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Not Merely the Absence of Disease: A Genealogy of WHO's Positive Health Definition

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Abstract

The 1948 constitution of the World Health Organization defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' It was a bold and revolutionary health idea to gain international consensus in a period characterized by strong anti-Communism. This article explores the genealogy of the health definition and demonstrates how it was possible to expand the scope of health, redefine it as 'well-being' and overcome ideological resistance to progressive and international health approaches. The first part demonstrates how the health definition was composed through a trajectory of draft ideas from scholars in the history of medicine as well as political actors working to promote national health insurance. The definition was authored by League of Nations veteran Raymond Gautier, but secretly drawing heavily on medical historian Henry E. Sigerist's controversial book *Socialized Medicine in the Soviet Union* (1937). The second part analyzes how it was possible to resist the ideological pushback against the WHO and secure U.S. ratification. The WHO's progressive constitution was not simply a deviation from dominant health ideas, but a direct outcome of the entrenched health conflict. The genealogy is based on original archival material from international organizations and U.S. government archives. The article contributes to understandings of the political controversies surrounding the WHO and to scholarship on understandings of health. It also illustrates how influential

health ideas cross the boundaries between politics and health sciences as well as the boundaries between domestic health policy and global health.

Introduction

The World Health Organization's (WHO) constitution begins with a frequently cited definition: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948: 100). This definition clearly emphasizes the positive rather than the negative aspects of health and expands its scope beyond the somatic. Though perhaps uncontroversial today, in 1948 it was revolutionary and highly political to formulate this definition as the centerpiece of a new global health organization. It moved public health ideas about social and 'socialized' medicine from the fringes to the center of health debates. Yet while WHO's definition has been applied in a wide variety of public health contexts, the intellectual history of this health definition and its underlying political conflict has not yet been analyzed. We cannot understand or explain the origin of this idea merely by pointing to how it was applied later on. This article aims to clarify and connect the main elements of this story in order to demonstrate what made it possible to build the WHO around this definition of health. The fact that this idea gained such wide traction when it did is not simply a reflection of its time, but rather a surprising and 'untimely' development.

Why surprising and untimely? The genealogy of this idea poses at least two puzzles: The first puzzle concerns the meaning and precise wording of the definition. Being exceptionally broad, it is not a typical scientific definition distinguishing one phenomenon from another. Almost anything is defined as relevant for health, and one can hardly imagine anyone ever achieving a state of complete physical, mental and

social well-being. It may sound intuitive today after thousands of repetitions in public health documents, but this is still a very unusual way to formulate the opening sentence of an international constitution. Why did WHO's founding actors begin by stating what health is 'not merely the absence' of? This sounds like the response to a question or previous statement saying that health is in fact the absence of disease. This begs the question of who literally wrote the sentence and what problems it was seen as the right response to.

The second puzzle is that the WHO's health definition seems out of place in the late 1940s, especially in the United States. In WHO's constitution, the health definition leads directly to statements that establish 'health for all' as a fundamental human right that governments must provide through 'adequate health and social measures' (WHO, 1948: 100). It may not directly mention national health insurance, but it is nevertheless a strong political statement advocating government involvement in health care, and this at a time when there was little political consensus about precisely this. The political acceptance of the health definition seems to be directly at odds with the 'cold war politics' (Packard, 2016: 112), 'medical McCarthyism' (Brickman, 2013) and anti-Communism in health debates during this time. It also seems to conflict with Starr's (2017) claim that the medical profession enjoyed almost uncontested 'sovereignty' and Foucault's (2008) claim that governmentalities became 'state phobic' immediately after World War II. If these characterizations are accurate, how was it possible for the WHO founders to shift health priorities for all nations in the exact opposite direction?

By addressing these two puzzles, the article seeks to explain how the WHO's health definition was formulated and legitimized politically. The history of the organization itself has been studied before (Cueto, Brown and Fee, 2019; Hanrieder,

2015; Lee, 2007) as has the influence of social medicine ideas across a longer period and a wider gallery of actors (Gillespie, 2002; Packard, 2016). This article focuses specifically on the development of the health definition as the first line of the preamble to the WHO constitution. Compared with broad histories of international health, it involves a narrower selection of the period (mainly 1943-46) and the key actors who directly influenced the health definition. This brings to light actors who kept their influence under lid to avoid a political backlash, not least the League of Nations veteran Raymond Gautier and indirectly also medical historian Henry E. Sigerist. In cooperation with various diplomatic and political efforts, mainly by the US State Department, their progressive health ideas surprisingly ended up in the mission statement of the new international health organization.

Others have tracked the later use of the health definition (Goldsmith, 1972; Seipp, 1987), but this article documents a missing link in the formative stages when it was established in the first place. This contributes to the literature on how post-war health policy expanded its scope to include chronic diseases (Weisz, 2014) and 'quality of life' (Wahlberg and Rose, 2015; Dokumaci, 2019). Unlike these other shifts, however, the WHO's expansive health definition was not the result of a scientific development in medicine. It was mainly the outcome of an ideologically entrenched struggle over the role of government in health, particularly in the United States.

