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Cover Sheet

Excerpts from Interview of Milton Seigel
at UNICEF Headquarters, New York
by Jack Charnow on May 11, 1984

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*Milton Seigel was Assistant Director-General of WHO in charge of Administration and finance from 1946 until his retirement at the end of 1979. He is currently President and Chief Executive Officer in the Federation of World Health Foundations.

Siegel joins WHO

(Excerpted from 1-43)

Charnow: Milton, you were with WHO from its very beginnings, and it would be interesting for you to comment on what you feel was the attitude of the people involved in the formation and programme of WHO towards UNICEF.

Seigel: Jack, I am very happy to have this opportunity to participate in the work you are undertaking in writing the history of UNICEF, because I consider that those of us who are still in a position to do so should have an opportunity to put on record what we can recall or what we can document, in some cases with regard to how it all started and the role that each of the different agencies played in the post-war period in the overrun countries particularly, and later on in the developing countries in the world as a whole after the San Francisco conference, which was held in '45, when there was a great deal of enthusiasm and idealism. This time we hoped to develop international machinery which would preclude the possibility of any such further calamities, holocausts in the future and in the process try to improve the lifestyle and the way of life of people everywhere. I was not with the World Health Organization from its beginning as an Interim Commission; I joined on the 1st of August 1946.

UNRRA liquidation

(Excerpted from 185-207)

UNRRA began to reach the stage where it could be liquidated, and there were two agencies that received the bulk of the residue of their assets. The one agency that got the largest share of the residue was UNICEF. I think the second larger share went to the World Health Organization because we inherited the health work which was being carried out in the former occupied and overrun countries in Europe. UNICEF inherited a good deal of the health activities particularly that related to supplies and equipment.

Rajchman

(Excerpted from 221-241)

The World Health Organization inherited the functions of the Health Committee in the League of Nations which were in the health section was under the directorship of Dr. Ludwig Rajchman, a man who was very well known by all the public health people that were active internationally. It was more or less taken for granted that he would play an important role in WHO. I think Dr. Rajchman himself expected that he would be given considerably more recognition than he was given with regard to the establishment of the new organization.

(Excerpted from 278-300)

He was a well-known and highly respected person, even though he had a personality which irritated quite a number of people.

(Excerpted from 337 to end)

I don't think Dr. Rajchman liked me too much, because I had to oppose something at an early stage in discussions between WHO and UNICEF, by which time Dr. Rajchman knew that he was not acceptable to the powers that were making the decisions and would not have any kind of leadership role in WHO. His major opponent, so I am told, was Dr. Parnau, Surgeon-General of the US Public Health Service, who was president of the International Health Conference.

Seigel: Dr. Parnau was responsible, almost single-handedly, so I've been told, for Dr. Rajchman being completely rejected as having a role in the World Health Organization.

Charnow: That's very interesting, because UNICEF later had Dr. Parnau and Dr. Lakshmanan make a survey trip in Asia to see what could be done. Obviously, this was something which had the agreement of Rajchman, if it was not initiated by him.

I think it's generally believed that Rajchman, because of his health background, was very much interested in having UNICEF move into health programmes, and it was inevitable that there was a great deal of suspicion in WHO circles as to what he was trying to do. Part of this revolved around how the functions between UNICEF and WHO would be separated and co-ordinated, and how WHO could retain its mandate for overall health policy while UNICEF had money for practical field operations. Now, you saw it from a WHO side, and I will be glad to have you talk about it.

Siegel: First of all, I think it is fair to point out that Dr. Rajchman, not only because he was a medical doctor but because of his rather lengthy experience as head of the Health Section of the League of Nations, probably was one of the few people in the world at that time that had the kind of experience that could have been useful to every one if they could figure out how to control him.

