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December 2016

To the Dean of the Graduate School:

We are submitting a thesis written by Mary E. Edgecomb entitled *Til Death Did Us Part, The Story of the Health and Death of Franklin Delano Roosevelt*. We recommend acceptance in partial fulfillment of the requirements for the degree of Master of Arts in History.

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TIL DEATH DID US PART,

THE STORY OF THE HEALTH AND DEATH OF FRANKLIN DELANO ROOSEVELT

A Thesis

Presented to the Faculty

Of the

College of Arts and Sciences

In Partial Fulfillment

Of the

Requirements for the Degree

Of

Master of Arts

In History

Winthrop University

December 2016

By

Mary E. Edgecomb D.O.

Abstract

The awe of celebrity, including presidents, creates the impression of beings who are larger than life, without the problems of the common man. Franklin D. Roosevelt, unbeknownst to many Americans, had significant health issues. These health issues predate his paralytic illness and worsened during his presidency. Efforts to maintain his image as the unconquerable president of the United Sates led to concealment of these problems and, in turn, negatively impacted his medical care. While most previous studies focused on individual health issues, this research will show a continuum of medical problems that not only impacted his presidency but also were impacted *by* his presidency. It will also consider the role public opinion and the media played in attitudes about his health both during his life and after his death. Ultimately, it will show a mortal man, seen by many as almost mythical, whose health had a tremendous effect on his presidency and possibly history.

Acknowledgements

I would like to recognize the faculty of the Winthrop Department of History for the support and encouragement provided not only in the preparation of this thesis but also in the journey to broaden my knowledge and understanding of history. Dr. Lee, Dr. Silverman, and Dr. Williams deserve special gratitude for their suggestions and insights as I worked on this project. Special thanks are offered to the research staff of the Franklin D. Roosevelt Presidential Library for assisting me in navigating the vast amount of online information available through the library. Most importantly, my love and appreciation goes to my husband, Martin, for his unwavering patience during my research and writing as well as his willingness to read each chapter "just one more time."

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Introduction

The awe with which people often view celebrities creates the impression of beings who are larger than life without the problems of common men. Among such celebrities, presidents hold a special place of fascination for many Americans. Often perceived as unconquerable paragons, any potential weakness makes the members of this elite club appear vulnerable, more human, and less like untouchable icons. In some instances, health problems are the imperfections that bring presidents back to the mortal plane. In turn, this creates an interest in the health of presidents as evidenced by the many scholarly works and popular press publications devoted to this topic. It is not only the sometimes morbid curiosity of Americans or interest of a few researchers that makes presidential health a topic for study. Historically, the potential impact of presidential health, nationally and internationally, is evidenced by political cover-ups, presidents receiving medical care that deviates from normal standards, and the 1967 ratification of the Twenty-fifth amendment of the U.S. Constitution.[1]

One of the most notable examples of interest in presidential health is the case of Franklin Delano Roosevelt. Today, most Americans know of his paralytic illness and many are familiar with his history of high blood pressure and heart disease. Few people, however, understand the full extent of his health problems and the part they played in his presidency. In reality, FDR's complex health issues pre-dated his paralysis and worsened during his presidency. Even after his election, efforts to

[1] US Constitution, Amendment 25 "Presidential Vacancy, Disability, and Inability." This amendment, ratified in February 1967, deals with succession to the presidency and specifically addresses disability or incapacity affecting the sitting president's ability to perform the duties of the office.

maintain his image as the invincible president of the United States who would lead America out of the Great Depression and the ravages of World War II prompted concealment of his health problems. Because of this, most Americans, and many in his administration and family, were shocked by his death on April 14, 1945.[2] The intentional, and often successful, misrepresentation of the president's health misled the American people, possibly affected the 1944 election, and contributed to his declining health and, ultimately, likely to his premature death.

The earliest historical accounts of FDR's health during his presidency were based largely on the memoir of Dr. Ross McIntire, FDR's primary physician during his presidency, press reports, and early biographies by contemporaries of FDR. McIntire's memoir, *White House Physician*, downplayed the president's many health problems and denied that Roosevelt had "extremely high blood pressure and advanced general arteriosclerosis." McIntire wrote, "President Roosevelt did not have either of these the day he died, it [blood pressure] was well within normal limits for a man of his age."[3] This comment was directly contradicted by examinations by FDR's

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[2] Robert P. Watson, "Physical and Psychological Health" in *A Companion to Franklin D. Roosevelt*, ed. William D. Pederson (Malden, MA: Wiley-Blackwell, 2011), 60.

[3] Ross T. McIntire, *White House Physician* (New York: G. P. Putnam's Sons, 1946), 239; Howard G. Bruenn, "Clinical Notes on the Illness and Death of President Franklin D. Roosevelt," *Annals of Internal Medicine* 72 (1970): 571-91, accessed July 25, 2015, https://www.annals.org/article.aspx?articleid-684209; During the 1940's "when the systolic pressure is consistently more than 140 mm of mercury it is definitely abnormal. ...hypertension is reserved by many to indicate systolic pressure of 160 mm or more…" Diastolic pressure greater than 90 was considered abnormal with more than 100 mm mercury diagnostic of hypertension. Hugh J. Morgan, "Essential Hypertension," in *A Textbook of Medicine*, ed. Russell L. Cecil (Philadelphia: W.B. Saunders Company, 1948), 1155.

cardiologist, Dr. Howard Bruenn. These exams showed that the president's blood pressure was frequently elevated and was 300/190 on April 12, 1945. McIntire's role in Roosevelt's health care during his presidency will be examined in greater detail in subsequent chapters.

Many people close to Roosevelt published memoirs after his death. Some included personal insights about the president's health. Among these are two of his secretarial assistants, Grace Tully and William Hassett, his cousin Margaret "Daisy" Suckley, his wife, Eleanor, and his children. More recently, multiple biographies have been written about the life and presidency of Roosevelt. Some of these have specifically addressed individual health issues. Other historians studied presidential health in general and included discussions of health crises of individual presidents including Roosevelt. In addition to memoirs and biographies, articles published by the popular press during Roosevelt's life and shortly after his death contribute to understanding of how his health was perceived by the public and used by political opponents as a potential weapon during campaigns. It is important to consider this public aspect of Roosevelt's health as it directly affected management of his health care and how public questions regarding his health were handled.

Roosevelt's health was a mystery to many before, during, and after his presidency. Roosevelt's ability to manipulate and control information, especially when related to his health problems, required the assistance of many people. It was a successful campaign that helped create the aura of a man able to overcome any challenge. Individuals close to him contributed to deceptions regarding his health and strengthened the public conception of invincibility.

With secrecy about FDR's health, there was an environment ripe for rumors. The extent of Roosevelt's paralysis, his ability to perform the functions of the presidency, the reasons behind his extended vacations in a time of war, and the obvious physical decline noted in 1944 to 1945 led to questions throughout his political life. Controversies about all of these issues still exist and, with them, rumors continue. Some of the myths and theories surrounding Roosevelt's health will be addressed with data offered to support, or refute, their validity.

Considerable contention remains surrounding many aspects of Roosevelt's health. Among these are the cause of his paralysis, the possibility of an underlying cancer, the management of his heart disease, and the possibility of a conspiracy to mislead the American public about Roosevelt's numerous medical problems and the cause of his death. Many previous studies of Roosevelt's health are limited to individual health issues rather than the series of medical problems that contributed to his overall health. Questions have been posed regarding whether Roosevelt received appropriate medical care and if he fully understood the nature and severity of his health problems.

This study strives to address these issues and considers his health as a whole, the historical context of medical care of the time, and public and political attitudes regarding disabilities and health problems prevalent during Roosevelt's life. In doing so, it reveals a man with multiple concurrent medical problems that not only impacted his life and presidency but were also impacted *by* his presidency. Through understanding of the complex continuum of medical problems of this president during a period of turbulent social, economic and political turmoil, there is better

appreciation for some of the machinations involved in the management and publicity, or lack of publicity, surrounding Roosevelt's health and how the health of this one individual affected a nation.

Chapter 1

A History of Health Problems

*"*Health is more than the absence of disease. It is a state of complete physical, mental and social well-being*."*

−Unknown

Auspicious Beginnings

January 30, 1882 was a wonderful but frightening day for James and Sara Roosevelt. It marked the birth a baby boy destined to become the thirty-second president of the United States. Fate, however, nearly intervened. The long hours of labor were difficult for his mother, Sara. After struggling for more than twenty-four hours to deliver the child, hope for a successful outcome was diminishing. She was administered chloroform to help calm her, a common medical practice at the time. A ten-pound baby boy was finally born but he was limp, blue, and did not move. Only after mouth-to-mouth resuscitation did the infant, to be named Franklin Delano Roosevelt, breathe on his own. His mother recounted the experience and said she "was given too much chloroform, and it was nearly fatal to us both. As a matter of fact, the nurse said she never expected the baby to be alive…."[4] Franklin and his mother recovered from the traumatic birth with no obvious ill effects, but Sara would have no other children and remained fiercely protective of her only child until her death in 1941.

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[4] Sara D. Roosevelt, *My Boy Franklin: As Told by Mrs. James Roosevelt to Isabel Leighton and Gabrielle Forbush* (New York: Ray Long & Richard R. Smith, 1933), 12.

A Problem of Immunity

As a young child, Franklin was rarely in the company of other children. Over the first several years of his life and, when not tutored at home by private instructors, he traveled the world with his parents. He contracted typhoid fever in 1889 during one such trip. In addition to this, family letters and Sara Roosevelt's diary indicate that he seemed from infancy to be "more than normally susceptible to respiratory ailments." In spite of this possible increased susceptibility to infection, because he was not often with other children, he had limited exposure to most typical childhood illnesses and escaped these during the first decade of his life.

His avoidance of these diseases changed shortly after he turned fourteen and went to Massachusetts to attend Groton, an elite preparatory school. Now exposed to many children, young Roosevelt contracted several communicable diseases including mumps, measles, and a prolonged episode of scarlet fever.[5] He also suffered from recurrent respiratory infections documented in his letters home from Groton. These letters frequently related colds, bronchitis, and *grippe.*[6] Respiratory and sinus problems haunted Roosevelt beyond childhood. He was afflicted with respiratory

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[5] Kenneth S. Davis, *FDR: The Beckoning of Destiny, 1882-1928* (New York: Random House, 1972), 6, 118; Sarah Delano Roosevelt, *My Boy Franklin*, 43-44.

[6] *Grippe* or *grip* was a term used to describe acute febrile illnesses. These illnesses were typically viral in origin and, if one survived, resolved without the use of medication. Today, it is felt that the typical illness referred to as *grippe* was likely influenza of any strain. As an example, the Spanish Flu pandemic of 1918 was often referred to as *grippe*. "F.D. Roosevelt Spanish Grip Victim," *New York Times,* September 20, 1918, accessed September 22, 2015, http:query.nytimes.com/gst?res=9A03E1DA1531E433A25753C2A96F9C9.

infections and skin rashes even during his honeymoon.[7] Similar problems occurred throughout his life and often required lengthy recovery periods. Years later, Eleanor recalled that Franklin "was much more apt to catch germs than I was…when anyone had the flu, he would get it."[8] Such recurring, often protracted, infections suggest a problem more significant than simple bad luck. It is possible that these illnesses were related to another underlying health problem that adversely affected his ability to ward off infections.

Individuals with frequent and long-lasting infections may be victims of a commonly undiagnosed disorder of the immune system such as common variable immune deficiency (CVID) or hypogammaglobulinemia.[9] These related disorders are caused by a deficiency of antibodies normally present in the blood. An antibody deficiency increases susceptibility to recurrent infections and weakens the body's ability to fight infection resulting in longer than normal recovery times. The locations most commonly affected by these infections are the lungs, ears, nose, and sinuses. Roosevelt's infections followed this pattern. Recognition of problems of the immune system, the ability to diagnose them, and medications to treat these disorders were not developed until the 1950s. Today, most deficiencies of the immune system are

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[7] Eleanor Roosevelt letter to Sara Roosevelt dated July 5, 1905 in *F. D. Roosevelt. His Personal Letters:1905-1928*. Ed. Elliott Roosevelt (New York: Duell, Sloan and Pierce, 1948), 26-28.

[8] Clayton Knowles. "Wife Says Doctors Cleared Roosevelt," *New York Times* August 9, 1956, accessed September 22, 2015, http:query.nytimes.com/gst?res=8A09E1DA153S48225753C2A96F9C9.

[9] More detailed definitions of CVID and hypogammaglobulinemia are included in the glossary.

relatively easy to manage with immunoglobulin replacement therapy. Such was not the case during Roosevelt's lifetime when immune disorders were not widely understood and, for which, there were no effective treatments. Recurrent infections were simply treated as they occurred with the limited medications available. For Roosevelt, who suffered from recurrent respiratory and sinus infections throughout his life, this meant the use of medications, mostly ineffective, to control symptoms but without correcting the underlying problem.

Largely because of the frequency of sinus infections, FDR's primary physician during his presidency was an otolaryngologist (physician specializing in the care of the ears, nose, and throat).[10] This was an unusual specialty for the physician responsible for all aspects of healthcare of the president, but the choice was based on the recommendation of a friend of Roosevelt's, Admiral Cary T. Grayson. Grayson knew McIntire from a prior military assignment and it was Roosevelt's "chronic sinus condition that makes him susceptible to colds" along with McIntire's ability, as a military officer, to "be counted on to keep a closed mouth about what they see and hear"[11] that prompted Grayson's recommendation. McIntire recalled that the frequency of Roosevelt's infections created so much concern among his staff that "if it happened that a caller presented himself with a drippy nose, Edwin "Pa" Watson, a senior Roosevelt aide, invariably found an excuse for postponing the appointment."[12]

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[10] Steven Lomazow, MD and Eric Fettmann, *FDR's Deadly Secret* (New York: Public Affairs, 2009), 53.

[11] McIntire, *White House Physician*, 58.

Although protection of the president from unnecessary exposure to infection is prudent, the measures taken to protect FDR from infection appear to suggest a heightened level of concern that he may become ill easily. A pattern of recurrent infections since childhood, suggests an increased susceptibility to infection and support the hypothesis that FDR may have suffered from a form of immunodeficiency. This is important not only in its potential impact on Roosevelt's health in terms of the infections described above, but because such an immune deficiency can also predispose him to the risk of other disorders including potentially paralyzing diseases, such as poliomyelitis and Guillain-Barré syndrome (GBS).

Paralysis

Roosevelt was an avid supporter of the Boy Scouts of America since 1915 when he agreed to serve on the Special Committee for National Scouting. In part to fulfill his responsibilities as Chairman of the local Boy Scout council, but also as a means to strengthen his political contacts, on July 27, 1921, FDR visited a Boy Scout Camp at Bear Mountain State Park in New York. After his visit, he went to his family vacation home on Campobello Island in New Brunswick, Canada, to spend the rest of the summer relaxing.[13] As he did most days at Campobello, August 10, 1921, fifteen days after his visit to the Boy Scout camp, he enjoyed boating and swimming in the bay's cold water with his children. That evening, he "became chilled, complaining

[13] National Park Service, U.S. Department of the Interior, "Physical Challenge and the Road Ahead," *Springwood: Birthplace and Home to Franklin D. Roosevelt,* accessed March 23, 2016, www.nps.gov/nr/twhp/wwwlps/ lessons/ 82springwood/82springwood.htm.

that night of pain in his legs, a loss of appetite, and fever."[14] What occurred next was a series of frustrating misdiagnoses.

Dr. Edward Bennett, a New Brunswick physician known to the Roosevelts, saw FDR the day his symptoms started, diagnosed him with a "severe cold" and recommended rest. Given Roosevelt's recurrent bouts of respiratory infections, this was accepted at the time. However, the morning of August 12th, Roosevelt's legs were paralyzed. Over the next few days, the paralysis worsened, spreading up his body. A second physician, Dr. W. Keen, examined Roosevelt and determined that a "thrombosis of a vertebral artery [was] causing temporary reversible paralysis." He recommended massage treatments, but within three days, when the symptoms worsened rather than improved, he changed his opinion to the more-dire diagnosis of "a lesion in the spinal cord." FDR's progressive symptoms included spread of the paralysis beyond his leg to affect his torso, arms, hands and face. Roosevelt was nearly immobile, unable to even move himself in his bed. He lost function of his bladder and bowels and required urinary catheterization and enemas to help with the most basic of bodily functions for two weeks.[15]

Roosevelt's family, concerned that he was not improving, contacted a family friend in New York, Dr. Sam Levine. Dr. Levine, who gained experience in treating infantile paralysis during the 1916 epidemic, believed Roosevelt's symptoms were likely not from a spinal cord lesion but caused by poliomyelitis, also known as

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[14] Watson, "Physical and Psychological Health," 62.

[15] Hugh Gregory Gallagher, *FDR's Splendid Deception* (New York: Dodd, Mead & Company, 1985), 12-13.

infantile paralysis or polio. He recommended that a lumbar puncture be performed and contacted Dr. Robert W. Lovett, an orthopedic surgeon with expertise in treatment of patients with paralysis related to polio. At Levine's request, Dr. Lovett saw Roosevelt at Campobello on August 25th and quickly concluded that Dr. Levine's long distance diagnosis was correct. At age 39, Franklin Roosevelt was diagnosed with infantile paralysis.[16] Based on the presumption of polio, a disease for which, even today, no effective treatment exists, Roosevelt received supportive care for his symptoms. He remained at Campobello until September 15th when he returned to New York. Slowly, he regained strength in his arms and torso and recovery of bowel and bladder function. However, he remained paralyzed from his hips down, unable to stand or walk independently.

Roosevelt, starting shortly after his diagnosis and throughout the rest of his life, reviewed the newest information and innovations related to polio treatment. He underwent several months of rehabilitation that strengthened his upper body but did not improve his leg strength. Under the care of Dr. Lovett, custom leg braces were made that allowed him to stand and walk very short distances with the assistance of crutches, a cane, or someone's arm. He experienced little improvement over the next years.

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[16] James Tobin, *The Man He Became: How FDR Defied Polio to Win the Presidency*, (New York: Simon & Schuster, 2013), 326-327. A lumbar puncture consists of insertion of a narrow needle between the vertebrae of the spine and extraction of fluid from around the spinal cord. Examination of the fluid, in some cases, can confirm the diagnosis of polio. Dr. Levine reportedly witnessed improvement in one of his patients after a lumbar puncture during the polio epidemic of 1916 and recommended the procedure as a possible treatment of Roosevelt's symptoms.

In 1924, based on information that hydrotherapy may benefit polio patients, Roosevelt traveled to Warm Springs, Georgia, to pursue this therapy in the warm, mineral-rich waters of the region.[17] Reports of the potential effects of hydrotherapy in such waters made Warm Springs a popular site for many polio victims. There, Roosevelt witnessed the plight of many others with the same disease and appeared to develop empathy for those unable to receive his level of care. He later purchased the site hoping it would not only serve as a treatment site for polio patients but that the health benefits of the waters would also attract wealthy vacationers and investors. He was so taken with the site, he built a private cottage, known later as "The Little White House," that served as his personal refuge and was to be the site of his death. Roosevelt's hopes that Warm Springs would be a profitable resort failed. Wealthy travelers of the time did not want to spend their vacation time with polio patients and did not invest. They did open their wallets and make charitable donations to support Warm Springs as a foundation for treatment of polio victims and the spa was a successful treatment site.

Second Opinion

Roosevelt's paralysis was life changing. Without the use of his legs, the previously rigorously active and independent man was now dependent on others. In a time marked by social prejudice against those with perceived disability, more than his physical paralysis afflicted the up-and-coming politician. He was also at risk of political paralysis. But did Roosevelt actually have polio or is there another possible explanation for his paralytic illness? The answer is definitively maybe.

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[17] Watson, "Physical and Psychological Health," 64.

When FDR returned to New York in September 1921, *The New York Times* announced his diagnosis of poliomyelitis. Once back in New York, he underwent rehabilitation therapy at Presbyterian Hospital. Roosevelt's primary physician, Dr. George Draper, reported that FDR was regaining use of his legs and that there was no "fear of permanent injury from this attack" in fact, "his general condition…was better than at any time in years."[18] In1921, polio was the diagnosis that best fit FDR's symptoms. There had been several significant outbreaks of polio in the northeastern United States during the previous decade. His doctors were certain he had polio and, although Roosevelt was considerably older than most victims of the disease, it was not an unheard of phenomenon for adults to be stricken by the disease.