A Genealogy of Health Policy Ideas

The health definition is analyzed as a policy idea similar to the growing scholarship on ideas and institutions (Béland and Cox, 2011). Paradigm shifts in welfare and economic policy especially have been investigated in great detail (Hall, 1993; Blyth, 2002) but

also ideas in international organizations and networks (Baert, 2011; Goldstein and Keohane, 1993; Haas, 1992). While also contributing to the ideas literature, this article builds on Foucault's genealogical approach (Foucault, 2000; Saar, 2002; Boland, 2014) rather than the institutionalist approaches more commonly used. There is not a large genealogical literature on health policy, but there is some work on international relations (Walters, 2012; Bartelson, 1995) and some genealogies more specifically related to the history of health knowledge and global health (Dokumaci, 2019; Wahlberg, 2008; Abi-Rached and Rose, 2010; Brenninkmeijer, 2015; Béhague and Lézé, 2015; Brown and Bell, 2008; Koffman, 2015; Stehrenberger and Goltermann, 2014).

The choice of genealogy over the institutionalist approaches to health ideas is motivated by three main reasons. First, a genealogy is better suited to disentangling the heterogeneous threads and layers in the emergence of a new idea, whereas other idea approaches normally study fully formed ideas that gain a new position in institutions. Second, genealogy is particularly suited to retrieving the 'forgotten struggles and subjugated knowledges' (Walters, 2012: 132) underneath what in hindsight may look like simple and coherent ideas. The aim here is thus to retrieve the forgotten struggles behind the health definition in a political context and to identify which types of knowledge originally went into the definition. Third, a genealogy is typically more critical towards attaching functionalist explanations to historical ideas in hindsight. This was formulated most clearly in Nietzsche's *Genealogy of Morality*: '…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). Hence, neither the useful-

ness nor the meaning of WHO’s health definition can be distilled from its later dissemination in public health. The widespread use of the idea today does not explain how it was initially made acceptable as a solution to certain perceived problems.

To avoid reading the present into the past, this article follows Foucault’s dual analytical strategy to distinguish the ‘descent’ and ‘emergence’ of an idea (2000). The former strategy involves tracing lines of descent, in this case earlier iterations of the different parts of the health definition, and the latter strategy attempts to recreate the ‘scene’ – power struggle or conflict – in which the idea emerged as dominant. The material therefore needs to be organized in a way that fleshes out these two layers of the analysis while still being comprehensible to readers. The article strikes this balance by organizing the material in two parts. The first part traces the origin of the health definition from several lines of descent before and during World War II until 1946 when WHO’s constitution materialized in finished form. It has already been shown how the WHO built on broad social medicine ideas shared by most key actors in international health during the 1930s (Gillespie, 2002; Birn and Brown, 2013), for instance as exemplified in the 1937 Bandoeng Conference on rural medicine (Fee and Brown, 2008; Brimnes, 2019). These associations are already well-established, but they are also too broad to answer the puzzles above. Instead of placing the health definition within a broad mapping of social medicine further back, this genealogy therefore traces who literally wrote the various bits of the definition in the few years preceding the WHO's constitution.

The second part concerns the struggle to get WHO’s health definition accepted within the political context of the late 1940s once it had been formulated. How

did the health definition make its way through various negotiations and, most importantly, how did it overcome the highest ideological barrier, ratification in the United States? Again, it is not possible to cover all actors involved in the WHO or the US policy process, but mainly to focus on the second puzzle raised before, i.e. how it was made acceptable. The two parts of the analysis consider different questions, but largely refer to consecutive periods. The next section specifies the methodological choices involved in the assembly of the genealogy.

Methods and empirical sources

Genealogies are usually meticulous about some methodological criteria such as temporality – that is, putting ideas in the right chronological order – but they are not always very transparent about the selection and organization of sources. This genealogy is composed of original sources gathered from a series of archives research libraries, not least the Geneva-based archives of the WHO, the UN, the League of Nations Health Organization (LNHO) and the International Labor Organization (ILO). Additional sources were collected from the National Archives (Washington DC and College Park), the FDR and Truman Presidential Libraries, the National Library of Medicine, Columbia University Library, the Henry E. Sigerist Collections at Yale University Library and the Medical Archives at Johns Hopkins University.

The selection of documents started at the founding conferences where WHO's constitution was proposed, modified and adopted, but it quickly became clear that most of the constitution, not least the health definition, was written before the period covered in WHO's archives. Some of the WHO's official histories were either not specific about the drafting process or in some situations simply mistaken (see below),

because some actors had either exaggerated or hidden their own role. A second strategy was therefore used to backtrack the trajectory of formulations that ended up af the health definition. This type of 'reverse snowballing' is in principle infinite, but focused here in three ways. First, focus was on the literal formulation of the sentences that became the health definition, but not on mapping the wider sphere of congenial ideas in the period. Second, the backwards process continued until the formulations and phrases no longer seemed to be taken out of context from somewhere else. Third, after the trajectory was established, the task was to document how the earlier sources were directly connected to the adopted WHO constitution. The result of this process is displayed in table 2 below.

