

8 Body Politics

IF JAMES “JIMMY” ROOSEVELT prayed that fateful evening of his father’s win at the polls, someone seemed to answer him—and most favorably. Unless the Constitution is altered, his father will go down as the nation’s only four-term president. Maybe those who knew him best were not exaggerating when they claimed that traveling, giving speeches, meeting people, and campaigning generally, truly enlivened him. When we pause to consider the physical devastation of the office on even the most physically fit presidents, Roosevelt’s twelve-year tenure of leading the nation through the Great Depression and then World War II is all the more remarkable. Clearly, his health and stamina should not have been an issue leading up to and including his run for the presidency in 1932. But it was, and as we have documented, from 1921 to 1932 there was no bigger issue in Roosevelt’s political life.

That issue did not die with him on April 12, 1945; it really only commenced a lengthy and rancorous debate that again centered squarely on Roosevelt’s body. This time the debate involved how Americans wanted to remember the twentieth century’s most important president. Should a public memorial not depict Roosevelt in his wheelchair and leg braces? Or should the nation, fifty years after his death, finally admit the secret in the most public and enduring of ways? Ultimately that debate seemed to crystallize around the age-old issue of the emperor having no clothes. But this emperor was dead. Perhaps, then, the debate was more a question of whether a nation could bring itself to admit that its former leader “had no clothes.” Perhaps the nation’s “manhood” was at stake, its image of itself somehow retroactively imperiled by the publicly financed visage of a badly crippled man.

The public debate over the FDR Memorial was instructive at several levels, but for us, the cultural construction of disability comes front and center. Roosevelt, after all, was not disabled by nature; his disability was not written on his body on the day that he contracted infantile paralysis. Instead, a condition must become dis-abling; it must be adjudicated in a cul-

ture for any condition to be deemed as such. And so fifty years after his death, a great many Americans still clearly viewed (and view) Roosevelt's disability as dis-abling.

At the seventy-year anniversary of his first election to the presidency, we pause to consider that had Roosevelt entertained presidential aspirations in our day, he would be laughed out of the political arena. Can we see Roosevelt slogging through the slush in his wheelchair down the streets of Nashua? How would he respond to the first town hall questioner who asked him, no, commanded him, to step back from the podium and walk—unaided? What of the Gen-X, MTV voter who, instead of querying the squire about boxers or briefs, asked about his sex life with the missus? How would a very cynical electorate react to writers like Earle Looker and doctors like E. W. Beckwith whose stated desire is to get to the truth of things? And, of course, what of the press when the candidate pulled up in a car or bus or airplane and declared, "Sorry, guys, no pictures today"? Our purported progress on the issue of disability seems nothing if not retarded when considered in the bright light of contemporary presidential electoral politics. Old politics, primarily oral politics, was what Richard Weaver might call "spacious" politics; candidates were expected to have a zone of privacy, perhaps even secrets.¹

In considering the cultural construction of disability we would do well also to distinguish among the many types of disability, especially those that are seen as dis-abling. Roosevelt, we should note, was not the first presidential candidate to have a bodily disability. Nor was he the last. The case of Sen. Bob Dole's 1996 candidacy is particularly relevant. In her Oprah-like, prime-time walk and talk around the convention hall in San Diego, Elizabeth Dole detailed in no small degree the extent of her husband's badly damaged arm and shoulder. This damage was no disability; instead, the aspiring first wife deemed it her husband's "badge of honor." The point is clear: Being nearly mortally wounded by Nazi-fired bullets in World War II was a point of pride, a most en-abling bodily mark, a "condition" to be celebrated—and publicized. Bob Dole could also walk, a point subtly underscored by his wife's peripatetic oration.

Infantile paralysis was far from a glamorous, prime-time, culturally lauded wound; rather, it was a badly misunderstood and badly dis-abling condition—thus the attempts to hide it. Roosevelt would eventually put a new face on the disease, but doing so would take time as well as some educating. That Roosevelt never really discussed his affliction in twelve years as president speaks extensively about the stigma associated with it. His condition was thus doubly dis-abling; the material effects of his condition were both physical and cultural. The symbiosis was one that even a skilled rhetorician like Roosevelt could never completely uncouple.

Infantile paralysis, as its name would suggest, was also an emasculating disease. Laying waste to a politician's legs was, as Jim Farley aptly noted, like clipping an eagle's wings. Even before we expected our presidents to sail, throw a football, ride a horse, jog around the Mall in Washington, D.C., split firewood, and play golf, we expected them to be active, vigorous, and certainly heterosexual. That the presidency is a place for fully masculine men is attested to by a *Newsweek* magazine cover story from October, 1987. The vice-president, George H. W. Bush, is pictured skippering a boat. That image, though, is undermined by the caption, which reads, "Fighting the 'Wimp Factor.'" Why a man like Bush would have his masculinity questioned on the front of one of the nation's largest circulation weekly news magazines is vexing. Here was a man who had bravely defended his country by flying combat missions in the Pacific theater during World War II, a man who was a fine collegiate athlete (baseball) at Yale, who was an avid outdoorsman, and who had fathered six children with his wife Barbara. It seems that even our "fittest" men come under fire when the presidency is their ambition.

