

THE ELEANOR ROOSEVELT PROGRAM

January 17th, 1951

Description: The segments in this recording are not in order. In the first segment, ER plays a recording from the previous Sunday's *Mrs. Roosevelt Meets the Public* about Cold War foreign policy. In the interview segment, ER discusses medical care advances and public health policy with Mary Lasker, co-founder of the Lasker Foundation. Radio show includes segment of the previous Sunday's ER Meets the Public about Cold War foreign policy, Lasker discusses medical advances and public health policy.

Participants: ER, Elliott Roosevelt, Richard Harkness, George Sokolsky, Edgar Ansel Mowrer, Mary Lasker

[Break from 0:00-0:11]

[ER:] Before we go off the air today, I want you to hear a recording of part of the discussion which took place on our Sunday afternoon NBC television program.

[Switches to recording]

[ER:] With me again are Mr. Richard Harkness, NBC's Washington commentator and Mr. George Sokolsky, whose syndicated column appears in the *New York Journal American*. Also, the distinguished journalist and author Mr. Edgar Ansel Mowrer has consented to join us. First, I'm going to ask Mr. Harkness and Mr. Sokolsky each to take one minute to make a restatement of their positions as they presented them to the audience two weeks ago. Then I'm going to ask Mr. Mowrer, who is speaking on the program today for the first time, to take three minutes to state his views. Mr. Harkness, would you please begin?

[Richard Harkness:] Yes, Mrs. Roosevelt. As I recall, I think rather generally our last program, we reached a conclusion that 1950 had been a year of fear and confusion. There were serious doubts in the people's minds—doubts about our far-Eastern policy. Were we too soft with communists abroad? Had we been too soft with communists at home? Another question, where went our 50 billion dollars spent for national defense since World War II? That the voters went to the polls last November with those questions, those confusions in their mind. That confusion has been brought to a focal point on two questions now, I think, since the election. A.), Should Mr. Dean Acheson remain as Secretary of State? And B.), The very important question of should we go ahead and arm Western Europe; should we supplement that arming with eh American troops? I believe that was our broad basis for this discussion.

[ER:] That's a real broad uh point of view. [Richard Harkness: That's right.] Now thank you very much Mr. Harkness, and I'd like Mr. George Sokolsky briefly to state the points he made.

[George Sokolsky:] Yes, well Mrs. Roosevelt, I think we uh we went a little further than that. We said that 1950 had been a year of fear and uncertainty and confusion, but that 1951 would have to be a year of decision, that the American people would have to make up their minds definitely and at great risk and great cost as to their relationships with other peoples and that eh those decisions would have far-reaching historic consequences. Eh when after we had reached eh that decision, I think all of us uh concluded that this would have to be the year of decision, that there would be no way of avoiding that. And then after we reached that conclusion uh we got into some kind of an argument over particular questions, particularly

Mr. Hoover's speech. And eh at that time there had been no-no-no uh Truman speech, there had been a Dulles speech I think that [ER: Taft.] no Taft speech, yes.

[ER:] Very well, thank you Mr. Soklosky. Now let us hear from the third guest Mr. Edgar Ansel Mowrer.

[Edgar Ansel Mowrer:] I am inclined to believe that the decision has been taken in principal and that a good deal of the shooting has to do with the size of the undertaking. Reading through *the Congressional Record* and talking with some senators in Washington recently, I came to the conclusion that if we could drop the words "isolationist" and "globalist" or reduce them to common meanings, we would understand that practically nobody today was advocating the United States going it alone and that nobody among the globalists was advocating using American troops to defend the entire non-Communist world. Now the question was really not "What would we would defend with American troops," but "How much of the still non-Communist world would we try to bring into a great coalition or alliance with us for the purposes of a political decision together if necessary," namely the decision to go to war. I personally am a globalist; I believe that we have to get as much of the non-Communist world into a political understanding, meaning that we go to war together, as is feasible and possible. I think that Korea has convinced us that we cannot lose the Far East with impunity since the Soviet Union can take these masses and make them into effective soldiers. We cannot lose the Middle East without losing Suez and the greatest oil field. We cannot lose Western Europe without losing an industrial complex second only to ours, the greatest single group of trained technicians in the world, and legal title to Africa from which there comes the raw material for that one weapon, the atomic bomb, in which we still have unquestioned superiority. Therefore it seems to me what we are arguing—serious people, I mean, who don't just want to make partners and effects out of this—is how many people should we try to get to come together with us in making this great decision, war or peace, which we shall try to avoid if we can, but we'll have to accept or submit. That, I think, Mrs. Roosevelt, is just about uh the situation as I see it, and that indicates pretty well what is my position.