The most common hypothesis about FDR's paralysis is that he acquired polio during his visit to the Boy Scout Camp prior to going to Campobello. Although there were more new cases of polio in 1921 than in any year since the 1916 epidemic, there were "no serious outbreaks" of polio in 1921.[19] In New York, the increased rate of diagnosed cases, 467 for the year, was attributed in large part to an increased door-to-door canvasing by health department nurses who identified unreported cases rather than an actual widespread outbreak. Furthermore, there was no reported surge in

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[18] "F. D. Roosevelt Ill of Poliomyelitis," *New York Times,* September 16, 1921, accessed October 21, 2015, http://www.slideshare.net/MGleason/f-d-r-illof-poliomyelitis.

[19] *Statistical Bulletin of Metropolitan Life*. *Vol 1-5* (December 1921): 8-10, accessed October 21, 2015, https://books.google.com/books?id=9jcrAQAAMAAJ &pg = RA14-PA8&1pg=RA14PA8&da=new+york+health+polio+1921+statistics & sources; "State Department of Health: After Care of Poliomyelitis," *New York State Journal of Medicine*, 22 (February 1922): 78, accessed October 21, 2015, https://books.google.com/books?id=lnxNT1p5USMC.

cases during the summer or fall of 1921. Given the communicable nature of the disease, had Roosevelt contracted polio while at the camp, a disease that typically afflicts children, one would expect that other cases would be reported in the same time period. However, the statistics do not bear out an increased incidence of diagnoses during the typical incubation period of 6-20 days.

It is possible that infected children did not develop overt symptoms and, because of this, were not diagnosed or that diagnosed cases were simply not reported. A lack of reporting of polio, however, is unlikely after the ravages of the 1916 epidemic and with aggressive health department surveys. It is also possible that Roosevelt was unusually susceptible to the virus as would be the case if he had an underlying problem with his immune system. In spite of lack of evidence of endemic disease in the region and based on medical knowledge of the time, polio was the most plausible diagnosis to explain FDR's paralysis. Because of this, other than some spurious rumors to be discussed later, the diagnosis of poliomyelitis was unquestioned for 80 years.

What other diagnosis could explain Roosevelt's fever, weakness, paralysis, and persistent pain? There are several diseases that can produce symptoms similar to polio including other viral or bacterial infections – many not yet identified in 1921. Some snake, spider, and tick bites, and disorders that affect tissues of nerves, such as Guillain-Barré Syndrome (GBS) all have symptoms close to Roosevelt's.[20] While it is possible that a spider or tick bit Roosevelt, an avid outdoorsman, there are usually

[20] J. H. Gear, "Non-polio Causes of Polio-like Paralytic Syndromes," *Reviews of Infectious Diseases*, Supplement 2 (May-Jun 1984): S379.

skin changes that were not noted on his physical exams making this doubtful. Roosevelt was not likely to have been bitten by a snake without knowing it and the timing of his fevers that started the night before the onset of paralysis do not fit the pattern of most acute infections. Based on this, polio was the most logical diagnosis to Levine and Lovett. However, in 1921 Guillain-Barré was a disorder with which only a few physicians were familiar.

In 2003, a group of physicians in Houston, Texas, led by Dr. Armond S. Goldman, considered the possibility that Roosevelt did not have polio but actually had Guillain-Barré Syndrome (GBS).[21] GBS is an immune process in which the body damages its own nervous system. It can cause mild symptoms of weakness and fatigue to paralysis of muscles and, less commonly, death. The disorder was named after two French physicians, Georges Guillain and Jean-Alexandre Barré, and first presented at a medical conference in 1927, six years after the onset of FDR's illness. Since then, much has been learned about the disorder and it is known to most frequently occur after an infectious process and in those with weakened immune systems.[22] The constellation of symptoms is similar to polio but has some notable differences.

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[21] Armond S. Goldman, Elisabeth J. Schmalstieg, Daniel H. Freeman, Jr., Daniel A. Goldman, and Frank C. Schmalstieg, Jr. "What Was the Cause of Franklin Delano Roosevelt's Paralytic Illness?" *Journal of Medical Biography* 11 (2003): 232, accessed July 22, 2015, http://pubmed.ncbi.pmid:14562158.

[22] B. Schott, "History of Guillain-Barré Syndrome," *Reviews in Neurology* 138 (1982): 931, accessed October 20, 2015, www.ncbi.mlm.nih.gov/pubmed/6763295.

After consideration of currently known causes of paralysis not related to trauma, it was the comparison of the similarities and differences between polio and GBS that led Goldman and his team to the conclusion that Roosevelt had GBS rather than polio. Their hypothesis stemmed from not only the differences in Roosevelt's symptoms but also the incidence of polio in adults of his age when he developed paralysis. Using the 1916 polio outbreak in New York City to determine the potential of an adult contracting polio, statistics showed that 1,469 per 100,000 children age one to four years of age were affected by polio compared to 2.3 per 100,000 adults age 35-44 during the same time frame.[23] Given this, it was less likely that Roosevelt had polio but did not exclude the possibility. Roosevelt's symptoms were then studied in comparison to typical physical findings in both polio and GBS. The researchers concluded that Roosevelt's pattern of symptoms and the timing of individual symptoms were more consistent with GBS than polio.

Although in the first days of his paralysis Roosevelt had more weakness on one side than the other, the paralysis rapidly affected both sides equally as is common in GBS. Conversely, polio typically affects only one side of the body and rarely affects the face as was seen in Roosevelt's case. Loss of bowel or bladder function can be seen in both disorders but in the setting of polio, this is very transient, typically lasting only one to three days. Roosevelt suffered these problems over a period of at least two weeks. Fever is more common in polio than GBS but, in the case of polio,

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[23] C. H. Lavinder, S.W. Freeman, W. H. Frost, "Epidemiologic Studies of Poliomyelitis in New York City and the Northeastern United States During the Year 1916," *Public Health Bulletin* No. 91, accessed January 5, 2016, www.ncbi.nih.gov/pubmed/872463.

usually occurs several days prior to paralysis rather than starting on the same day of onset of paralysis as occurred with Roosevelt. Likewise, the back pain described by Roosevelt that spread down his legs and feet is not common in polio but is in GBS.[24] Goldman's team identified eleven clinical features associated with the two diseases and compared them with Roosevelt's findings. Of these, nine of Roosevelt's findings were consistent with GBS and two with polio. (Table 1) They then applied Roosevelt's eight actual symptoms to the frequency of occurrence in polio and GBS. Using Bayesian analysis, the data showed six of the eight data points were most consistent with GBS rather than polio.[25] (Table 2)

This study strongly supports the diagnosis of GBS but cannot exclude polio. Today, the diagnosis of polio is based largely on the findings of spinal fluid from a lumbar puncture, the presence of the poliovirus in the blood, and examination of antibodies and immunoglobulins in the blood. Of these, only a lumbar puncture was available in 1921. Dr. Levine recommended such a study, but there is no definitive data that such a procedure was performed. However, Tobin contends that based on unpublished notes by Dr. Levine that Dr. Lovett did perform the procedure. The note did not include laboratory interpretation of the spinal fluid necessary to support the diagnosis of polio.[26] Some historians quote Tobin's research, but there is no other

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[24] Tobin, *The Man He Became*, 51.

[25] Goldman, "What Was the Cause," 235-6.

[26] Tobin, *The Man He Became,* 327-328. Efforts to obtain copies of these notes have been unsuccessful. Both Dr. Samuel Levine and his son, Herbert J. Levine, from whom Tobin received access to the notes, are deceased. Attempts to reach other family members have not received a response and it is unknown if the notes regarding a potential lumbar puncture still exist. Given the detail with which both FDR and

independent evidence that a lumbar puncture was done. It is unusual that neither FDR nor Eleanor mentioned the procedure being done. The notes and letters available for public review discuss in great detail interventions done during his medical evaluations and treatment. However, there is no discussion of this, typically painful, invasive procedure leaving in question whether or not the procedure was performed as Levine wanted. Without definitive pathologic testing, of which there is no apparent record, the true etiology of Roosevelt's paralysis continues to pose unanswerable questions.

What then are we to make of the potential retrospective diagnosis of GBS? Even had GBS been a recognized disorder, and had FDR been diagnosed with it, there was no effective treatment until the 1950s. Today, the use of plasmapheresis[27] and immunoglobulins such as IVIG[28] makes GBS an easily treated disorder. However, in 1921, without these interventions, the treatment would be supportive, the same as in the case of polio. From a medical standpoint, the outcome would be unchanged. From a historical standpoint, it remains a point of contention between historical fact and speculation.

Eleanor documented personal experiences associated with FDR's diagnosis, that neither of them mentioned this painful procedure in their writing is unusual.

[27] Plasmapheresis is a medical process that removes the blood, filters out antibodies that attack the immune system, and returns the blood to the body.

[28] IVIG is a specific immunoglobulin used to help support the immune system in individuals with immune deficiencies caused by underlying disease.

Fortunate Misdiagnosis

Regardless of the true pathologic cause of Roosevelt's paralysis, the accepted diagnosis of polio became a focal point in his life. His lifelong loss of normal use of his legs became both a blessing and a curse. In the early and mid-twentieth century, physical disability was associated with a loss of masculinity, strength and mental acumen. In politics, strength and masculinity were hallmarks of a leader and "the constitution of masculinity through bodily performance means that gender is vulnerable when the performance cannot be sustained-for instance physical disability."[29] Because of this, FDR and those assisting him in his political ambitions, Eleanor, and his political advisor Louis McHenry Howe, began a campaign of information purporting FDR's continued recovery from polio and creating the image of a man who overcame a dreaded disease.

The political impact of the recovery campaign will be discussed further in later chapters. However, it is not only in politics that Roosevelt's fight with polio made a mark. The publicity surrounding FDR's diagnosis of polio, suggestions that he had recovered, and his stature as a public figure made him a perfect spokesperson for public efforts to combat the disease. In 1926, at the Warm Springs site, Roosevelt started the non-profit foundation for polio patients. With a desire to do more for those who suffered from the disease, in 1938, he expanded the foundation to a national

[29] Davis W. Houck and Amos Kiewe, *FDR's Body Politics: The Rhetoric of Disability* (College Station, Texas: Texas A&M University Press, 2000), 7.

organization, the National Foundation for Infantile Paralysis (NFIP).[30] When a popular singer, Eddie Cantor, jokingly asked people to send dimes to the president in a "March of Dimes" to support the foundation, the public took him seriously and a national campaign began; one that continues to this day. Given the tremendous response, FDR used his birthday as a time for fundraisers including an annual birthday ball. He became the national symbol in the fight against polio appearing on posters touting inspirational slogans such as, "It didn't conquer him."[31] With Roosevelt's support, the March of Dimes provided much of the research funding for Dr. Jonas Salk, who developed a vaccine that has now nearly eradicated polio.[32] Had Roosevelt not been diagnosed with polio, he would not have started the NFIP and Salk may not have received funding necessary to conduct his research that protected untold millions of people from the effects of polio. From this perspective, if FDR had GBS and not polio, this was a most fortunate misdiagnosis.

Selection of McIntire

During the years from his diagnosis of polio to election to the presidency, FDR continued to suffer from the recurrent respiratory and sinus infections that

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[30] "A History of the March of Dimes," March of Dimes Website, accessed November 10, 2015, www.marchofdimes.org/mission/a-history-of-the-march-of-dimes.aspx.

[31] "Fight Infantile Paralysis It Did Not Conquer Him" poster, accessed January 15, 2016, www.louisjdianni.hbid.com/lot/58300-62007-15236/poster---fight-infantile-paralysis---fdr.

[32] "History of Salk," On SALK website, accessed January 15, 2016, www.salk.edu/about/history-of-salk/jonas-salk. Polio is now present in only three countries, Afghanistan, Pakistan, and Nigeria.

plagued him even as a young man. As noted earlier, as an otolaryngologist, Dr. McIntire was an unlikely candidate to serve as physician to the president. Although a skilled physician in his specialty, unlike most White House physicians prior to or since, Dr. McIntire did not have significant military accomplishments that set him apart from his peers nor did he possess extraordinary medical skills.[33] He was specialized in a narrow field of medicine, with little practical experience in general medicine, and no background in the management of polio patients. But medical acumen was not the only criteria in the selection of Roosevelt's doctor. Dr. Grayson was keenly aware of the importance of yet another character trait.

Grayson, in addition to being Roosevelt's friend, was Woodrow Wilson's physician after the debilitating stroke he suffered during his presidency. He, along with Wilson's wife, maintained a veil of silence regarding the extent of Wilson's disability. As such, Grayson was well acquainted with the need to control information regarding presidential health issues and knew that McIntire could be trusted to be discrete. Most Americans were not aware of the extent of FDR's disability and it was important to the new president that information regarding his medical condition was managed carefully. McIntire's ability to "keep his mouth shut,"[34] and his expertise in sinus infections were likely the attributes that FDR most wanted in his personal physician without concern for the potential of future medical problems.

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[33] Ludwig M. Deppisch, *The White House Physician: A History From Washington to George W. Bush* (New York: McFarland, 2007), 95.

[34] McIntire, *White House Physician*, 58.

Regardless of McIntire's medical skills or limitations, from Franklin Roosevelt's inauguration until his death, McIntire was the person ultimately responsible for the health of the president. In this lofty position, McIntire parceled out information regarding the president's health as he deemed appropriate to the press, public and, in many cases, the president himself. Many accused McIntire of manipulating information about FDR's health, often putting a positive spin on sometimes serious health problems.

Ross McIntire was certainly not the first, or only, person to juggle fact and fiction in an endeavor to remove any thought that FDR was not physically capable to fill public office. Efforts to promote Roosevelt as sound in both body and mind started almost as soon as he was diagnosed with polio. This was crucial in an era when any physical disability was also viewed as evidence of mental weakness and could crush Roosevelt's hopes to follow his cousin Theodore's path to the White House. Thus began a decades-long strategy of tweaking the truth about FDR's health to make it more palatable to the public while, usually, avoiding outright lies.

Chapter 2

Creating the FDR Image

*"*It's easier to fool people than to convince them that they have been fooled."

–Mark Twain

A Man Struck Down

In spite of recurrent respiratory infections, young Roosevelt presented the image of a strong, and if not particularly athletic, virile man. With a well-developed physique and handsome face, he was the epitome of well-heeled, upper-crust manhood. An avid sailor, he was well known for his love of the sea and outdoors, and fit the contemporary ideal of health, vigor, and masculinity. FDR used this visage of his physical and mental assets to form social and political networks and to enhance his image of strength as a man and a leader, traits critical to one with his political aspirations.

This carefully developed image was shattered in 1921 with the diagnosis of polio. Taken in the context of the early twentieth-century, this diagnosis was devastating. Roosevelt and his friend and campaign advisor, Louis Howe, had a finely-honed plan for a continued political career culminating with the presidency. It was inconceivable at the time that a *cripple* could even consider such an undertaking. During this era, physical disability was viewed as weakness not only of the body but also as an indication of mental, and often moral, weakness.[35] The question of morality was especially salient with public release of a Senate subcommittee report that, as

[35] Houck, *FDR's Body Politics,* 16.

Assistant Secretary of the Navy, Roosevelt allegedly sanctioned actions that included the use of enlisted navy men who "were used as participants in immoral practices for the purposes of obtaining evidence." Further, the report argued that "Mr. Roosevelt showed an utter lack of moral perspective... and was most derelict in the performance of his duty."[36] With such a public attack on his character coming less than a month before the onset of his paralytic disease, FDR's and Howe's concerns over how news of this illness would be received by the public were heightened. It was imperative that FDR's health problems, should they become known, be minimized so as to avoid potential consideration that they were divine retribution for a perceived moral shortcoming.

All politicians of the time were male and their political ability was viewed as an extension of their physical strength and masculinity. Physical weakness was akin to unfitness to lead, and was used as a weapon by political opponents. Michael Kimmel makes this point in his work regarding the role of masculinity in the U.S.

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[36] "Lay Navy Scandal to FD Roosevelt," *New York Times*, July 20, 1921, accessed April 21, 2016, www.query.nytimes.com/gst/abstract.html?res=9E0DE3DB1731EF33A2573C2A9619C946095D6CF&legacy=true-LAY NAVY SCANDAL TO F.D. ROOSEVELT – Senate Naval Sub-Committee Accuses Him and Daniels in Newport Inquiry. DETAILS ARE UNPRINTABLE Minority Report Asserts Charges of Immorally Employing Men Do Officials Injustice.-Article – NYTimes.com. The "immoral practices" refers to the involvement of sailors in investigations to identify other members of the Navy involved in "lewd" activities to include the use of drugs, alcohol, prostitution and engagement in homosexual activities. The sailors recruited to investigate were ordered to identify homosexuals and encouraged to have sex with their them at pre-arranged times to "catch them in the act." The intent was to clear the Navy of those who were not in compliance with Navy regulations regarding homosexuality. It was the use of service members in this form of entrapment and exposing them to homosexual acts that was considered immoral.

psyche: "Political figures, like the endless parade of presidential hopefuls, have found it necessary both to proclaim their own manhood and to raise questions about their opponents' manhood."[37] In a time when people with disabilities were typically hidden from public view as an embarrassment to their families combined with the concept of the ideal picture of a strong leader, Roosevelt's political aspirations were, at best, in a precarious position and more likely destroyed. Gallagher indicates even Sara Roosevelt "believed that polio must put a close to his public life and that he should now retire to Hyde Park to lead, as his father had before him, the life of a semi-invalid country squire." This was much in keeping with contemporary public sentiment about those afflicted with disability. [38] How could a man crippled by a disease that predominately affected children be considered a viable leader of a nation when he was no longer considered manly by the standards of the day?

Louis Howe and Eleanor Roosevelt were keenly aware of the potential political damage associated with FDR's diagnosis. Howe and his family were already at Campobello when Roosevelt became ill. Ever diligent to the needs of Roosevelt, in addition to assisting in Roosevelt's physical care, Howe started to devise a plan to limit the information divulged about the diagnosis and the extent of the damage done by the disease. Together, Howe and Eleanor tightly controlled the release of any information about FDR's illness for as long as possible. Even Roosevelt's mother was not informed of the nature of his illness until she arrived in Campobello weeks after

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[37] Michael Kimmel, "Invisible Masculinity," *Society* 30 (1998): 4, accessed June 24, 2016, www.sunypress.edu/pdf/61061.pdf.

[38] Gallagher, *FDR's Splendid Deception*, 20.

he took ill.[39] It was, however, impossible to contain details about FDR's situation indefinitely. Recognizing this, Howe issued a statement about FDR's illness to the New York Times. An article published on August 27, 1921 reported "Franklin D. Roosevelt, former assistant secretary of the Navy, has been seriously ill at his Summer home at Campobello, N.B. He is now improving."[40] This was the first public information about Roosevelt's illness. While factually correct, it was misleading as to the actual diagnosis and extent of his illness and started a trend in the management of how information about FDR's health would be presented to the public for the remainder of his life. News of his illness not only created sympathy for Roosevelt but also helped deflect attention from news reports associating Roosevelt with a Navy sex scandal reported the previous month.[41]

For several weeks, FDR was sequestered at Campobello, too ill to travel. His health had not significantly improved and there were no further press releases. When Roosevelt was finally well enough to return to New York, a new problem arose. His social standing, both as a recent public official and a member of the wealthy elite, led to close scrutiny by the press who monitored his travel. Public knowledge of his

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[39] James Tobin, *The Man He Became*, 80; Franklin Roosevelt, *FDR: His Personal Letters*. Letter from Eleanor Roosevelt to Sara Delano Roosevelt dated August 27, 1921. This letter explained that FDR was ill and could not meet her when she arrived in New Brunswick but did not disclose the nature of his illness. Sara did not learn of his diagnosis until she arrived at Campobello.

[40] "Franklin D. Roosevelt Ill," *New York Times*, August 27, 1921, accessed December 15, 2015, www.nytimes.co/timesmachine/1921/08/27/ 98734271.html? pageNumber=7.

[41] Linda Lotridge Levin, *The Making of FDR: The Story of Stephen T. Early, America's First Modern Press Secretary* (New York: Prometheus Books, 2008), 68-70.

planned return to New York brought reporters and photographers to New Brunswick to document his travel and see how well he had recovered from his recent illness, the nature of which was still unknown to the public.

