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Who Begins: Transfer and Transformation of Administrative Culture From the League of Nations to the World Health Organization

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WHO Begins?: The Zero Hour Through the Prism of Newer Research on Internationalism

"The League of Nations is dead, long live the United Nations!" – This manifesto-like statement by Lord Cecil, closing the League's last Assembly in April 1946, signaled the symbolic passing of duties between these two organizations and a nearly generational transition from the interwar's first experiment at world organization[1] to postwar internationalism.

Cecil underlined the symbolism of the League's metaphorical cessation, thus singling the historical momentum of the presumed naissance for the UN. Just like the League itself only two generations before, this new international body became the focal point of the hope for perpetual peace and lasting international collaboration. The mystique of a new start addressed these projected hopes at the cost of unavoidably and incorrectly designating the League's role as an overall failure. The narrative of the League as a failure also suggested a programmatic rupture in organizational structures and administrative cultures between these two bodies. Both assumptions, of failure and of the zero hour, persisted in the public and scholarly imagination for several decades. However, a more recent interest in the League and its effects upon international order and its successor organization, the UN, has manifested in the newer scholarship of the last decade, returning alongside the programmatic text "Back to the League of Nations".[2] With this recent scholarship reevaluating the League's effort, impact, and legacy, the last two decades saw a consistent rise in research and publication on various aspects of the twentieth century's internationalism, convincingly undermining both the failure and zero hour tropes.

The League's success and shaping impact is best traceable through the history of its technical and semi-autonomous associate organizations, for example in Natali Stegmann's research on ILO's involvement with social politics in the interwar Central Europe[3] or Heidi Tworek's illuminating account of the complex interplay between the national and international, while a robust and lasting system of medical intelligence and epidemic control was built up via the telegraph network across the globe.[4] The thriving scholarship here also touched on thematic fields such as crime and security,[5] intellectual cooperation,[6] and the League's attempts to address the

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issues of minority rights.[7] All of these issues largely continued into the immediate aftermath of World War II, with lasting impact from the interwar period, and further undermined the UN zero hour – and the League as a failure – narratives.

The continuity appears particularly stark in the case of public health involvement: the League of Nations' Health Organization was arguably one of the strongest and most impactful creations produced by the interwar iteration of internationalism. The research in this sphere is rich and leans on a longer tradition of studies of medical cooperation during the interwar period: from Susan Gross Solomon's studies of Soviet attempts to rejoin the revolution-severed networks[8] and Iris Borowy's studies of the League's engagement in stemming healthcare and epidemic control systems in the Far East and especially in China,[9] to studies of individual actors inhabiting and acting in the spaces between the local, the national, and the international (e.g. Ludwik Rajchman in Katja Castryck-Naumann's and Andrija Štampar in Sara Silverstein's contribution to a larger collection spotlighting the Central European impact on interwar internationalism by Becker & Wheatley[10]) and, finally, to macro-scaled overview works like Thomas Zimmer's *Welt ohne Krankheit*,[11] Iris Borowy's *Coming to Terms with World Health*,[12] Josef Barona's *Health Policies in interwar Europe*[13] or Andrew Denning & Heidi Tworek's *The Interwar World*.[14] The continuity thesis, though never the primary focus of inquiry, is also addressed in Klaas Dykmann's *Internationale Organisationen und ihre Zivilisierungsbestrebungen*[15] and, last but not least, in Cueto, Brown & Fee's *The World Health Organization, A History*.[16] This article builds upon this currently vibrant rediscovery of the continuities that transposed several methodological approaches and epistemic assumptions, best-approved practices and, generally, the "civilizing worldview"[17] of international officers in public health, from their first large institutional success with the League of Nations to the establishment of the currently active World Health Organization.

All this being said, it would be naïve to entirely deny the immediate aftermath of World War II and its momentum the power to rearrange the international order of public health and re-assemble it from an array of best-approved practices in administering medicine as exercised and tested in the interwar period.

Thus, this article debates the continuity in the *transfer and transformation* of administrative culture from the League of Nations to the World Health Organization. In pinpointing this volatile combination of the well-used and rearrangement of the pre-given, I argue for a more balanced approach that complicates the two extremes: the one that pledges a new start, which glosses over the highly interesting and practical replication of administrative structures, carry-over of personnel and in part political tensions and managerial animosities; and the other, which fully rejects the zero hour idea and thus misses the transformational impact of this historical moment.

The fact that the UNO and its agencies, the WHO being my selected example, survived the political tensions of the postwar era while the LON and its LNHO did not survive the interwar period is regularly attributed, among many other factors, to the drastically different way the USA engaged with internationalism during these two epochs. This argument is not untrue by any means, and it is largely correct that, for example, Thomas Zimmer ties the postwar success story to an increased and perpetual American involvement. My article does not so much counter this view[18] – although I spotlight the largely "European", LNHO-related continuities in the birth moment and administrative culture of the early WHO. Rather, I argue for a more complex view of the turning point in the 1940s. Just as it was not only US participation but a combination of many congruent developments in the postwar decades that made the UN stand out as a success, the "zero hour" assumption demands a more holistic and systemic view to be properly understood. It was largely a congruity of transfer and transformation, of both a deliberate perpetuation and change in administrative culture, and this is precisely the starting point of my article.

This text is dedicated to international public health officers, the carriers, interpreters, and transposers of continuity in administrative culture from the interwar to the postwar periods. In their complex role, the fine polysemic German word *Übersetzer(*innen)* perfectly describes their major function in the transition process. The article first reconstructs the foundational activities undertaken by selected top-level international public health officials and representatives of their governments, who were all familiar with each other

from multiple previous cooperations within the League. While molding the WHO, they relied on their interwar background in navigating the multi-faceted and conflicted landscape of international public health and thus intelligently (occasionally almost too intelligently for their good) strategized about how to maintain the productive practices of administering their field. At the same time, they got rid of institutions and, apparently, players, with whom they grew to associate strongly.

The second part of the article focuses on the tacit carry-over of the League's established and functioning mechanisms and networks, exemplified by staff pooling and overwhelming continuity of personnel-related politics. Here, a very pragmatic decision was made to overtake as many of the functional structures and people as possible, such that a question must be raised as to how far the WHO was a novelty at all but rather a proclamation of such endowed with a better budget. Fully aware that my modest approach does not compare to the research tool on the LNHO staff "Visual League,"[19] recently released by Haakon Ikonomou's research group, but is rather a sign of collegiate admiration, I provide a rough calculation on geographic distribution and thus diversity as done by the LNHO and then the early WHO in its first staff pooling. Both my calculations on the LNHO – and Visual League's data on the LNHO – strongly support Dykmann's argument for the League's carefully selected, West-centered internationalism of the interwar period.[20] Adding up the early WHO sample is particularly telling from the viewpoint of continuity in the backend logic and mindset of administrative culture, with occasional small adjustments due to upscaling or minor improvements for officers themselves.

Missing Health?: Actors and Agendas for the New Agency

Among many other specialized agencies, the UN's Health Organization was also at its naissance, cradled first within discussions of the UN's Economic and Social Council (ECOSOC) and subsequently in two specialized launch platforms: The Technical Preparatory Committee and the Interim Commission. In two years, between February 1946 and June 1948, the two bodies drafted the cornerstone structures, statutes, play rules, and payrolls of the Health Organization to be officially signed off at the First World Health Assembly 1948. While doing so, officers sometimes created but often transformed and transferred the pre-existing procedures, instruments, and infrastructures previously run by the League's Health Organization (LNHO). Several of these constituting experts also marveled at a professional track with various international bodies of the League and, thus, further contributed to the continuation and slow, mildly progressive transformation of administrative cultures between the two global public health organizations.