The genealogy is based on original written sources, but secondary sources were also used for background information on key actors and international organizations (Fee and Brown, 1997; Sze, 1982: Farley, 2008; Borowy, 2009; Weindling, 1995; McFayden, 2014b; Packard, 2016; Cueto, Brown and Fee, 2019). Some of the archives, not least the US State Department files, contained thousands of pages, but mostly on organizational issues with less relevance here, such as financing, headquarters, voting procedures, subsidiary regional offices, etc. Among the relevant sources, there were also many edits or duplicates of the same documents found elsewhere, and an increasing degree of data saturation manifested itself, for instance by showing essentially both ends of the same correspondence or paper trail, e.g. letters and telegrams between various organizations in Geneva or US government.

The role of actors in the genealogy deserves a word, because genealogies normally trace lines of descent between ideas, not people. The analysis here nevertheless follows ideas through the hands of various authors and their stated reasons are used

to reconstruct both the meaning of the ideas (Bevir, 2006) and the process of events. The aim is not to invididualize the explanation or to make the actors the main story, but for political processes over 70 years ago, there are no real alternatives to follow the sources between specific actors and institutions. The actors are used instrumentally, i.e. to document the trail of formulations going into the health definition and to disprove false accounts. Individual actors' statements are always just 'enunciations,' i.e. they appear within certain discursive conditions of possibility (Foucault, 1969), even if these enunciations may seem untimely. The last part of the analysis consequently seeks to move beyond the specific actors and assess the different conditions that made the health definition possible. The genealogy is thus cautious about trusting individual accounts, because they may exaggerate their own role, which makes it critical to discuss the plausibility of their claims.

The origin of WHO's health definition

The first part of the genealogy seeks to determine when, where and by whom the health definition was formulated. A few actors credit themselves as the source. The British delegate Noel-Baker credits himself with influencing the WHO constitution's core ideas while on a Security Council subcommittee, ideas he took from Ludwik Rajchman, former head of the League of Nations Health Section (Balinska, 1991: 462). This should be read as an homage to Rajchman rather than an account of real events, however. As demonstrated below, the constitution was not drafted on Noel-Baker's committee and while it does align with Rajchman's earlier social medicine ideas about housing and nutrition (Gautier and Biraud, 1945b: 3), none of the key formulations or language come

from Rajchman who was 'pushed aside' from the WHO's formative phase (Levy, 1982: 15).

The Chinese delegate Szeming Sze (1908-98) also credits himself with coming up with almost the final version of the health definition (Sze, 1982: 15). He claims to have included mental health in the definition after having lunch with Brock Chisholm, a Canadian psychiatrist who became WHO's first director-general, and he also claims to have put preventive medicine on the agenda with this definition (World Health Forum, 1988: 33; Farley, 2008: 7). Sze did put health on the agenda at the San Francisco conference (see table 1) (Packard, 2016: 361-5), but his claim to have developed the health definition seems highly implausible.

The clearest evidence against both Sze's and Noel-Baker's claims can be found by investigating the constitution drafts considered at the Technical Preparatory Committee (TPC) in Paris in March and April 1946 where work on the WHO constitution formally began. As the UN Charter's Article 57 mentions a specialized health agency, the UN Economic and Social Council decided in February 1946 to charge the TPC with preparing a constitution for such an institution. The council's vice president, Andrija Stampar, was pivotal in this decision, which ultimately resulted in the WHO (Borowy, 2009: 442; Cvjetanovic, 1990).

TABLE 1: BRIEF TIMELINE OF WHO'S FOUNDING CONFERENCES

Date	Event
Oct 1944:	Dumbarton Oaks Conference, UN plans with no health organization
April 1945:	San Francisco Conference, UN plans for health organization
Feb. 1946:	UN Economic and Social Council decides to prepare a health organization
Mar. 1946:	Technical Preparatory Committee (TPC) (Paris), negotiates constitution.

Jun-Jul 1946: International Health Conference (IHC) (New York), constitution signed.

1946-1948: Interim Commission of the WHO

Apr-Jul 1948: WHO constitution takes force and First World Health Assembly opens

No fewer than four different constitution proposals were formally introduced at the second and third meetings of the TPC. One came from the British delegate Jameson, another from the U.S. delegate Parran, a third from the French delegates Cavaillon and Lechainche, and a fourth from the Yugoslav delegate Stampar (WHO, 1947: 42-58). The US State Department's internal report indicates that Rajchman tried to submit a fifth constitution proposal in absentia (Parran, 1946: 2). The official TCP minutes compares the other four proposals in great detail, but fail to even mention Rajchman's proposal, a testimony to his complete exclusion from the process (WHO, 1947). Neither of the four proposals was adopted in its entirety, but the final constitution's sections on organizational structure and procedures track closely to the U.S. proposal. Sze sat on the preamble sub-committee and may have influenced the minor revisions in the text at this stage, but no sources – other than himself – indicate that he had any role in bringing the health definition nor the draft preamble to the table. The preamble containing the health definition and all the organization's ideals and objectives comes almost exclusively from Stampar's proposal (WHO, 1947: Annex 9), why some have credited the definition to him (Seipp, 1987; Amrith, 2006: 74; Farley, 2008: 18; Yach, 1998).