Because of the immobility caused by his paralysis, Roosevelt required a stretcher to move him to the train. Anyone who saw him, helpless during this transport, would know that his illness was much more significant than reported by Howe. To avoid this potential political catastrophe, Howe leaked that FDR was travelling by boat from New Brunswick to New York. The press went to the docks to await Roosevelt and, while they were waiting, he was quietly moved from Campobello to the train station. By the time the press realized they were at the wrong location, FDR was already loaded on the train and braced with supports, sitting up next to a window. From this carefully staged position, with a smile on his face and, as typical for him, a cigarette jauntily gripped in his mouth, Roosevelt waved to photographers giving every appearance of a man well on the road to recovery and effectively hiding his paralysis.

This presentation was, however, a charade. Shortly after his diagnosis, it was apparent to his physicians that FDR would never regain his ability to walk unassisted – if he ever walked again. While still at Campobello, Dr. Lovett wrote to Dr. E.H. Bennett "drugs are of little to no value. There is nothing that can be added to the treatment." Contemporary treatment for polio was comfort care and control of symptoms. This included physical therapy to reduce the pain associated with muscle contractions common in post-polio patients but without expectations of recovered mobility. Roosevelt, however, "continued to assure his friends that he would be up

and walking in a matter of weeks."[42] Whether these words were meant to bolster his friends and family or a means of convincing himself, only Roosevelt knew.

Those closest to Roosevelt, especially Eleanor, had more realistic expectations and worried that FDR was presenting a brave face while actually suffering from depression. In agreement with Eleanor's assessment was FDR's friend, Dr. George Draper, a New York physician with expertise in infantile paralysis who observed that,

> He [Roosevelt] has such courage, such ambition, and yet at the same time such an extraordinary sensitive, emotional mechanism that it will take all the skill we can muster to lead him successfully to a recognition of what he really faces without utterly crushing him.[43]

Draper recognized the depths of FDR's emotional stress associated with his loss of independence, his chronic pain, and the near constant strain created by the tensions among those around him. Roosevelt's physical therapist, Kathleen Lake, guided his exercises but felt that Howe and Eleanor pushed him to do more than he was able. She also believed that his mother, Sara, added to FDR's stress by interjecting her opinions that were often in conflict with both Eleanor's and Roosevelt's.

By early 1923, Roosevelt had not only learned to work with the leg braces made for him, he was able to ambulate short distances with assistance. With these small encouragements, he spent several weeks away from home on a houseboat, unaccompanied by his wife or mother for the first time since he first took ill in 1921. He continued physical therapy on this trip but, probably just as important to his

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[42] *F.D.R. His Personal Letters*, Vol 2, 527-8.

[43] Geoffrey C. Ward, *A First-Class Temperament: The Emergence of Franklin Roosevelt* (New York: Harper & Row Publishers, 1989), 611; Richard Thayer Goldberg, *The Making of Franklin D Roosevelt: Triumph Over Disability* (Cambridge: Abt Books, 1981), 45, 50.

overall well-being, he had a respite from the well-intentioned, hovering concerns and demands of his family and friends. His physical condition did not change, he remained profoundly weak from the hips down, but his emotional state improved dramatically. Eleanor conceded the improvement in his outlook and Draper and Lake noted it in their reports.[44] On his return home, he increased his political correspondence with leaders in the Democratic Party. He entertained them in his home where he had control of the surroundings and could highlight his abilities while camouflaging his weaknesses. A glimmer of hope that he could still have a future in politics was sparked.

The Phoenix Rises

In the years following the onset of his paralysis, Roosevelt worked to become steady on his crutches and in doing so gained significant upper body strength and muscle bulk giving him the appearance of a physically fit man. Unfortunately, there was no improvement in his legs that became extremely atrophied and he required braces and support in order to walk even a few feet. In spite of this, he knew that he needed to resume his pre-paralysis life if there was to be any chance of reentry into the world of politics. He returned to work part-time at Fidelity & Deposit and the law firm of Emmer, Marvin & Roosevelt but spent more time at home or on his houseboat than in the offices. This afforded him some necessary public exposure while limiting risk of falling in public view or people witnessing the extent of assistance he needed to get around.

[44] Ibid., 52.

Roosevelt and Howe carefully choreographed public outings to promote a positive image but also found ways to use FDR's illness to his advantage. As he became more visible, some in the Democratic Party considered him a possible candidate for the New York Governorship and a few even conjectured that he could be the 1924 Democratic presidential nominee. Politically, neither Roosevelt nor Howe felt that the timing was right for Roosevelt to undertake a run for any office. Prohibition, progressivism and other issues created chasms within the Democratic Party. Al Smith, the current governor of New York, along with many others, expressed interest in the 1924 presidential nomination forming tension in the party and the political winds did not look to favor a Democratic nominee. Additionally, Roosevelt, although much stronger, was still early in his recovery, and most people were not aware of the severity of his paralysis. Should he run for office, any office, and fail for either political or health reasons, his future chances for the presidency would be damaged. Recognizing the nature of the current political environment, in a 1921 letter to the Democratic National Committee he used his ongoing recovery as an excuse to avoid becoming entangled in a campaign he felt the Republicans were sure to win. He tactfully avoided this by explaining to the Committee that:

> …it is a matter of deep regret to me that my recent illness prevents my appearing before you at Chicago and talking this matter over instead of being obliged to resort to the extremely unsatisfactory method of presenting it in my correspondence.[45]

[45] Franklin Roosevelt to the Democratic National Committee (undated, though labeled as 1921), Family, Business, and Personal Papers, Box 41, FDR Papers, Franklin Roosevelt Presidential Library Quoted in Houck, *FDR's Body Politics*, 28.

Through this letter, he avoided conflict with Smith whose support he would need in the future, maintained a presence within the Democratic Party, and avoided being put in a position prone to failure given the likely electoral loss in a year unfavorable for Democrats. Just as important as protecting him from elections possible fraught with difficulty for Democrats, it also showed that he was able to communicate with the party and be considered a viable political force without exposing his physical weakness.

FDR enjoyed this - out of sight but still connected - situation until 1924 when Al Smith asked Roosevelt to serve as the national chairman of his presidential campaign.[46] This required Roosevelt to be visible to the powerful elite of the Democratic Party, many for the first time since the onset of his paralysis. They would see for themselves his limited mobility and their reaction, if negative, could permanently damage his political aspirations. At the convention he was transported to the platform, carried in his wheelchair. But, when his turn to speak came, it was to a standing ovation that he maneuvered across the stage, "walking" with the assistance of crutches and his son at his side. Standing at the podium while holding the sides to support himself, he gave a powerful speech. Few in the crowd were aware of the many weeks of practice Roosevelt spent in preparation for this, carefully walking the distance he would need to traverse at the convention site. His efforts were rewarded. Roosevelt's presence and words were well received.

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[46] Tobin, *The Man He Became*, 186.

Some reports criticized FDR as weak and maligned him because he was carried to the top of the platform and others referred to him as appearing tired and "drawn." Most, however, lauded him as a heroic figure,

> …an invalid on crutches, perhaps in pain, who conquered the frailties of body by sheer power of will…. The world abhors the quitter who in his full strength goes down and will not get up. It admires the man who fights to the last and dies with his boots on. Franklin D. Roosevelt showed that this was the stuff he was made of. [47]

After several "years in the political wilderness," this "Happy Warrior" speech promoting Al Smith for president resurrected Roosevelt's political life like a phoenix arising from the fire.[48] Although the speech referred to Al Smith as the "Happy Warrior," he did not win the presidential nomination in 1924 but was instead reelected as the Governor of New York. Ultimately, it was Roosevelt himself who appeared to take on this persona of the "Happy Warrior," advocating against fear throughout the speech, fighting his disability and showing himself to be courageous and determined. Roosevelt's political career was again on the ascent.

Although FDR's physical disability was obvious, Howe released periodic reports suggesting consistent physical improvement. Roosevelt himself lauded the curative effects of the waters at the Warm Springs rehabilitation spa in Georgia and

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[47] "F.D. Roosevelt Gets Ovation," *Washington Star*, June 26, 1924, accessed December 12, 2015, h-net.msu.edu/cgi-bin/logbrowse.pl?trx= vx&list=DC&JUNE= 1924&week=d&msg=fnQt9jy8LySRB35KopzXWg&user=&pw+; Louisville Courier Journal Article July 1924 – Campaign 1924, Box 15, FDR papers, FDRL. Quoted in Houck, *FDR's Body Politics*, 30.

[48] Joseph Edward Lee, "Opponents at Home and Abroad," in *A Companion to Franklin D. Roosevelt*, ed. William D. Pederson (Malden, MA: Wiley-Blackwell, 2011), 207.

frequently spoke of improvements in his health. He maintained frequent correspondence with political movers and shakers. This contact combined with reports of improved strength succeeded in keeping him alive as a political force. As in 1924, Roosevelt made the 1928 Democratic Convention speech nominating Al Smith. Unlike 1924, FDR felt he could show himself as significantly physically improved, as a man who was "merely lame, not crippled." Rather than use crutches, he used only canes and the support of his son in a fashion practiced so that the support was obvious only to those looking for it and giving the appearance of a man capable of ambulation. The ploy worked. Not only was his speech a success, but his presence was praised. Most eloquent were the words by Will Durant, a popular writer, who described Roosevelt as,

> Beyond comparison the finest man that has appeared at either convention…. A figure tall and proud even in suffering...pale with years of struggle against paralysis…. Nothing better could be said for the Governor of New York than that Franklin Roosevelt loves him…. This is a civilized man…. For the moment we are lifted up.[49]

Such adulation not only propelled Al Smith to the nomination but also marked the way for Roosevelt to advance his own political plans.

Initially, Roosevelt voiced hesitancy about running for office in 1928 and after the convention he traveled to Warm Springs to rest. In spite of the many compliments he received, there were many who still considered him physically unfit to run for any office. Even to Roosevelt, who continued to tell people that in a few more years he would walk without braces, it was obvious that his recovery was slower than he had hoped and that he may never regain normal use of his legs. 1928 was also another

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[49] Davis, *FDR: Beckoning of Destiny*, 820, 822.

election cycle that seemed destined for Republican victories, giving FDR pause about running for office. However, Smith, who had vacated the position of New York Governor to run for president, finally persuaded Roosevelt to pursue the gubernatorial race. Smith's motives in convincing Roosevelt were not purely based on the altruistic support of a political friend. Roosevelt's popularity made him a potential asset to Smith in his presidential campaign and would, Smith hoped, bring all of the New York State electoral votes in the presidential election. Additionally, Smith thought that, as governor, Roosevelt would turn to him for guidance when making policy decisions about New York, creating an ongoing legacy and degree of control in the powerful state. Republican newspapers accused Smith of recruiting a "sick man" for the office to which Smith retorted "a Governor does not have to be an acrobat. We do not elect him for his ability to do a double back-flip or handspring. Ninety-nine per cent of it is accomplished at a desk."[50] Roosevelt himself would later use a similar argument to address concerns that his immobility was a barrier to his ability to fulfill the duties of president.

Let the Race Begin

For FDR, agreeing to run for office and actually winning the election were separate issues. Once the decision was made to undertake the campaign, he and Howe knew that New Yorkers must see him as a viable candidate. The press questioned him about his ambitious campaign schedule across the state to which he routinely replied that while he could not "run" for office, he hoped "the people of this State [New

[50] Stefan Lorant. *FDR A Pictorial Biography* (New York: Simon and Schuster, Inc, 1950), 68.

York] are going to make it possible for me to walk in." He used such rhetoric often and routinely employed terms such as active, energy, and hurried in his speeches to create the image of vitality while he either sat in the back of his convertible with his well-formed chest and shoulders visible or stood at a podium. In town after town, he gave the impression of one able to be active and energetic, a man ready to take on any challenge.

Candidate Roosevelt frequently mentioned the rigorous travel he undertook. During a non-stop week of campaign travel, it was suggested at a stop in Jamestown, New York, that his schedule may cause him to suffer physically. He replied, "we have spoken in every single county along the Southern tier. That is pretty good for an unfortunate invalid and a lot of other cripples." When asked directly by a reporter how Roosevelt stood the hard trip, his response was "I am *standing* it extremely well."[51] The tone and rhetoric that Roosevelt used started to carry over to newspaper and magazine articles that portrayed Roosevelt as strong and fit for office. Not all agreed. A *New York Times* editorial commended Roosevelt's character and dedication as a public servant but went on to say "what a shame that in his poor condition of health he has been called upon to make such a sacrifice." This comment was based on Roosevelt's initial refusal to run due to claims that his health would not permit it and a *Time* article reported that Roosevelt's doctors said he risked being a permanent cripple if he left Warm Springs but may be able to walk without braces if he stayed.[52]

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[51] Houck, *FDR's Body Politics*, 44-46.

[52] Amos Kiewe, "A Dress Rehearsal for a Presidential Campaign: FDR's Embodied "Run" for the 1928 Governorship*," Southern Communication Journal*, (1964): 2, 18.; "Democrats: Votes," *Time,* October 15, 1928, 12 accessed January 10,

Roosevelt's rebuttal to these points was that he was able to continue his exercise regimen even during the campaign and while in office. The endurance he showed during the campaign proved his ability to meet even the toughest of challenges.

Roosevelt narrowly won the New York gubernatorial race and served as governor until his presidential election in 1932. Well known in the Democratic Party hierarchy and to the people of New York, much of the country was not yet familiar with him beyond stories of his disability when he started his presidential campaign. Concerns were again raised about his fitness to run for office. His prior campaigning in New York provided him with experience to address most of the attacks that arose regarding his health. Roosevelt and Howe carefully developed strategies that depicted Roosevelt as powerful and capable. His height and upper body bulk contributed to the visage of a healthy man and he was often seen seated on the top of the back seat of his convertible or driving it himself, a feat accomplished by little known modifications to the car that enabled him to use his hands only. Such visual effects helped to dispel the concerns of many of the crowds who saw him during the campaign.

In spite of a healthy appearance witnessed by those at campaign stops, most Americans did not have the opportunity to see Roosevelt in person. Questions about his health persisted and were used by his opponents to raise doubt about his ability to perform as president. These questions needed to be put to rest if Roosevelt were to overcome the stigma of being a "cripple" as he was called in a 1931 *Liberty*

2016, www.content.time/com/time/magazine/ 0,9263760128015,00. html-TIMEMagainze—U.S.Edition—October151928Vol.XIINo.16.

Magazine article. In this article, Earle Looker questioned FDR's physical fitness for the office of president and challenged the candidate to prove to his supporters that he was able to "stand the strain of the Presidency." A series of letters between the two men was published in this article and Roosevelt invited Looker to observe him in his functions as governor. During the interviews, photos were taken including one that clearly showed Roosevelt's leg braces leading to a question of his ability to move about to perform his duties. (Figure 1) Going a step beyond Al Smith's 1928 argument that immobility was not impairment to political office, Roosevelt suggested that it was actually an asset. He argued that he was able to concentrate on the job rather than "wasting time indulging in fidgets" and said "staying at my desk does not make my work any more difficult, and, it certainly does not waste time."[53] Given the enormity of the responsibilities of the presidency, he argued not being able to move about actually made him more productive and, therefore, the better candidate. Roosevelt cleverly created the image of a man who would focus on his duties and promoted advantages in his physical situation where his critics suggested only detriments.

Looker's challenge to Roosevelt went beyond a simple interview. The reporter further challenged the would-be president to undergo physical evaluation by an "unbiased" group of physicians to be selected by the director of the New York Academy of Medicine. At the reporter's request, three physicians performed independent examinations of Roosevelt on April 29, 1931 and found "that his health

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[53] Earle Looker, "Is Franklin D Roosevelt Physically Fit to be President?" *Liberty,* July 25, 1931, 11.

and powers of endurance are such as to allow him to meet any demand of private and public life." Based on his own observations and the medical reports, Looker concluded his article by saying that "every rumor of Franklin Roosevelt's physical incapacity can be unqualifiedly denied as false."[54] Looker's article in this popular magazine reached a broad audience and helped to not only refute Republican attacks suggesting Roosevelt was physically unfit to be president, it helped create the image of a man who was capable of overcoming any adversity he confronted. Taking advantage of the publicity and supposed independent assessment reported in the magazine, Howe sent copies of the article to Democrats known to be concerned about Roosevelt's health issues. That Looker was known to be sympathetic to the Republican Party made the article appear even more convincing and Howe counted on this to help assuage worries of some in the Democratic Party.

If his sympathies lay with Republicans, why would Looker participate in this optimistic portrayal of Roosevelt? The answer to this is found in correspondence between Looker and the Roosevelts. Letters between Looker and both Eleanor and Franklin Roosevelt written in the months leading up to the interview and release of the article suggest a collaboration of sorts. At the time of the letters, it was already obvious that FDR was a serious contender to be the Democratic nominee for president. It is probable that the magazine recognized a potential benefit if it could obtain special access to FDR and the article was likely part of an agreement for such access.

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[54] Ibid.

Considering this arrangement, Looker's extensive access to Roosevelt and his ultimate conclusions published in *Liberty* were not simply lucky happenstance for the presidential hopeful. If letters between the reporter and Roosevelt were not specific, a letter from Looker to FDR dated July 16, 1931 alluded to collusion between the two regarding the article. This letter not only read, "…we got away with the '*Liberty*' article despite all obstacles," but also stressed the importance of the article being featured on the front cover and that they could "be sure that at least seven and a half million readers are sure you are physically fit!"[55] This correspondence suggests that Roosevelt and his team recognized the need to discount Republican arguments that his paralysis impaired his ability to be president and the highly public form of the magazine was an excellent forum.

There is no evidence of a written correspondence to prove a quid *pro quo* arrangement but, after the article, *Liberty Magazine* and Earle Looker were granted unusually ready access to FDR, who also wrote a series of articles for the magazine boosting its circulation. In coming years, Roosevelt's daughter, Anna, also contributed articles to *Liberty*. Considering all of the evidence, there is a very strong case to be made that FDR, Looker, and *Liberty Magazine* had an understanding that was beneficial to all involved.

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[55] "Earle Looker to Franklin D. Roosevelt," July 16,1931, Governorship Papers, Series 1, Box 50, Earl Looker, FDR Papers, Franklin D. Roosevelt Presidential Library, accessed January 17, 2016, www.fdrlibrary.marist.edu/ archives/collections/franklin?p=collections/ findingaid&id=28&rootcontentid= 5448&q=earle+looker#id6045.

Indestructible

Roosevelt won the 1932 election and became the 32nd president of the United States. He triumphed over cynics who believed that a physically disabled man could not be elected. When he took office, it was not only the new president who suffered from disability. The country itself was economically crippled by the gripping Depression with no apparent end in sight. It was now up to this man, unable to find a cure for his body, to find a cure for the nation.

Even before taking office, Roosevelt created a team, his "Brain Trust," to develop plans to address the many problems facing the nation. He simultaneously travelled the country to help build confidence that he was not only working on the problems but could fix them. It was on one such trip to Miami in February 1933 that an unemployed brick-layer, Giuseppe Zangara, attempted to assassinate Roosevelt. Five people were wounded including Chicago Mayor Anton Cermak, sitting in a car with Roosevelt. Cermak died as a result of his injury. Roosevelt, however, was uninjured during the attack.[56] To those who already viewed Roosevelt as the heroic man who overcame polio, with his escape from near injury or even death he took on the appearance of someone with a charmed life. Even in the setting of potential mortal harm, he managed to come out on top of the situation. Perhaps he was just the man to help the nation overcome the depths of its disabling economic adversity.

Looking back in his life, he had a trend of overcoming seemingly insurmountable obstacles. Recurrent respiratory illness during his childhood and

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[56] Nathan D. Shappee. "Zangara's Attempted Assassination of Franklin D. Roosevelt," *The Florida Historical Quarterly* (Oct 1958): 102, accessed January 23, 2016, www.jstor/stable/pdf/30145621,pdf?seq.

throughout his adult life, in an era before most antibiotics were available, had the potential to cause permanent disability or even death. His diagnosis of polio, especially given his age when diagnosed, carried with it a high risk of death. But, rather than being defeated by these physical problems, he did his best to overcome them. His paralysis created a significant setback to his life plans but, over time, he found ways to use the disability to his advantage.

His purchase of the spa at Warm Springs and the creation of a foundation to help those afflicted with polio helped create the image of a caring person dedicated to those in distress. This image was enormously important given the social and economic crises facing the nation. The image was enhanced during his presidency through photos of him without braces seated with patients at Warm Springs. The man in the photos appeared the picture of health, one who overcame the ravages of a dreaded disease and was now working to help others with the same problem. It appeared there was no force that could stop him.