Infantile paralysis also raised the specter of Roosevelt's masculinity—was he man "enough" for the job? James H. MacLafferty, like many, clearly felt that a Roosevelt candidacy and campaign would be a "lady-like" affair. There were even relatives who wondered about his masculinity, as a revealing diary entry of cousin Margaret "Daisy" Suckley implies. In an entry dated August 7, 1933, Daisy made this private declaration about Franklin Roosevelt: "The President is a *MAN*—mentally, physically & spiritually—What more can I say?"² Daisy, Roosevelt's closest companion at the close of his life, could have said a great deal more. Why the need for emphasis? How had Roosevelt "proven" his manliness? Did she have doubts prior to him becoming president? Physically speaking, masculinity was clearly a performance, and Roosevelt had obviously persuaded many that he was indeed physically fit for the office. As we have documented, the performance utilized both visual and verbal means. Perfecting the appearance that he could walk, even if it was only a few feet, was compelling proof—perhaps then irrefutable—that Roosevelt was no invalid. He could control his own body, or so his audiences were led to believe. Moreover, Roosevelt displayed great vigor and courage by waging such active campaigns. Daily, he was putting his body at great risk, a "body-in-stress," to borrow from Carroll C. Arnold. And daily, he was proving to all those around him that he had mastered his own body. With each successful public appearance, the Roosevelt campaign could add one more evidentiary piece to the puzzle, which they were not shy about using in the campaign materials.

Roosevelt was also lucky. One of the hallmarks of his political skill was an impeccable sense of timing. If he could control a situation, drama was al-

ways on his side. But in the summer and fall of 1932, Roosevelt had little if any control over how the country had come to know and understand the Great Depression. Roosevelt loved nicknames, and he reserved one of his favorites for himself, “Dr. New Deal.” It was a moniker most appropriate to the times. In the presidential campaign of 1936, he would describe the patient in eerily familiar terms: “But I know how sick they were. I have their fever charts. I know how the knees of all our rugged individuals were trembling four years ago and how their hearts fluttered. They came to Washington in great numbers. Washington did not look like a dangerous bureaucracy,” recalled the president. “Oh no! It looked like an emergency hospital. All of the distinguished patients wanted two things—a quick hypodermic to end the pain and a course of treatment to cure the disease. They wanted them in a hurry; we gave them both.” Dr. Roosevelt could now conclude, “And now most of the patients seem to be doing very nicely. Some of them are even well enough to throw their crutches at the doctor.”³

In the 1920s Roosevelt frequently noted in his correspondence that he would soon throw away his crutches. And he did. By the fall of 1926 he was “walking” only with the aid of a cane and a hefty arm. In 1936, though, Roosevelt was the attending physician and many of his patients had come, in four years, to the point where they too could throw away their crutches. So by rhetorical default, Roosevelt inherited a most efficacious metaphor, one that contributed greatly to an identification between himself and his audience. Garry Wills, among others, notes the link between Roosevelt’s illness and his response to the Great Depression: “He knew that the soul needed healing first, and the confidence he had instilled in the patients of Warm Springs was the most measurable gift Roosevelt gave to the nation during the Depression.” Furthermore, Roosevelt “understood the importance of psychology—that people have to have the courage to keep seeking a cure, no matter what the cure is. America had lost its will to recover, and Roosevelt was certain that regaining it was the first order of business.”⁴

But Roosevelt went one step further. Whether consciously or not, Roosevelt frequently employed metaphors of the body that proved useful for his aspirations. He was the candidate who was “running,” “standing,” “going up and down,” “looking ahead,” and getting a “firm footing.” These words were not the vernacular of a disabled man but rather of a fit, active, vigorous, and healthy man. Roosevelt also capitalized on Hoover’s rhetorical mistakes. He perhaps sensed that an inward and individual emphasis on mental confidence was, in the midst of grave economic events, terribly debilitating. How could people have hope when they were wondering about the next meal? More than most, Roosevelt seemed instinctively to understand the healing powers of a good attitude coupled with a goal to work toward. In 1921, Uncle Fred had helped to provide Franklin with that

attitude and frame of mind. Louis Howe and Eleanor Roosevelt provided the aim. By 1932 Americans had suffered enough that they now needed to do something other than hope for the best; thus, in November of that year the candidate roused and rallied Americans to join him in a march on the road to recovery. Four months later he would prescribe a memorable medicine in the midst of the nation's worst banking crisis. Like their healer, the sick and paralyzed would rise again—and walk.