His problem was that he wasn't willing to be controlled by anyone; and the reason - as I have already intimated, as I've been told - that there was a strong effort to keep him out of WHO was because he seemed to be over-zealous with what we might have called Communist tendencies. The US Government representative, under no circumstances, was going to sit back and see that happen. This irritated Rajchman to the point that I think, at least in WHO circles, I was given the impression that the feeling developed that

Rajchman was determined to do what he could to get UNICEF established in a way that could outmanoeuver WHO in all possible respects. He would have liked to have ignored the provisions of the WHO constitution which gave WHO the mandate to be the health organization of the United Nations system of organizations. It is written into the basic relationship agreement between the United Nations and the World Health Organization that WHO is the health organization, and that word "the" became an extremely important word. It was debated at great length in the first World Health Assembly. The original draft said that the World Health Organization was recognized as a responsible health organization. In the forum of the World Health Assembly, the word "a" was changed to "the". The "a" was sometimes referred to as another one of Rajchman's stunts to try to outmanoeuver WHO.

Charnow: Aside from say, just outmanoeuvering, wasn't he also a person of great vision? He had had experience in China and developing country situations as well as with the League of Nations Health Section, and therefore he had a vision about what could be done. For example, in BCG, where he felt that there was a kind of conservatism among the traditional health people, he was willing to take a chance and work with the Scandinavian Red Cross organizations. So I am suggesting this as possibly another source of friction, but it had do less with personal pique than a creative person in a much more flexible environment against those in a more traditional area. Am I overstating this case?

BCG and Tuberculosis Research Office

Seigel: No, I think you have touched on a point that I welcome because I wanted to talk about the use of BCG, the way in which the Tuberculosis Research Office was promoted, shall we say, by UNICEF with making good use of Dr. Holm. There was certain opposition in WHO against the use of BCG, and well in fact, BCG was never used on a mass immunization basis in the United States. Even to this day it has never been used. And the initial establishment of Tuberculosis Research Office, which we shall just call TRO, always interested me because I came to Geneva with two small children, and our paediatrician insisted that they should both be immunized with BCG. And he turned to me and said, "You, as an American, don't even know what I am talking about." I said, "What you want to know about BCG? I could probably tell you more about it than you know yourself because I've made it my business to try to understand what it is." And in the course of learning what I could about BCG, I discovered that the French Government was solidly behind it, and Rajchman has close French connections...

This whole thing coincided with the fact that in the post-war world, when the epidemiological intelligence studies began to appear, everybody was alarmed about the tuberculosis cases of children that existed. And a decision was taken that we must use whatever we've got to try to protect these children from becoming ill if they weren't already affected with tuberculosis, or if they were infected to try and see what we could do to protect them from dying. There was only one piece of armament in our array of resources that could

be used, and that was what was then available under the name BCG.

But it was immediately called to everybody's attention that BCG was a highly difficult vaccine to handle. There were no standards for its production, and therefore the Tuberculosis Research-Office in Copenhagen, TRO, should be strengthened, and we should build on it and see if we couldn't improve the production of the vaccine, to standardize it, also to see if we could improve the production and the standardization of tuberculin testing. Dr. Johannes Holm was the Co-director of TRO, except I don't think he was really Co-director, he was Deputy Director. And the Director was an American by the name of Dr. Carol Palmer, who was a well-known tuberculosis expert from the US Public Health Service. The two of them together worked extremely well.

I might say that even though I was an Assistant Director-General at WHO, I was the only one that was not a doctor. And I was the only one in WHO that took an interest in helping the TRO and tried to strengthen it, tried to maintain it; and I kept it going for quite a number of years.

Dr. Holm would tell you that I was probably the one person in WHO that they could go to whenever they needed any help, and I was always there to help them to the greatest extent possible because I treated this as the only thing we had available. But it did need improving, it did need standardization in all respects, and it probably needed a better system of distribution than we had. Later on, the forces went to work and forced WHO to close that office.