Stop the Presses

During his campaign and throughout his presidency, Roosevelt was keenly aware of the influence of the press. He, as politicians then and today, used the press to his advantage whenever possible through a variety of means including the manipulation of information. During the 1930s and 1940s, unlike today, there was a relationship between the press and politicians that contributed to concessions by the press regarding what was published in return for the hope of better future access to the president and exclusive information. In Roosevelt's situation, this arrangement was most prominent in his ability to control the images that were published. With rare

exceptions, he did not allow images of his braces, him seated in a wheelchair, or being transferred from his car or chair. By limiting the images released, Roosevelt was able to manipulate his public image.

Most published photos of FDR are from the waist up with other shots being carefully staged. If photographers were found taking photos of FDR in less than flattering situations, they risked confiscation of their equipment and destruction of their film. Roosevelt's Press Secretary, Stephen Early, also required investigation of how such images came to be, often resulting in the photographer's loss of access to the White House. Early's relationship with the press was often strained over this issue, but by gentlemen's agreement, the press usually complied and, in return, FDR made himself more available to the press than many of his predecessors. So effective was the control of visual images of the president that, while many people knew FDR was weakened by his previous diagnosis of polio, most did not realize that he was actually paralyzed.[57]

For decades, FDR, Howe, and Early used the press to mold the perceived image of the president. Even FDR's final campaign was won in large part by perceptions created by the trio that were propagated by the press. Later, Republicans argued that a new president was needed not only because Roosevelt had engaged the U.S. in World War II but also because he was not healthy enough to endure another term in office. By his fourth campaign, photos often showed him looking tired and thin and there was rising concern that, in spite of his physician's claims that

[57] Levine, *The Making of FDR,* 232.

Roosevelt was healthy, accusations his health was poor may be true. The Chicago Tribune went so far as to use an editorial headline in October 1944 that read: "A Vote for FDR May Be a Vote for Truman."[58] To rebut such claims, Roosevelt and his advisors coordinated a campaign tour that would present the president to the public. Using the demanding presidential duties associated with the ongoing war, it was considered reasonable that this tour was not as extensive as during prior campaigns. Overall, FDR held up fairly well to the strains of the campaign, but one event in particular proved extremely effective and enhanced the image of a healthy man.

On October 21, 1944, Roosevelt was scheduled to appear at Ebbets Field. The weather was abysmal with high winds and torrential rainfall that soaked FDR as he rode fifty-one miles of New York streets in his convertible, top-down so that the public could easily see him.[59] Before arriving at the field, Roosevelt's car pulled into a warehouse, he changed into a dry suit and proceeded to the speaking event. Roosevelt's carefully staged appearance was designed to give the illusion of a man who was so healthy that, even in the midst of the storm, he did not need the use of coat or umbrella. The illusion worked, he was elected to an unprecedented fourth, and final, term as president.

In politics, image is critical to success. The image FDR created during his youth could have been permanently destroyed with his paralysis, ending his dream to

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[58] "A Vote for FDR May Be a Vote for Truman," *Chicago Daily Tribune*, October 28, 1944, accessed December 12, 2015, www.archives.chicagotribune.com/1944/10/28/age/10/article/a-vote-for-f-d-r-may-be-a-vote-for-truman.

[59] Hugh E. Evans, M.D., *The Hidden Campaign: FDR's Health and the 1944 Election* (New York: M.E. Sharpe, 2003), 81.

follow in Cousin Theodore's example and leaving Roosevelt to disappear in the obscurity of history. Instead, through tenacity and creative rebuilding of his public image, he became the man not conquered by paralysis, assassin's bullets, or political vitriol. Franklin Roosevelt's recreated image led him to be one of the most studied presidents and personalities of the twentieth century.

Chapter 3

In Sickness and in Health

Each patient carries his own doctor inside him.

−Norman Cousins

As Good as it Gets

The efforts of Roosevelt, Howe, and many others who worked to create the image of Roosevelt succeeded in portraying him as a man of good sense, moral standing, clear judgment, and health. He appeared ready to meet all challenges set before him and convinced the American public that he was the man they wanted and needed in the White House. Many blamed President Hoover for the worsening economic Depression that, like a disease, gripped and weakened the United States. They saw in Roosevelt a proven fighter able to overcome extreme hardships, something his opponent was not. Roosevelt resoundingly won the 1932 presidential election with 472 of the 531 potential electoral votes. He carried 42 of the 48 states.[60] The new president, a man who a mere decade earlier was recovering from a potentially life-threatening and career-ending illness, was now the leader of the United States.

Roosevelt and his staff understood the importance of the image that helped carry him through the elections. He must continue to appear strong and capable. For his staff, this meant that "The Boss" could not get sick. His history of susceptibility to, and development of, frequent respiratory infections was often associated with

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[60] "1932 Presidential General Election Results," *Atlas of U.S. Presidential Elections,* accessed November 12, 2015, www.uselectionatlas.org/RESULTS/national.php?year=1932.

prolonged recovery periods. His staff was extraordinarily diligent in protecting Roosevelt from any visitors who appeared to be ill.[61] In spite of this, during the first two terms of his presidency, his daily schedules reveal he did occasionally suffer from respiratory and sinus infections that caused him to miss appointments and spend time out of the office.[62] Other than these problems, these first eight years of his presidency were relatively unremarkable from a health perspective. His weight and blood pressure were in normal ranges, he had a regular exercise regimen and was seen routinely by his physician, Dr. Ross McIntire. His schedule remained rigorous, often working late into the night six, and sometimes seven, nights each week. His travel agenda was also challenging and required him to be on the road more than most presidents before him.

He did, however, continue to make time to visit Warm Springs for rest and to enjoy the restorative effect of the mineral rich water. Although he never gave up hope for improvement in his paralyzed lower limbs and believed the springs were therapeutic, no physical changes occurred. Equally important however, he did not have regression of his strength for nearly a decade even under the great physical and emotional strain of his office. Presidential duties followed him even to this retreat, but his schedule was lighter than in Washington and, without the constant barrage of electronic input forced on politicians today, he did have some respite that allowed him to unwind and relax. Warm Springs was his personal refuge throughout his

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[61] Lomazow, *FDR's Deadly Secret*, 53.

[62] "FDR Day-by-Day, Daily Schedule of President Franklin D. Roosevelt 1933-1945," accessed August 4, 2016, www.fdrlibrary.marist.edu/daybyday/.

presidency and remains standing today. Nicknamed "the Little White House" it was occasionally used to entertain friends and dignitaries and, later, it was the site of his death.

Whether at the White House or Warm Springs, Ross McIntire's typical method of daily evaluation of the president's health was based on observation rather than physical examination. He opined that he could tell a great deal by simply watching Roosevelt while he read papers and ate breakfast before he started his daily routine. He claimed that,

> the things that interested me most were the President's color, the tone of his voice, the tilt of his chin, and the way he tackled his orange juice, cereal, and eggs. Satisfied on these points, I went away and devoted the rest of the day to my own affairs.[63]

Unfortunately, such cursory study of the president overlooked important components of the man's health to include his blood pressure and evolving changes in his heart function. These issues are not obvious without physical examination and, in the case of cardiac abnormalities, sometimes difficult to detect even with exams.

With regard to Roosevelt's recurrent sinus infections, the issue Admiral Grayson told McIntire was Roosevelt's prominent health problem, the physician was very aggressive. A review of Roosevelt's daily schedule reveals frequent visits to McIntire's office where he often underwent sinus drainage or irrigation. In addition to salt-water irrigation, it is also very possible that Roosevelt underwent treatment with cocaine as a means to control his symptoms.

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[63] McIntire, *White House Physician*, 64.

Today, smoking cessation, inhaled steroids and antibiotics are typically used to treat chronic sinus problems. Roosevelt's heavy smoking habit surely contributed to his sinus problems, but there is no documentation that he was advised to stop or cut back on his smoking until 1944. Steroids and most antibiotics used today were not yet available in the 1930s and 1940s. For patients with significant sinus problems that did not respond to irrigation alone, cocaine was routinely used to help reduce inflammation, resulting in a lessening of pain and easing breathing. According to Dr. Jordan S. Josephson, Director of the New York Nasal and Sinus Center, "cocaine was the drug of choice for any ENT treating a nasal problem."[64] Use of cocaine was a routine and ethical practice during this time but, because it was associated with a high risk of addiction, its use held a social stigma, even when used medicinally. Because of this, many doctors did not tell their patients that the drug used to control their symptoms was cocaine. Used only in the office, it was applied by a physician to the nasal passages with a swab. Patients were typically happy for the relief and did not question the medication used.

Few patients saw their doctor often, so treatments such as cocaine were used very sporadically with little risk of side effect. Roosevelt, however, was seen daily and may have received this therapy on a regular basis. If he did, there is no evidence the dose he received caused any emotional changes as can be sometimes seen with the

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[64] Steven M. Gillon, *Pearl Harbor: FDR Leads the Nation into War* (New York: Basic Books, 2011), 76.

use of cocaine.[65] Because Roosevelt's medical records disappeared after his death, we do not know with certainty if he received therapy with cocaine or, if he did, how frequently it was used or if he suffered any side effects from its use. This issue is relevant given the potential for vasoconstriction of blood vessels caused by use of cocaine and FDR's history of hypertension and abdominal pain.[66] If Roosevelt was routinely treated with cocaine, McIntire's cursory observations instead of a more traditional physical exam left open the possibility that the president was developing undetected secondary health problems that could become serious.

Warning Signs

As early as April 1937, Roosevelt's blood pressure exceeded normal values with a level of 162/98.[67] McIntire's meetings with the press and his later memoir made no mention of hypertension and, in fact, he routinely related to the press that the president was in excellent health. There are no available blood pressure readings again until November 1940 when FDR's systolic blood pressure was even higher at 178 and it continued to rise in February 1941 to 188/105 when the diastolic pressure

[65] The physical side effects of a small dose of cocaine, such as that used for treatment of sinus problems may result in brief episodes of euphoria or irritability. There is no evidence that, if Roosevelt was treated with cocaine, his performance as president was ever affected. Chronic use, however, even in small doses can be associated with hypertension, cardiac, and gastrointestinal problems secondary to vasoconstriction.

[66] Vasoconstriction is a narrowing of the blood vessels. In treatment of sinus disease, this was the desired effect of cocaine. As the vessels constricted, the nasal passages became more open and breathing made easier. If other blood vessels are affected, as can occur with frequent use, the result can be difficulty in blood flow through blood vessels outside the nose, possibly leading to hypertension.

[67] In the 1930s-1940s, the upper limit of normal blood pressure was defined as 140/90.

was also significantly elevated.[68] Even to a specialist like McIntire who did not routinely treat hypertension, these levels should have been a cause for concern. There is, however, no evidence that the matter was discussed with Roosevelt or his family and no other physicians were consulted. Outwardly, the only symptoms Roosevelt showed were fatigue and occasional shortness of breath. McIntire easily attributed these symptoms to his long work hours, stress, smoking and some weight gain. Recommendations included diet modification, rest and reduced time in the swimming pool to prevent physical strain. Roosevelt intermittently complied with the ordered lifestyle changes.

Fatigue remained a constant companion to FDR during the early months of 1941. He managed to keep up with his appointments, but even Missy LeHand, his personal secretary, expressed concern about his appearance. On May 2, he had a public appearance in Virginia to dedicate Woodrow Wilson's birthplace as a historic site. LeHand accompanied him. He made this trip in spite of suffering from a fever and abdominal pain. A reporter from *Time* noted that, "FDR looked as bad as a man can look and still be about." Upon return to Washington, McIntyre ordered blood work which revealed Roosevelt's hemoglobin level, a measurement of the blood cells that carry oxygen, was dangerously low. In *No Ordinary Time*, Doris Kearns Goodwin reports that it was 2.8 grams per deciliter on May 2 and records available from the Roosevelt library show a level of 4.5 grams per deciliter on May 5 after the transfusion of two units of blood. The normal range for hemoglobin for men is

[68] Evans, *The Hidden Campaign*, 138. Also see Table 3 for chronological blood pressure readings.

typically 13.5-17.5 grams per deciliter. Other abnormalities were noted to include abnormal size and shape of the red blood cells, an increase in the number of white blood cells, the cells that respond to inflammation, and an increase in the platelet count. This constellation of findings is highly suggestive of a chronic blood loss with associated iron deficiency. Laboratory studies prior to 1941 showed his hemoglobin to be in normal range with no evidence of any previous hematologic problems. Roosevelt reportedly received ferrous sulfate therapy to replace his iron, without which the body cannot adequately produce red cells, and he received an additional transfusion of two units of red blood cells on May 15, 1941.[69]

Iron deficiency anemia has many possible causes. Patients with gastrointestinal inflammation from infection, diverticulosis, or some malignancies may be victims of insidious blood loss without significant symptoms other than fatigue or shortness of breath until the anemia or underlying cause becomes severe. Conversely, in the setting of abrupt blood loss, there are more acute physical findings to include shock, loss of mental capacity, and profound hypotension. In Roosevelt's case, a normal blood count evaluation in March of 1941 and fatigue his only symptom potentially associated with the anemia, argue against an acute blood loss.

In July, under the pseudonym F.D. Rolph, studies of Roosevelt's stool revealed the presence of Entamoeba coli (E.Coli) with no other abnormalities

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[69] Doris Kearns Goodwin*, No Ordinary Time* (New York: Simon & Schuster, 1994), 235*;* "FDR's Weight Chart and 1941 Bloodwork," Franklin D. Roosevelt Presidential Library, accessed November 15, 2015, www.fdrlibrary.marist.edu/aboutfdr/pdfs/health.

detected.[70] The actual cause of Roosevelt's anemia remains uncertain. The absence of melena, presence of blood in the stool, argues against an upper gastrointestinal process such as a bleeding stomach ulcer.[71] It is very possible that he suffered from a lower gastrointestinal ulcer disease, colitis or diverticulosis with associated inflammation and slow, chronic blood loss. This situation could cause the anemia without clinical evidence of bleeding unless one was specifically checking the stool for blood. He had several similar episodes of abdominal pain over the next several years attributed to viral infections and gallstones. Fortunately, there was no recurrence of anemia with any of these incidents.

FDR's intermittent abdominal pain raised concerns about his health on several occasions. One of the most notable episodes was during the 1943 Teheran Conference of Roosevelt, Joseph Stalin, and Winston Churchill. The opening of a second front against Nazi Germany was at stake in this first meeting of the "Big Three." It was important for Roosevelt to be on top of his game and appear strong in his dealings with the Allies. During a dinner with Stalin on November 28, Roosevelt suddenly took ill. His interpreter, Charles Bohlen, described the scene in a 1951 article stating that Roosevelt "turned green and great drops of sweat began to bead off his face; he

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[70] This form of E. coli is a normal commensal parasite found in the human gastrointestinal system. It is not to be confused with Escherichia coli that is a bacterium responsible for severe illness when ingested with contaminated foods.

[71] Melena is a specific change in the color and/or consistency of the stool to a dark, often black, color and often with a tarry consistency. Given Roosevelt's stoicism, it is unlikely that he would volunteer this information to his physician and, without close physical examination, other physical findings may not have been evident to McIntyre.

put a shaky hand to his forehead." All at the dinner were surprised by this sudden change in his appearance. He was taken to his room and evaluated by McIntyre who reported that FDR had a simple case of indigestion.[72] Roosevelt recovered quickly and resumed meetings the next day without further gastrointestinal incident but with evidence of fatigue commented on by many at the meeting. The meeting resulted with achievement of the primary political goal, but Roosevelt's illness and his physical appearance showed those who paid attention that the American president was not indestructible.

New Man on the Scene

Roosevelt returned home and the New Year was celebrated, but all was not well with the president. He developed a respiratory infection during the recent trip referred to as the "Teheran flu." In spite of rest and McIntire's best intentions, Roosevelt did not rebound over the next few weeks as was his norm with previous infections. Instead, the cough, fatigue, fevers, and general malaise that McIntire suggested was a different form of influenza lingered over several months. Roosevelt, during a fireside chat to the nation to present his State of the Union address, admitted he was ill. He stated that,

> It has been my custom to deliver these annual messages in person, and they have been broadcast to the nation. I intended to follow this same custom this year. But, like a great many other people, I have had the flu and although I am practically recovered, my doctor simply would not let me leave the White House to go up to the Capitol.[73]

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[72] "Did the U.S. Elect a Dying President?" *U.S. News and World Report*, March 23, 1951, quoted in Lomazow, *Deadly Secret*, 91.

[73] Franklin Roosevelt "Fireside Chat number 28, State of the Union Address," January 11, 1944, accessed April 23, 2016, www.youtube.com/watch?v=

It was obvious to those close to the president that something was amiss. Even McIntire admitted that this illness affected Roosevelt differently than others and "more disturbing than anything else, there was the definite loss of his usual ability to come back quickly." Grace Tully, Roosevelt's secretary, was even more alarmed. In her biography of Roosevelt, she comments on the worsening of his overall well-being over a period of several months. She initially put this off as an expected result of aging and the pressures of the presidency. However, she observed that he developed hand tremors and his fatigue was worse with this most recent infection than others. She described increasing episodes of "the Boss occasionally nodding over his mail or dozing a moment during dictation…." and wrote, "I became seriously alarmed…after some troubled thought over the matter, I finally decided to talk to Anna."

Anna, referred to by Tully, was Roosevelt's daughter. She moved into the White House early in 1944 and often filled in as hostess while her mother was away on trips. As she spent more time with her father, she became aware of changes in FDR's health. Both Eleanor and Franklin attributed the increasing fatigue to his workload and the strain of the ongoing war. Anna, however, feared that it was something more. She was concerned about the possibility that "the blood was not

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F_dSC9Q9yo; Peter Doshi, "Trends in Recorded Influenza Mortality: United States, 1900-2004," *American Journal of Public Health*, 98 (Mary 2008): 941, accessed April 23, 2016, www.ncbi.mlm.nih.gov/pmc/articles /PMC2374803/. It is interesting to note that Roosevelt's comments suggest that the flu was a considerable problem in the U.S. at the time. However, the 1944-45 influenza rates (based on deaths caused by influenza) were the lowest in the three prior years. These numbers argue that, statistically, the risk of contracting the flu was lower that year and perhaps his symptoms were related to another process as would soon be proven to be the case.

pumping the way it should through one hundred percent of the body."[74] Armed not only with her own concern but that of Tully, Anna confronted McIntire. He reluctantly agreed to Anna's demand that a cardiologist see Roosevelt and Navy physician, Lieutenant Commander Howard Bruenn, was called to see the president.

Howard Bruenn first met Roosevelt at Bethesda Naval Hospital on March 27, 1944. The physical exam revealed several very concerning findings. In addition to appearing fatigued, Roosevelt's face "was very gray" and "moving caused considerable breathlessness." His eyes showed evidence of arteriovenous nicking, a physical exam finding that is associated with chronically elevated blood pressure. Additionally, the exam suggested enlargement of the heart with a "blowing systolic murmur." An electrocardiogram (EKG) showed findings consistent with congestive heart failure and an X-ray confirmed the physical exam findings of cardiac enlargement and engorgement of cardiac vasculature a combination suggesting that Roosevelt's unrelenting bout of the *flu* was actually cardiac disease.

Although they arrived well after the start of the president's appointment with Bruenn, McIntire did send some medical records outlining Roosevelt's health over the prior few years for the cardiologist's review. Bruenn, already worried about what he found during the exam, was even more dismayed when he learned Roosevelt's blood pressure had been elevated for several years without treatment or cardiology consultation. Bruenn sent his report to McIntire the next day. It advised that the

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[74] McIntire, *White House Physician*, 182; Grace Tully, *F.D.R., My Boss*, (Chicago: Peoples Book Club, 1949), 273-74; Bernard Asbell, ed., *Mother and Daughter: The Letters of Eleanor and Anna Roosevelt* (New York: Fromm International, 1988), 177.

president's symptoms and findings were consistent with "hypertension, hypertensive heart disease, cardiac failure (left ventricular), and acute bronchitis." In addition to being completely unexpected by McIntire, these problems were well outside of his medical experience and expertise.