However, Stampar had not actually written the proposal, nor does it seem to have any connection to the Yugoslavian government that he formally represented. Stampar had only recently been released from wartime imprisonment in Croatia, but

visited the LNHO on his way to the UN Economic and Social Council meeting in London. There, he received a draft proposal from Yves Biraud, a French official at the LNHO (Borowy, 2009: 441; 2013: 103). Stampar formally introduced this draft proposal at the TPC (WHO, 1947: 58-61).

Earlier versions in the LNHO archives show that Stampar's proposal, including the health definition, was based almost to the letter on a draft constitution for an imagined future health organization written by Biraud and acting LNHO secretary-general Raymond Gautier, dated September 27, 1945 (Gautier and Biraud, 1945a). At the outbreak of World War II, almost all officials left Geneva to serve their national governments or seek exile, which left Gautier and Biraud (1945b) to run the LNHO office throughout the war. Gautier used the time to draft documents about a future health organization, most of them while stationed in London and Washington D.C., and circulated them to various international connections, including Stampar and the U.S. Department of State (1943).

Gautier's writings during the war basically comprise three short idea papers with some overlaps, followed by Gautier and Biraud's joint draft constitution (Gautier, 1943a; 1943b; 1944a; Gautier and Biraud, 1945a). Some documents were labeled 'CONFIDENTIAL' and thus clearly not intended for circulation. The first document, titled 'International Health of the Future' from March 15, 1943, begins by declaring the two largest remaining international health organizations doomed, i.e. the LNHO on hiatus in Geneva (headed by Gautier himself) and the Office International d'Hygiène Publique (OIHP) in German-occupied Paris. Gautier also quotes the recently published Beveridge report saying that 'A revolutionary moment in the world's history is a time

for revolutions, not for patching.' He warns that combining elements from O.I.H.P. and LNHO:

> '…would be mere patching, and the I.H.A. [International Health Agency] 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 is the first mention of what eventually became the health definition. It seems to come out of nowhere in the text, without really following from the sentences preceding it. Gautier later adds that the goal lies beyond curative and preventive medicine and mentions various factors of 'positive health' (Gautier, 1943a: 1). He also connects the health definition and international health work with social security, health insurance for all and the 'hotly debated question of State medical service versus private practice' (Gautier, 1943a: 6). Gautier does not cite any sources and seems more interested in the revolutionary potential of positive health than with its precise meaning. He sees the war as a political opportunity to promote an ambitious new international health organization. Positive health is thus presented as a solution to an organizational problem: the fragmented, vulnerable and unambitious state of international health.

In Gautier's second text two months later, he emphasized even more strongly how the war's expected end offered political opportunities. The health definition was used as leverage to expand the scope of international health, but also to promote the goal of 'health for all,' with strong implications for domestic health policy.

> 'Now is the time for aiming at positive health and social justice (…) This self-supporting Health Organisation should [be an] organism (…) 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).

The third text, titled 'For Whom the Bell Tolls' from 1944, had no health definition, but a political strategy for secretly recycling progressive LNHO ideas. Because the League's 'bell' had tolled, Gautier said his 'concealed pro-league plea (…)' should be cloaked (1944a: 1). This explains why Gautier and Biraud kept their roles as League veterans in drafting the WHO constitution secret and why they let Stampar and later even Sze take credit.

Gautier and Biraud's draft 'International Public Health Organization' from September 1945 comes very close to the final constitution. Gautier claimed he had balanced the text between conservative elements about national governments and a very progressive preamble. The progressive elements included not only the health definition, but also political goals for achieving 'health for all,' a 'generalisation of medical care,' and a distribution of medical services 'according to actual needs,' which sounds like a paraphrase of Marx (Gautier and Biraud, 1945a: 1). The language in Gautier and Biraud's final draft is more formal, similar to the UN Charter, which serves to hide the author. The preamble is formulated as self-evident truths that all parties agreed to before entering the organization. A few other changes were made in the health definition, not least the introduction of the word 'well-being.'

The word 'well-being' appears in both the final UN Charter and in early drafts from July 1943 (Notter, 1949: 479), but unrelated to health. A letter from Gautier to Biraud reveals that the word was added in response to the International Labor Office (ILO)'s 'Philadelphia Declaration,' which spoke about 'the promotion of (…) health, education and well-being' (ILO 1944). Gautier (1945b) argued that the WHO should

‘defend the ground’ against the intrusion of ILO, which happened at a time when he was trying to expand the WHO’s domain to include social security, housing and nutrition (Gautier, 1944b; 1945b). Defining health as well-being was thus the result of an interorganizational competition where several organizations aspired to represent the broad center lanes of welfare policy. Another outcome of this competition is that the 1948 Universal Declaration of Human Rights (drafted 1947-8) took inspiration from the WHO constitution and declared a human right to ‘health and well-being’ (United Nations, 1948: Art. 25).

