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INTERVIEW WITH

Dr. William Robinson

by

Dr. Maclyn Burg
Oral Historian

on

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for

Dwight D. Eisenhower Library

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Dr. William Robinson
OPEN

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William L. Robinson, M.D.
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This interview is being conducted with Dr. William Robinson in Dr. Robinson's offices in the University Hospital Out-Patient Building, Ann Arbor, Michigan. The date is April 1, 1976. Present for the interview, Dr. Robinson and Dr. Maclyn Burg of the Eisenhower Library staff.

DR. BURG: Let me begin Dr. Robinson by asking you when and where you were born?

DR. ROBINSON: I was born in Hoosac, New York.

DR. BURG: H-o-o--?

DR. ROBINSON: H-o-o-s-a-c. Sometimes it's spelled Hoosick, H-o-o-s-i-c-k, but the proper name is an Indian name. This is in upstate New York near Troy and Hoosac Falls. My father was a teacher in a boys' preparatory school. I was born in 1911.

DR. BURG: And educated in that area?

DR. ROBINSON: We wandered around a good bit. Lived there until I was about five years old and then dad was in World War I. We lived in Ithaca, New York, Williamsport, Pennsylvania and then Bridgeport, Connecticut. I had my grade school education in various places. In 1923 we moved out to Michigan and that was when I started high school. We lived in Albion. I went through

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high school and had my pre-medical work at Albion College. Then in 1930 came down to Ann Arbor to start medical school.

BURG: And the medical school would then have been, I suppose, an addition three, four--

ROBINSON: Four years. I finished in 1934.

BURG: Wasn't that a marvelous time to come out into the world?

ROBINSON: Well, it was kind of a fun time because nobody had any money and we were a group of individuals who were pretty much all in the same boat. And I took my residency, internship and residency training here at the university hospital.

BURG: Oh, you did? I see. Now were you married at that time?

ROBINSON: Yes, I got married at the end of my second year in medical school.

BURG: And I was going to ask you one other thing: Your father was a teacher. What drew you into medicine?

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ROBINSON: I believe it was the matter of the opportunity to use scientific information for the benefit of fellow human beings.

BURG: Had that shown up in your high school, in your prep work at Albion?

ROBINSON: By the time I finished high school I was pretty clearly interested in a career in medicine. Although I must say I considered a lot of other things along the way.

BURG: Now, may I ask, what was your age when you finished your residency? That would be '35, 1935.

ROBINSON: No, let's see, the residency at that time, internship was a year and then three years residency, so I finished in 1938. I would have been twenty-seven years old.

BURG: Did you then make a decision concerning private practice or specialization?

ROBINSON: My training was in internal medicine after the internship so that I quite clearly was in a specialty but in a broad field that essentially covered the non-surgical

disciplines in medicine. I looked at the matter of private practice and made the mistake of getting curious. I stayed here a couple of years longer as a research fellow and had the opportunity to work in the field of nutrition at that time. These were the days when they were discovering new vitamins every week or two. We had the opportunity to develop some clinical and laboratory methods for diagnosis of some of the deficiencies of various vitamins and what gets called the "vitamin B-complex." And by 1940 I had gotten rather disillusioned with the prospects of academic medicine and seriously considered going into practice.

BURG: May I ask why that disillusionment? What had brought that on?

ROBINSON: Oh, the opportunities were very limited during the depression and post-depression years.

BURG: Money was short I suppose and grants difficult to obtain.

ROBINSON: There weren't any grants!

BURG: Not difficult--there's just no problem at all, there

were none.

ROBINSON: That's right, yes. This was before the NIH [National Institute of Health] was established. And I propably would have gone into practice, essentially in Milwaukee, if one day a representative of the Rockefeller Foundation had not walked in and started talking with me about their interest in taking some of the things in nutrition that had been developed and applying them to population groups to see if you could assess the state of nutrition of a population group, just like at that time you'd estimate the problem of tuberculosis by doing chest x-rays or the problem of syphilis by doing a Wassermann test, and so forth.

BURG: Had they intended that the population groups be represented by age and sex and ethnic background and a whole variety of things?