The constellation of symptoms Roosevelt suffered was common to patients with congestive heart failure. *Cecil's Textbook of Medicine*, the preeminent medical text of the time, described each symptom in detail. Weight loss in this disorder, referred to as cardiac cachexia, can be so "marked as that produced by advanced malignancy." Abdominal pain, a frequent complaint by Roosevelt, can be related to congestion of the vessels and may lead to enlargement of the liver, but there is no indication he developed liver abnormalities. Confusion, temporary stupor, and inability to concentrate are all described in the text as cerebral symptoms of heart failure and associated with advanced disease.[75] These are consistent with Tully's observations of Roosevelt's difficulty in concentrating and nodding off as well as later comments of others about unexplained "spells" suffered by the president. Individually, each of the complaints could be explained by several possible diagnoses. But, in this case, they occurred together in a man who also had persistently elevated blood pressure and the true diagnosis may have gone undiagnosed were it not for the insistence of Roosevelt's daughter.

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[75] Howard Bruenn, M.D., "Clinical Notes on the Illness and Death of President Franklin D. Roosevelt," *Annals of Internal Medicine* 72 (1970): 579-82; Hugh J. Morgan, "Essential Hypertension." in *A Textbook of Medicine*, ed. Russell L. Cecil (Philadelphia: W.B. Saunders Company, 1947), 146-48.

Conflicting Opinions

As concerning as Bruenn's diagnoses were to McIntire, the treatment recommendations he presented were even more alarming. In addition to dietary modification and weight loss, Bruenn advised that Roosevelt should be on complete bedrest for one to two weeks with 24-hour nursing care and sedation at night to help ensure he slept well, the use of codeine to control coughing and the use of Digitalis to treat the hypertension and congestive heart failure.[76] Not only were the potential side effects of Digitalis unacceptable, the recommended dose of codeine could cause additional mental confusion and drowsiness. Even more outrageous to McIntire was consideration of bedrest for a period of weeks. After telling Bruenn, "You can't do that, this is the President of the United States!" McIntire modified the treatment plan. He ordered increased rest for the president and prescribed a cough medicine with a very small amount of codeine. The next day, this was further expanded and McIntire advised the president to get a minimum of ten hours of sleep, avoid stress, and he ordered Phenobarbital.[77] Likely most distressing to Roosevelt was the order to stop smoking. After two days of these interventions, there was little improvement during

[76] Digitalis is a medication used to treat several heart conditions. In the 1940s, it was one of the few medications available to treat hypertension. More information is included about this drug is included in the glossary.

[77] Today, Phenobarbitol is used predominately for treatment of seizure disorders. It is occasionally used for brief periods of time to help with sleep disorders caused by anxiety. However, in the 1940's it was common to use this drug routinely to help induce sleep whether or not there was an anxiety disorder. Bruenn's recommendation to use this medication to help ensure that Roosevelt had adequate rest was well in keeping with medical practice of the time.

Bruenn's follow up evaluation. He again recommended the use of Digitalis as "an essential form of therapy" for the president.[78]

On March 31, 1944, a group consultation was held to include Bruenn, McIntire, Dr. John Harper (Commanding Officer of Bethesda Naval Hospital), Dr. Robert Duncan, (Executive Officer of the Naval Hospital), Dr. Charles Behrens, (senior officer in charge of Radiology at the Naval Hospital), as well as two well-known civilian physicians, Dr. James Paulin, an internal medicine specialist and president of the American Medical Association, and Dr. Frank Lahey, a prominent gastrointestinal surgeon. The reason McIntire requested Lahey's input is unclear as Roosevelt did not have any gastrointestinal complaints at the time. After evaluation of the president, Lahey advised there was no indication for surgical intervention but did recommend that Roosevelt be made aware of the significance of his health problems. Paullin, a general internist but not a cardiologist, agreed in general with Bruenn's diagnoses. He argued that Bruenn's suggestion that Digitalis be used was excessive, the extent of the findings did not warrant its use. The board's initial response was to reject Bruenn's recommendation to which he asserted that if they did not want to follow his clinical judgment as a cardiologist, there was nothing further he could offer and he would sign off of the case. Later that day, the board members changed their

[78] Jan K. Herman, "The President's Cardiologist." *Navy Medicine* 81 (1990): 8, accessed November 9, 2015, https://ia601605.us.archive.org/17/ items/ Navy MedicineVolume81No.2July-March-april1990/NavyMedicine1990-03.pdf.

opinion and although they did not concur with the order for two weeks of strict bedrest, they "agreed that Bruenn could go ahead with the digitalization."[79]

Digitalis, the best of the few medications available to treat Roosevelt, was started on March 31. The night of April 2, he slept so well that he had to be awoken the next morning. He was able to sleep lying flat for the first time in months. His skin color was improved and, aside from persistent elevation of his blood pressure, his physical exam was significantly improved. After two weeks of Digitalis treatment, X-rays showed improvement in both cardiac congestion and fluid at the bases of the lungs. Additionally, EKG findings showed improvement suggesting decreased strain on the heart. With evidence of the success of Bruenn's treatment plan, there was consensus that Digitalis would be continued and the board agreed that the president should, when his schedule permitted it, take a one or two-week respite from Washington. With this vote of confidence and an emerging rapport with Roosevelt, Bruenn became responsible for most aspects of the president's health care under the close watch and control of McIntire. Per McIntire's instruction, Bruenn never discussed with Roosevelt the severity of his condition and there is no evidence that McIntire ever did either.[80] Nor, by all available accounts, did Roosevelt ever ask.

Implications

While Roosevelt ultimately did receive the appropriate treatment, until

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[79] Robert H. Ferrell, *Ill Advised: Presidential Health and Public Trust* (Columbia, University of Missouri Press, 1992), 36. "Digitalization" was the term used when referring to Digitalis as part of the medical treatment of hypertension.

[80] Bruenn, "Clinical Notes," 583-84.

Bruenn's evaluation, significant health issues were either missed or ignored. Were Roosevelt not the president, would his hypertension have gone undiagnosed? If the hypertension were diagnosed sooner, could the long term effects have been mitigated and possibly lengthened his life? In all likelihood, private citizen Roosevelt would have seen an internist or family practioner more attuned to the nuances of blood pressure changes than was a specialist in ears, nose and throat diseases.

Treatment options for hypertension and congestive heart failure were limited during Roosevelt's life. However, it is possible that, had he started treatment in 1941, when his blood pressure was first found to be far above normal, the development of congestive heart failure and arteriosclerosis could have been averted or delayed. It would be mere conjecture to suggest earlier treatment would have rendered him a longer life. But, certainly the delay in treatment allowed development of chronic physical changes that likely contributed to his fatal health crisis in 1945. Additionally, the medical board's reluctance to initiate therapy recommended by a heart specialist was largely based on the opinion that the treatment could interfere with Roosevelt's presidential duties and negatively impact his image. These circumstances support the premise that, for Roosevelt, the presidency itself was an independent risk factor for substandard health care, poor health and, possibly, premature death.

Chapter 4

The Last Campaign

"Victory is always possible for the person who refuses to stop fighting."

−Napoleon Hill

Doctor's Orders

Roosevelt was much improved after the initiation of Digitalis in April 1944. He agreed to take a period of rest but did not go to Warm Springs where the press would be able to observe him. Instead, three weeks after starting treatment for his heart condition, he traveled to the large, secluded, and easily protected estate of financier Bernard Baruch in Georgetown, South Carolina. Set on the coast of the Low Country, it provided a retreat from the daily stresses of the presidency. Although Roosevelt was under orders to have complete rest and relaxation, messages, wires, and some official visitors still made their way through the layers of security to the president. However, for the most part, he slept, spent time fishing or reading, and he later related that "he had a grand time down at Bernie's—slept twelve hours out of the twenty-four, sat in the sun, never lost my temper, and decided to let the world go hang."[81] Although improving, the president of the United States was not fully functional for nearly four weeks during World War II. Battles continued, the world kept revolving, but without the input of Roosevelt. During his time in South Carolina, there was a press embargo. Most Americans knew very little about the whereabouts

[81] Franklin Roosevelt to Harry Hopkins, May 18, 1944, PSF, Box 133, Franklin D Roosevelt Library, quoted in Joseph Lelyveld, *His Final Battle: The Last Months of Franklin Roosevelt* (New York: Alfred A. Knopf, 2016), 115.

or the activities of the president and no information about his precarious health was released.

When Roosevelt returned to Washington on May 7, he was rested, tanned, and reported that he was ready to get back to work. The press, happy for news they could publish after the long dry spell caused by the embargo, portrayed the president as fit and vigorous. Unsaid was, that although his cardiac function was better controlled, his blood pressure was not yet at desired level. Additionally, he suffered an acute episode of abdominal pain suffered while in South Carolina, the result of gallstones. The pain resolved without any intervention or recurrence during his time in South Carolina. Roosevelt was, in fact, considerably better than he was in March, but he was still far from healthy. His cousin, Daisy Suckley, a frequent companion of Roosevelt, visited him in South Carolina. She noted in her diary that "under his tan, he looks thin and drawn and not a bit well" and by May 22 she wrote that he "looks worried and tired, and his color is not good – but he makes an effort to be natural and talks along and jokes."[82] Roosevelt was improved, but he was not the vigorous man he was even a year earlier.

Setbacks

Recovering from a prolonged illness such as Roosevelt experienced would be challenging to anyone. FDR had the additional burden of the presidency in the setting of a war showing little evidence of ending soon. He was forced to deal with a multitude of issues over the next few months. June 6, 1944 marked the invasion of

[82] Ward, *Closest Companions*, 294, 301.

Normandy's beaches that turned the tide of the war toward the defeat of Hitler but at a cost of 4,413 Allied soldiers who died during the invasion. Brigadier General Theodore Roosevelt, Jr., who commanded the landing at Utah Beach, was a cousin to both Eleanor and Franklin. He died a month after the invasion as a result of complications from heart attack suffered during the invasion. The loss of an experienced general who was also a family member younger than himself must have been an emotional blow to Roosevelt, but there are no recorded comments about his reaction to this death. Suckley noted that he seemed better physically, but "he sits rather tiredly."

Roosevelt carried on but had another concern beyond his health and the war, the possibility of a fourth term as president. The Democratic Convention was but a month away and "the P. [president] doesn't know if he will run or not."[83] It is doubtful that Roosevelt truly was uncertain about running. He had a habit of playing games with people and appeared to want to be wooed by those around him. But, suffering from chronic fatigue and medical restrictions, it is possible that he did wonder, at least briefly, whether or not he should run again.

Ultimately, Roosevelt announced that he was again a candidate. As with other campaigns, his health was an issue exploited by his opponents. This time, however, there were those close to Roosevelt who also were concerned that his health was not up to the task. A great deal has been written about Roosevelt's 1944 campaign and whether or not the candidate was up to the ordeal of the campaign, let alone another four years in office. Even at this juncture, there is no evidence that any physician

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[83] Ward, *Closest Companion*, 311.

associated with Roosevelt told him of the significance of his health problems. Rumors, however, abounded.

McIntire met with the press often to affirm the president's good health. On June 8, the *New York Times* recounted one such interview in which McIntire stated that the president's "present health is excellent…in all respects" and when asked specifically about the possibility of heart problems he replied, "I have been very factual with you. I have given the exact-" when he was interrupted by Steve Early who admonished him not to deny rumors.[84] That McIntire's responses were untrue is an understatement, but they were enough to reassure the Democratic Party and Roosevelt won the nomination. He did not go to Chicago to accept the nomination. Rather, he was en-route to Hawaii to meet with General Douglas MacArthur and Admiral Chester Nimitz and planned to broadcast his acceptance speech via radio. Before the address, Roosevelt suffered incapacitating abdominal pain and lay on the floor with spasms. His son James was with him during this episode that resolved without medical attention but left FDR physically weakened. He was shown in a photo that portrayed the president in a less than flattering moment with his mouth gaping and a somewhat vacant look in his eyes. (Figure 3) Steve Early, the White House press secretary, was livid when the photo was published in newspapers and magazines across the nation. The photographer was barred from future events. This was an inauspicious start of the campaign.

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[84] Wills, *Diminished President*, 27.

Looks Aren't Everything

Comments about Roosevelt's appearance among his friends and supporters were not vocalized publicly but were numerous. During the trip to Hawaii, McArthur observed, "physically, he was just a shell of the man I had known. It was clearly evident that his days were numbered."[85] This was a common sentiment among people who had known Roosevelt for any length of time but not seen him for a while. In September 1944, at the Quebec Conference, Churchill was concerned about changes in the president since their last encounter at the Teheran Conference and went so far as to confront McIntire about Roosevelt's health. The physician's response was that "there was nothing organically wrong" and cited the cause for changes in Roosevelt's appearance on the strain of the last twelve years and his advancing age.[86] Churchill was likely nonplussed by this explanation given his engagement in the war was longer than Roosevelt's and the prime minister was eight years older.

With Churchill in Quebec was his personal physician Lord Moran. Not only was Moran observant, he kept a detailed diary. His is one of the earliest *objective* commentaries suggesting, "Roosevelt's health impaired his judgment and sapped his resolve to get to the bottom of each problem." He further expressed concern that "men at this time of life do not go thin all of a sudden just for nothing." A similar concern was echoed by McKenzie King, the Canadian Prime Minister, in a diary entry during the same meeting. He observed Eleanor pushing Roosevelt in his

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[85] Douglas MacArthur, *Reminiscences* (New York: McGraw-Hill Book Company, 1964), 198-99.

[86] McIntire, *White House Physician*, 204.

wheelchair while he looked at miniature models of proposed invasion tactics. King wrote, "that out of sheer weakness, there was perspiration on his forehead…he still looks very weak. I feel great concern for him."[87] These observations, by men who kept their thoughts private and had nothing to gain from negative commentary in their diaries about Roosevelt's health, paint a more realistic portrait of his health than McIntire's public statements. Unlike Moran or King, McIntire's comments, public and private, were not meant to be realistic but to maintain an image that would help propel the president to another term in office.

It is impossible to know if McIntire truly believed that Roosevelt could survive another campaign, let alone another four years in office. Throughout his memoir he argues that Roosevelt was fit with no concern his health was an issue in the election. There is, however, evidence that McIntire knew otherwise. Dr. Lahey, one of the physicians selected by McIntire to provide recommendations after Bruenn's initial findings, prepared a memorandum sealed and held at the Lahey Clinic until after Lahey's death. In the memo, Lahey stated that he spoke with McIntire on July 8, 1944, about concerns regarding the president's health, "I did not believe that, if Mr. Roosevelt were elected President again, he had the physical capacity to complete a term…. Admiral McIntire was in agreement." Lahey further documented his opinion that it was McIntire's responsibility to ensure Roosevelt was aware of the severity of his health problems and that "he [Roosevelt] had a very

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[87] Lord Moran (Sir Charles Wilson), *Churchill at War 1940-45* (London: Carroll & Graf, 1966), 199; McKenzie King, Diary entry Tuesday, September 12, 1944. Prime Minister Collection, Library and Archives of Canada, accessed January 22, 2016, http://www.bac-lac.gc.ca/eng/discover/politics-government/prime-ministers/william-lyon-mackenzie-king/Pages/item.aspx?IdNumber=72704&.

serious responsibility concerning who is the Vice President." Lahey took his duty of patient confidentiality very seriously and would not divulge information at the time. He prepared the memo in case "there might be criticism of me should this later eventuate and the criticism be directed at me for not having made this public."[88] This document supports the observations of many that Roosevelt was indeed an ailing man. Such opinions were backed up by the medical opinion of a well-respected physician. While McIntire provided half-truths and deceptive answers to Churchill's questions, Moran's medical observations and, more convincingly, the judgment of Lahey, a physician who personally examined Roosevelt and reviewed his medical records, argues that in spite of his many assertions to the contrary, McIntire was well aware that Roosevelt was not well enough to complete another term as president. It was not simply that Roosevelt did not look well; he was not well.

Final Campaign

Bruenn, now an intimate component of the president's health care, did not comment on the viability of Roosevelt's survival for four more years in any of his notes. As a cardiologist, he was aware of the grim prognosis associated with congestive heart failure. Today, with many more treatment options than 1944, the median survival among all patients with congestive heart failure is approximately five years. Of those with more advanced disease, like Roosevelt based on his symptoms

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[88] Frank Lahey, Memorandum dated July 10, 1944, accessed November 11, 2015, http://s3:amazonaws.com/media/wbur.org/wordpress/15/files/2011/04/memo4-620x838jpj. Lahey, who died in 1953 while performing surgery, was never accused of withholding information about Roosevelt's health. Knowledge of the memorandum was not made public until a 1985 lawsuit involving Lahey's secretary and office manager, Linda Strand, who obtained the memorandum as executor of Lahey's will.

and exam results, the one-year mortality rate is near 90%.[89] Bruenn, a mid-range naval officer, was prohibited from speaking to the press or Roosevelt's staff by order of McIntire, his superior officer. McIntire was the sole conduit for information regarding the president's health. Bruenn was able to persuade McIntire to limit Roosevelt's travel in spite of his campaign's protestations that the public needed to see Roosevelt with their own eyes to refute allegations of his poor health. A compromise was reached. Roosevelt would travel but, using the very plausible rationale of presidential demands and duties associated with the war, his itineraries were much more limited than in prior campaigns. He had only a few large engagements with travel by train or car only, no air travel was allowed due to concerns of the potential for heart complications if cabin pressure changed rapidly. Roosevelt agreed to the restrictions and also, reluctantly, agreed to sit rather than stand during rallies and speeches to help reduce fatigue.

The less taxing campaign afforded Roosevelt the opportunity to shine as he did when he gave his famous "Fala" speech. In this September 28 speech given to the International Teamster's Union and broadcast across the nation, his voice was strong, he was engaged, and he used the speech to make light of attacks against him by Republicans. He couched his remarks with humor:

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[89] Larry A. Allen, MD, MHS, Jonathan E. Yager, MD, Michele Jonsson Funk, PhD, Wayne C. Levy, MD, James Tulsky, MD, Marget T. Mowers, RN, MSN, Gwen C. Dodson, RN, MSN, Christopher M. O'Connor, MD, G. Michel Felker, MD, MHS, "Discordance Between Patient-Predicted and Model-Predicted Life Expectancy Among Ambulatory Patients with Heart Failure," *Journal of the American Medical Association* 299 (2008): 2533-2542, accessed November 15, 2015, www.jama.jamannetwork/ article.aspx?articleid=182022.

> These Republican leaders have not been content with attacks on me, or my wife, or my sons….they now include my little dog, Fala.…Of course, I don't resent attacks, my family doesn't resent attacks, but Fala does resent them…I am accustomed to hearing malicious falsehoods about myself.…but I think I have the right to resent, to object to libelous statements about my dog.[90]

Were Roosevelt's comments about the "Republican writers in Congress and out" meant to refute Republican accusations, not about money spent to retrieve his dog, but actually their claims about other issues, such as his health? Regardless of his true intent, this speech was a resounding success and Roosevelt appeared to be the "the Boss" of prior years, able to take on opponents and, defeating them, tackle four more years in office.

Plans to restrict the number of campaign appearances were not known to most the Democratic Party leadership and, hoping to take advantage of the success of the "Fala" speech, the party chair planned an aggressive schedule of additional appearances to boost Roosevelt's visibility. When the schedule was rejected and he made very limited appearances, there was widespread speculation as to the reason. By mid-October, the glow from the September speech was gone and in its place, dark, brooding questions about FDR's health. Many newspapers and magazines printed editorials about this topic and some were blatant enough to discuss his potential demise. John O'Donnell, in a *New York Daily News* column, wrote, "The life expectancy of Franklin Roosevelt is indeed a definite political handicap for his fourth term pretensions." *Time* queried, "Is the President too old or tired to live out Term

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[90] Franklin D. Roosevelt, "Campaign 'Fala' Speech," September 28, 1944, accessed January 11, 1944, www.youtube.com/watch?v=b9lmwBG8ods.

IV?" In this article, McIntire was quoted to say, "Nothing wrong organically with him, He's perfectly OK…The stories that he is in bad health are understandable around election time, but they are not true."[91] Unfortunately for Roosevelt, more of the reports focused on potentially negative health outcomes and were to be prophetic.

As if not bad enough for the Roosevelt campaign that the popular press was focusing on the president's health, Steve Early learned of another problem. Early received a letter from Breckinridge Long, Assistant Secretary of State, that revealed news of widespread conversations among physicians at Bethesda Naval Hospital, The Surgeon General's Office, and the Mayo Clinic about Roosevelt's health. Early contacted J. Edgar Hoover to find the source of this leak and to put a stop to any further spread or publication of such sensitive information.