Letters indicate that Gautier and Biraud’s draft circulated widely between top health officials in the United Kingdom, the United States and other health organizations (MacKenzie, 1945; Cumming, 1945a; Gautier, 1945a; 1945b; Stowman, 1945). Before we return to the founding conferences in 1946, it is important to address where Gautier drew his health definition from. It seems to simply appear out of thin air in the first text, and the phrase ‘more than the absence of illness’ sounds oddly out of context and unrelated to anyone claiming the opposite.

There is no literal documentation of Gautier’s sources, but his health definition is in all likelihood a paraphrase of the Swiss-American medical historian Henry E. Sigerist (1891-1957), who used very similar definitions in three books between 1931 and 1941. He was not an international health diplomat, but a scholar and chair of the history of medicine at Johns Hopkins University. His book *Man and Medicine* is the first to use similar wording. It says that the history of public hygiene gradually made it apparent that ‘*…health is more than the absence of disease’* (1932: 293, emphasis in original). However, the book was translated from the German *Einführung in die Medizin* (1931), so it may have been the translator, Margaret Galt Boise, who actually

coined the phrase in English. Table 2 illustrates the complete trajectory of health definitions:

TABLE 2: TRAJECTORY OF WHO'S HEALTH DEFINITION

Author and date	**Health definitions (similarities underlined by author, italics in original)**
H. Sigerist, *Einführung in die Medizin* (1931: 347)	'Man erkannte immer deutlicher, dass *Gesundheit mehr ist als das Fehlen von Krankheit.*'
H. Sigerist, *Man and Medicine* (1932: 293)	'It became more and more apparent that *health is more than the absence of disease.*'
H. Sigerist, *Socialized Medicine in the Soviet Union* (1937: 98)	'In such a society health means more than the absence of disease. It has become something positive, a joyful attitude toward life.'
H. Sigerist, *Medicine and Human Welfare* (1941: 100)	'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, 'International Health of the Future,' Mar 15 1943	'For health is more than the absence of illness: The word "health" implies something positive, namely, physical, mental and moral fitness.'

R. Gautier, 'The Future Health Organization,' May 1943	'…the promoting of health for all, which means some-thing quite different than the mere absence of disease.'
R. Gautier/Y. Biraud, 'Draft Constitution of the International Public Health Organisation of the United Nations,' Sept 27 1945	'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.'
R. Gautier/Y. Biraud, *Chronicle of the Health Organisation*, Dec 1945 (1945b: 3)	'Health, however, is something more than absence of disease and although curative and preventive 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…'
A. Stampar, I.P.H.O. draft constitution, introduced at TPC, Mar 19 1946	'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.'
TPC 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.'

TPC 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.’

Sigerist rephrases the definition in *Socialized Medicine in the Soviet Union* (1937), where he praises the Soviet approach for being rational, scientific, future-oriented and the first to fully integrate prevention and treatment. He concludes that ‘…In such a society [i.e. socialist], health means more than the absence of disease. It has become something positive, a joyful attitude toward life’ (Sigerist, 1937: 97-8). Here, the health definition has both a political meaning referring to socialism and a historical meaning concerning the progress of medicine.

Sigerist’s last use of the definition is his 1941 book *Medicine and Human Welfare*, based on his three 1938 Terry Lectures at Yale University titled ‘Disease,’ ‘Health,’ and ‘The Physician.’ After the first lecture on historical conceptions of disease, the second lecture asks whether health is simply the reverse image of disease and concludes that this ‘…would be utterly wrong because health is immeasurably more

than just the absence of disease' (Sigerist, 1941: 53). After covering conceptions of health through history, Sigerist finally offers the health definition (see Table 2).

Gautier most likely took the health definition from either *Socialized Medicine in the Soviet Union* or *Medicine and Human Welfare*, since both books connect the definition to the phrases 'something positive' and 'joyful attitude,' and to the political goal of health insurance for all. Interestingly, the final WHO definition is typically characterized as a 'positive' health conception, but does not actually use the word 'positive.' These sources show that Sigerist must have been Gautier's source, especially since the definition appears out of context in Gautier's writings. Others have noted a 'similarity' between Sigerist and WHO (Journal of Public Health Policy, 1986; Terris, 1975: 495; Yach, 1998), but have not made the connection through Gautier.