Vitamin A to prevent child blindness

Charnow: Are you implying a general point that I have heard some people make, that for the most part WHO has reflected more of a mainstream of conservative medical health practice than people outside the organizational framework who were more willing to try things out, and UNICEF was a better channel for them?

And may I just give one example along these lines that I personally was involved in, and that had to do with vitamin A to prevent blindness in children. We were told that WHO said there were big problems about dosages, etc., and wouldn't let us go ahead with this. We had a Board meeting in Geneva in 1971, where John Wilson of the Royal Commonwealth Society got up and made a passionate speech saying, look, we've had breakthroughs, we know we can do this and we ought to get on with it. As a result there was a JCHP meeting followed by a WHO expert committee meeting. The WHO people got an expert committee together, and they said, yes, you can go ahead, but they had to be prodded.

UNICEF, being an action-minded organization, used the JCHP agenda to prod WHO to put its knowledgeable people to prepare things which they wouldn't have found the time for in their day-to-day work. And, of course, WHO also had a number of preoccupations outside UNICEF concerns. This development was not foreseen, since JCHP was started largely as a means of controlling UNICEF and preventing Dr. Rajchman from moving into technical areas outside its competence.

Siegel: Well, in general, I think you could say that medical doctors, even those in public health work, are largely highly conservative, particularly at that era, in the 40s, and even in the early 50s. I can give you the example of family planning.

Family planning

This is another subject that refers to some of the activity that went on in the Economic and Social Council at the Social Commission, where Julia Henderson, who was with the United Nations, was pushing madly for WHO to do more and more in family planning. UNICEF was very much interested in that same subject - many people in WHO were very much interested in pushing it because they were well aware of the problem of the population explosion that was taking place in the world. WHO really made an effort to do something in family planning, and it was stopped by the governments, particularly the governments that were predominantly from the Catholic countries. When they found out what we were doing in India with the help of UNICEF, and with considerable enthusiasm from WHO, Belgium and Ireland threatened to walk out of WHO, if it continued to promote any kind of family planning. So you can hardly blame the doctors with what happened in regard to family planning.

Dr. Brock Chisholm, the first Director-General and then later Dr. Candau, the second Director-General, did their best to try to work out gradually and slowly, and with a considerable amount of agony, I might say, some kind of relationship with the representative of the

Vatican in Geneva and also the Vatican in Rome, with the hope of being able to at least get recognition that this did represent a problem that had to be considered, had to be looked at.

WHO made virtually no progress for many years, and Dr. Candau finally, who himself was a Catholic, finally found a way - it took a good deal of courage on his part, but he never lacked courage, I must say - and he started to talk about the problem not only of fertility but the problem of sterility in order for the Vatican to let WHO do something from a medical point of view, dealing with the problem of sterility, and at the same time we might begin to learn something more about the problem of fertility.

So we moved then into the total problem of the biology of human reproduction, which carried us a long way. But I can always remember, every time I ever saw my friend Julia Henderson either in the UN in New York or the Palais in Geneva, she was always chiding me about WHO's failure to do enough on this subject. She was right; but she always failed to understand that we were doing the best we could and still manage to get along with our members.

Political intolerance in technical issues

This was, in my mind, one of the early appearances of political interference which was prohibited by the UN Charter - political interference by governments in permitting the technical specialized agencies to get on with their job without being interfered with by

politics. And I considered, from my point of view, that this was a political factor. I considered it to be a highly destructive development in the world of the United Nations system of organizations of the influence of politics in all of the individual agencies that comprise the system of the United Nations. I can trace it in my own mind perhaps indirectly, perhaps in my lack of objectivity. But I am so much convinced of the importance of - I don't call it family planning, I call it management of population growth, because I think every country should have the right to decide for itself how many people it can afford to have, how many people it can feed, how many people it can educate, how many people it can accommodate in that country and still maintain a reasonable life style for its own population. But there has been so much political interference in every one of these organizations by the member governments that I think that it has had a very serious effect on the ability of the technical agencies to get on with their job in the way that they should.

