipped off the anti-communist resistance in the US earlier on. It is pure speculation, but there is a certain irony to the possibility that perhaps the Soviet opposition to the WHO actually helped introduce the progressive health policy ideas whose original author clearly believed these ideas to have found their fullest historical manifestation in the Soviet health care system.

Conclusion: Swiss diplomacy in times of change

The core ambition of this genealogy was on one hand to separate the origin of the idea from its later use and functions, and on the other hand to retrieve the forgotten struggles and subjugated knowledges from the real historical development of the idea. To accomplish this, the analysis traced who actually wrote and rewrote the definition in

several steps and an effort was made to recreate the meaning attached to the definition by those actors at the time when the idea was conceived. What problems did they see positive health as the proper response to and what were the struggles involved in promoting the idea?

The genealogy identified two authors as being particularly important in the birth of WHO's health definition, both of them Swiss it turns out. Henry Sigerist originally – and unknowingly – coined the phrase that was later rewritten into the opening lines of the WHO constitution preamble. He did this in 1940 in the context of a history of medicine beginning with conceptions of disease, moving over the positive health definition and ending with an emphatic claim of a historical push towards a social reorganization of medical care and public health insurance. He may have been right in the latter, after all, since practically all developed countries except the US have developed comprehensive health insurance systems. The peculiar wording 'not the absence of' in WHO's health definition was carried over from its place in Sigerist's original argument, which is also why it makes sense to see several elements in WHO's constitution as being inherently connected. Positive health does not necessarily lead to universal health care for all, but most of the actors originally involved did in fact see such a connection.

While Sigerist fell victim to fierce political resistance, his fellow countryman Raymond Gautier of the LNHO worked the delicate diplomacy of international health in a totally different way. He adapted several of Sigerist's ideas, merged them with the social medicine views of the League, and quietly circulated his well-prepared plans in the immediate aftermath of the war when diplomatic circles were hungry for plans and ideas about international cooperation and social progression. WHO's institutional framework and organization may be more of a compromise between competing stakeholders and powerful nations. But the constitution preamble was quietly adopted without meeting as much political fire as it was really in for. A political struggle eventually broke out over the WHO in the US when the window of Truman's health agenda closed, but by then, WHO's constitution was already set in stone. The struggle may not have been without significance, however, because most of WHO's work for the first few decades did in fact focus more on disease than on the promotion of positive health.

The analysis further shows how dramatically the meaning attached to the same political ideas can change. Most political science literature on ideas and agendas understands the importance of an idea 'whose time has come' (Kingdon 2003) and

how the prioritized problems change from one period to another. As this type of genealogy further shows, ideas do not simply land on the desk of a policymaker as a fully-formed cookie recipe. They are usually highly heterogenous objects with hidden struggles and characteristics that may be attached to changing conceptions of the problems of the time. In this analysis, it changed quite dramatically over only a few years which problem the positive health definition was seen as a meaningful response to. Sigerist saw it as a response to the historical development of industrialism and medical technology, which called for a new understanding of health and organization of medical care within the confines of the nation state. Gautier saw the idea as the key to a new and expansive international health agenda proposed in the face of the old international structures coming apart during the war. Finally, Chisholm and others later rethought the core ideas of the WHO as the natural response to the atomic age and a dangerous globalization of risk.

Each of them attached the idea to an understanding of the present and a sense of the direction in which the world was moving. The story did not end there, because later generations attached new and even more expansive ideals to the founding ideas of the WHO, and to the health definition in particular. The WHO never became the clearinghouse for health insurance and social security that some founders dreamed off, but it was built on an incredibly expansive and modifiable idea about health policy. This provides a hook for policymakers, professionals and stakeholders in both domestic and international settings to attach their health strategies to. The ultimate use and ends of positive health are thus completely separate from the context where is was first conceived, but the process of reinterpretation and health political struggle is ongoing.

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