The explanation is most likely that Gautier read and used Sigerist's books for his drafts. Gautier sent Sigerist a letter including his draft on May 19, 1943 (Gautier, 1943c). The letter clearly reads like their first contact, which means Sigerist was not directly involved in the writing. Gautier also recycled the historical argument that technological development would necessitate a public reorganization of health systems and positive health for all. Sigerist had made precisely this argument in several books (1937; 1939: 188; 1941: 144), but understood as an effect of industrialism and without any relation to international health or to the war. Sigerist and Gautier thus refer to entirely different political problems; but the latter recycled the former to present his progressive internationalist platform as a historical necessity.

The backwards trajectory of the health definition stops at Sigerist, because while there were of course many ideas about health and disease before him, the relevant formulations make sense in and seem to originate in his writings. To conclude this first

part, we return to March 1946, when Stampar introduced Gautier and Biraud's draft constitution at the TPC conference. Here, their preamble to the WHO constitution, with all its progressive health ideas, was adopted with only a few minor changes in the wording (see Table 2). However, the delegates at the TPC and the IHC conferences may have attached different problem definitions to the text. For example, two key delegates—Sze (China) and Chisholm (Canada)—both argued that the new WHO ideas was a response to the new risk of global nuclear war after Hiroshima, which led them to rename the proposed 'international' to a 'world' health organization to better capture the new global nuclear risk (WHO, 1947: 47-8). WHO's health definition was thus adopted as a positive answer to current problems, but the perception of those problems changed dramatically from Sigerist to Gautier to the final adoption.

Political acceptance of WHO's constitution

The second part of the genealogy concerns the political setting in which the new set of health policy ideas was accepted. How it was possible to introduce a political ideal of positive 'health for all' without meeting ideological resistance in a period dominated by 'medical McCarthyism'? U.S. ratification of the WHO constitution did in fact become part of an ongoing conflict between proponents of national health insurance on one side and Conservatives and the medical profession on the other side. The conflict did not stop the WHO's progressive ideas, however, which makes it interesting to understand the relevant political process, or what is termed the 'scene' in a genealogy (Foucault, 2000).

I focus on the United States' acceptance, which was both necessary to open the WHO and the greatest stretch ideologically. It is perhaps not self-explanatory

why defining health as more than the absence of disease in itself constitutes a progressive and controversial political choice. Nevertheless, the WHO's founders did see their health definition as a springboard for the reorganization of both international and domestic health systems. This is why the preamble connects the health definition with the ideas about health 'for all' as a human right and governments' responsibility to provide health care. Little of this would be contentious today, but in the late 1940s it was identified with 'Progressive' positions on the political Left.

Former LNHO officers like Gautier understood this perfectly and kept their policy goals under wraps. In contrast, Sigerist was in open conflict with the American Medical Association (AMA), whose journal labeled him '…a stiff-necked advocate of the Soviets' and his 1941 book an 'unqualified advocacy of the system of medicine established in the Soviet Union' (JAMA, 1941: 902). Sigerist did write fondly about the Soviet health system (1937; 1939) and was an outspoken advocate of national health insurance in the United States, but his only involvement in the WHO was his membership in a 1950 group working on a 'philosophy of world health' (2012: 273). Ironically, his work was nevertheless already incorporated into the WHO's core ideas, which Gautier's letters must have made him aware of.

The LNHO was not directly identified with socialism, but with social medicine, which is why Sigerist's work was well-known to them (Weindling, 1995). Directly opposed to social medicine stood the AMA and some European medical associations, who wanted to maintain medicine as a private market without government-mandated universal access (Starr 2017). This explains why Gautier kept the origin of his ideas hidden. His predecessor at the LNHO, Rajchman, was pushed out partly because of his radicalism (Macfadyen, 2014), which led Gautier's mentor to warn him against

‘politicizing international health’ (Mackenzie, 1942: 54). Gautier did not actually tone down his progressive ideas, which were accepted at the TPC and IHC conferences without significant criticism. Yet he kept both his own and the League's role under cloak, so succesfully that his ideas were credited to others while he was only remembered as being a bureaucrat with ‘...none of Rajchman's vision and dynamism’ (Howard-Jones, 1978: 70).

The puzzle is why the United States government accepted ideas that were almost diametrically opposed to existing American health policy. Farley's account (2008: 48-50) covers some of the same period, but because it overlooks Gautier's secret work and focuses so much on the choice of Chisholm as director-general, it does not quite solve this puzzle. To understand the political process in the US and its positions about the WHO, we should distinguish between different branches of government that were involved at different stages and with different objectives. The State Department developed plans for postwar international organizations as far back as 1939 (Williams, 1949: 6), and from 1943 they worked with the U.S. Public Health Service (USPHS) in pursuit of a new international health organization. Surgeon General Thomas Parran spearheaded this cooperation in a working group between 1945 and 1946 that set up the TPC and IHC conferences, coordinated with allies, and wrote the U.S. proposal for WHO’s constitution (Williams, 1949: 24).