If we approach the WHO's history from memoirs of some of its "founding fathers", we easily come across an insightful and entertaining account by Sze Szeming, who will accompany us throughout this first section of the article. A Chinese expert with a remarkable domestic and international career in public health administration, then aiding the diplomatic services in the USA while working with the UNRRA during World War II, Sze joined his country's delegation to the UN-establishing San Francisco conference. As a representative of this internationally trained and modernizing young experts' cohort in the Chiang Kai-shek Republic, Sze wrote his diary in a mixture of Chinese and English, meticulously noting his encounters, negotiations and observations at the conference and afterwards, his observations as an eye-witness to all WHO-establishing momenta: to the preliminary council of the UN Economic and Social Council in February 1946, the Technical Preparatory Committee, and then the Interim Commission.

In his interview with the WHO's World Health in 1989,[21] his memoirs[22] and his private diary of 1945, Sze consistently recreates a story, according to which two elder colleagues from Norwegian and Brazilian delegations approached him at lunch in San Francisco.[23] They expressed their concern that the term "health" was never on the agendas of the UN, nor was there any visible effort on behalf of the US and UK delegations to enhance the creation of any comprehensive international health agency. The three set off to negotiate and suggested that a new International Health Organization be created, which was then finally sealed by the decision of the Economic and Social Council in February 1946 and began the broadscale work on drafting the WHO. Thus, very much in line with the aforementioned narrative of 1945 being a starting point for the whole UN, and perhaps in

line with his own conviction if not with the real state of affairs, decades later, Sze revoked that the World Health Organization came into being largely by this accidental meeting of him and two other colleagues.[24]

Of course, a closer look at the founding years of the WHO reveals a far more intricate picture. Health in its broadest definition and the international governance of it never vanished from the agendas. Neither did the awareness of a need for a large and universally representative international organization to deal with short- and long-term agendas of public health. Though severely aggravated through the war, the cooperation of medical research and public health never ceased entirely, nor did the drafting of the postwar design of international public health.

The most prominent international organization in the field, the League's Health Section, was, indeed, financially starved, drained of personnel and either scattered across its many fragmented exiled wartime offices or largely isolated within the neutral and occupied Switzerland. Nevertheless, as far as the scarce resources and sheer enthusiasm of the remaining staff allowed, the LNHO remained active and productive.[25] The travel activity and correspondence of the Section's wartime director, Raymond Gautier,[26] gives an insight into the most tedious efforts international experts made to maintain the best possible circulation of epidemiological data,[27] to keep in touch with their colleagues in countries occupied by the Reich,[28] to enforce the standardization of medicines[29] and testing of vaccines,[30] and to draft the future design of one International Health Organization as soon after the end of the war. Additionally, some of the functions of the LNHO (and those of the Office International, which we will consider later on) were overtaken by the UNRRA, 1943-born United Nations Relief and Reconstruction Administration, with which Sze was also affiliated. UNRRA could operate broadly during wartime, thanks to US involvement and generous budgeting, but it was still a temporary solution for the postwar period.[31]

Thus, it is most unlikely that health went missing or was forgotten or neglected in the afterwar re-draft of international order. What is noticeable, however, is that players who were quite renowned and had a consistent track record for administering public health transnationally in the interwar period. The Norwegian Karl Evang and the Brazilian Gerald de Paula Souza apparently had no knowledge of how the victorious powers of the World War II would approach and handle their area of expertise. While in Evang's case the slight lack of information might be attributed to the general disruption of knowledge networks in the chaos of war, Souza was well entangled within the Pan-American Sanitary Bureau, and Sze spent the war years working for the UNRRA in the USA.

Sze's feverish attempts to make contact with Thomas Parran, the US Surgeon General, introduced the Chinese expert to perplexities of transatlantic rivalry and the collective will of many central players to tread softly in order to avoid any collaboration with French colleagues (which we shall discuss later on). These attempts and the lack of pre-conference knowledge on plans for global public health reveal a remarkably uneven distribution of information, even among well-connected players. This brings to mind the polyphony of governing public health in the interwar period, with many overlapping networks and organizations only partially working with each other despite them often sharing top-level experts. The most prominent example here was, of course, the one rivaling international health agency – l'Office International d'Hygiène Publique, established before the League and its Health Section and never integrated into the League, maintaining close bonds with the French government, which became fatal to l'Office's reputation after the fall of France in 1940.

Renowned officers' lack of information on how health would be approached and treated in a post-World War II design also hints at another unbroken structural continuity in managing international public health. Along the lines of Dykmann's argument, there were carefully orchestrated West-dominated forms of organizing and running international organizations while players considered less central (even if they were strictly speaking European, like Karl Evang) had much less access to the level of discussing, designing, and decision-making. Finally, the apparent laissez-faire approach to managing international health, as apparently adopted by the US, the UK, and a few other central-enough players, bears a striking resemblance to a similar constituting phase of the League itself, with the Health Section coming to life in most vague a formulation, the most "unbureaucratic" manner

possible.[32] Let us briefly consider this omission as a strategy.

Unlike Sze, Evang, and Souza, LNHO officers, though absent from San Francisco, had a good enough knowledge of the health agenda missing from the program.[33] Thus, we might ask if the intent to (re-) establish a large international body to deal with public health was truly forgotten or if it was missing from San Francisco for strategic purposes.

For the League's players, the fact that a health agency was not explicitly set up right away in San Francisco did not speak for a lack of interest in managing international public health but rather for a US/British strategy that they might have known about from how their own body, the LNHO, came into being one generation prior. The idea in both cases was very much the same: first, install the general scaffold of the larger mother organization, then specify and design narrower sub-bodies according to the current agenda and necessity.[34]

One of the immediate benefits of keeping their cards concealed was a very deliberate attempt to evade any negotiation with French representatives, who were at the very least actively engaged with hosting foundational conferences, if not a whole new public health organization in Paris. They were also largely expected to intervene on behalf of the Paris-based l'Office International d'Hygiène Publique.[35]

The interwar time here had been largely shaped by the duality of the League's Health Committee and the Office, which no effort of the League managed to merge so that only one agency would be coherently responsible for policing global public health.[36] As we learn from Sze's detailed diaries, French experts were in the running early on to host both the ECOSOC meeting and any other preparatory bodies to follow. By the time the ECOSOC approved the Technical Preparatory Committee to convene in late March 1946, there was – among another four – a French draft submitted by high officials from the Health Ministry on how they envisioned a future agency to function. Much of the effort was thus spent on securing that the multifocality and concurrence of coexistent health authorities from the interwar were not replicated into the postwar time regardless of draft authorship, and a merge was enforced for the Office.

However, another possible interpretation of the reservations on behalf of the French comes from the pre-war switch of administrative leadership and the figure of Joseph Avenol, the Secretary-General from 1933. Avenol's years saw an internal structural reform of the League's workflows.[37] Strategically, this meant switching to a deliberately apolitical and appeasing stance that made the League tolerate Italian and NS-German expansionism and ended with the Secretary-General co-opting with the Nazi regime after the war broke out.[38] Whether it was the well-hidden Anglo-American aversion toward the structural change in the League that Avenol introduced or the Nazi-cooptation, which was traceable in the wartime politics of the Paris-based Office, the somewhat irrational secretiveness of the US-American fraction becomes more understandable.[39] With the narrative of a new start, the legacy of the League's final years under Avenol might have triggered such heavy momentum that it cast a shade of general suspicion on a whole French crew and agency. As we will soon see, this anxiety was inherent to all participating fractions. It led, in part, to redundant over-cautiousness that slowed down rather than sped up the establishment of the new international public health agency.

Let us now have a closer look at these drafts, the actors and agendas behind them, and how all these largely carried on from the League, seeking to make good use of the epoch's momentum to reshuffle the old suboptimum of internationally governed public health.