[ER:] Um, your position, however, is that preparation for war is in-is an effort to preserve peace. Isn't it, Mr. Mowrer?

[Edgar Ansel Mowrer:] I still believe that is we can get a-- keep a preponderance of power on our side, there is still a fair chance that we can avoid World War III. Whereas if we ever allow the Soviet Union to equal us or surpass us in available power, then we shall not only certainly have a war but we may very well lose it.

[George Sokolsky:] Uh-uh if I may interject here, eh you talked eh about the value of uh using uh the same terms u-uh agreeing to-to terminology. Now I can't talk about uh averting or avoiding World War III. World War III started at least on June 25th 1950. Uh you don't have fifty million, perhaps sixty million, American casualties in a picnic. Korea isn't a picnic, it's a war.

[Edgar Ansel Mowrer:] So was the Civil War in Spain but we still betwe--distinguished between that and World War II.

[George Sokolsky:] Well, I know, but that is a confusion, and let's eliminate all confusions. We are in a phase.

[ER:] Did I hear you say sixty million casualties?

[George Sokolsky:] Ca-- eh-no- no, sixty thousand. [In background: Thousand.] [ER: Oh, I thought there must have been some slight.] Oh good lord, no, no, no. We-well, you see I'm accustomed to the millions and billions [ER laughs] which are not quite natural to me. Sixty thousand, but then that is war. [Edgar Ansel Mowrer: I agree, I agree] Let's, and let's talk about it.

[ER:] But, I would not agree-e that um the Spanish eh Civil War was not also a war. That was war, too.

[Break 8:05 to 8:15. Returns to radio show.]

[ER:] The state of the nation's health is a vital factor in our national defense. In recent years, great strides have been made in improving our general health and combatting diseases. Mr. and Mrs. Albert Lasker head a foundation which promotes advances in medical research and public health administration by bringing to public attention, through awards, men who have made outstanding contributions. This afternoon, Mrs. [Mary] Lasker is here with me to give us a picture of the nation's health today. It gives me pleasure to introduce to you Mrs. Albert Lasker. I'm so glad to have you.

[Mary Lasker:] Thank you, Mrs. Roosevelt.

[ER:] Mrs. Lasker, there are, as well all know, many health agencies, both national and international, all working towards the same goal: better general health. What fields do the Lasker awards cover?

[Mary Lasker:] We give awards in the field of medical research and public health administration through the American Public Health Association, and for outstanding contributions in the field of planned parenthood through the Planned Parenthood Federation. We also give an award for outstanding medical reporting, through the National Sci-Association of Science Writers. This year among the winners were Dr. George Papanicolaou of Cornell University, who's devised a test for early detection of certain types of cancer. Uh also Dr. Eugene Bishop of the Tennessee Valley Authority, for his administration of health work in that area, and Dr. George Beadle of the California Institute of Technology who's a geneticist and whose work may help us outwit the laws of heredity in some types of disease. Margaret Sanger received the Planned Parenthood Federation award, she has always been the leader in the field-- in this field, and she believes, as millions of others do, that children should be born by choice and not by chance. Among last year's winners were Dr. [Philip S.] Hench and Dr. [Edward C.] Kendall of the Mayo Clinic, who are this week in Stockholm receiving the Nobel Prize. You know their research was in connection to the use of ACTH in cortisone and the treatment of arthritis and other diseases.

[ER:] Yes, I do know, and I think it's wonderful the help being given to research. Um why are you and your husband so interested in medical research?

[Mary Lasker:] Well Mrs. Roosevelt, both of us became interested in medical research through bitter experience. I was awfully sick as a child. In fact, I can remember waking up one day when I was very little and hearing a friend of my mother's saying to her as I lay seemingly asleep "Sarah, I don't think you'll ever raise her." This prediction I was determined to thwart. [ER laughs] [ER: That's a good thing.] However, I was often ill with childhood diseases, many of which are now conquered due to research. One of my worst afflictions was that I had mastoids repeatedly. And these days, as you know, thanks to the Floreys and Alexander Fleming, penicillin, if promptly administered, is an effective treatment and cures the disease and the frightful pain of the ear ache that goes with it. In addition to this, people related to me whom I have loved and have suffered from a variety of di-- serious illnesses, and gradually I decided to find out what was being done in research in the main diseases that kill and cripple people.

[ER:] What are the main diseases that kill and cripple people in the United States?

[Mary Lasker:] The number one and number two killers are first diseases of the heart and second cancer. The number one disabler is mental illness, and the number one crippler is arthritis and rheumatism.