Gautier visited the working group in 1943 and in 1945 when he presented the LNHO’s work and his draft constitution. Parran asked him for a draft that was not a ‘concealed pro-League plea’ (Gautier, 1944a: 1), but he was otherwise positive towards Gautier’s ideas. Other State officials feared that the TPC conference would have ‘too strong a League influence’ (Department of State, 1946: 2) or that Stampar’s conference

leadership would lead to him imposing his own views (Mulliken, 1946). In retrospect, the State Department (Williams, 1947: 19) argued that it had reached its objective of a single health organization centered around Parran's draft constitution. However, this interpretation ignores the fact that Gautier's documents were the source of all the defining ideas in the preamble, which was far more progressive than Parran's draft.

FDR's White House was highly invested in developing the United Nations, but was mostly concerned with institutions focusing on peace and security as well as some interest in work and social security (Phelan, 2009; Russell, 1958: 309). Commitment to a new health organization was lukewarm. The 1944 draft charter from Dumbarton Oaks, the first preparatory conference for the UN, omitted health, which led Parran to increase his lobbying (Williams, 1947: 16). That work paid off as the San Francisco conference put a health organization back on the table. Several actors have taken credit for putting the health organization back on the agenda here, not least Sze (see above), but the US State Department files demonstrate how this was really prepared in advance by their backchannel coordination with the United Kingdom, the Soviet Union, China and Brazil (Parran, 1945a). The transition from FDR to Truman's presidency in April 1945 also helped. Not just for starting a new health organization, but for one that promoted national health insurance, because Truman had a proposal for this on the way. The IHC conference opened with this statement from President Truman: 'The right to adequate medical care (…) 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). It was almost convenient for the administration that the new health organization promoted these ideas, which may explain why could Parran accepted the progressive preamble on the United States' behalf. The ideas also fit snugly with Parran's postwar program for the

USPHS creating a ‘comprehensive Nation-wide health program’ with disease treatment and public health services available to everyone (Parran, 1944: 1). This interpretation contrasts with Farley's (2008) reading of both Truman and Parran as lukewarm supporters of health insurance, but these sources indicate that they only became lukewarm later on when political resistance from Congress intensified.

One early vocal critic was Hugh Cumming, former Surgeon General with many roles in international health. He warned President Truman that the WHO proposal was driven by ‘a few extreme ‘internationalists’’ and could become a ‘super-dictator over national health activities’ (Cumming, 1945b). This prompted the State Department to send the President a detailed rebuttal of Cumming’s letter (Grew, 1945). The White House did not react to this critique nor did it change course on the WHO, which again underlines its support of the project.

The U.S. Congress became involved relatively late in the process. A joint resolution was passed in August 1945 supporting a new health organization (U.S. Senate, 1945), but this did not guarantee U.S. ratification or funding. Parallel resolutions were proposed in the House and Senate in March and April 1947 to achieve this dual objective, and the proposals traveled extensively between chambers and committees until ratification finally passed in June 1948. The AMA warned in the hearings against ‘…any organization coming into the U.S. and telling the medical profession […] how they should practice medicine, that is from a social and economic viewpoint’ (Committee on Foreign Affairs, 1947: 60). These and other objections did not stop U.S. ratification, but a series of conditions were added. Besides some budgetary restrictions, a provision responded directly to the AMA’s objections and stipulated that ‘…nothing in the

constitution of the WHO in any manner commits the U.S. to enact any specific legislative program' (House of Representatives, 1948: 5). The WHO constitution did not include any such commitments in any case, but the symbolic demarcation of domestic U.S. health policy was clear.

The final condition required U.S. delegates to the WHO to be graduates of recognized medical schools and have three to five years' field experience as a physician in the United States. This excluded people with careers in international health and most importantly public health professionals like Parran, who had previously aimed for the post as WHO's first secretary-general (New York Times, 1946). Again, Congress' conditions for WHO approval very clearly demarcated the AMA's exclusive command of domestic health policy.

The policy window for national health insurance in the United States closed, and Truman's reform proposal was defeated (Steinmo and Watts, 1995: 343). The WHO's progressive constitution and the positive health definition flew under the radar long enough to have been formally adopted by the time the ideological pushback against social and 'socialized' medicine kicked in. However, this pushback and the early Cold War did impact the WHO's work during its first decade, for instance by keeping a low profile on social security (Gillespie, 2002; Packard, 2016).

Another reason for the limited and delayed ideological resistance to WHO's constitution could be that proponents of socialist politics did not openly advocate it. This included the Soviet Union, which seemed uninterested in the WHO at first and later quit the organization between 1949-55 in protest against its 'Geneva spirit' (Gillespie, 2002: 225; Farley, 2008: 80-83; Birn and Krementsov, 2018). The State Department files show that Parran had even offered the Soviet Union the opportunity to

host the WHO's founding conference because of '…the advanced position of the U.S.S.R. with respect to public health and medical matters' (Parran, 1945b). Neither Parran nor the Soviets knew at this point—and maybe never did—that the WHO's health definition would be directly inspired by Sigerist's homage to Soviet and socialist medicine. Parran's offer nevertheless illustrates that the Soviets could have easily used the WHO to advertise their ideology and societal model to the world. Their failure to take credit probably made it easier to get these progressive ideas accepted in the United States, where Conservative resistance to the WHO mobilized late.