Now, to what extent politics has interfered in UNICEF I don't know. But I am sure it has in some ways, perhaps by the very fact that we are in the whole system of the United Nations organizations; we are in existence because governments created us. Maybe what was the correct thing to do in 1948, by trying to separate the political from the technical, is no longer valid. Maybe we should recognize that point. But more than 30 years have gone by, 35 years have gone by, and perhaps it is time for a review, it is time for a change, it is time for reconsideration. How are we doing things, why have they

evolved as they exist today, where did we make our mistakes - which is I hope the outcome of what you are doing, and how can we avoid the continuation of those mistakes in the future? All you have to do is quote the great philosopher Santayana to get confirmation of what you believe in, I'm quite certain, and what I believe in - that you cannot ignore history. So let's take a look back and see where did we make our errors.

UNICEF a catalyst for WHO

Having said these things very quickly in order to shorten this interview, necessarily because of our time constraints, I want to say that in my opinion - I should have said this at the outset - if it were not for UNICEF, if it were not for the help that UNICEF provided, the health programmes which WHO had a lot to do in carrying out, but so did you at UNICEF - if UNICEF did not exist, WHO would never have been able to achieve the good results it did achieve.

I give tremendous credit to UNICEF, and I'm very happy to have an opportunity to put this on record. I've said it before, I've said it to my students when I was teaching, I've said it to my staff when I was Assistant Director-General at WHO, I've said it to the Director-General of WHO, and by and large I think that a good many of the medical people in the decade of the 60s, which was my last decade at WHO, began to believe that I was right because they could see what happened.

Yaws

One of the examples that has always hit me, and I've used it over and over again as an illustration of what I'm talking about, is the yaws programme in Haiti, where Dr. Fred Soper was the head of the Regional office for the Americas. He was also Director of the Pan American Health Organization, which is probably the only example in the world where two health organizations were able to join together and have a single health organization run by one man instead of there being two separate health organizations. I think it is one of the world's outstanding examples of how we were able to get co-ordination which worked. Fred Soper selected Haiti - a part of an island that had 80-90 percent of its population infected with yaws, and set out to eradicate yaws from that part of the island. He started a programme of eradication of yaws because he found out that by giving so many thousand or million international units of penicillin, you could get rid of yaws in one injection.

But which agency was it that came along and demonstrated to WHO that they were wasting money, they were giving 1.8 million international units of penicillin when only 800,000 units would have done the job. Thanks to UNICEF the bill was cut in half; but it was UNICEF that was saving this money, that is why UNICEF took a great interest in it. You probably know that story. It was UNICEF that forced WHO to start to decrease the amount of international units of penicillin that were being used, because 800,000 did the same job as 1,800,000, and it cost a hell of a lot less.

Charnow: That is an interesting point, Milton, and I think the story of the practical supply logistics experience that UNICEF developed and the kind of procurement people we had is an unsung story. I hope in the history to tell it more fully, and the adaptation of a Western medical technology to conditions of developing countries which countries can then afford to carry on by themselves.

MCH

Charnow: Let me get on to possibly another aspect where we helped each other, and where perhaps one could say that UNICEF was catalytic. Because we were so much interested in maternal and child health, it became one of our important emphases. But didn't it stimulate a greater development of MCH activities in the MCH section in Geneva in order to keep up with what we were doing?

Siegel: I think you could say that, but in saying that, you have to give a good deal of recognition to the role played by Dr. Martha Eliot who, if you will remember, was the US delegate to the World Health Organization. She was also with the US delegation to UNICEF. Later on she became Assistant Director-General of WHO and, as you know, Martha Eliot was in charge of Maternal and Child Health in the US Government for many years. And, I think, obviously what you say is correct as to the impact UNICEF had on MCH involvement in WHO, which made it easier for Martha Eliot to achieve what she did achieve in bringing the MCH programme to the point that it rose, which, incidentally, is not the same thing it used to be, but it still is

viewed with considerable importance.