United in Difference: Drafts & Parties Behind Them

When the Technical Preparatory Committee met in Paris in late February 1946, four drafts and one memorandum were provided. The authors submitting these documents were all but one representative of whole groupings of actors, be they from the same country or organization, and each envisioning the future Health Organization in their own way. These documents were, as per the submitting author, drafts by André Cavaillon and Xavier Lenclainche (France), by Thomas Parran (US),[40] by William Jameson (UK),[41] and finally, a draft by Andrija Štampar (Yugoslavia)[42] and a memorandum by Ludwik Rajchman.[43]

There was a lot of adjustment to the League's Health Organization due to quite a different constellation of powers supporting and explicitly willing their people to engage with the activities of UN-led internationalism and with public health in particular. Whereas the League was largely drafted by the Big Three of the time, Britain, France, and the US, with the US very soon withdrawing from officially manifested cooperation and other great powers of the time, including Russia, Germany and Japan, entirely missing, the new zero hour 1945 offered a chance for a more productive reshuffle.

A general consensus in scholarship ties the success of the UN system and its postwar internationalism to the new reality after 1945, in which the USA abandoned its previous isolationist position and delved actively into the redesigning of the world. This is to a large extent true, although I would prefer a somewhat milder formulation of the authorship behind the success story to at least a collective understanding and interest in continuing a worldwide organizational body as shared by the wartime Allied forces, as Sayward puts it.[44] With the USA swiftly positioning itself as one of the two superpowers of the postwar world order, this newly discovered active engagement, or in Wertheim's apt description[45] an instrumental internationalism, threw additional revenue of reputational gain at the unraveling political competition with the USSR, a rivalry that shaped but also boosted global interrelations in the second half of the century.[46]

The UN project was largely carried out by the Big Five of the postwar period, i.e. the US, the UK, the USSR, France, and China. In the case of the WHO, it meant a very early upscaling and codification of proposed play rules. Unlike in 1919, drafting experts now had to consider rather divergent political vectors among the involved powers, with the Cold War unraveling almost in parallel to the UN agencies being launched and the Chinese revolution to follow.

Reporting on the ECOSOC Council meeting to launch the TPC in February 1946, Sze showed his excessive dissatisfaction with the fact that the designated Chairman, Andrija Štampar, was "bowing to Russian wishes on every occasion", which in Sze's eyes resulted in confusion and an unnecessary and irritating delay in setting up the future WHO almost there and then, that is at the latest after the TPC convention a month after the described moment.[47] It was not only the solo effort of Štampar to take the Soviets into account but rather a new postwar reality, as well as the LNHO's unique experience of comparatively successful cooperation with the USSR before it became mainstream, to which the far more experienced expert knew to abide better than Sze.

The delay in establishing the WHO might have been somewhat unnerving for the younger Chinese official, yet it also aided in providing a clearer structure for the new health authority. The organizational structure of the LNHO grew largely out of everyday practice. Bodies and positions were gradually created when the need arose through a simple shift of responsibilities, short-term contracts or lending staff from other offices of the League (we will return to this issue later), which for the time being remained the mother body of the LNHO. This provided the LNHO with legitimacy and prestige but also translated major political tensions from other areas into the health sector.

In this regard, the four mentioned drafts that were suggested to the TPC included a certain variation on how the future public health body should attach to the UN as a whole, whether it should function as a separate agency in close alliance with the UN or within the UN as one of its departments. The Parran-draft, to which Sze attended meticulously, was aiming for the largest amount of autonomy straight away, with membership to the future WHO being decided on its own terms, thus not automatically carrying over the list of all UN member states but rather deciding on practices of in- and exclusion autonomously. At the same time, autonomy came at the risk of being disposed of and replaced by the UN should the WHO fail. In contrast, such a step would be impossible if the organization decided to operate as a constituent part of the UN. The Štampar draft, attributable to the LNHO group, for this reason (and perhaps because the League operated similarly, and the draft came from the League officers proper) largely sought to underline the close bond with the UN. Correspondence between the actors in this cluster supports the claim that they largely sympathized with the fully embedded solution.

In the long run, the decision on this issue was postponed at the ECOSOC and then repeatedly adjourned at the TPC to be decided in the IC – in favor of an agency

autonomous but underlining its proximity to the UN as much as possible. All in all, the delay was legitimately well used to coordinate a clear basic set of play rules and a scaffold of organizational structure, which, at least in the early days of the WHO, was astonishingly readable compared to the all-flexible, overlapping and over-entangled composition of the LNHO.

The drafts also provide valuable insight into the intricacy of administrative consideration across different national and institutional schools of public health as well as into the nuanced entanglement of players largely familiar with each other and thus acting in a way that is indicant of attempts to precipitate responses of each group.

The already mentioned Sze was present at the TPC meetings in Paris. Since the San Francisco conference in 1945, he joined the group of younger US-American experts. Another (and perhaps far more prominent) member of this group was Surgeon General Thomas Parran, the supreme chief of public health services in the USA. If we trust Sze's private diary accounts, this fraction established vivid communication with some British colleagues. Parran also introduced his Chinese peer into intercontinental rivalry with no the more closely defined but collective "French": Sze's diary entries feature numerous comments about not letting the French host the Preparatory Committee in Paris, for they might also want to overtake the Interim Commission.[48] Although Sze never explicitly mentions it, it is highly probable that the lion's share of this effort – which, as we shall see shortly, occasionally led to unnecessary mistrust toward experts from Continental Europe en masse – was due to the prominent aspiration to eliminate l'Office.

At a certain point during the San Francisco conference, Sze also approached no other than Ludwik Rajchman – the first Director of the League's Health Section who, upon fleeing to the USA from the Nazis, now cooperated with the UNRRA.[49] Sze sought cooperation and support in building up his, or his group's, vision of a new health organization, and the idea to contact Rajchman was quite logical given the group's anti-French sentiment and Rajchman's departure from the League with the start of the Avenol era.

However, to the disappointment of his younger addressee, Rajchman showed rather little interest in pushing through any resolutions or drafting any new health organizations together; apparently, he had been working on a draft of his own. Though clearly the bearer of the LNHO tradition, Rajchman was no longer attached to the Geneva cluster or in contact with his successor, Gautier. Even more essentially, Rajchman submitted a separate document to the Preparatory Committee;[50] however, this document was titled a memorandum, not a draft, and Rajchman was neither present at the TPC in Paris nor were his thoughts taken into closer account when comparing drafts for the final version.

Yet another draft came in under the name of a Yugoslav health expert, Andrija Štampar, whom we should remember from Sze's indignation a few passages above. Štampar would play a crucial role in the early WHO – no less prominent was his deep, decades-long engagement with the LNHO.[51] Prior to the TPC, Štampar chaired the sessions of the ECOSOC; the very fact that this largely international, exceedingly renowned scholar was chosen for the chairmanship seems to effectively negate Sze's assumption that no one spared a thought about health at the UN level. By the mid-1940s, Štampar, together with Rajchman and perhaps two to three other experts, belonged to the star cohort of the interwar generation in international public health.[52]

Štampar's standing, apparently unknown to Sze, was large enough for yet another equally prominent actor with a comparably long League experience, Senior Officer to the British Ministry of Health Melville Mackenzie, to fear Štampar's dominance at the ECOSOC and then Preparatory Committee. To counter such a chance, Mackenzie maneuvered the ECOSOC to allow each country to assign both delegates and their alternates.[53] This resulted in a large presence of US and UK parties in London and Paris.[54] Mackenzie's cluster also provided their own draft, envisioning the future of what would become the WHO.[55]

Mackenzie's wish to hold Štampar in check might have also had a second motivation, as the Croatian scholar was in avid communication with the two aforementioned League health officials of the wartime, Gautier and Biraud. Their correspondence, though not indicative of a clear-cut timestamp, still reveals the three being actively involved in molding their own draft for the constitution of the future health organization.[56]

The League's immediate officials were rather underrepresented at the Technical Preparatory Committee. Biraud's pre-TPC correspondence with Gautier, Štampar, the League's Secretary-General Sean Lester and the UN Economic and Social Council in London reveals feasible anxiety and misapprehension on the Geneva side. Biraud had been initially suggested to become the Technical Preparatory Committee secretary.[57] For this constellation, Gautier, the current Director of the LNHO, would serve as the representative of the organization, and the French expert Jacques Parisot was foreseen as an alternate; his standing within the French public health sector was considered very profitable for bringing across the League's legacies.[58] However, the start date came ever closer while the invitation and all relevant information were missing, such that Biraud had to rearrange and vigorously write correspondences. He wrote to and telegraphed Štampar, ensuring that, in his ECOSOC capacity, Štampar would bring the League's draft over if no one else should be invited. Biraud also wrote[59] and then finally telephoned John Tomlinson, the Secretary of the ECOSOC in London, on February 28 and afterwards protocoled that the initial invitation to serve as a secretary had to be withdrawn out of "fear of interorganization jealousy – and of prejudice. The influence at play was *not* (sic) that of the Office International d'Hygiène".[60] For want of any direct proof and based on previously displayed power constellations, this "jealousy" might either be that of Štampar for Mackenzie[61] – or, more probably, that of the US-American cluster for the French predominance. The second can be partially supported because the designated Secretary, Howard Calderwood, belonged to the Parran & Sze US cluster.

Unbeknownst to Tomlinson, the (proper) French person of Health Secretary Cavaillon had approached Biraud well in advance, asking for his assistance in organizing the Committee in Paris. He then joined the event in an official capacity as the LNHO representative. At the same time, Štampar left his League background as unexplained as many other participants'.

While the secretary role fell to a US-American official, the designated chairman yet again maintained a perfect track record with the League's Health Organization: Belgian Dr René Sand participated in a total of five health-related bodies of the League from 1923 and belonged to the same star league of international public health as Štampar, Rajchman, and (former Surgeon General) Hugh Cumming, representing the Pan-American Sanitary Bureau at the TPC. Like Mackenzie, Cumming also maintained the most vivid correspondence with the League's core members throughout the war. This exchange included, in both cases, long elaborations on the future of the sector and the prospective change necessary to strengthen the new Health Organization, which was being born at the time.

A closer look at the actor constellation thus unavoidably evokes the sense of a post-graduation class reunion, with more or less popular students forming new roles and alliances. Some new participants, for example the Parran and Sze cluster, insistently attempted to be in the spotlight, unaware of the unspoken dynamics well-studied by everybody else. I am inclined to interpret the general caution to invite League members, along with what Sze identifies as the continental or French school, as an effort to eliminate any opportunity for the involved parties to preserve the interwar plurality or, even more significantly, the interwar duality and competition of legitimacies in international public health, which were crucial to the continued existence of the Parisian Office.

The drafts submitted for consideration of the TPC might also vary in one or the other technicality, but the final version was, at a closer look, the product of collective work with traceable inputs from all four mentioned drafts (though arguably with a US-American touch). What seems interesting about the whole debate is, however, less the issue of formulations in drafts, as these would be dynamically abandoned or adopted while in discussion, but rather that all four drafts and all involved parties, despite the unspoken tensions and motifs, maintained a very feasible, largely overlapping core imagery of what the future WHO should look like. Technical differences between drafts might touch upon a proposed composition of the governing body or positioning certain programmatic moments (e.g. aims and scope of the organization) either en passe in the preamble or more extensively in the text body. One crucial moment of discussion, which we will consider in the next Section of this article, was the impactful decision of embeddedness within the mother organization, the UN, or autonomy from it. However, all the drafts, including the French one, proposed one

unified organization. To achieve this, it was necessary to administratively "kill off", that is to merge, l'Office, which the LNHO never managed and for which the chance presented itself now.

The TPC may not have run satisfactorily for many actors. Sze was dismayed about postponing the WHO there and then, as well as about Štampar's presumed overfriendliness with the Soviets. Biraud disliked what to him apparently felt like preferential treatment of state officials over international health experts. Mackenzie (rightly) suspected Štampar of having too close a connection with the League's remaining officers. The League's experts did not hesitate to mention that the British, including Mackenzie, were overcrowding the delegation with members that were unrelated to health, hinting at some of these being experts' spouses.

However, in the view of the TPC, its major institutional contribution – apart from establishing the foundation upon which the WHO could now be built – was the fact that the most central yearning of many fractions, and, unacknowledged to each other, both Americans around Parran and Europeans around Biraud and Štampar, was now finally being brought to life. It became possible to merge all formerly existent regional, interregional and international health organizations into a single one, most notably of the French l'Office International.

This merger agreed on a landslide change in international public health. An important consequence was that new comprehensive rules for staffing had to be created, or also merged. Let us now look at the transformation and transfer of the League's practices of hiring, managing and deploying personnel into the WHO.

Transferring Assets: The Staff

The Well Forgotten Old

The wartime arrangements within the anti-Hitler coalition, which gave birth to the United Nations and its specialized agencies, made it clear that a new international organization would inevitably replace the League well before the war was over.[62] Though apparently the idea of one large universal international organization retained its appeal, the allies seized the opportunity to rearrange those aspects of the League's Health Organization that had proved unworkable. The new body for managing international public health inherited its overall *raison d'être* and central actors, while being updated and adapted to fit the changed political landscapes and new larger players now actively participating, such as the US, China, and the USSR.

The League's offices that remained intact during the war operated with prospective liquidation in mind from at least 1944.[63] The asset transfer process happened over two years and ended in 1947. During this time, the remaining League in part sold and in part handed over its functions and assets:[64] the immovable infrastructure of the Palais des Nations in Geneva and the Peace Palace in the Hague, their furniture, stationery, and presents stored at the headquarters, the library, archives, and ongoing publications, the remnants of budget, fiscal bonds, endowment funds,[65] and much more are listed in regular audits of the liquidation and overtake. Finally, reworking structures meant a landslide change for the League-hired staff.[66]

We will now concentrate on the transfer of personnel-related administrative culture from the LNHO over the transitional period of the TPC and the IC and to the early years of the WHO. I do not aim to present a prosopographic survey, although, at times, it is easy to deduce the identities of high-level officers, even from anonymized staff statistics.[67] We are interested in employments and managements that continued from the LNHO into the WHO.

As per resolution 24(I), the UN expressed its cautious readiness to carry over certain functions, services, and staff of the League in which it might be interested.[68] This was a good message for the Health Section, which, though limited, continued to function throughout the war and maintained its immovable assets and services, be these the Eastern Bureau in Singapore[69] or the regular publications on epidemiology. With the WHO carrying over these services and, given that the wartime budget cuts stripped the League of much of its staff anyway,[70] the chances for re-employment via this carry-over were high. Additional hope should have been found in generally far better budgeting of the UN and its agencies. The central difficulty here was with time logistics. With no health organization to be created in 1946, all assets of potential interest, staff included, were

temporarily managed by the League – until its final dissolution – or were taken over by the ECOSOC to be handed over to the TPC and IC. This must have created much insecurity, as documents of this period feature inquiries – from as high up as Sean Lester himself – on behalf of the staff remaining that had not yet been taken across.[71] The Interim Commission was entrusted with the responsibility of laying rules for regulating budget and staff in the summer of 1946. The establishing documents were ultimately approved and thus ratified by the 1st World Health Assembly[72] to convene two years later, in July 1948.

Concerning this complex setting, it is particularly interesting to trace individual decisions the IC adopted for staffing the WHO in this nascent phase, for example, the apparent inconsistency in Section 100, "Recruitment and Appointments". Rules 112 and 113 of this Section respectively proclaim the aim to "recruit a staff on as wide a geographical basis as possible" and have "no restrictions or discrimination as to race, sex, or religious or political creed". However, the very next rule 114 reads:

"With due regard to policies set out in rules 112 and 113 and without prejudice to the inflow of fresh talent at the various levels, vacancies shall be filled by transfer or promotion of persons already in the service of the World Health Organization in preference to appointments from outside. This consideration shall also be applied, on a reciprocal basis, to the staff of the United Nations and the specialized agencies brought into relationship with the organization."[73]

The enforcement of rule 114 thus ensured preferential employment of staff from the League's Health Organization and other agencies to merge with the WHO and, potentially, for the switch between agencies if emerging or already established. The uncomplicated carry-over secured the least disruptive continuation of administrative careers and processes formerly run under the umbrella of either the LNHO or, for example, for the issue of wartime relief, UNRRA.[74] Furthermore, the possibility of switching from other UN agencies to the new health organization compensated well for the flexible allocation of experts as it used to be practiced in the League. Where staff could be formerly shifted from one Section to another for the sake of immediate task or budget convenience, this was no longer possible with the WHO becoming a close bond yet autonomous agency of the UN system. Preferential pooling from other UN agencies provided additional security for staff being carried over from other thematic departments where it might have been last allocated.

Such a pooling policy had its advantages and shortcomings. While it allowed for a seamless transition for organizations being gradually merged into the new WHO, the immediate victim of this transfer was the future staff's demographic and geographical diversity. In *The International Secretariat*, published in 1945, Egon Ranshofen-Wertheimer analyzed how hiring decisions of the League's early existence substantially affected the homogeneity and lack of turn-out of staff in the Secretariat. In the early 1920s, the League primarily hired people in their forties for top positions and those in their thirties for all other posts. With all crucial places filled, there was first no need and then no resources to groom what the WHO staff rule 114 poignantly named "young talents".[75]

With rather few exceptions, the core team making decisions for the future composition of the WHO both possessed previous experience with the LNHO and also largely belonged to precisely this cohort, now in their fifties to sixties: Parisot was 64, Sand – 69, Mackenzie – 57, Štampar – 58, Parran – 54, Hugh Cumming towered over all of them with a remarkable 77. It must be Cumming who is then listed in a report from four years later, in 1950, as "return[ing] to retirement, from which he was called to assist the initiation of the Organization".[76] The all too understandable decision of the WHO to pool staff from the abundance of experts becoming free for hire through the transformation of the international public health management automatically secured the continuation of career paths and transfer of well-established practices and outputs formerly run elsewhere. So, for example, for the LNHO's "Weekly Epidemiological Report", the switch from the League to the ECOSOC, then to IC, and, finally, to the WHO happened with near to no change at all, the change of hosts being duly announced in its issue 36[77] and then again, post factum, in issue 42.[78] The Eastern Bureau in Singapore was similarly relaunched after a war-induced pause.[79]

Diversity In Check: Personnel Pooling Continuities

Of course this does not mean that the League's personnel-related practices were directly carried over. Though not quite a zero hour as such, the momentum of the postwar relaunch allowed and was, as we have seen so far, used to introduce adjustments. Such adjustments were also necessary, as the WHO targeted to finally overcome the central shortcoming of the LNHO and integrate (per gradual annihilation) formerly coexistent and largely autonomous public health agencies worldwide. Thus, a certain degree of change was due to making the merge with other agencies like l'Office, UNRRA, and the Pan-American Sanitary Bureau, which was also taking place, as smooth as possible. The languages were somewhat reshuffled, with Chinese, Russian, and Spanish now being added to the list of official languages, while English and French were designated as the two working languages.[80] Unlike in the LNHO, English now obtained the implicitly predominant role, and, logical to the US's advanced financial and institutional engagement with the UN agencies, it was the American and not British variant that was to be used in WHO documentation.

The early WHO's pooling of those known and available had a logical impact on the geographical diversity of the staff. Directly addressed by the Provisional Staff Rules 112 and 113, the broadest possible recruiting rose to an issue of pressing eminence, haunting the WHO for decades after its creation. Truly, the new health agency aspired for better regional representation and had, on the level of national operations across the globe, an established network of local experts – preferably those with working experience of the League's epidemiological service or, at times, the UNRRA.[81] Wider representation for the freshly decolonized Global South has been much debated across the UN ever since the 1960s. In the 1970s, the USSR sought to be a major defender of this cause with a Soviet representative of the time, Dmitry Venediktov, urging the WHO Executive Board and the Assembly to give more voices to non-Western nations.[82]

However, back in the early days of the late 1940s, the immediate necessity to reemploy the available specialists unwittingly (or not) provided a strong continuation of geographic pooling just like the League did. Individual experts from beyond the core nations of the Global North managed to become affiliated with – in our case – the Health Section as experts, that is, non-staff members. Indeed, both the LNHO and the WHO relied widely on local staff in their regional projects. However, if we look at the top-level of decision-making, the culture of keeping it internal for all the same actors and nations to manage remained largely unbroken between the two organizations.

Figure 1 visualizes a very rough count of nationalities as countries of origin for prominent players to first shape the LNHO and then the formative years of the WHO. Underlying calculations are based on staff lists across the League's existence in the League of Nations Archive, Geneva. The WHO data are calculated from (partially overlapping) documents of the LON Archive, the UN Official Document System repository and on the IRIS, WHO digitized archival repository.

Given that many of the most prominent actors with the League were often hired as experts, that is, through temporary freelance contracts, if they were remunerated at all, I include them in the count with full awareness that the numbers of staff would have only been less diverse in the League's time – and hardly better for the early WHO. As a final point, I included the list of top-ranked employees (grades 16 and above) of the early WHO for 1950 to allow for as much comparability and coherence within the data as possible.

The long list of nations in the legend of Figure 1 reflects the individual cases of experts from beyond the "Western core" of the organizations, occasionally leaving their track in personnel lists of the LNHO – and equally so the WHO. For example, the LNHO dataset features E.L. Denegri, a Peruvian expert with the LNHO during 1930. Quite similarly, the WHO report of the Fifth Executive Board from 1950 features an unidentified top staff member from Ceylon – and so forth.

Apart from that, we may easily observe the changing power dynamics within the Western nations, with France, traditionally massively represented in the LNHO, gradually giving space to the new superpower, the US, who, from the impactful yet numerically marginal involvement of Surgeon General High Cumming, rose to having ten top rank officials in 1950. We also observe a remarkably stable presence of British experts: nothing particularly surprising given the persistent British engagement with the League and in creating the UN

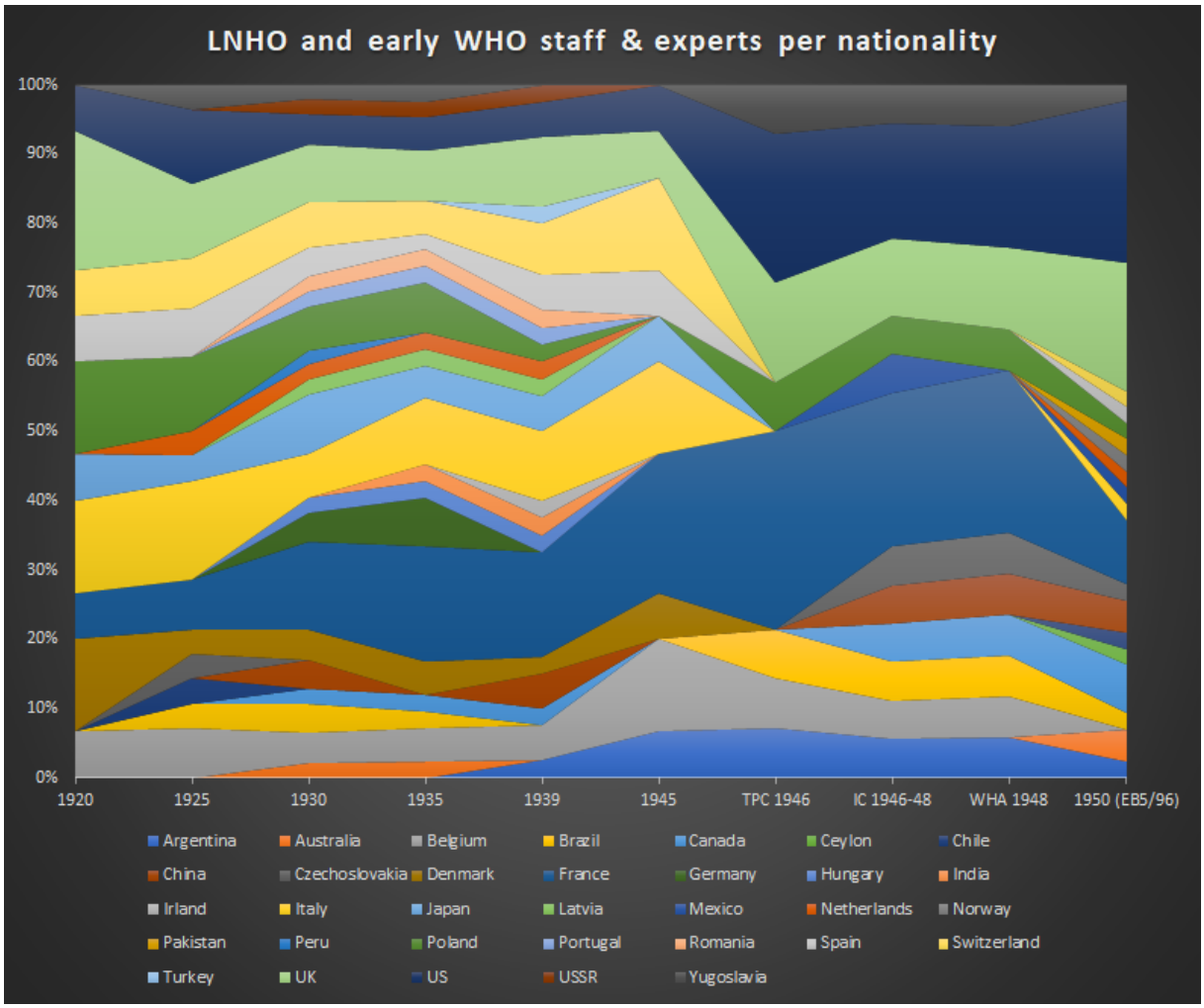

Figure 1: LNHO and early WHO staff and experts per nationality (as given in respective documentation of the LNHO and WHO).

agencies. Stretching this interpretation, we might even presume the first attempts at diversifying the pool to be in the data for 1950, with some single expert and single country items on the graph. Yet all in all, Figure 1 proves an unbroken continuity of the carefully selected and West-governed internationalism as known by the League's Secretariat.[83]

Similarly, the staff rules created for the WHO bear a systematic resemblance to those of the LNHO. Differences here are rather occasional and should be attributed to borrowing from other merging agencies and, for want of a better term, to the spirit of the time. For example, in the case of maternity leave, written out similarly in the League's[84] and the WHO's staff rules (1948 version),[85] the latter regulation also explicitly binds to giving pregnant staff a lighter workload before they leave.[86] Along a similar vein, when speaking about relocating staff bonuses, the League's Rules make use of the term "home",[87] whereas the WHO moves to a more neutral "normal place of residence".[88] Another kind of change was introduced with the 1953 revision of the WHO staff rules, where training and supervision of newly employed staff was now explicitly written out in the regulations.[89]

Differences between staff regulating politics do not end here, nor does my interpretation assume that the staff rules of the LNHO were blindly copied and sold as something new at the WHO. However, given the legal nature of such regulation as a text genre, the similarity in aspired thematic scope, international work focus,

global size of the organization and the relatively short temporal gap between the LON/UN and LNHO/WHO, it would be rather surprising to find severe differences.

The WHO, for example, retained the League's multilayered distinction between various groups of employees and their contracts. Based on whether the expert's home country was or was not a member of the League and whether the given contract was between 7 and 28 years in duration or less than 5, interwar internationalism differentiated between established and temporary officials. No contracts of indefinite duration were issued, with the initial consideration of staff turnover being roughly five years long. Ranshofen-Wertheimer, our analytical eyewitness of the transformation, provides good detail on the League's internal fights for unlimited tenures, which never succeeded out of the legitimate fear of overt bureaucratization of the system.[90] Given the lack of new personnel flowing in from outside and not via promotion or moving from other sections, this consideration indeed appears valid. Another two forms of being hired by the League included being locally recruited and being a "supernumerary official", which was a group of short-term contractors who supported the staff with "special enquir[ies] or in connection with a conference or Assembly or Council meeting".[91]

The WHO took over the system with the minor difference of renaming the supernumerary officials as consultants[92] and, now written out separately, conference staff.[93] This large and rather loosely attached group embraced a huge and highly dynamic community of experts who would remain in their other nation-bound positions while occasionally fulfilling duties for the health body and being paid for the work done. The WHO could count on a better and fully autonomous budget, unregulated by the mother organization as it was in case of the LNHO, yet the split between the staff proper remained intact: international experts who were hired and paid on the WHO, UN-adjusted scale, then the local staff, whose loan would be adjusted according to the estimated cost of living and, finally, those – both highly professional and daily loan workers – who would be only loosely attached to the organization and did not fall into the grade scale for promotion. For the core staff, salary and promotion scaling principles, regulations of sick leave and relocation largely overlapped with only occasional adjustments, as discussed above. For misconduct or intraorganizational claims, the Administrative Tribunal was arranged in the WHO, which largely resembled the mechanism implemented by the League a generation before.

All these factors signal a considerable continuity in the general policy of how staff was employed, managed and fired. The WHO documents never reference the LNHO nor the League as parental in the general logic of administering an international organization of this size and thematic focus. The only anchor for the WHO in such instances is, explicitly, the United Nations Organization. That the UN should have had the League's experience in mind while drafting its legal whereabouts on personnel seems to be a very logical assumption. Just as the ECOSOC of the UN carried over movable, immovable and intellectual liabilities of the League's sections only to release it among successor organizations, the UN, conceptually, must have functioned as a custodian for processes, practices and administrative cultures to be transferred at first necessity. The omission of initial origin from the League must thus be seen as an over-arduous move toward a manifested zero hour of internationalism. In contrast, on the ground, well-trained practices were effectively transferred onto new soil and lived on.

Discussion

When approaching the history of international organizations from the contemporary viewpoint, "backward" in time, an elusive yet quite persistent impression emerges of the years around 1945 as being a clear-cut zero hour separating effective and functional internationalism of the second half of the twentieth century from its implicitly faulty interwar predecessor. The winner narrative of the new start, largely propagated by the early UN itself, must have struck a nerve on many levels, be it the strife for political and socioeconomic reconstruction or the subsequent fragmentation of worldwide politics across the lines of the Cold War or decolonization, where UN bodies frequently served as the only available common ground for warring sides to cooperate productively aside from otherwise outweighing animosities. Within the decades

to come, the WHO had a series of such cooperations in the balance, which, though sometimes assessed as sub-optimally executed due to superpowers' rivalries, still brought relief and improved the living conditions of millions of people across the globe.[94]

This article discusses the transfer and transformation of administrative culture and within it the personnel between the WHO and its interwar predecessor, the LNHO. I argue against programmatic statements and their logic that the years 1945-46 were a truly novel zero hour of internationalism. Arguably, this zero hour mentality might fit better into other technical organizations – the momentum would be considerably different for those UN agencies that did not have direct predecessors in the interwar League of Nations design. We might expect the zero hour argument to hold better with UNICEF, for example. At the same time, a number of postwar UN agencies underwent a rather comparable change to the WHO: let us think of UNESCO growing out of the interwar International Committee on Intellectual Cooperation (ICIC) or FAO also having its firm ties in the League's design. Comparing the transfer and transformation patterns across these not-so-new agencies demands a study in its own right. It would be my pleasure to imagine my modest contribution from the sphere of international public health igniting a scholarly curiosity to pursue such a topic. Concerning public health, however, the fine mixture of continuity and adjustment is well traceable and clearly refutes the zero hour statements of the founding years.

Spotlighting this continuity between the interwar LNHO and the postwar WHO, I occasionally signal that the volatile moment around re-establishing the new international order in the late 1940s also allowed for changes and adaptations. One crucial adaptation was the long overdue gradual carry-over of the interwar's coexistent and partially contestant regional and superregional public health organizations. The most prominent example here was l'Office International d'Hygiène Publique's attempt to maintain an overly strong position. This led, as I discuss in the first part of the article, to a somewhat counterintuitive situation of mutual anxiety and almost estrangement between US-American and European players, the former apparently expecting the League's officers to advocate for l'Office and thus holding them in check.

There is a consistent continuity of actors in decision-making positions: largely all the same group of experts who spent many years in contact with or at the service of the LNHO were now entitled to draft the future of international public health. In doing so, these experts actively utilized their knowledge, true and false, of each other, at times enhancing each other's agencies and blocking each other out for fear of the larger vision suffering should they not act. Reading their correspondence and diaries from the omniscient vantage point of today, it appears that such standing in each other's way was largely unnecessary, given that seemingly all these experts shared a broad, though unexpressed, consensus of what their future WHO should look like.

The developing WHO was in many regards an expanded and also somewhat modified version of the LNHO. On the one hand, the health organization was finally upscaled in personnel and budget. However, even more prominently, it could finally be unified by merging various public health bodies that resisted productive unity in the previous generation. A closer look into the staff pooling, hiring and managing policies of the early WHO, reveals an unbroken transfer of administrative cultures from the LNHO to the new agency. In these terms, and unlike in the proclamation-like statement by Lord Cecil from the beginning of this text, the League was far from being dead. Indeed, the UN and its many quite productive agencies carried on with its ideas, practices and cultures – the WHO being one of these carriers.

There were of course other public health organizations that I come to mention only in passing: the PASB and the wartime UNRRA being two such examples. It is an endeavor in its own right to trace and compare the process of how the annihilation of the PASB into the solidifying system of the WHO differed from that of the l'Office – an ambitious idea I reserve for another contribution. In a similar manner, it will take broader research and a text of its own to pursue an intriguing cross-organization comparison, which would help to embed the continuity and change of public health in other international endeavors carried out between the inter- and postwar periods. Simply claiming that the UN agencies pragmatically carried over what they could and upscaled everything thanks to US money, does not

do the intricate transformation process around the time justice, nor the rapidly changing geopolitical landscape.

Where for public health, Thomas Zimmer largely attributes the institutional stability, longevity and effectiveness of the WHO to the radically different – and directly involved – participation pattern of the US[95] (which the League's Health Section lacked, though partially balanced out through engagement with the Rockefeller Foundation), I am inclined to see the success story of the WHO more as a felicitous congruity of "endemic" transformation and exogenous change of the international context. One of many contributing factors was, surely, the approaching Cold War and its competition of two political and world systems for minds and sympathies across the globe (Zimmer touches upon this issue rather marginally. Cueto, Brown, and Fee suggest a more detailed insight into how the Cold War translated into public health and occasionally pushed it up). Emerging decolonization also dramatically changed weights and introduced new players into the field of internationalism, players for whose allegiance superpowers no longer competed on the battlefield, but in spheres focusing on heightening the standard of life, precisely like public health, or, an equally interesting comparison by Peter Ridder, in the area of human rights.[96] Still, it would take an article, or rather an edited volume of its own to do this matter justice. This contribution was set to work with a limited sample of administrative staff considering transfer and transformation in public health.

Summing up, a highly dynamic picture emerges – one of transformation embedded in a large and systematic continuity. Unlike the early declarations of UN authorities, documents on the founding years of the WHO reveal the continuity of many administrative practices, functional bodies and work focus areas of the LNHO. These largely lived under new labels and added to the legitimacy that the WHO needed in its formative years. In revealing and analyzing these continuities from the interwar decades of public health internationalism, my article contributes to a more complex and comprehensive picture of how global international bodies survive and live on even after their presumed and declared death.

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26 Cf. e.g. Gautier's correspondence with Hugh S. Cumming, the League of Nations Archive, R6150/8A/41755/41755. Cueto, Brown, and Fee point to the seminal character of Gautier's travel to the USA in late 1944, where he, too, met and accorded positions on the issue of future Public Health with Thomas Parran and others. Cueto, Brown, and Fee, The World Health Organization, p. 33.
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29 Gautier's letter to Cumming from December 17 1944, League of Nations Archive, R6150/8A/41755/41755.
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31 On the role and scope of the UNRRA, see Gillespie in Gross Solomon, Murard, & Zylberman, pp. 114-137.
32 Letter by Eric Drummond to Lieut. General Sir David Henderson, 9 July, 1919, Establishment of medical or sanitary section under the League of Nations, League of Nations Archive, R811-1/12B/126/126.
33 Correspondence between Gautier and Yves Biraud, Chef of the epidemiological service of the LNHO, League of Nations Archive, R6150-8A-42169-41755.
34 Correspondence between Raymond Gautier and Yves Biraud, the LNHO's Chief of the Epidemiological Service. Especially Biraud's letter to Gautier, then in London and participating in talks on the future design of the international health organization, from April 4 1945, League of Nations Archive, R6150-8A-42169-41755.
35 Sze quotes Thomas Parran explaining his Chinese colleague's intricacies and the risks of allowing Paris to profile: Sze Szeming Diary 1945, entry of 08.05.1945. Interestingly, the next day's entry features a far calmer view of having one of the establishing conventions in Paris, as given by Ludwik Rajchman, whom Sze actively tried to win over around the same time.
36 The literature featuring and analyzing this duality is near to infinite. For the analysis from the point of view of policing health between the wars, see, e.g. Josep L. Barona: Health Policies in Interwar Europe. A Transnational Perspective, London 2019, pp. 31-36. For the duality to be overcome in the LON to UN transition context, see Cottrell, Legacies, pp. 104-110.
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40 Draft submitted by Dr. Thomas Parran, E/H/PC/6 (https://daccess-ods.un.org/access.nsf/get?open&DS=E/H/PC/6&Lang=E).
41 Draft submitted by Sir Wilson Jameson (Mackenzie's superior at the Ministry, to whom the latter alternated at the TPC, too): E/H/

PC/9 (https://daccess-ods.un.org/access.nsf/get?open&DS=E/H/PC/9&Lang=E)

42 Draft submitted by Dr. A.Štampar, E/H/PC/10 (https://daccess-ods.un.org/access.nsf/get?open&DS=E/H/PC/10&Lang=E).

43 Memorandum submitted by Dr. L.Rajchman, E/H/PC/7 (https://daccess-ods.un.org/access.nsf/get?open&DS=E/H/PC/7&Lang=E). This is the only document submitted by an individual, not a collaborating group. Also notable is that Rajchman is not mentioned in his back-then current role with the UNRRA but in his most prominent and impactful capacity as a "Former Director of the League of Nations Health Organization".

44 Amy L. Sayward: The United Nations in International History, London 2017, p.19.

45 Stephen Wertheim: Instrumental Internationalism, in: Journal of Contemporary History 54/2 (2019), pp. 265–83.

46 Consider, for example, the ever-growing engagement of the superpowers with issues of Human Rights - arguably a truly unintended outcome of the Cold War, well argued in Peter Ridder: Konkurrenz um Menschenrechte: der Kalte Krieg und die Entstehung des UN-Menschenrechtsschutzes von 1965-199, Göttingen 2022.

47 Sze's letter to P.E. King from February 21, 1946, University of Pittsburg Archives, B.1, F.9.

48 E.g. Sze, Diary 1945, entries from 08.05.1945, 12.05.1945, 19.05.1945, and 22.05.1945.

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50 The Rajchman Memorandum, E/H/PC/7.

51 On Štampar's involvement with the Heath Committee's earliest projects, see, e.g. Silverstein, Reinventing International Health. On his contribution to the emerging WHO, see Željko Dugac et al.: Care for Health Cannot Be Limited to One Country or One Town Only, It Must Extend to Entire World: Role of Andrija Štampar in Building the World Health Organization, in: Croatian Medical Journal 49 (2008), pp. 697-708.

52 René Sand and Hugh Cumming were both present at the TPC and the IC in different capacities.

53 Sze, Diary 1946, 11.02.1946.

54 It also resulted in some of the British, including McKenzie, bringing their wives to the conference and signing out as alternates or delegation members – as Sze did not forget to mention in his diary entry from 16.02.1946.

55 Jameson, Draft.

56 Štampar, Draft.

57 Biraud´s letter to Štampar from 26.02.1946, League of Nations Archive, R6150/8A/43627/41755.

58 Parisot was older and more established a scholar, yet Biraud insisted on knowing better about current public health work, given that Parisot spent years in a Nazi concentration camp.

59 Biraud´s letter to Tomlinson from 20.02.1946, League of Nations Archive, R6150/8A/43612/41755. In fact, this letter had been responded to five days later, yet circulation logistics postponed Biraud receiving the reply before he started calling Tomlinson.

60 Biraud's handwritten protocol of the telephone talk with John Tomlinson on February 28 1946, League of Nations Archive, R6150/8A/43627/41755.

61 Mackenzie might have had institutional, or personal, animosities against Štampar, but his wartime correspondence with both Gautier and Biraud reveals quite a degree of private friendliness. Both address the British expert as "My dear Mac", and Biraud refers to the private time he spent visiting the Mackenzies.

62 Plesch, America, Hitler and the UN, pp. 164-168.

63 Folder General List (personnel lists for 1944-1945), League of Nations Archive, S697/2/2.

64 The League of Nations Committee first convened in late January to early February 1946 in London (Document A/LN/SR.1-2, NL3449925 in the Official Document System of the UN), and from there on a streak of documents emerged regulating various aspects of carry-over, of which Resolution 24 (I) delineates the UN policy on what is or is not being transferred.

65 League of Nations Secretariat and Special Organisations. Audited Accounts, Twenty-eighth Financial Period, 1946, Geneva, August 31 1946, C.82.M.82.

66 See Administrative Policy Files (S924/233/10) on these and other practical aspects of the League's liquidation.

67 At the same time, it was impossible to trace name by name whether the non-top staff – five clerks and a secretary as they were under contract per November 1946 (see folder S922/231/2 in the LON Archive) – made it safely to the WHO.

68 A/RES/24(I), NR003275 in the Official Document System of the UN.

69 On negotiations of carry-over here, see Eastern Bureau, Singapore (R6199/8D/43351/341). Remarkable in this correspondence is the role switch that Gautier managed by 1947. In the correspondence here, although still sitting in Geneva, he is nevertheless featured not as a part of the League anymore but as a Counsellor to the WHO Executive Secretary Brock Chisholm.

70 I possess no information on the death toll among the League's officials due to the direct and indirect consequences of the warfare. For our actors here, however, Andrija Štampar and Jacques Parisot went through Nazi concentration camps.

71 Letter by Raymond Gautier, now Counsellor to the WHO and on account of Brock Chisholm (see endnote 45), to Sean Lester of 19.06.1947, League of Nations Archive, S927/236/7.

72 International Health Conference. The arrangement was concluded by the governments represented at the International Health Conference held in the City of New York from June 19 to July 22 1946 (WHO, Document E/H/18).

73 Here and above WHO, Executive Board, First Session, Provisional Staff Rules of the World Health Organization, EB11, rev.1 from 26.07.1948 (document is not paginated).

74 Sze's diaries suggest another reason why his – and Parran's – cluster was pressing for an immediate start of the WHO in the summer of 1946. Many processes initially carried out by the Office International in wartime fell to the UNRRA (for the Office opted for collaboration with the Nazis while in occupation): most of the agreements ensuring the unhindered authority of the UNRRA ended in the summer of 1946. There was thus a reasonable alarm that l'Office might try to claim these functions back should there be no decisive arrangement for a new international health organization by that time. Out of precaution, the UNRRA prolonged the end of the arrangement by the end of 1946, and the TPC and IC arranged the merger of the Office without calling out the WHO immediately then and there.

75 Ranshofen-Wertheimer: Secretariat, pp. 345-346.

76 Official Records of the WHO No. 26, Report of the Executive Board in Fifth Session, Part II, March 1950, p. 65.

77 Editorial: Weekly Epidemiological Record, 21st Year, No. 36, Geneva 05.09.1946., p. 1.

78 Editorial: Weekly Epidemiological Record, 21st Year, No. 42, Geneva 17.10.1946., p. 1.

79 Eastern Bureau, Singapore – Reopening of the Bureau: transfer of assets to the World Health Organization, 1947, League of Nations Archive, R6199/8D/43351/341.

80 Official Records of the WHO No. 10, Report of the Interim Commission to the First World Health Assembly, Part II, Provisional Agenda, May 1948, p. 103.
81 For the UNRRA networks and international relief work, see Gillespie / Gross Solomon, Murard, and Zylberman, Space, pp. 114-137.
82 EB67/Conf.Paper No.11 from January 30, 1981.
83 Cf. Dykmann, Secretariat.
84 LON Staff Regulations 1922, Art. 37.
85 WHO Staff Rules 1948, Rule 960.
86 WHO Staff Rules 1948, Rule 960.4. However, the 1953 revision of Staff Rules drops the lighter load passage.
87 LON Staff Regulations 1922, Annex V, p. 21.
88 WHO Staff Rules 1948, Rules 140/141.
89 WHO, Executive Board, Thirteenth Session, Revision of Staff Rules, EB13/14 from 27.11.1953, Rule 430, p. 22.
90 Ranshofen-Wertheimer, Secretariat, pp. 300-303.
91 LON Staff Regulations 1922, Art. 8, p. 6.
92 WHO Staff Rules 1948, Rule 791.
93 WHO Staff Rules 1948, Rule 792.
94 Cueto, Brown, & Fee, WHO.
95 Zimmer, Welt ohne Krankheit.
96 Ridder, Konkurrenz der Menschenrechte.

Abstract

This article reconstructs the course of WHO-establishing activities and analyses how the WHO's administrative culture was a continuation of its interwar predecessor, the League of Nations Health Organization, with the momentum of the war's aftermath allowing for several overdue re-arrangements. Based on documentation of the WHO, the League of Nations Archive, as well as private records of key players, the article first traces strategic considerations by key players from only partially corresponding expert clusters, all entitled and aspiring to establish their version of the best public health agency possible. The establishing interactions between key experts and officials, but also personnel pooling logic and the early WHO's approach to managing diversity of its staff speak for a considerable transfer of practices in administration between the predecessor and successor organizations.

Despite the UN authorities' programmatic statements, documents on the founding years of the WHO reveal an unbroken continuity of many intact administrative practices, functional bodies, and work focuses from the LNHO. These were largely defined by new labels and added to the legitimacy that the WHO needed in its formative years. Analyzing these continuities from the interwar decades of public health internationalism, the article spotlights the junctures where deliberate changes were undertaken disguised as the zero hour, allowing to resolve the previously unmanaged issues. The text thus contributes to a more complex and comprehensive picture of how international bodies of a global scale survive and live on, even after their presumed and declared death.

About the Author

Anastassiya Schacht is a historian of East Central Europe with particular interest in International History of Science. She obtained her PhD from the University of Vienna, where her project was supported by a grant from the Vienna Doctoral School of Historical and Cultural Studies. The project explored how the conflict around the Soviet political abuse of psychiatry in the 1970s and 1980s evolved and impacted international organizations and civic activist networks. She has published on international expert cooperation in the Interwar period as well as on the impact of authoritarianism upon Soviet academia. From September 2024 onwards she will join the School of History of the Heidelberg University to work on her new project on rejected statehoods of the post-1917 Russian empire.