In sum, the main explanation is not that the shift in health ideas all boils down to individual actors, although the genealogy shows Gautier and Sigerist as being more influential than previously throught. If they had not connected these particular ideas, sentences and people, however, someone else might have promoted similar ideas in the brief window for progressive, social medicine ideas right after the war. Looking beyond individuals, there are at least three key conditions of possibility behind the adoption of WHO's progressive health definition: 1) the origin of the ideas was effectively cloaked to minimize the anticipated political resistance; 2) the health definition fit with a temporary window in U.S. health policy right after the war where the U.S. State Department pushed for an expansion of international health while the White House and the USPHS also pushed for an expansion of public health domestically; 3) the ideological resistance towards the WHO was delayed and relatively weak. These factors did not align automatically nor did they necessarily fit perfectly together, but it is hard to imagine the same end result without each of them.

Conclusion

The WHO's broad and positive health definition was the product of a complicated process before, during and after World War II involving both international health diplomats and domestic policymakers from within and outside of health policy. It also involved scholars from social medicine and the history of medicine such as Sigerist, who originally coined the phrase that health is more than the absence of disease. The health definition was thus not directly prompted by new developments in biomedical research, but rather by strong ambitions—both political and scholarly—to move health understandings and health policies beyond the traditional jurisdiction of medicine. The WHO was born with a highly political motivation to promote collective measures like health insurance and social security, and practically all the key actors in this genealogy except for Gautier were involved in the political struggle for health insurance in the United States. In other words, WHO's health definition was not a foreign idea to American health debates as much as it was an effect of this conflict.

The WHO never became an international clearinghouse for health insurance and social security like Gautier envisioned. The organization is the leading international authority on issues like disease classification, epidemics and to some extent health promotion, but it has little direct involvement in health care delivery. The health definition has nevertheless influenced health policy goal-setting at all levels and contributed to the large expansion of the health field in the postwar period. The discrepancies between the WHO's official ideals, its main activities and its relation to domestic health care policies all trace back to the contentious birth of the organization.

The birth of the organization itself has been studied before (Cueto, Brown and Fee 2019; Packard, 2016), but this genealogy offers a new understanding of the ideational development of WHO's revolutionary constitution and how embedded political

and ideological conflicts were in this process. This genealogy has taken apart and reconnected the different elements of the 'forgotten struggles and subjugated knowledges' (Walters, 2012) behind the various words and phrases composing the health definition. The first part documents how most of the health definition 'descends' from Sigerist's reflections on socialism and the history of medicine and Gautier's creative adaptions of these ideas into his ambitious agenda for an international organization heavily invested in health insurance and social security. It was already known that the WHO built on social medicine ideas from the LNHO, but the demonstrated connections between Sigerist and Gautier explain why precisely these ideas and phrases made it into the health definition while some of the broader concerns in 1930s' social medicine – e.g. about housing and nutrition – were filtered out.

The second part further demonstrates that there was no linear road from Gautier's ambition to the final result, because the prospects for even getting a new international health organization established were actually poorer that previously thought before the US State Department and the USPHS started lobbying and thereby opened the door for Gautier's ideas. This political 'scene' in which WHO's constitution emerged was a heterogeneous mess of power, conflict, competition, resistance and actors pursuing different objectives. It is not in itself surprising, of course, to find policy processes characterized by power struggles and resistance. The added value of a genealogy is to show how the different layers of meaning in the ideas are changed and displaced while they make their way through political struggles. Not simply because the ideas were ill-defined, poorly understood or kept secret—although at some points they were all of these things—but because different actors adjusted them to different problems and objectives. All ideas are malleable, but perhaps the elasticity of WHO's health definition is exceptional given

the long trajectory illustrated in Table 2. The phrase ‘health is more than the absence of illness’ almost seems like a fortune cookie, a truism that actors can attach to a wide variety of objectives, although mostly those concerning the social organization of health care.

The genealogy of WHO’s health definition continues after 1948, where it is applied to new health policy objectives. It played a key role in the public health shift towards lifestyle diseases beginning in the 1970s and in WHO’s various declarations towards ‘Health for all’ (WHO, 1978; 1986), a term that originated in Gautier’s wartime texts. WHO's Alma-Ata declaration from 1978 reactivated some of these phrases and connected them with ideas about primary health care from the 1937 Bandoeng conference on rural hygiene (Brimnes, 2019). Another key example of how the health definition branches into recent decades is through the term ‘well-being’. It was a late and almost random addition to the health definition prompted by competition with the ILO and which resulted in an official human right to ‘health and well-being’ (UN, 1948). Besides becoming a key concept in contemporary moral philosophy, well-being is now replicated in WHO’s definition of mental health (2004) and in the UNDP’s Human Development Index (2016). WHO's health definition was thus crystallized from various earlier ideas, but it also facilitated a budding of new expansive ideas about health.

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