[ER:] That's very interesting, I-I um didn't realize how-how many people had arthritis, except that lately I've had so—I've come across so many people who are crippled by it. Why should research funds be increased as part of our national defense effort, Mary Lasker? I know you're responsible for having them increased [Mary Lasker laughs] [Mary Lasker: Well, this is true.] in large part, so I want to know why you think that should be done?

[Mary Lasker:] Well, I was astonished to find that, in the field of cancer alone, um thirty-two thousand men were rejected in the last war by the armed forces for cancer. This would have been sufficient to man two infantry divisions—a terrible dent in our labor force. In addition to this eh two hundred thousand people die each year in the civilian population-- of cancer. We need healthy people to work and to produce at home as well as in our armed forces. As to the loss of military manpower from heart diseases, this is even more striking. Over four hundred thousand men were either rejected because of heart disease, or were given military discharges or died in the service in the last war. This number of men would have been enough to man twenty-seven army divisions. Imagine that. You can see from these facts that research in the heart field is the greatest possible importance to the war effort. Most people think old people die of heart disease, whereas the greatest loss is in the thirty-five to fifty-four age group.

[ER:] Yes I know that, and I also know that a great many children um suffer from heart trouble. [Mary Lasker: Rheumatic, rheumatic.] In the old days they used to think it was rheumatic fever an- but eh it leaves them almost always with a heart. Um [Mary Lasker: You are so right.] Does this have any relationship uh-uh, this incidence of illness uh to our whole manpower situation?

[Mary Lasker:] I think it does, uh and uh from a military point of view the most important loss in the past has been from mental illness. In World War II, 38 percent of the total rejections were because of mental illness. It seems astounding to me, but 52 percent of all the men were je-uh were discharged uh were eh due to the to eh mental illnesses.

[overlap here]

[ER:] In-in the Army and Navy both?

[Mary Lasker:] In the Army and the Navy.

[ER:] Goodness, that is as-extraordinary, roughly um now that we've come down to um brass tax on this, how much money is now being spent in this field? [ER coughs]

[Mary Lasker:] Well Mrs. Roosevelt, it seems to me it's ludicrously small. Uh in the cancer field between twelve and thirteen million are being spent for research by the federal government, the American Cancer Society and the Damon Runyon Memorial cancer fund. This is only about one third of what one industrial concern I know spends on industrial research and development. As to research in heart diseases, only about seven million is being spent. People in the United States, according to Drug Topics, are spending twice as much as this alone on hand lotion bottles. [ER: Oh good heavens.] As far as mental health is concerned, we spend twice as much on dog and pet medicines as we're spending on researching mental illness. [ER: Oh no!] Yes. Six million dollars were spent for dog and pet medicines, contrasted with only three million dollars for mental health research. [Elliott Roosevelt whistles in the background]

[ER:] You mean to say that means all the uh money that is spent to find out why we had 52 percent of-of discharges?

[Mary Lasker:] This is-this is correct, we made a survey of the amount of money that is being spent in this field, and this is all we can find [Elliott Roosevelt whistles in the background] about three million dollars.

[ER:] Why I think that is perfectly appalling. Well, what can people do about it?

[Mary Lasker:] People can take part in the work of voluntary agencies especially the American Heart Association, the American Cancer Society, the Arthritis and Rheumatism Foundation, and the new National Association for Mental Health, all of which do magnificent work and which need a great deal more help and money. The people can also urge their congressmen and senators to support appropriations for research in these field through the research institutes of the United States Public Health Service, the Army and Navy and the Veteran's Administration. They can ask their state legislatures to appropriate more funds, as well as ask for help from their cities. For instance, New York City should give more money for research in these fields through the city hospitals and the city's medical schools. You know we have five great medical schools here.

[ER:] I know we have, but they always seem to lack money.

[Mary Lasker:] [Mary Lasker laughs] This is true. None of these diseases that we've talked about are impossible to conquer. They've just not been thoroughly investigated as other diseases have. There will be a time when no one need die of cancer, any more than one might need die now of typhoid or scarlet fever. It's a question of better organization, brains, and money. More money is spent for industrial research and development in one big company, as I said, than is spent in by both voluntary and government sources for research in cancer, heart, mental health and arthritis and rheumatism combined. It's about thirty million dollars; I know of a company that spends thirty-three million dollars on their industrial research, and it's only about thirty million dollars for all this group combined. [ER: From all these groups combined]. From all s-from all known sources. [ER: Well.] Does this make sense? [ER: Eh, I don't think--] It can be changed if your listeners know the facts and are aroused to get more done.

[ER:] Well, I don't think it does make sense, but we have to stop for a minute and let Elliott have a word.

(Break from 17:33 to 17:38)

[ER:] Now, Mary, we stopped just as I saw that Elliott wanted to ask a question, so I'm going to ask him to ask it right now.

[Elliott Roosevelt:] Well Mrs. Lasker, I'd just like to ask you whether those figures that you quoted a little bit earlier—are those figures including what the federal government and state governments spend in research?

[Mary Lasker:] Yes, it's-eh they include the federal government's funds, and the voluntary agencies' funds, and as many other funds we've been able to find out about.

[Elliott Roosevelt:] Well isn't that-- [ER overlaps]

[ER:] Any states for instance?

[Mary Lasker:] Very few state governments have substantial funds for research [overlap begins] in any of these fields.

[Elliott Roosevelt:] Well what ab--what about the state universities and uh the support that they receive from the state governments? Uh, surely they receive uh large appropriations for research, that's one of the great benefits of state medical universities.

[Mary Lasker:] Well, they are not always earmarked for specific purposes. [Elliott Roosevelt: I see.] And uh relatively small funds are available for medical research in any case by-in the states. [Elliott Roosevelt: Mhm.]

[ER:] And a good deal-good deal more really is done, I think, by uh firms, by uh industrial firms. Of course er, much of their research is done for-for purposes for developing a product, but occasionally I have known of firms that did research um in certain diseases um that had something to do with the type of work that their people were doing, you see. [Mary Lasker: Yes, Yes.] And there they must eh give a certain amount.

[Mary Lasker:] Yes, but [ER: Not much.] it doesn't total to very large amounts. [Mary Lasker laughs]

[ER: Doesn't total to a great deal.]

[ER:] Well now, there's another thing that is on my mind on this, and that is: is there any possibility of paid jobs among voluntary health agencies?

[Mary Lasker:] Um, not very-not very much of a possibility there—most organizations have not enough funds to pay for more than the employees they now have, um once in a while there are openings. They do need enormous numbers of volunteers. The New York division of the American Cancer Society, the American Heart Association and the Arthritis and Rheumatism Foundation will be delighted to get offers for voluntary workers, especially from people who want to raise funds. [ER and Mary Lasker laugh]

[ER:] That of course is the hardest kind of worker to get—nobody wants to raise funds! [Mary Lasker: You are so right.] They may—they have to! What is the difference between national health insurance and socialized medicine, because that is one of the things that eh bothers and excites most people these days.

[Mary Lasker:] Well I agree, it's been confusing a great many people. Um socialized medicine is medical care which is paid for entirely by government funds. The doctors are paid for their work and time by the government and have no choice of patients, and the patients have no particular choice of doctors. Examples of this are the medical care provided by the army, and the Navy, and the Veteran's Administration. Their hospitals are owned by these services. Uh, national health insurance, as it's proposed by the administration, means a fund of money for medical care which would be used in a similar way to voluntary health insurance funds. This means that the administration plan proposes that doctors have free choice of patients, although this has been very confusing, eh the-the plan specifically states that doctors are to have free choice of patients and that they are to be free to be members of a plan or not as their choose. That patients have free choice of the doctors, that they don't have to go to any doctor they don't like. There's no proposal in the plan for the federal government to own or take over private hospitals as has been done in Great Britain.

[ER:] I see, well in other words, the insurance is paid to whom?

[Mary Lasker:] The insurance is paid into a federal fund earmarked for the purpose of insurance, health insurance. [ER: I see.] Would be paid if this plan were enacted.

[ER:] Then in other words if you joined, you would pay into a federal fund, [Mary Lasker: Yes, just a—] and that would pay so much for your illness, whatever it might be.

[Mary Lasker:] Yes, like old age insurance.

[ER:] I see. Well, is there any indication that the public would want such insurance?

[Mary Lasker:] Yes, both the American Federation of Labor and the CIO are strongly in favor of the administration's health insurance plan uh and numerous polls have shown that a majority of people are in favor of a national plan to make it easier to pay medical bills.

[ER:] Eh I'm sure anything which makes it easier to pay bills [ER laughs] is a-is a welcome thing. Why do Americans need health insurance?

[Mary Lasker:] Mrs. Roosevelt, um, four out of five families in this country live on less than five thousand dollars a year, and when a catastrophic illness strikes a family, it's very difficult to pay expensive medical bills or hospital bills. Uh health insurance on a national scale would provide a savings fund to help them

[ER:] Would there be [Elliott Roosevelt coughs] um a limit to the amount that was um-uh that was covered, or-or would it cover any expenses?