UNICEF people

But UNICEF has been a catalyst in many, many ways, and I implied this when I said without UNICEF, WHO would never have been the success. UNICEF played a very important catalytic role in many, many ways, and I can talk about Mr. Undt, the Swiss Chairman of the Board, I can talk about Charles Egger who is also Swiss on your staff, Mrs. Sinclair of Canada — you had some truly outstanding people, and they were keenly interested in what was going on in WHO, and they helped and they did a great deal.

We have another great friend of mine, who I have admired ever since I first met him in the days of UNRRA, and that was my dear old friend Sam Keeny, who played a very impressive and important role in WHO on behalf of UNICEF, on behalf of mothers and children, on behalf of the tuberculosis programme, on behalf of the nutrition programme, on behalf of family planning in Asia. Every time I would go on a field trip, I would run into my friend Sam Keeny who was always carrying couple of tennis rackets under his arm. I understand he is still alive; he is 90 years old, and his mind is just about as clear as a bell, as it always was.

I have nothing but highest compliments to the people in UNICEF that I knew at the very outset of UNICEF. They were very good. I used to have to fight with them, I used to have to argue with them about

a lot of things. But I think they recognized that I was doing what I had to do because of the Organization I represented, and I recognized they had to do what they did because of the Organization they represented. We were each loyal to our respective organizations, but we were able to get along together. I think I have maintained a good feeling of friendship with nearly everybody in UNICEF and my dear Mrs. Sinclair, that I dearly respected and I think she respected me - boy, how we used to argue at the UNICEF Executive Board; you would think we were fighting like cats and dogs. But outside the meeting we would go out and have a nice dinner together.

Reimbursement issue

Charnow But what you've just said raises a question in my mind that I'd like to ask you. During the whole period of reimbursement of WHO technical staff, where WHO said, "Well, we have to give technical approval; we have the standards, but we don't have the money to provide the experts to go into do it. So if you want to go ahead with your programme, you have to help us finance that." So UNICEF did that over a period of years, and I don't think we need recount the painful personal experiences you had of being virtually beaten over the head at every Board meeting you ever attended with various Board members saying, don't do this any more.

There was a feeling on the one hand, in UNICEF, partially that we wanted to save money but partially also, was WHO putting in more

experts than were necessary, simply because they weren't paying for it? Our pressure to have WHO take over the financing was not only to provide an overall saving, but I believe also in terms of reality, of what was really needed in developing countries; the local people also were a party to this.

Siegel: You refer to the fact that I used to have to come to UNICEF Board meetings to defend the position of WHO, insisted on UNICEF providing the funds for WHO to provide the technical staff.

It was probably one of the best experiences that could have happened because, although I was beaten over the head by some very nice people, it made it possible for me to go back to the WHO Executive Board and the World Health Assembly and insist that we gradually increase our own budget. And it was phased out, if you remember, over a period of years — I don't remember how many it was — but we reached the point where we had enough of our own money to pay for the technical staff.

I think this is the way children sometimes behave. UNICEF was trying to tell WHO that they were using more experts than they needed. I think WHO behaved like kids would behave. They went out of their way and dug off instead of trying to cut back, just to prove that UNICEF didn't know what they were talking about. And that's the way kids behave, and I think that's where it had the unfortunate wrong effect.

On the other hand, if UNICEF had stuck to the supply business, they would never have had any problem with WHO once they could prove you could get rid of yaws with half the quantity of penicillin. WHO had no trouble — they never objected to that — because they considered that was UNICEF's function. But when UNICEF started to interfere with WHO's decision on whether they needed two doctors or three doctors, or two nurses or one nurse, or one engineer or half an engineer — there were some engineers I would have liked to have seen cut in half — that's when WHO reacted the way children react.