Rumors first originated when photos of Roosevelt's acceptance speech for the presidential nomination included Howard Bruenn. A number of physicians recognized Bruenn and made the logical assumption that Roosevelt had a heart condition. Dr. Howard Odel, a Navy physician assigned to Bethesda Naval Hospital, appeared to be the origin of the information leak. One of the people who recognized Bruenn, Odel also knew that doctors had examined the president at Bethesda. Odel told a friend, Dr. A. R. Barnes, "the President is a very sick man—heart disease." Barnes was visiting Bethesda from the Mayo Clinic at the time of this conversation and related it to colleagues when he returned to Minnesota, further spreading the story. The FBI report concluded that the information was based on "gossip" and there

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[91] John O'Dell, "The President's Health," *Newsweek*, October 23, 1944, 40; "The Presidency: He's Perfectly O.K.," *Time*, October 16, 1944, 17.

seemed "to have been a lot of loose conversation and talk." According to Hoover, Odel was "disturbed and uneasy" during his FBI interview he was likely sufficiently concerned to avoid any further discussions of Roosevelt's health.[92] There is no mention that any of the physicians interviewed by the FBI were advised to remain silent on the topic. However, especially given the intimidating reputation of the FBI at the time, it is unlikely that any of them would have required much persuasion.

Mission Accomplished

Much to the relief of his physicians, Roosevelt had no significant medical events during the last weeks of the campaign. Bruenn's note of October 28 indicated that he had "not contracted any upper respiratory infection…and appears to be stable of his digitalis regime."[93] November 1944 heralded Roosevelt as the first, and only, president elected to a fourth term. In spite of Roosevelt's obvious physical changes over the last year, his campaign managed to accomplish its mission. It convinced the American people, and perhaps even Roosevelt himself, that he was fully capable of leading the nation through the next four years and into the peace they hoped would come as he guided them through the tumult of the ongoing world war. Roosevelt's spirit was up to the challenge, but his body was not.

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[92] J. Edgar Hoover, "Memorandum Re: Circulation of story alleging the President has a serious heart affliction," October 1944, quoted in Douglas Brinkley, *The New York Times Living History: World War II, 1942-1945: The Allied Counteroffensive*, (New York: Times Books, 2004), 242-45.

[93] Bruenn, "Clinical Notes," 587.

Chapter 5

The Final Act

"The meaning of death, like the ending of a story, gives a changed meaning to what preceded it."

−Mary Catherine Bateson

A Final Oath

The first 100 days of Roosevelt's first term as president saw momentous legislative changes. Little did anyone at his inauguration on January 20, 1945, imagine that he would not survive the first 100 days of his fourth term. There were, however, a number of ominous signs on the day of his last inauguration. No parade was held and there was no inaugural ball or other festivities. The explanation for this was that it seemed inappropriate to spend money on frivolous celebrations when the nation was suffering widespread shortages and deprivation associated with the war. This was a very plausible explanation, but was it the only one?

Francis Perkins, Secretary of Labor and a long-time friend of Roosevelt, commented on his appearance during a meeting with him on January 19, 1945. She described a man with "the pallor, the deep gray color, of a man who had been long ill…. He supported his head with his hand as though it were too much to hold it up. His lips were blue. His hands shook." Even though she had frequent contact with FDR, his appearance had changed so dramatically it "frightened" her.[94] Perkins was not alone, Roosevelt's son James also noted a deterioration in his father's health. In a book of his recollections of his parents, he said he had an "awful irrevocable certainty

[94] Frances Perkins, *The Roosevelt I Knew* (New York: Penguin Books, 1946), 377-78.

that we were going to lose him. He looked sick…terribly tired and…was short of breath."[95] Concerns about FDR's health were worsening but went unspoken.

Roosevelt's final inaugural address lasted less than six minutes, much shorter than his prior speeches. In a video recording of the speech, he appears tired, without the spirited enthusiasm he typically used to rally Americans.[96] After the ceremony, FDR made a brief appearance at the traditional luncheon and then retired to eat and rest in the Red Room. Edith Wilson, widow of former President Woodrow Wilson, is credited with commenting to Frances Perkins, "Did you get a good look at the President? Oh, it frightened me. He looks exactly as my husband looked when he went into his decline." This is certainly in keeping with other comments made about his appearance, including one by a friend of the Roosevelts, Ilo Wallace, who Perkins quoted to say, "He looked so badly. Are you sure he is well?"[97] It was clear to anyone who saw Roosevelt that something was seriously amiss.

The Sick Man at Yalta

On January 23, 1945, Roosevelt left Newport News, Virginia, aboard the USS Quincy heading to his last meeting with Stalin and Churchill at the Yalta Conference. The conference was held in Yalta, in Crimea, ironically given the poor state of Roosevelt's health, because Stalin claimed his physicians felt he was too ill to travel to other sites proposed for the meeting. Roosevelt celebrated his sixty-third birthday

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[95] James Roosevelt, *My Parents: A Different View* (Chicago: Playboy, 1976), 281.

[96] Franklin D. Roosevelt, "1945 Inaugural Address" (video recording), accessed March 23, 2016, www.youtube.com/watch?v=ROxSFRQ1rCQ.

[97] Kearns, *No Ordinary Time*, 573; Perkins, *The Roosevelt I Knew*, 378.

on the transit and tolerated the trip well. He arrived in Yalta with the lofty goals of devising war ending attacks on both Germany and Japan and determining the structure of the world after the war; each man brought individual agendas.

For Roosevelt, the Pacific theater remained a problem and he wanted Russian assistance in this arena. Stalin agreed to this with several stipulations, including that the Soviets would have the predominant force in Outer Mongolia in place of the Chinese. Roosevelt also wanted to finalize plans for the establishment of the United Nations. A serious barrier to this was Soviet insistence of "absolute veto authority" in the Security Council. With negotiations at Yalta, this barrier was overcome. Churchill wanted to ensure Great Britain's territorial claims and areas of influence in Europe, especially in the Balkan region. In addition to Stalin's demands in Asia, he wanted influence in Poland. Under the final agreement, "Poland's post-war government would include members of the Communist Party." It was for this final point that many criticized Roosevelt for weakness. Stalin's agreement for free elections and self-rule was soon proven to be false. In a letter dated March 16, 1945, to the U.S. Ambassador to London, FDR wrote that "Poland seems to be acting up again—or, more correctly, the Russian Foreign Office."[98] Barely a month after the Yalta conference ended, the Soviets showed a lack of compliance with decisions agreed upon.

Why did Roosevelt make the Poland concession to Stalin? Surely, he knew that Stalin was duplicitous and wanted control over Poland, and likely other territories

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[98] William E. Kinsella, Jr., "Relations with the Soviet Union," in *A Companion to Franklin D. Roosevelt*, ed. William D. Pederson (Malden, MA: Wiley-Blackwell, 2011), 574-75; Franklin D. Roosevelt, *FDR: His Personal Letters*, 1575.

when the war ended. One argument is that Roosevelt was more concerned about gaining assistance in the Asian campaign to end the war with Japan, and that Poland was not as important a region to U.S. interests. James MacGregor Burns suggests Roosevelt recognized this was not a battle he could win. The Russians already occupied Poland and were not going to concede the territory. It was futile to try to convince them otherwise and risk losing their support against the Japanese.[99] Another argument is because Roosevelt was extremely ill and fatigued, he was off his game and not able to be the forceful negotiator he was at prior meetings. There was no question that Roosevelt was not well at the meeting. Often referred to as the sick man at Yalta, he was appeared extremely fatigued. Lord Moran, who expressed concern about Roosevelt's health at the Quebec conference in September, penned in his diary that FDR was "a very sick man with only a few months to live."[100]

Photographs of "The Big Three," demonstrate why Moran was concerned. Roosevelt, the youngest of the three leaders, appears thin and much older than his companions. (Figure 9) McIntire, however, continued his consistent refrain that FDR was in good health, simply a little tired from the strain of travel and the war.

The Last Speech

Roosevelt and his entourage returned to Washington on February 28 after brief stops in Egypt and Algiers. Although he was very fatigued, the trip home was medically uneventful. With only one day to rest from his trip, FDR addressed a Joint

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[99] James MacGregor Burns, *Roosevelt: The Soldier of Freedom* (New York: Harcourt Brace Jovanovich, 1970), 572.

[100] Moran, *Churchill at War 1940-45,* 249.

Session of Congress to announce the results of the Yalta Conference. At this, his last formal address to the Congress and the nation, he remained seated. He asked for forgiveness for his "unusual posture of sitting down during the presentation," but it was easier for him than standing with "about ten pounds of steel around the bottom of my legs." Not only was this an unusual position for the president during such an occasion, but it was also a rare concession to his fatigue and weakness. Compared to speeches made only a few months earlier, Roosevelt appeared haggard and seemed to have difficulty maintaining his train of thought. When reviewing the prepared notes from which he gave the speech and comparing it to the actual speech, there are a number of differences. He appeared to have problems concentrating and took brief pauses during the speech.[101] This man, normally eloquent and engaging seemed, at times, lost and confused.

These issues may have been the result of a neurologic problem, something affecting his brain. There are no blood pressure records from this date but, if his blood pressure was extremely high, it could easily cause these symptoms. A transient ischemic attack, or mini-stroke, can also create the difficulties Roosevelt had in reading and concentrating and, given his fatal event only six weeks later, this is a very strong possibility. A less likely possibility is that of a brain tumor, as postulated by Lomazow in *FDR's Deadly Secret*.[102] Sudden vision changes may have caused

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[101] Franklin D. Roosevelt, "Address to Joint Session of Congress, Yalta Conference," March 1, 1945, accessed October 12, 2015, www.youtube.com/watch?v=v_MZphqsjog.

[102] Lomazow, *FDR's Deadly Secret*, 6.

Roosevelt to have difficulty reading the paper in front of him. Both strokes and tumors can cause such problems and this, combined with fatigue from the long trip, may have been a combination that left him looking drawn and somewhat incapacitated. Surprisingly, given the history of press coverage about his health, the press made little comment about his appearance.

A Lightened Load

FDR had very few appointments over the next few days and on March 4, he traveled to Hyde Park with Eleanor for a long weekend with no formal engagements. There are no notes from McIntire or Bruenn over the next couple of weeks and little is known about specific health issues. Comments by those who saw him frequently refer to him as gray or ashen, drawn and tired, and thin. His daily calendar shows he had only two or three appointments with long periods away from the office for rest and almost daily doctor's visits. On March 12 while Eleanor was out of town, he spent time "motoring" and he returned to the White House with Mrs. Rutherfurd (Lucy Mercer) who stayed for dinner with FDR, his daughter Anna and her husband. Lucy visited often during the next several days. Anna Roosevelt, although worried about being torn between her parents, decided that her father needed the emotional support and comfort that he had with Lucy. She not only did nothing to stop such visits and she may have facilitated them. Daisy Suckley's diary entries also suggest that Roosevelt felt better, physically and emotionally, when with Lucy. She seemed

therapeutic to him. During their time together, he was more animated and during absences his health appeared to decline.[103]

Most days of the last two weeks of March, FDR continued to have light schedules. He reviewed paperwork in his office but limited appointments with officials and dignitaries. He spent weekends in Hyde Park with no social engagements. Bruenn recalled FDR looked "bad. His color was poor, and he appeared to be very tired."[104] On March 29, on the recommendation of his physicians, he left Washington for Warm Springs in the company of Daisy Suckley, his cousin Laura Delano, and Howard Bruenn. Ross McIntire stayed in Washington. In Warm Springs, Roosevelt kept up with the daily posts and memos forwarded from Washington but had only a few scheduled official appointments. This trip was designed for rest and rejuvenation and was much needed based on a comment made by Laura Delano about a planned trip to San Francisco later in April. "Polly (Laura's family nickname) confessed that when she saw him last Thursday [March 29th], she didn't think he would live to go to the San Francisco Conference." Even William Hassett, a secretary close to Roosevelt, who normally downplayed any health concerns, documented a conversation he had with Bruenn in which Hassett commented, "He is slipping away

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[103] Franklin D. Roosevelt, "Day-By-Day," March 1 1945-March 12, 1945; Joseph E. Persico, *Franklin & Lucy: Mrs. Rutherfurd and the Other Remarkable Women in Roosevelt's Life* (New York: Random House, 2008), 294-95, 302-304; Ward, *Closest Companions*, 414. Lucy Mercer Rutherfurd and FDR maintained contact even after Eleanor learned of their affair. In 1941, Lucy had the first of many visits to the White House under the pseudonym Mrs. Paul Johnson. In 1944, after the death of her husband, White House records listed her as Mrs. Rutherfurd and FDR introduced her to other guests as a family member. Lucy visited Hyde Park and was a frequent guest of FDR at Warm Springs including the day of his death.

[104] Bruenn, "Clinical Notes," 588.

from us and no earthly power can keep him here." By April 8, both Laura and Daisy felt that FDR was still tired but appeared better and was looking forward to a visit by Lucy.[105] His diet was modified to try to increase calories and help him gain weight, he was sleeping somewhat better, and on April 9, Lucy arrived.

The Last Day

Bruenn agreed with FDR's cousins' assessment that the president seemed a little better. His blood pressure remained poorly controlled, but his color was improved and he did not seem as fatigued. Russian artist, Elizabeth Shoumatoff who accompanied Lucy Rutherfurd to Warm Springs, began a portrait of Roosevelt, meant to be a gift for Rutherfurd. Roosevelt complied and was to sit for her again on April 12. FDR woke with a headache and complaint of neck stiffness that he told Bruenn at 9:20 improved with massage. In keeping with his routine, FDR reviewed his official paperwork while Shoumatoff was sketching. Around 1:00, he suddenly complained of a "terrific pain in the back of my head" and lost consciousness. Bruenn was at a pool and had to be summoned to attend to Roosevelt, who had been moved to his bedroom. Bruenn outlines the events of the next several hours, his conversations with McIntire and the request that Dr. Paulin come to Warm Springs from Atlanta to assist. Roosevelt's physical findings were compatible with a massive stroke, one that, even with today's interventions, he was unlikely to survive. At 4:35 pm, Franklin Delano Roosevelt died.[106]

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[105] Ward, *Closest Companions,* 408-9, 412; William D. Hassett, *Off the Record with FDR: 1942-1945* (New York: Enigma Books, 2015), 291.

[106] Bruenn, "Clinical Notes," 587-8.

The Nation Mourns

Lucy and Shoumatoff left Warm Springs immediately, their presence would be inappropriate when Eleanor arrived. McIntire informed Eleanor of her husband's death and she, in turn, personally advised Harry Truman that he was now President of the United States. Eleanor traveled to Warm Springs to be with her husband. His body was embalmed after her arrival. At 8:45 am on April 13, a funeral train carried Roosevelt to Washington. His body laid in state April 14, from 11:45 until 4:00, when a funeral service was held. At 9:30 pm, his body was taken to Hyde Park. The next morning, April 15, 1945, FDR was laid to rest.[107]

Reactions to Roosevelt's death were similar everywhere, shock, dismay, disbelief. For many young Americans, FDR was the only president they had known, almost a father figure in his leadership during difficult times. McIntire's consistent declarations that Roosevelt was healthy, made the reality of his death even more difficult to comprehend. But, strokes often seemed to appear from out of the blue and while tragic, it was believable to the public that this was an unexpected event. There were some who questioned the circumstances of Roosevelt's death and it was not long before rumors about his death became common.

[107] Franklin D. Roosevelt, "Day-By-Day," April 12, 1945-April 15, 1945.

Chapter 6

Conspiracies and Rumors

"I think one of the reasons that we like conspiracy theories is, I think that we like to feel like there is a group of people who are so smart and powerful that they can pull the wool over an entire country or in fact even an entire world's eyes. That certainly makes us feel like somehow we're protected, even if it's not in our best interests."

−Jason Ritter

Questions

Almost immediately after Roosevelt died, rumors surrounding the cause of his death erupted. During his life, the campaign of misinformation about his health was so effective that most Americans, international leaders, and even many of FDR's aides were shocked by what seemed to be his sudden and unanticipated death. To further incite rumors was Roosevelt's quick burial on April 15, 1945 after a formal period of lying in state with a closed casket that lasted only a few hours.[108] Some of the rumors that emerged contained at least a glimmer of credibility while others were wild speculations with no basis in fact. Everyone seemed to have an opinion about FDR's death. From tabloids in the U.S. to world leaders including Stalin and Hitler, contemporaries of FDR offered their thoughts about what caused the death of the president. Today, theories still persist and, within the last decade, new ideas have been postulated about his health and death demonstrating a continued interest in the life and demise of Franklin Roosevelt.

[108] Roosevelt's body was transported from Warm Springs, Georgia, to Washington D.C., on April 14, 1945. He was carried by a funeral cortege to the White House and lay in state in the East Room for only a few hours and, later, transported by train to Hyde Park, New York, where he was interred on April 15, 1945.

Given all of the rumors and innuendos surrounding Roosevelt's health and death, what should historians think? Is there any basis to such rumors? Was he a casualty of war by the hands of foreign powers, a man emotionally strained by the demand of his office to the point of suicide, or the victim of an unreported and untreated cancer? Many rumors are based on a small piece of true information that becomes distorted. Others are simply the fanciful conjectures of creative, or possibly paranoid, minds. Which is the case here? Are there subtle hints in some of these rumors suggesting cover-ups or foul play leading to the death of an American president? Consideration of some of the many rumors may help shed light on Roosevelt's death and the level of intrigue associated with it in the American psyche.

Embalming Theory

Conjecture that Franklin Roosevelt could not be embalmed either because of poison in his system that prevented embalming or because his arteriosclerosis was so advanced that his body would not allow the procedure were inaccurate. This particular rumor was based, at least in part, on difficulties in performing the embalming and later sensationalized in a 1948 book by Emanuel M. Josephson. Josephson, who was not present at the embalming, claimed that Roosevelt's body was black and unable to be embalmed, possibly because of poisoning.[109] The reality is not quite so lurid. At 7:45 p.m., four hours after FDR's death, F. Haden Snoderly, an undertaker from H.M. Patterson & Son Funeral Home in Atlanta, Georgia, was called

[109] Emanuel M. Josephson, *The Strange Death of Franklin D. Roosevelt: History of the Roosevelt-Delano Dynasty, America's Royal Family* (New York: Chedney Press, 1948), 285.

and served as part of the team that prepared FDR's body for his final trip home. In a very detailed, fifteen-page handwritten note, Mr. Snoderly outlined problems associated with the embalming. The team did not arrive at Warm Springs until after 10:40 p.m. that night and work could not begin until the arrival of Mrs. Roosevelt. The technology for embalming, then as now, was most effectively applied when initiated as soon as possible after death and the delays made the team's task more difficult. When they were finally able to begin at 12:15 a.m., nearly nine hours after death occurred, "Rigor mortis had set in," there was discoloration of the face, and "his abdomen was noticeably distended." The notes described some difficulty in injection of the embalming fluid because "the arteries were sclerotic," but the procedure was completed over a five-hour period. That the procedure was difficult is borne out in Snoderly's comment, "The time element and the cause of death, which was cerebral hemorrage [sic], you can readily understand and realize what a difficult case we had to prepare."[110] The note indicates that the procedure was completed and the body prepared for transport to Washington. Even with today's methods, embalming can require several hours of work.[111] In the case of FDR, considering the technology available at the time and his severe atherosclerosis, the fact that it took several hours to complete the procedure was not surprising.

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[110] J. Hayden Snoderly, "Embalming Notes in Case of Franklin Delano Roosevelt," accessed October 18, 2015, https://it.scribd.com/doc/20368936/FDR-Embalming-Notes.

[111] "Embalming: What You Should Know," Funeral Consumers Alliance website, accessed October 18, 2015, www.funerals.org/frquently-asked-questions/48-what-you-should-know-about-embalming.

Rumors that FDR could not be embalmed persisted until Snoderly's note was made public in the late 1970s. But as late as 1974, Jim Bishop's *FDR's Last Year: April 1944-April 1945* stated that, "Patterson," owner of the funeral home that provided embalming services, "said it was impossible to embalm the body properly. He and the embalmers would have to follow the funeral on the train to Washington."[112] There is no reference to the source of this comment and an article written by Patterson in 1945 contradicts Bishop's claims. Patterson's article described the embalming as difficult, but stated that it was successfully completed.[113] Although this rumor is still found on some internet sites, review of reliable sources shows that Roosevelt was, indeed, embalmed.

Poison

Roosevelt's sudden death, only months after Dr. McIntire had declared him physically fit, created doubts in the minds of some people about the reports that he died of a cerebral hemorrhage. Because very few knew of his underlying heart disease and elevated blood pressure, many found it strange that he would suffer such a death and there were numerous rumors about his cause of death. One of these was the possibility of poisoning. There are two different threads to this rumor. The first, argued by Bill Hanson in *Closely Guarded Secrets: The Assassination of FDR*, is that Hitler's Nazi Party had an agent at Warm Springs and used cyanide placed in

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[112] Jim Bishop, *FDR's Last Year: April 1944-April 1945* (New York: William Morrow & Company, 1974), 620.

[113] Fred Patterson, "Details Described by Fred Patterson," *The American Funeral Director* (May 1945): 36, 44.

Roosevelt's food to kill the president. The symptoms of a headache, coma, and death, as suffered by Roosevelt shortly before his death, can be associated with ingested cyanide, leading to Hanson's argument. The presumed motivation behind this premise was, if Roosevelt was dead, "the agreement signed at Yalta would be null and void. Germany could surrender to the Allies, and Hitler and his henchmen might yet escape their just retribution." Hanson, who used interviews of expatriate Germans who claimed to have direct knowledge of the plot, argues that Hitler believed that Roosevelt's demand for "unconditional surrender" would lead to "mass slavery for the German people and show-trials of high Nazis before an international war crimes court."[114] The lack of substantiating information and the absence of unvetted staff tending to Roosevelt at Warm Springs make this particular speculation implausible.

The idea of a Nazi plot to assassinate Roosevelt, however, is not entirely far-fetched. While there is no verifiable evidence to show foul play in Roosevelt's ultimate death, rumors about a prior plan to assassinate the president also exist. The Soviets allegedly identified and thwarted a German plot, *Operation Long Jump*, to assassinate Roosevelt, Churchill, and Stalin at the 1943 Tehran conference. Although controversy about the validity that such a plot existed remains, that it was, and continues to be, the subject of considerable research and attention suggests the Nazi's may have considered assassinating Roosevelt.[115] Even in the event that *Operation*

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[114] Bill Hanson, *Closely Guarded Secrets: The Assassination of FDR* (Bloomington, IN: XLibris, 2000), 77, 110.

[115] Several books, articles, and a movie suggest the validity of the existence of Operation Long Jump. Most of these are written or prepared in collaboration with Soviet citizens leading to some skepticism by westerners. For additional information

Long Jump was more than media hype, there is no evidence to support any theory that Hitler or the Nazi party played a role in the April 1945 death of the American president.

The Nazis are not the only people accused of poisoning Roosevelt. Based in large part on a *Look* magazine article was the allegation that Roosevelt was poisoned under the orders of a British plot. Elliot Roosevelt, the third child of Eleanor and Franklin, accompanied FDR to the 1943 Tehran summit. While at the meeting, Elliott met Joseph Stalin. In 1946, Elliott Roosevelt was asked by the publisher of *Look* to conduct an interview with Stalin in Moscow. Roosevelt accepted the offer and again met with Stalin. After the formal interview was concluded, Roosevelt asked Stalin why requests by Eleanor Roosevelt to visit Moscow were all denied. The dialogue that ensued, quoted in *Look*, and subsequently in a 1986 *Parade Sunday Magazine Supplement*, led to Stalin's declaration that Eleanor's requests were denied because she had refused to allow Andrei Gromyko, the Soviet Ambassador to the U.S. at the time of Roosevelt's death, to view FDR's body. Stalin claimed he wanted the body viewed to confirm the cause of death. He then told Elliott that "They poisoned your father, as they continue to try to poison me…the Churchill gang!"[116] References to

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about Operation Long Jump, refer to Bill Yenne, *Operation Long Jump: Stalin, Roosevelt, Churchill and the Greatest Assassination Plot in History,* 2015 and "Teheran 43" a 1971 USSR-France-Switzerland drama directed by Aleksandr Aolov and Vladimir Naumov.

[116] L. Fletcher Prouty, "Who Killed Franklin D. Roosevelt?" *Sunday Supplement to Parade,* February 9, 1986, accessed December 15, 2015, http://www.prouty.org/comment1.html.

the *Churchill gang* and assertions that there was a plot against Stalin, if not against Roosevelt, are still present on internet sites and continue to perpetuate this rumor.

Associated with this is the theory of a British plot, yet another rumor that both Lucy Mercer, who previously had an extra-marital affair with FDR and maintained a close relationship with him until his death, and Elizabeth Shoumatoff, the Russian-born artist who painted the last portrait of FDR, were in the employ of the British intelligence service M16. Both women were with Roosevelt in Warm Springs on the day of his death. Fletcher Prouty suggests that, in collusion with Roosevelt's cardiologist who "prepared the deadly cocktail or cup of succession for the president,"[117] the women confirmed that Roosevelt drank a poisoned beverage that led to his death. Scrivener and Hanson both also suggest that the poison used was cyanide, a drug not always detectable on simple physical examination of a body.

There are a number of flaws to these conspiracy theories. The most obvious is that there is no available documentation to support the claim that Mercer or Shoumatoff were M16 agents or were in any way associated with the British government. Mercer had a very close, long-standing intimate relationship with FDR with no evidence that she desired his death. Because of her relationship with Roosevelt, she has been the subject of historical studies and scrutiny. If material existed that implicated her as a British agent or with an agenda to harm Roosevelt, it would surely be public knowledge. Likewise, the suggestion that Howard Bruenn participated in actions leading to FDR's death is without support. Bruenn's efforts to

[117] Patrick Scrivener, "The Assassination of President!!," accessed December 15, 2015, www.reformation.org/assassination-of-president-roosevelt.html.

preserve and improve FDR's health, not injure it, are borne out repeatedly in documented notes and the treatment plans recommended by the cardiologist. In spite of these various poisoning theories, there remains no evidence such ideas are anything more than creative conspiracy theories.

Suicide

A less common rumor was that Roosevelt killed himself, the result of a guilty conscience for failures of the New Deal, loss of American lives as a result the war, or in the thought that he was duped by the Soviets into acceding to too many concessions at Yalta.[118] An internet search revealed many individuals who heard reports from what are described as *reliable* sources that Roosevelt shot himself in the head. Such stories include radio announcements claiming FDR died from a gunshot wound, a mortician who said he removed a bullet during FDR's autopsy (it is important to note that FDR's body did not undergo autopsy), and similar rumors persist. One internet site includes links to various documents and other sites suggesting legitimacy of the claims. However, the information associated with these links consists of second and third hand renditions of unsubstantiated stories heard at the time of Roosevelt's death.[119]

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[118] Mr. X, *The Roosevelt Death: A Super Mystery*, (No city provided: G.L.K Smith, 1947), 14-16.

[119] "FDR Committed Suicide," Snopes.com>Urban Legends>History. January 2010, accessed November 3, 2015, www.message.snopes.com/ showthread.php?t= 55378; "Did FDR Commit Suicide Or Was He Assassinated, Lies Your Teacher Taught You," accessed November 3, 2015, www.lovkap.blogspot.com/2011/04/did-fdr-commit-suicide-or-was-he.html.

The numerous confirmed firsthand accounts of Roosevelt's last day by people at Warm Springs, the detailed account by the embalming team that states the cause of death was cerebral hemorrhage and the medical report by Dr. Bruenn, prove this suicide theory to be unfounded. That websites such as noted above continue to attract attention demonstrates, for some people, there are lingering questions about the circumstances of FDR's death.

The Whispering Campaign

A potentially scandalous rumor started when Roosevelt was still governor of New York, but did not receive widespread press attention, led it to be referred to as "the whispering campaign." In 1930, circulars were sent anonymously to delegates of the 1928 Democratic convention. They stated that based on health files held by Roosevelt's life insurance company,

> he is suffering from locomotor ataxia produced by syphilis. For almost 10 years, however, Governor Roosevelt has been parading himself before the public as a victim of infantile paralysis in order to gain sympathy and hide his real affliction.

Syphilis was associated with moral depravity and, if it was believed he suffered from this disease, his paralysis could be seen as divine retribution. This rumor, had it become publicized and taken seriously, could have been devastating to his aspirations for the presidency. Efforts to use this tactic to discredit Roosevelt were unsuccessful. While the rumors regarding a diagnosis of syphilis were circulated, neither the flyer nor the rumor received much national attention.

Even if the rumors had spread, the natural course of syphilis does not fit with Roosevelt's medical history. When it enters the third phase, syphilis can cause

neurologic disorders (neurosyphilis) including gait changes, weakness and loss of muscle control. Untreated, this stage of syphilis typically presents four to eight years after the disease is contracted. The current treatment for syphilis, penicillin, was not available for use until the 1940's. Prior to this treatment, neurosyphilis was considered a fatal disorder with an average life expectancy of two to three years after onset of symptoms.[120] Statistically, Roosevelt, whose paralysis was diagnosed in 1921, would not have lived until 1930 and certainly not until 1945 had the cause of his disability been syphilis. This rumor had the potential to cost votes but was without basis.

Prostate Cancer

There were periodic rumors that Roosevelt had cancer. These started during his life and became more widespread after. The most prominent of these rumors, and one that may have merit, is that of prostate cancer. Statistics were not kept regarding cancer incidence in the 1940s, however, based on the most recent data from 2012, prostate cancer, the most commonly occurring non-skin cancer in men, affects approximately one in seven men. In spite of the high incidence of this disease, 95% of men diagnosed with the disease are alive for at least fifteen years after initial diagnosis.[121] There is no evidence that Roosevelt was actually diagnosed with prostate cancer, but several biographers including Harry Goldsmith and Steven

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[120] Tobin, *The Man He Became*, 289; Cecil, *Textbook of Medicine*, 402-405.

[121] *American Society of Clinical Oncology*, "Prostate Cancer Statistics," accessed November 10, 2015, www.cancer.net/cancer-types/prostate-cancer/statistics.

Lomazow have mentioned this possibility. Dr. Goldsmith reported that he reviewed a letter to J. Edgar Hoover from an FBI agent that during a physical exam Roosevelt underwent, "it was discovered that he was suffering from a cancer of the prostate gland and that if he continued in office, he probably would not live more than one year."[122] Lomazow also suggested that the president likely had prostate cancer. His assumptions were based on involvement of Dr. William Stirling in Roosevelt's care. Stirling, a urologist and friend of Roosevelt, was open about his involvement in Roosevelt's medical team beginning sometime between 1940 and 1942. He was reported to refuse "to perform unspecified surgery on the president because of the fragile state of his health."[123] Other accepted treatment for prostate cancer was radiation therapy. At the time, radiation therapy was much less refined than it is today. It was a daily treatment over several weeks and had rather profound side effects. A review of Roosevelt's daily schedule shows periods of daily visits to a doctor's office. It appears these were in Ross McIntyre's office at the White House. The equipment and staffing required for radiation therapy were not available at the White House and there are no records of daily trips to a medical facility outside the White House over an extended period time.[124] Even if not documented in his daily

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[122] Harry S. Goldsmith, *A Conspiracy of Silence: The Health and Death of Franklin D. Roosevelt* (New York: iUniverse, 2007), 88-89.

[123] Steven Lomazow, M.D. and Eric Fettmann, *FDR's Deadly Secret* (New York: Perseus Books, 2009), 87-88.

[124] "FDR: Day by Day," Daily Schedule of President Franklin D. Roosevelt 1933-1945," FDR Presidential Library & Museum, accessed August 15, 2016, www.fdrlibrary.marist.edu/daybyday/.

schedule, such frequent trips to Bethesda Naval Hospital were not likely to be overlooked by the press. There is no confirmable evidence that proves a diagnosis of prostate cancer. However, given Roosevelt's age, it is not outside the realm of possibility that he had this disease.

Melanoma

Within the last decade, a book was published that suggested that Roosevelt had melanoma, an aggressive form of skin cancer. Lomazow, a neurologist, used studies of photographs of the president to follow a lesion over his left eyebrow to base his premise.[125] This lesion was present since at least 1928 and grew in size into the 1940s. The lesion likely represented a seborrheic keratosis, often referred to as age or liver spots. Such lesions are common in people who spend longs periods of time in the sun as Roosevelt was known to do. Changes in such lesions are common. However, in some people, these changes can be an ominous sign of transition to another form of skin disease including melanoma. A review of photos of Roosevelt does bear witness to changes in the lesion. This is not only the size but, to some extent, its configuration. In 1945 there was still an abnormality over the left eye but it was smaller and lighter in color than in prior years. (Figures 5-8) Although regression occurs frequently in such lesions, Lomazow argues that the lesion was surgically removed. There are no medical records to substantiate this claim.

In *FDR's Deadly Secret*, the theory that a melanotic cancer was removed from FDR's face goes on to suggest that melanoma spread from his skin to his brain and

[125] Lomazow. *FDR's Deadly Secret*, 88

was ultimately responsible for the president's death. The author speculates that during the last years of his life, many of Roosevelt's health problems were related to widespread melanoma. Roosevelt suffered from periodic abdominal pain documented by his physicians as gall bladder disease and gastroenteritis.[126] It is possible for melanoma to spread to the bowels as suggested by Lomazow. However, this is a relatively uncommon occurrence and even with twenty-first century treatment available for melanoma, patients who suffer from melanoma that advanced to the bowels typically live only two to four months.[127] In the 1940s, survival was more often measured in weeks. The same is true for the theory that blank, staring spells and brief episodes of confusion were caused by metastatic disease to the brain. These symptoms are, in fact often associated with cancer in the brain but, in Roosevelt's case, these findings were reported for a period of months, much longer than he would have survived if he had such extensive disease.

Several medical reviews of Lomazow's theory have been written. Dr. Harry S. Goldsmith, a dermatologist, refuted the claims of melanoma on the basis that the lesion over FDR's left eye was present over twenty years without significant progression. Additionally, he argued that, had a lesion over the eye been surgically removed, a resultant scar would be much larger than the faded area seen in the last

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[126] Bruenn, *Clinical Notes*, 588; Gastroenteritis is an inflammatory problem in the stomach or intestines. Common symptoms are abdominal pain, gas, diarrhea, nausea or vomiting.

[127] William E. Damsky, Jr., Lara E. Rosenbaum, and Marcus Bosenberg, "Decoding Melanoma Metastasis," *Cancers* (2011): 3, 141.

year of Roosevelt's life and that this area is likely regression of a benign lesion.[128] Dr. A. Bernard Ackerman, a dermatopathologist, concluded that it is impossible to be certain that the lesion was or was not melanoma. Based solely on photographic evidence, there is no way to exclude the diagnosis but likewise, no way to prove it.[129] However, based on the timing of FDR's multiple health problems, the nature of metastatic melanoma, and the lack of effective treatment during FDR's life, it is highly improbable that his death was related to metastatic melanoma as argued by Lomazow.

Cold Case

Roosevelt's death, similar to many other national events, will likely always be associated with questions. Rumors about assassination, suicide, embalming problems, cancer and even syphilis have haunted his memory for decades. His death is, for many, a historical *who-done-it* mystery. Sensationalized through modern technology and social media, even rumors previously put to rest are resurrected in internet tabloid fashion and continue to have a life of their own and add, in a somewhat perverse fashion, to the Roosevelt mystique.

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[128] Harry S. Goldsmith, MD, Roosevelt's "Pigmented Lesion: Probably Not a Melanoma," *Archives of Dermatology* 145 (March 2009): 339.

[129] A. Bernard Ackerman, MD and Steven Lomazow, MD, "An Inquiring Into the Nature of the Pigmented Lesion Above Franklin Delano Roosevelt's Left Eyebrow," *Archives of Dermatology* 144 (April 1 2008): 532. A dermatopathologist is a physician who specialized in the study of cells of the skin to diagnosis medical conditions.

Chapter 7

A Complicated Legacy

"The story is over."

−Eleanor Roosevelt, April 1945

End of an Era

With Roosevelt's death, American history was changed. Truman's relationship with Churchill and Stalin was much different than FDR's and tensions mounted. Truman's decision to use atomic bombs in Japan remains a topic of debate today. Questions of what would Roosevelt have done had he lived are interesting but not simple. Would he have used atomic weapons? Would he have been able to delay or avert the emerging Cold War? When discussed, these questions assume that, had he not died in April 1945, FDR would be healthy and able to perform his duties. However, his health was declining even before his election in 1944. The strain of the presidency, the war, and the myriad demands he faced worsened an already dire health situation. Had he not died as a result of the cerebral hemorrhage, it is likely that he would have suffered a continual slow decline until he had a catastrophic event leading to death, or worse politically, total incapacitation as was seen with Woodrow Wilson.

Culpability

Retrospectively, it is obvious from a medical standpoint that Roosevelt could not survive a fourth term in office. Even in 1945 this was apparent not only to physicians but also to laypeople. McIntire bears the brunt of the blame for convincing the American public of Roosevelt's fitness to run for office in 1944. He reported the

president was "organically sound" and "as fit as any man his age." As we have seen, neither of these comments was true. McIntire's 1946 memoir, released in response to the many accusations that he withheld or provided false information, was equally misleading. Commenting that the cerebral hemorrhage could not have been predicted, he argued that some conditions can be predictive "such as extremely high blood pressure and advanced general ateriolosclerosis." He further stated that Roosevelt had neither of these and "his blood pressure was not alarming at any time; in fact on the morning of the day he died, it was well within normal limits for a man his age."[130] Even after FDR's death, McIntire propagated misinformation, no longer to protect Roosevelt's image but his own.

McIntire is not alone in withholding information. Howard Bruenn was keenly aware of the president's health and the risks of continued stress with another term in office, but he did not disclose information to the press or president. And, Frank Lahey's memo states he and McIntire agreed the president's health was impaired and Lahey believed that he could not survive another four years. In spite of this belief, Lahey, it appears, did not divulge his opinion to anyone other than McIntire. Lahey did, however, claim that his sense of patient confidentiality made it impossible for him to disclose information regarding Roosevelt's health and laid the burden on McIntire.[131] Using this argument, were Bruenn and McIntire also justified in withholding health data even knowing the possible national and international ramifications?

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[130] McIntire, *White House Physician*, 204, 211, 227.

[131] Lahey, Memorandum dated July 10, 1944.

Personal Privacy or Public Domain

Roosevelt's case provides an interesting example of the issue of when does the public have the right to know private information about the president. The Hippocratic oath taken by all American doctors reads in part, "I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know."[132] Today these rules are not only ethically, but also legally, binding under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). An single violation of the HIPAA regulations can result in a fine of up to $50,000. Using the Hippocratic oath as a guideline and the current HIPAA criteria, Lahey was correct in not revealing information about Roosevelt's health. However, does the case of a national leader, when his or her health may impact world events, create a situation in which a double standard applies? Is it appropriate, in the setting of a president to release health information to the public?

This issue has contributed to the 1966 passage of the Twenty-fifth Amendment to the U.S. Constitution which addresses presidential disability. When passed, this amendment formalized steps to be taken to fill the office of President and Vice President in the event of death or incapacitation. The wording left some ambiguity about what constituted incapacitation and on whom the responsibility of declaring the president incapacitated fell. To better define this, a working group comprised of physicians, ethicists, legal experts, and former presidents spent two

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[132] Louis Lasagna, "A Modern Hippocratic Oath," accessed August 1, 2016, www.aapsonline.org/ ethics/oaths.htm#hippo; "What Are the Penalties for HIPAA Violations?," *HIPAA Journal* (June 24, 2015), accessed August 1, 2016, www.hipaajournal.com/what-are-the-penalties-for-hipaa-violations-7096/.

years reviewing and considering all aspects of the amendment. Among the topics included were presidential privacy and the public's right to information. The working group frequently used Roosevelt's situation as a proto-type on which to base discussions. Ultimately, the group determined if the president was at risk of, but not actually, incapacitated, the decision to release health information was up to the president, not the physician. If the president became incapacitated, the physician was then responsible for informing the Vice President, Congress, and other specified individuals. The criteria for declaring the president incapacitated, however, remains highly contentious.[133]

Since the working group last met in 1996, much has changed in our society. Twenty-four hour news access, cell phones with still and video cameras, social media, and drones have created an environment where very little is truly private. Presidents, like other celebrities, are under the constant watch of the press, public and paparazzi. The gentlemen's agreement between Roosevelt and the press regarding control of images released could not exist today and it is unlikely health problems such as those suffered by Roosevelt could be hidden from the public. In spite of this, the issue persists.

During the ongoing presidential campaign, questions about the health of candidates has been broached but not well answered. Legally, they have the same right to privacy as other citizens and are not required to provide any information.

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[133] James F. Tool and Robert J. Joynt, eds., *Presidential Disability: Papers, Discussions, and Recommendations on the Twenty-Fifth Amendment and Issues of Inability and Disability in Presidents of the United States* (Rochester, NY: University of Rochester Press, 2001), 113, 383, 436-450.

Both major party candidates have released some medical information. Dr. Harold Bornstein wrote, "If elected, Mr. Trump, I can state unequivocally, will be the healthiest individual ever elected to the presidency."[134] This is a rather cavalier statement, impossible to prove and reminiscent of claims made by McIntire about Roosevelt's health. This and other comments made by both major candidates about personal health issues show the impact health can have when Americans are considering selection of a president. Roosevelt, while not the first or last president for whom health was a political issue, served as an example of the lengths to which political ambition can be affected by health concerns.

A Role Model Ahead of His Time

Regardless of the direct impact of his health on the presidency, the election of a president with a physical disability in a time when such perceived infirmities were taboo shows a strength of character in Roosevelt. Many people with disability during this era were kept out of public view, considered an embarrassment to their families. Although he masked the extent of his paralysis before and after his election, FDR did not hide the fact he had been stricken by a disabling disease. His example of success proved that physical disability should not be a barrier to productive employment and involvement in society.

In 1935, possibly inspired by Roosevelt, The League of the Physically Handicapped was formed in New York. Its primary goal was to establish rights to

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[134] C. Eugene Emery Jr., "What We Know About the Health of Donald Trump and Hillary Clinton," *Politifact,* accessed August 24, 2016, www.politifact.com/ truth- o-meter/article/2016/aug/16/what-we-know-about-health-donald-trump-and-hillary/.

employment, access to public transportation and buildings, and education. These rights were all available to Roosevelt due to his wealth and social status. However, for ordinary Americans with disabilities, these were unattainable. A 1936 demonstration on the seventh floor of the Works Progress Administration (WPA) in New York was the first of many steps taken to achieve today's Americans with Disabilities Act that prohibits discrimination against individuals with disabilities. In 1936, this group was referred to as cripples. Today we take for granted the ability of people with disabilities to perform any task of which they are capable, including politics.[135] It is sometimes hard to believe, however, that it has been only twenty-six years since individuals with disabilities were afforded legal protection to ensure them the right to live the life they desire. How much longer would it have taken had Roosevelt not been the national example that proved the ability to think and contribute is not related to the function of limbs?

Roosevelt's empathy for the plight of people affected by polio was prompted by his personal experience. He sought a cure throughout his life and, although a cure is still not available, prevention is. This is due in no small part to his willingness to use his position as president and his own situation to help in the formation of the March of Dimes. The "dance so others may walk" campaign was the first celebrity

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[135] Frank K. Longmore and David Goldberger, "The League of the Physically Handicapped and the Great Depression," *Journal of American History* 87, no.3 (2003): 895, accessed November 15, 2015, www.jstor.org/stable/2675276?seq=1#page_scan_tab_contents; Arlene Mayerson, "The History of the Americans with Disabilities Act," *Disabilities Rights Education & Defense Fund* (1992), accessed June 10, 2016, www.dredf.org/news/publications/the-history-of-the-ada/; "Needy Cripples Seize Floor, Await Hopkins," *New York Times,* May 10, 1936, accessed June 10, 2016, www.query.nytimes.com/gst/abstract.html?res=9F01E7DE133AE33BBC4852DF83668D629EDE&legacy=true.

sponsored national fund raising program. Posters with Roosevelt's image as a strong, able man offered encouragement to others with the disease and suggested that with enough funding, a cure would be found. Over the decades, similar fund raising programs have turned to celebrities to endorse their causes attracting attention and financial support. With regard to polio, the Bill and Melinda Gates Foundation supports Rotary International's Polio Plus Foundation with polio now eradicated in all but three nations around the world. If Roosevelt had not been paralyzed or not been president, it is uncertain that this disease would have received as much attention and could still be affecting millions, an example of how both his health and his presidency were interconnected to create a positive influence.

Legacy

What will the nation, and the world, think of when recalling Franklin Roosevelt? A man who defied odds and overcame obstacles, his efforts to bring the U.S. out of the Great Depression or in the struggle to end World War II, a victim of his own success and the trappings of his office, or, most likely, a combination of all of these. Opinions about Roosevelt run strong even seventy-one years after his death. His life, politics and, even his death, remain enigmas to many with questions likely never to be completely answered. His health, such a prominent factor throughout his life, shaped the man, forcing him to develop a tenacity that allowed him to face adversity. It helped him develop a personal strength that carried him through twelve years as president but failed him as his health problems became too severe to overcome.

It was not the goal of this research to evaluate policies or Roosevelt's success or failure as president, but to consider the impact of the intertwined relationship between his health and his presidency. These coalesced to form a Catch-22 situation. The presidency, and the control it had over FDR's medical care, affected the health care he received and ultimately his health while, at the same time, his failing health impacted his ability to perform all of his duties and may have affected his decision making in crucial situations such as the Yalta Conference. Because of this, his legacy, in terms of his health, will be mixed. Critics will continue to argue that Roosevelt's poor health enabled Russia to expand Communism in Europe and Asia. Those more sympathetic will see a man who, against all odds of the time, used his health issues to inspire a nation to recovery from the Great Depression, to fight against adversity, and to stand strong, even if they need someone to lean on. Although Eleanor said after Roosevelt's death, "The story is over," it continues. "The Boss" and the impact of his health on his presidency, the United States, and the world continues to provoke thought and discussion, giving us a better understanding not only of the man, but also of ourselves.

Appendix 1

Key individuals and their roles as related to this research

Bruenn, Howard, M.D.	Jun 1905-Jul 1995	Navy cardiologist called to assist in FDR's medical care. Present at time of FDR's death.
Early, Stephen T.	Aug 1889-Aug 1951	FDR's Press Secretary. Responsible, in large part, for control of images of Roosevelt released to the press and public.
Howe, Louis (Louie)	Jan 1871-Apr 1936	Campaign and political advisor to FDR from 1909 until Howe's death. Along with Eleanor Roosevelt, credited with maintaining FDR's political presence during recovery from polio.
Keen, William, M.D	Jan 1837-Jun 1932	Nationally renowned surgeon vacationing in New Brunswick and called to see FDR at Campobello. Misdiagnosed FDR with spinal cord lesion. The Roosevelts trusted him because of his medical reputation. He had operated on President Grover Cleveland.
Lahey, Frank, MD	Jun 1880-Jun 1953	Physician. Served as advisor in FDR's medical care. Prior to 1944 election, advised McIntire that, in his opinion, FDR was not healthy enough to serve out another term.
Levine, Samuel, M.D.	Jan 1891-Mar 1966	Physician, called by Fred Delano to assist in FDR's care in 1921. Credited by many with initial diagnosis of FDR's polio.

Lovett, Robert W., M.D.		Orthopedic surgeon at Harvard. Expert in treatment of polio patients with paralysis. Saw FDR at request of Dr. Levine.
McIntire, Ross D., M.D.	Aug 1889-Dec 1959	Vice Admiral, U.S. Navy. U.S. Surgeon General and primary physician to FDR during his presidency.
Roosevelt, Anna	May 1906-Dec 1975	Daughter of Franklin and Eleanor Roosevelt. Responsible for Dr. McIntire's consultation of cardiologist Dr. Howard Bruenn.
Roosevelt, Eleanor	Oct 1884-Nov 1962	Wife of Franklin Roosevelt.
Roosevelt, Franklin D.	Jan 1882 – Apr 1945	32nd President United States.
Roosevelt, Sara Delano	Sep 1854-Sep 1941	Mother of Franklin Roosevelt.
Rutherfurd, Lucy Mercer	Apr 1891-Jul 1948	Social secretary to Eleanor Roosevelt until 1918 when Eleanor discovered Lucy and FDR were engaged in an extra-marital affair. Although the affair is believed to have ended, FDR and Mercer saw each other often in later life and Mercer was at Warm Springs when FDR died.
Suckley, Margaret "Daisy"	Dec 1891-Jun 1991	Cousin and companion to FDR. Her diaries contribute significantly to understanding FDR's health during his presidency.
Tully, Grace	Aug 1900-Jun 1984	Private Secretary to Roosevelt.

Table 1. Clinical features of Franklin D. Roosevelt's case compared with those of Guillain-Barré and poliomyelitis.

Table 1. Clinical features of Franklin D Roosevelt's case compared with those of Guillain–Barré syndrome (GBS) and poliomyelitis[a]

Clinical features	*Roosevelt's case*	*GBS*	*Poliomyelitis*
Age of onset	39 years	Mainly adults	Mainly young children
Flaccid paralysis	Symmetric, ascending	Symmetric, ascending	Asymmetric
Progress of paralysis	10–13 days	10–14 days	3–5 days
Facial paralysis	Present	Common, bilateral	Rare, save in bulbar type
Bladder/bowel dysfunction	14 days	7–14 days	1–3 days
Numbness	Present	Common	Absent
Dysaesthesia	Protracted	Protracted	Absent
Meningismus	Absent	Absent	Common
Fever	Present	Rare	Common
Recovery from paralysis	Symmetric, descending	Symmetric, descending	Asymmetric
Permanent paralysis	Symmetric	In about 15% of cases	In about 50% of cases

[a]The clinical features of poliomyelitis and GBS have been drawn from many past publications[26–45].

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Table 2. Diagnostic probabilities of eight key symptoms in Roosevelt's paralytic illness appearing in Guillain–Barré syndrome (GBS) and poliomyelitis, tested by Bayesian analysis

FDR's case	GBS (prior probability 0.51)		Poliomyelitis (prior probability 0.39)	
	Symptom probability	*Posterior probability*	*Symptom probability*	*Posterior probability*
Paralysis ascends for 10–13 days	0.70	**0.36**	0.02	0.01
Facial paralysis	0.50	**0.26**	0.02	0.01
Bladder/bowel dysfunction for 14 days	0.50	**0.26**	0.05	0.02
Numbness/dysaesthesia	0.50	**0.26**	<0.01	<0.01
No meningismus	0.99	**0.50**	0.10	0.04
Fever	<0.01	<0.01	0.90	**0.35**
Descending recovery from paralysis	0.70	**0.36**	0.02	0.01
Permanent paralysis	0.15	0.08	0.50	**0.20**

The derivation of the estimates of prior probabilities (relative frequencies of the diseases in FDR's age range in 1921) and symptom probabilities (the chance that a clinical feature occurred in a disease) of poliomyelitis and GBS is given in the text under "Diagnostic considerations". Posterior probabilities (the probability that FDR's symptoms were due to a disease) are the products of prior and symptom probabilities. Greater posterior probabilities are in bold type.

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Table 3. Franklin Roosevelt's blood pressure readings compiled from various sources*

Date	Systolic/Diastolic	Comments
7/30/35	136/78	
4/22/37	162/98	First identified elevated reading in available literature
11/13/40	178/88	
2/27/41	188/105	
5/41	136/78*	Associated with profoundly low hemoglobin
	162/84	
3/28/44	186/105	Bruenn called to see Roosevelt 3/27/44
4/5/44	226/118	
4/9/44	196/112	
9/44	240/130	Highest reading during month
	180/100	Lowest reading during month
11/18/44	210/112	
12/ /44	260/150	
3/45	240/130	Highest reading during month
	170/88	Lowest reading during month
4/12/45	>300/190	Blood Pressure Cuff could not register above 300, actual systolic pressure

Sources: Bruenn, *Clinical Notes* 579-91; *FDR's Health*, FDR Presidential Library; Park, *The Impact of Illness*, 235, 245-47.

*The absence of Roosevelt's medical records renders it impossible to determine how many other readings were taken and specific trends in his blood pressure during time periods not represented in this table.

Appendix 3

Photographs



Figure 1. Roosevelt intentionally showing his braces. Note cane and crutch in background of photo, 1930. Image courtesy of Franklin D. Roosevelt Presidential Library.



Figure 2. Roosevelt in more typical pose without braces. No evidence of cane or crutch, 1932. Image courtesy of Franklin D. Roosevelt Presidential Library



Figure 3. Rare 1932 photo of Roosevelt being moved from car. Most images showing FDR in such a situation were destroyed. Image courtesy of Franklin D. Roosevelt Library.



Figure 4. Franklin Roosevelt presidential nomination acceptance speech, 1943. Dr. Howard Bruenn is seen in left lower corner. Image courtesy of Franklin D. Roosevelt Presidential Library.



Figure 5. Roosevelt lesion over left eye, 1935. Image courtesy of Franklin D. Roosevelt Presidential Library.



Figure 6. Roosevelt lesion over left eye, 1940. Image courtesy of Franklin D. Roosevelt Presidential Library.



Figure 7. Roosevelt, lesion over left eye, 1941. Image courtesy of Franklin D. Roosevelt Presidential Library.



Figure 8. Roosevelt, lesion over left eye, 1943. Image courtesy of Franklin D. Roosevelt Presidential Library.



Figure 9. Churchill, Roosevelt, and Stalin at Yalta Conference, 1945. Image Courtesy of Franklin D. Roosevelt Presidential Library.

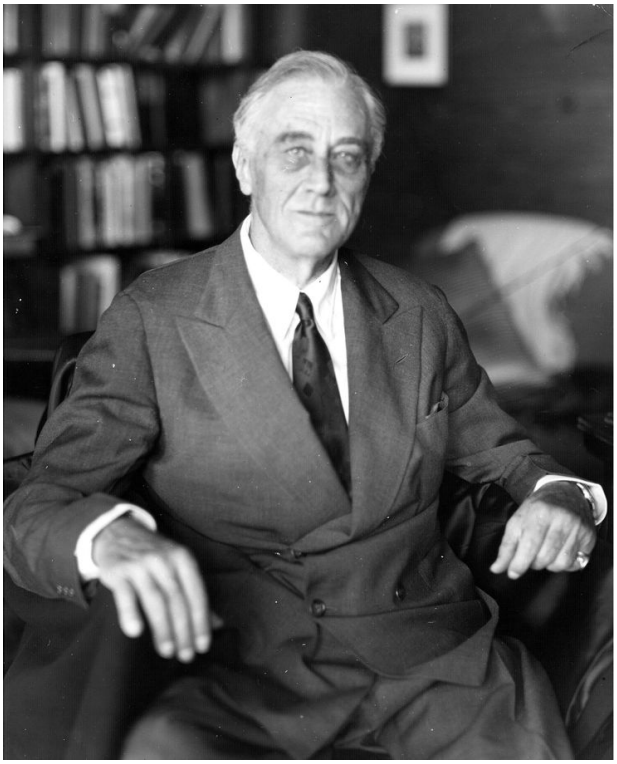


Figure 10. Last photo of Franklin D. Roosevelt, April 1945. Image courtesy of Franklin D. Roosevelt Presidential Library.

Glossary

Anemia. A deficiency in the red blood cells responsible for transporting oxygen throughout the body.

Antibodies. Proteins in the blood that help the immune system fight bacterial and viral infections and other foreign substances in the bloodstream.

Arteriosclerosis: Stiffening or hardening of the blood vessels resulting in decreased blood flow. Can be caused by hypertension, high cholesterol, smoking, diabetes or inflammatory illnesses.

Combined Variable Immune Deficiency (CVID). Disorder of the immune system related to low levels of proteins (immunoglobulins) required to fight disease. Deficiency of these proteins creates a high risk of recurrent, severe infections.

Congestive Heart Failure. Inability of the heart to pump blood adequately. Often caused by hypertension or arteriosclerosis (thickening of blood vessel). Often leads to fluid accumulation in the arms, legs, feet, lungs and other areas of body.

Digoxin/Digitalis. Medication used to treat several heart conditions to include hypertension (commonly used in the 1940s, less commonly today) and congestive heart failure. It strengthens heart contractions and helps to eliminate fluid from the body. Among the side effects of digoxin are dizziness, weakness, and decreased mental alertness. (RxList, the Internet Drug Index. Accessed April 23, 2016. www.rxlist.com/lanoxin-tablets-sideeffects-drug-center.htm.)

Diverticulosis: Condition in which "pouches" known as diverticula form in the wall of the colon. Although typically asymptomatic, when these pouches become inflamed due to infection, irritation or damage, the symptoms include abdominal cramping or pain, fever, nausea/vomiting. When these problems occur, the process is known as diverticulitis that can be life threatening.

Embalming. A medical procedure to delay decomposition of the body of a recently deceased person. Procedure involves injection of a liquid preservative into the blood vessels and body cavities. This procedure is best performed as soon as possible after death and frequently requires several hours to complete.

Ferrous Sulfate: An intravenous form of iron used to treat iron deficiency anemia. In cases of severe iron deficiency anemia, several infusions may be required to help correct the anemia. This treatment is often given in addition to transfusions of packed red blood cells.

Guillain-Barré Syndrome (GBS). Medical disorder in which the body's immune system attacks the nervous system. The direct cause of this disorder is not known. However, individuals with weakened immune systems are at higher risk. The syndrome was first presented to a medical forum in 1927 at a medical meeting but not widely recognized until the 1950s. Until the 1980s, with the development of plasmapheresis (blood exchange therapy) and IvIg (a replacement immunoglobulin to help strengthen the immune system), there was no therapy for this disorder. With these treatments, most people have complete recovery of all symptoms.

Hypertension. Commonly referred to as high blood pressure. It is significant that according to *Cecil's Textbook of Medicine* (one of the preeminent medical texts then and today) in 1948, "When the systolic pressure is consistently more than 140mm of mercury it is definitely abnormal." (1155) However, the diagnosis of hypertension "is reserved by many to indicate systolic pressure of 160mm or more and…commensurate rise to 90 mm. or more in the diastolic pressure." (1155).

Hypogammaglobulinemia. Immune disorder marked by low levels of all gamma globulins to include antibodies required to fight infection.

Infantile Paralysis. A now obsolete term used for poliomyelitis (see below).

Lumbar Puncture. Medical procedure that involves insertion of a needle between two vertebrae in the lower back and the spinal canal. Cerebrospinal fluid that surrounds the spinal cord is removed. This fluid can then be evaluated to aid in diagnosis of several infectious and neurologic disorders.

Melena: Passage of stools that are dark-colored and sticky or tarry as a result of blood affected by gastric or intestinal juices. Has a very distinctive odor. This is symptomatic of a bleeding problem in the upper gastrointestinal tract.

Poliomyelitis. Viral infection caused by the poliovirus. Typically affects the young but may also be seen in older patients. Patients may be without any symptoms or may develop paralysis and, rarely, death. Although there is no curative therapy for poliomyelitis, today, preventive vaccination has nearly eradicated this disorder. (Also known polio and infantile paralysis.)

A Note on Sources

Even in today's era of technology and digitalized records, much information is not readily available to researchers. When seeking data related to highly specialized topics such as the health care of an individual, this is especially true. In this project, I am deeply indebted to the research staff at the Franklin Delano Roosevelt Presidential Library for their assistance in directing me to the best means of collecting data. Reference material such as the Day-By-Day schedule and usher logs as well as the few available medical records that have been painstakingly scanned and also converted into plain text offers a treasure trove of information. Likewise, the availability of unaltered photographs provides reliable imagery so important in supporting my text.

Franklin Roosevelt's medical records were kept in a safe at the Naval Hospital in Bethesda, Maryland. Shortly after his death, these records disappeared. Efforts to locate them have been undertaken by several historians with no success. Only a few people, all now dead, had access to the records and they all denied knowledge of the whereabouts of the this important collection of documents. Without the records, we can only speculate on many details of Roosevelt's healthcare during his presidency.

Academic and general interest in Franklin Roosevelt has led to a wealth of secondary sources. Many of these are reliable, well-documented works offering a broad scope of information and interpretations. Care must be taken to separate these from undocumented writing that appears sensational while not discounting the possibility of important, sometimes overlooked, details included in such books and articles.

Consideration of popular press materials and contemporary journals are crucial when discussing public opinion and understanding the temporal nature of issues such as disability. I was fortunate to locate original copies of many vintage magazines and journals, but others were not able to be found. When these materials were not available, although not ideal, I have quoted from secondary sources that referenced information felt important to my arguments.

Much remains to be discovered. Information regarding Roosevelt's health is not centralized but located in several presidential libraries, the National Archives, University archives, and private collections making research difficult for those unable to dedicate large periods of time to travel. The missing medical records leave gaping holes in our understanding of FDR's health with questions that may never be answered. But, future research may reveal other information that provides more definitive insight into the complicated relationship between his health and the presidency.

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