[Mary Lasker:] Well, there would be some limitations, but it would be more comprehensive than most voluntary health insurances-eh-plans that are uh-uh in uh-effect.

[ER:] Yes, I see. Eh, you've told me that there is a common misstatement about health insurance, to the effect that it is a system used by socialistic foreign governments, and it has not worked in any country in which it has been tried. How is this a misstatement?

[Mary Lasker:] Well it's um very interesting uh that there's been so much confusion about um the workings of health insurance in other countries. Actually, health insurance was started in Germany by Bismarck, who was certainly no socialist. [ER: No, he wasn't.] In England it was started by Lloyd George in about 1919, and it was started as a plan for employed people only--not for their families just for employed people. But it has been amplified and extended by Baldwin and the Churchill governments to include everyone. Um I don't think this plan, their plan, would work in the United States and the proposal here is nothing like the British plan. However, I did visit the secretary of the British Medical Association, who told me that on the whole, the plan in England is working very well. There are minor changes and improvements which will undoubtedly be made. However, the plan as I've said there has little relationship to any plan in the United States

[ER:] Well that's very interesting, because I took the trouble when I was over there last summer to um ask Lady Redding who is head of Women's Voluntary Services, um what she felt about this plan, because naturally, uh while she is um used in the Labor government and is a part of it, I think she can hardly be considered to have been um-uh socialistically inclined in the past. [ER laughs] [Mary Lasker chuckles] And uh she told me that even though there were always things that were wrong, uh on the whole, even people who had been very much opposed to it were now beginning to say that this plan accomplished its objective better than anything they'd ever had; its objective, of course, was to give the best possible medical care to the maximum number of people. And um there were abuses, for instance it was true that people um-uh came perhaps uh for less serious illness to the doctor. [Mary Lasker: Yes.] But on the whole, she felt that was better, that it um really had improved the health of a great many people who perhaps would never have visited a doctor before.

[Mary Lasker:] Yes I'm sure she's right, but I still don't think that-that theirs-- [ER: That it has any relationship to what we're proposing.] has a relationship to what is being proposed. There are a variety of plans proposed here, and um-uh they are eh really quite different, when you get into the detail of it, from the British plan.

[ER:] Well, I-I think fundamentally ours is-is quite different, because it is not a socialistic plan. Do you want to ask something, Elliott? [ER and Elliott Roosevelt overlap]

[Elliott Roosevelt:] Why yes I would, Mother, I'd like to ask eh Mrs. Lasker, just why do you think that your plan is so bitterly opposed by the American Medical Association?

[Mary Lasker:] Well, I think that um it's partly uh because it isn't uh thoroughly understood. The proposals are in a bill um eighty-five pages long, and [ER laughs] [ER: That's very long.] very few people have bothered to read this bill! [ER laughs]

[ER:] Even the American Medical Association?

[Mary Lasker:] Well, sometimes some of their claims make it sound as if not many of them had read it.

[Mary Lasker laughs]

[ER:] Oh that is-that is something to say about learned gentleman [ER and Mary Lasker laugh]. Uh but now I'd like just for a minute to come back to the present state of the nation's health. Do you really think this has improved over the last five years? By that, I mean general health, reduction in diseases and death rates, et cetera.

[Mary Lasker:] Uh it's very dramatic to see that it actually has. When one look at the-the um-er decline in deaths due to pneumonia, and to um appendicitis, and to syphilis, and to a variety of inf--other infectious diseases, the-the death rate has declined dramatically. And it's excited to know that over, well, since 1937, the average length of life here has been extended five about years. Uh this is an indication certainly that people are are healthier.

[ER:] Well, we don't really have um enough uh, do we, of public health services?

[Mary Lasker:] Uh I don't think there are enough local public health services because about forty million people live in areas where there are no public health services on the local-in the local level. This is very serious.

[ER:] That's uh-- that's serious for defense civilian defense, isn't it?

[Mary Lasker:] Indeed it is. And--

[ER:] And I think it's serious for children's care.

[Mary Lasker:] I'm-I'm sure you're right about that. Uh the-the improvement in general health, I think, has been due largely to the discovery of the sulfa drugs and to the antibiotics such as penicillin, and streptomycin, arylomycin, and to discoveries in connection to the use of blood and blood plasma.

[ER:] There you're right straight back at the value of research, and I think that's what you'd like me to stress as the closing thing, that money must be spent for research. [Mary Lasker: Mhm.] Now we've come to the end of our time and I'll have to close, thank you so much, Mary Lasker, for being with us today.

[Mary Lasker:] Thank you, Mrs. Roosevelt.

[Break from 28:26 to the end]

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