JCHP

Charnow: I wonder if we could repeat what we discussed, for it wasn't on tape, about the JCHP and your views on that, because I think we would agree that its origins were for WHO to preserve its mandate and control what UNICEF was doing in the health field. But later on, my impression is it became a means for UNICEF to get WHO to focus on issues which ordinarily it would not have focused on quite as early. Moreover, generally the UNICEF delegation was better briefed in preparation for the sessions and knew what they wanted more than the WHO side.

Siegel: Yes, I'm sorry that the tape recorder was not running when we were on that subject, but it gives me an opportunity to add something that I left out first time. First of all, I agree that the JCHP — Joint Committee on Health Policy — was the outcome of this initial meeting, which had no name, when the basic decisions were taken that

were handed down from the Social Commission with regard to UNICEF: namely, that it was to be the supply and equipment organization, and WHO was to be the technical organization responsible for the health programmes.

That evolved into the Joint Committee on Health Policy, and there is no doubt in my mind that UNICEF's people were much better prepared. Approximately half of their people were, more often than not, medical doctors who were probably as knowledgeable and as confident in the field of public health as the people that represented WHO. But there were several reasons for this. One of them was that WHO really didn't care, because they were going to determine health policy whatever the JCHP did. That situation no longer prevails, but that's how it used to be at the outset. But there was another reason: WHO was limited on who it could select to represent WHO on the Joint Committee on Health Policy; they had to come from WHO's Executive Board. The WHO Executive Board had a total membership of eighteen, whereas UNICEF could select from among, I don't know, fifty/sixty countries?

Charnow: Well, it was thirty at that time.

Siegel: All right, you were thirty and we were eighteen. That immediately gives you a wider field to select from. WHO was limited, and the WHO's Executive Board membership was a politically appointed group of people, because nations took turns in having the right to name a person to serve on the WHO Executive Board. So that sometimes we

were extremely limited on being able to get the kind of quality of person we would like to be on the JCHP. I don't suppose very many people have ever made this point, if any. Have they made it?

Charnow: No, it's a new point.

Siegel: And I think it's a valid point. WHO Executive Board is now thirty; it went from 18 to 24, and from 24 to 30, but it took 30 years. Meantime, UNICEF...what's your membership?

Charnow: Forty-one.

Siegel: More or less equally because of the twinned developing interest. But it's still a larger area to select from, and let's face it, the world has changed, the Organizations have changed, governments have changed, they have better-trained people and more competent people thanks to the work of the international organizations. We've trained a lot of good people that had good basic knowledge but didn't have access to good training.

Implications of technical approval

Charnow: But also it seems to me that we were single-minded. We had one focus. The people who were selected were briefed on that one focus - what UNICEF was going to do. Work with children was only one small part of a much larger WHO mandate. Wouldn't you also say that that was also a factor?

But the other thing, the question that WHO was less interested in JCHP because you say they were controlling health policy. Would you also say in those days WHO had a veto over what UNICEF could do in every country programme because we had to get technical approval? Therefore, maybe they were less interested in the policy aspects because they had control in another direction, and that when that no longer was in effect, then WHO had to direct itself more to overall policy in order to see where UNICEF was going and itself in the field of helping children. Now this is maybe a more subtle point, but I am putting it to you as I think about this problem.

Siegel: I am sure there is a lot of validity to it, but there's been another change taking place since. But I think you are correct that in the early stages of the JCHP, UNICEF's function was certainly more narrow. It was mothers and children whereas public health is much wider and includes mother and children, but it also includes a lot of other things. So that played a role; but today countries are making their own decisions so I don't know whether the Joint Committee on Health Policy even ought to continue. I don't know what it does.