ROBINSON: Yes.

BURG: May I ask who sent them to you?

ROBINSON: I suspect that the man who was primarily responsible

for this was one of my teachers in medical school and the person that influenced me tremendously in terms of investigation. His name was Louis Harry Newburgh. He was an expert in diseases of body chemistry, metabolic diseases, diabetes, and obviously was interested in some of the work we'd been doing in nutrition. Well the upshot of this was that I went down to Vanderbilt to work with Dr. John B. Youmans who had undertaken one of the first attempts to study a population, in rural Tennessee, and I got down there in July of 1940. This was the time that World War II was beginning, before we had gotten into it. The Rockefeller Foundation had many international health activities in Europe. Dr. Youmans, not too long after I got there, left to do some nutrition work in what was then occupied France. He was based in Marseilles.

BURG: An unusual circumstance that was.

ROBINSON: Yes. And then along in the spring of '41 I got a wire from the New York office of the Rockefeller Foundation asking me if I could be in New York a few days from then to

discuss the matter of going to Spain. That was not too long after the Spanish civil war and it was supposed to be "starving Spain" and so forth. So in the spring of '41 I went over to work in Spain and we set up and proceeded with a survey in a--it was really a suburb of Madrid, where we were obtaining information on what the people were eating, examining them to see the state of their health and nutrition and conducting various laboratory studies that made it possible for us to get factual information about the state of nutrition of these individuals.

BURG: Did you have a competency in Spanish or were you working through interpreters?

ROBINSON: When I found out I was going to Spain, I took some direct lessons, you know ten lessons from "Madame Lagonga". We ignored grammar and so on. She essentially concentrated on giving me a vocabulary. My Spanish was quite faulty, but I actually was more hesitant about not making a fool of myself more than anything else. At that time the only people that Franco would ask for any help was nutrition, and with the problem of typhus, which was significant there in Madrid. So there were three of us in Madrid. There was Jack Snyder, who later was dean of the

School of Public Health at Harvard. And Janney, John Janney, J-a-n-n-e-y, who was a career man in the Rockefeller Foundation and who was very adept at languages and kept us from starving to death. Actually, to get back to the matter of languages, Jack got typhus and was sick, and then Janney got into some--we took care of him and he was a pretty sick guy for a week or so. And then Janney had to go to Portugal and all of a sudden I had to run the household as well as get along in the language without any particular help. I promptly forgot about making a fool of myself and concentrated on just communicating. I had a thorough vocabulary of nouns and I put all the verbs either into the perfect tense for the past or with the auxiliary "I am going to do something" for the future--and got along reasonably well, although I was frequently laughed at for making the same mistakes in Spanish that the little kids make, which I thought was a pretty good indication that I was learning the language the right way.

BURG: And I gather that your wife was not with you?

ROBINSON: No. She stayed in Ann Arbor during that time.

BURG: Was there a particular, in effect a contract period,

doctor, or a limit to how long you would be there?

ROBINSON: I had anticipated being there a year. Actually, by that time people were getting increasingly concerned about some of the problems in Europe and actually by the middle of May the group that was in Marseilles pulled out because of problems. We were told that we better get out of Spain fairly soon. The first time I ever heard a trans-Atlantic telephone conversation, Dr. Janney got on the phone and talked to the office in New York and we sort of passed the buck back and forth across the Atlantic for fifteen or twenty minutes. We had only one border to get out of; we kept our exit visas into Portugal in good shape and so forth. And we wanted to get at least the first part of our study done and to leave something with some of the Spanish physicians we were working with that they could continue. So we were able to stay. However, along about the first of September the Red Cross pulled out of Spain, and we got told that we were to be out of there by such-and-such a date and out of Portugal by the middle of September.

BURG: '41.

ROBINSON: In '41. So we came back; I actually was on an American Export Line ship coming back when the first American destroyer was fired on.

BURG: Up there in the North Atlantic on the neutrality patrols supposedly.

ROBINSON: Yes, North Atlantic, yes. So we were able to accomplish quite a bit; it was a fascinating time to be in Europe. Marseilles, Barcelona, Madrid, