



Source: Chisholm, 1 January 1950, WHO Headquarters Geneva, Switzerland, WHO U27MS4

CHISHOLM, George Brock

Canadian Deputy Minister of Health and first Director-General of the World Health Organization, 1948-1953

By **Auriane Guilbaud** · Version 21 August 2014

Was born 18 May 1896 in Oakville, Ontario, and passed away 4 February 1971 in Victoria, British Columbia, Canada. He was the son of Frank Hubert Chisholm, Canadian militia officer, and Lizzie Annett McCraney. On 21 June 1924 he married Grace MacLean Ryrie. They had one daughter and one son.

Biography

Chisholm, the third of six children, was born into a family with strong ties to his hometown Oakville, founded by his great-great-grandfather in 1827, and to the military. One of his ancestors fought under Sir Isaac Brock, 'the Hero of Upper Canada', in the War of 1812 against the United States of America (US) and his father was a militia officer. Boys in the family wore the name Brock, and Chisholm inverted the order of his first names to go by Brock. The Chisholm family was prominent in the town but not rich; his father later ran a coal yard. His mother suffered from fragile health and the older daughter Faith took care of the children. The family was Presbyterian and observed religious service, but Chisholm took his distance to become anti-religious. When he was five, an uncle gave him a toy doctor's set and from that point on it is said that Chisholm wanted to become a doctor (Irving 1998: 23). In 1915, when still a student at the Oakville High School, he volunteered for the Canadian Overseas Expeditionary Force created to fight in the First World War, thus keeping up with the family tradition. His brother James and his father enlisted after him. Posted on the western front in Northern France, Chisholm participated in major battles and escaped death several times, thus earning the nickname Nemo, after the lucky character of the eponymous comic strip. He was regularly promoted and ended the war with the rank of captain. He was awarded a first Military Cross after the 'Hill 70' battle in which he 'led his men with great skill and complete disregard for personal safety' (Farley 2008: 29). He won his second Military Cross at the battle of Amiens. In September 1918 during the

battle of the Canal du Nord he was injured in his left thigh, but could later rejoin his unit in Germany before returning to Canada in May 1919. As for many men of his generation, the war experience was crucial. He believed in the necessity to prevent war by acting at the individual level, especially through education and mental health, and internationally by promoting a world government and world federalism.

In September 1919, Chisholm enrolled at the University of Toronto to study medicine. In 1924 he graduated and then married Grace MacLean Ryrie, whom he had met before the war. She came from a wealthy family of jewellers that lost its fortune in the early 1930s. Their daughter was born in 1928 and five years later in London, England, they adopted a son. Chisholm spent six years as a general medicine practitioner in Oakville. Beginning in 1931 he attended Yale University to specialize in child psychiatry, where he was confronted with a social approach to health. He continued his specialization in London before moving back to Toronto in 1934 to open a private practice in psychotherapy. At the same time he stayed in the Canadian militia and obtained the rank of colonel in the late 1930s. When the Second World War broke out, Chisholm became a staff officer in Toronto where he organized militia recruitment. His career then developed quickly. During this war armies began to use psychological testing as a tool to select soldiers and put them into positions for which they were best suited. In September 1941, Chisholm was appointed Director of Personnel Selection to develop the Canadian psychological testing system. That same year he also published a pamphlet, *A Platoon Commander's Responsibility for the Morale of his Men* (Toronto 1941), in which he stressed the importance of trust and cooperation among soldiers as well as the necessity to accept and deal with fear instead of suppressing it. In September 1942 he was promoted Director-General of the Medical Services of the Canadian Army and ultimately obtained the rank of Major General in February 1944. Nine months later he resigned from the Army to become Deputy Minister of Health in the Canadian Liberal government and stayed at this new position for a controversial 18 months.

Chisholm's tenure was marked by several disputes due to his unorthodox views on religion and education. He was firmly convinced that religion caused great damages and made his views public in a number of speeches and articles. In a lecture delivered in Washington DC in October 1945 he declared that pathological psychiatric symptoms caused by religion were at the origins of war and that the education of children had to be rethought and freed from 'moralities', i.e. from the teaching of right and wrong. Later that year he reiterated this opinion, adding that parents should not lie to their children and that Santa Claus was an 'offense against clear thinking and thus an offense against peace' (Farley 2008: 44). This last speech earned him the nickname 'the Santa Claus man' and prompted a major uproar. The Catholic Church in Quebec asked for his resignation, which Canadian Prime Minister William Lyon Mackenzie nevertheless rejected.

As Deputy Minister of Health Chisholm attended the Technical Preparatory Committee gathered to prepare the International Health Conference, which was to give birth to the World Health Organization (WHO). The Technical Preparatory Committee first met on 18 March 1946 and was composed of 16 members, most of whom had public health experiences at the international level, such as having served in previous international health organizations, including the League of Nations Health Organization, the International Office of Public Health and the Pan American Sanitary Bureau. Compared to them, Chisholm lacked such experience, but he was praised for his talents as an orator. In his speeches he characterized himself as a 'visionary' supporter of an organization that would be more than international. He was elected rapporteur of the committee in charge of preparing a draft constitution for the new organization. As Charles Ascher (1952: 70) notes, the definition of health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity' is 'Chisholm's language', though he was not the only one to promote such a view. Chisholm also proposed to name the future organization the '*World*' Health Organization. He claimed that the organization should have regional offices (but under a central control) and that the WHO should absorb the Pan American Sanitary Bureau. He argued strongly with the American delegate on that issue, which was submitted to the International Health Conference for decision, and not settled until

1949. The Conference met in New York in July 1946 and, due to the illness of the chairman of the committee, Dr. René Sand, Chisholm presented the work of the Technical Preparatory Committee. The WHO would not be officially created until its Constitution was ratified by 26 states. In the meantime, an Interim Commission was established to immediately begin the work. The health organization was running late compared to other United Nations agencies, with some of them also interested in health issues. Chisholm's ability to take the leadership in the preparatory committee and at the conference enabled his election as Executive Secretary of the Interim Commission in July 1946.

Chisholm resigned from his governmental position in Canada and almost immediately was confronted by an outbreak of cholera in Egypt, which was successfully handled under his directorate by distributing a vaccine and taking quarantine precautions in order to prevent the spread of the disease. The Interim Commission lasted longer than planned, until June 1948. During his two years at the head of the Commission, Chisholm's international stature grew. Added to the fact that he came from a middle power, which was an advantage in the rising Cold War climate, and that he had the support of the Commonwealth countries, it led to his election to the post of Director-General by the first World Health Assembly on 21 July 1948. The Cold War was the major determinant of his years at the WHO. As the first Director-General Chisholm was tasked with actually establishing the new organization and clarifying its mandate. He was a proponent of a strong WHO and the nuclear threat reinforced his view that only a world government and world citizenship could avoid another war. In *An Introduction to Service with WHO* (Geneva 1948), Chisholm emphasized the duties of international civil servants who should behave as world citizens and not as national representatives. In that regard, he fought with success against some governments, led by Canada, who wanted to amend the WHO Constitution so that the members of the Executive Board would officially serve on a governmental basis and not on a personal one. However, this was one of Chisholm's rare victories against member-states. On three central issues he had to yield to national desires: the withdrawal of the Soviet countries, decentralization and the medical approach.

Starting February 1949 eight countries from the Soviet bloc (Albania, Bulgaria, Byelorussia, Czechoslovakia, Hungary, Romania, the Soviet Union, and Ukraine) left the WHO, arguing that it was doing little for them and promoted Western forms of health care. Since the Constitution does not provide for the withdrawal of a state (though the US was granted an exception), Chisholm decided to simply list the countries as non-active members, which would enable their smooth return in 1955. He was also confronted by the difficulty of implementing the regionalization of the WHO, which was planned in its Constitution. The establishment of regions was controversial: the Arab States, for instance, did not want Israel in the Eastern Mediterranean Region and France wanted its colonies in North Africa to be in the European Region. Furthermore, Chisholm had to accept the demand of the American states that the Pan American Sanitary Organization (the former Bureau) would act as the regional office for the Western Hemisphere without integrating the organization. Finally, he also had to back down on the medical approach. Since his years at Yale University, Chisholm had been a proponent of the social medicine approach which emphasized the economic and social causes of illness and according to which the WHO should support social security systems, better housing and nutrition, labour legislations and mental health. This approach favoured a broad interpretation of the WHO's mandate, but most of the member-states, led by the US, were more inclined towards a biomedical approach centred around 'magic bullets' such as antibiotics, insecticides (especially DDT) and vertical disease control programs. Such programs were led against syphilis and yaws under Chisholm's directorate. He also oversaw the preparation of the global malaria eradication program, the highlight of this 'vertical' approach officially launched in 1955. The WHO had little room to manoeuvre, as it was under severe budgetary constraints. The situation had gotten worse with the departure of the Soviet countries and it had little independence from other significant contributors, such as the US, which were ready to fund only certain types of programs.

Chisholm's mandate was also marked by a conflict with the Catholic Church, backed by a number of Western countries, when in 1951 he responded to a request of the Indian government to establish a family planning program. At the 1952 World Health Assembly member-states such as Belgium, Costa Rica and Ireland threatened to withdraw if the WHO were to promote birth control. The issue was removed from the WHO agenda for the next ten years. Chisholm grew frustrated as the head of the WHO with not being able to impose his views. This might well be why he announced in November 1952 that he was going to retire and pass on an offer to extend his mandate for another three years. The official justification was that the WHO was now well established and that a good 'turn over' at the head of international organizations was essential. He supported the election of his successor, Marcelino Gomez Candau, a Brazilian, then Assistant Director of the WHO's Regional Office in Washington DC.

Chisholm was 57 when he returned to Canada in 1953 with his wife for a very active retirement. Farley (2008: 197) notes that of the 441 speeches Chisholm gave during his life, 321 were held after 1953. The possibility of a Third World War and of nuclear annihilation continued to worry him. He was involved in the Pugwash movement, in the National Committee for Sane Nuclear Policy, and in the Oslo Conference Against the Spread of Nuclear Weapons. He published a book *Can People Learn to Learn? How to Know Each Other* (New York 1958), in which he went through his favourite themes: children's education that had to be freed from lies, damages caused by religion, world citizenship and world government. In 1956 he became the honorary president of the World Federalists of Canada and played a role in the World Association of World Federalists. He was co-founder of the World Federation for Mental Health and its president between 1956 and 1957. In 1959 the American Humanist Association named him Humanist of the Year and Chisholm became the first honorary president of the Humanist Association of Canada at its formation in 1968. In 1967 Chisholm was made a Companion of the Canadian National Order. His health deteriorated with a number of strokes and, after spending two years in the Veteran's Hospital in Victoria, he died in 1971 at age 74.

Chisholm viewed himself as a 'visionary' and as leader of an independent WHO. Yet he has largely been forgotten, even in Canada, where, when remembered, it is as an iconoclast, 'the Santa Claus man'. Even after his tenure at the WHO, he did not rank among the most important public health figures of the period. The fact that he had an unusual background to work in international public health might have been an advantage to take the lead in the preparatory work of the WHO, because he was a charismatic orator, had leadership experience from the military, was determined to promote the establishment of a powerful organization, and had a broad vision of an international order. All that distinguished him from other delegates and in that sense he was a visionary leader, but one unfortunately unable to implement his vision. The budgetary and political constraints of the Cold War were crippling and Chisholm might also have suffered from his outspokenness, which enabled him to publicize his ideas but was also detrimental in bringing him political support. He was seen as a highly moral personality. He influenced the WHO Constitution, managed to establish the organization, to staff it with competent people, and to organize its bureaucracy. Those working with him became loyal colleagues. But he had to yield to member-states, which decided on significant orientations, and no emblematic public health achievement was reached under his directorate.

Correction June 2021: the exact election date 1948 added

Archives

- Centralized files, Sub-fonds 1 & 2 1946-55 and Director General's Office papers in the archives of the World Health Organization, Geneva, Switzerland, and Brock Chisholm Fonds in National Archives of Canada, Ottawa, www.archivescanada.ca/english/search/ItemDisplay.asp?sessionKey=1126738539034_206_191_57_196&l=0&lvl=&v=0&coll=1&itm=258430&rt=1&bill=1
 - some of Chisholm's correspondence with Warren Allen Smith (1955-1956) is available at http://philosophedia.org/index.php/Correspondence_Brock_Chisholm
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(all websites accessed on 6 March 2012)

How to cite

Auriane Guilbaud, 'Chisholm, George Brock' in *IO BIO, Biographical Dictionary of Secretaries-General of International Organizations*, edited by Bob Reinalda, Kent J. Kille and Jaci L. Eisenberg.
<https://sandbox.zenodo.org/records/506451> (sandbox preview)

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