Charnow: Does the JCHP have a function any more? The JCHP agenda is developed with the agreement of both secretariats. Many of the agenda items, most of them, I believe, come from the UNICEF side. It means that WHO then has to have its technical people to take the time to think about it, to study it, to focus on, to prepare a paper. Therefore, the work in that particular field generally for

both of us is being advanced. Thus the agenda does serve a function, just as very often some of our Board members raise issues that our UNICEF secretariat would not raise, but we have to focus and work on it. And when we do, practically all the time we are glad that it was raised, but would not have come on our own initiative. Bureaucracy does not generally tend to be innovative, although I think that UNICEF has been much more so than most. I think there Dick Heyward has played an important role along with other UNICEFers. Self-criticism was a major heritage of Maurice Pate, I believe.

Siegel: I fully agree. I think if all the international organizations were so damnably bureaucratic as to say we're just the secretariat, we will only do what our Board or governing authority tells us what to do, I don't believe these organizations would be nearly as advanced as they are. But fortunately, the secretariats from the beginning, I don't know how they are today, were comprised of a bunch of people who were idealistic, believed in what they were doing, came up with ideas and they would plant those ideas. If they couldn't get them on the agenda of the Board meeting, they would put it in the hands of a member of the Board and get them to do it. I know we did it in WHO, and I am sure you did it in UNICEF. I don't know about the other organizations. But the secretariats did take the initiative. Had they not done so, the members of the Board did not know enough of what was going on to take the initiative themselves. How many resolutions have you and I written, that the names of the people who introduced the resolutions were some government or someone on

Board. They never wrote the resolution. The secretariat wrote the resolutions, and some governments used to object to that.

Decisions by countries

The countries are going to make their decision. It is no longer going to be made by WHO, it is no longer going to be made by UNICEF. You may try to influence, one way or another, you might try and do it with bribery — we will give you so much money and supplies and equipment — and WHO might say, we will give you so much money for fellowships.

Charnow: Well, of course,...

Siegel: I can remember in the very early stages — and I go back to the very outset — we used to talk about the way UNICEF would bribe countries by giving them supplies and equipment and force WHO to do so, but that WHO did not think that was correct. Whether they were right or wrong, I am not saying, I don't know; but we had plenty of evidence that UNICEF was indulging in bribery with countries. They were saying, we will give you x-ray machines, we will give you medicines, we will give you this, that and the other thing, and force WHO to approve their project. And I think that did happen. I saw, because I was one of the people who used to travel a lot, not because I liked to travel but I wanted to know what was going on.

Makerere Chair of Pediatrics

Charnow: Let me just ask you about another aspect of it. This came up in my interview with Charles Egger, that in East Africa, we helped to carry, put up a Chair of Paediatrics, health, maternal and child health at Makerere, which has been a great asset to the whole East African area. We provided for professorship, for stipends, for training, and so on. He tells me that this was done over the violent opposition of WHO because it was their turf, not because they could do it. I see you are nodding. You probably know of that issue. I would like you to talk about it, for I've got Charles' version.

Siegel: Well, I know the story, and Charles was very unpopular in WHO because he pushed this thing the way he did. And the result from within WHO — I can't speak with any authority about this — but from within WHO, they were convinced that the wrong people were being employed, and they blamed Charles Egger for it, and therefore they blamed UNICEF for it. I am not going to be judge and jury on this because I don't know. I am really not in a position to say whether Egger was responsible for the poor appointments of certain types of certain people. I can't even tell you who the people were. I can tell you that Egger being Swiss, I never could understand why he didn't do more of that for public health in Switzerland.

Charnow: Well, Milton, our time has long since ended, and I am exceedingly grateful to you for having stopped off in New York and extended your stay to add to our perspective on the relations between our two organizations and the work in the child health field. I fully expect we are going to get back to you and get more material. This has been a good start, and I want to thank you very much.

Siegel: Well, I thank you for giving me this opportunity to participate, and I would welcome being allowed to participate further at any time you so choose, so long as we can work it out in a reasonable way. When I am in this country, it is not too difficult to get me on the telephone. The long distance rates are going down.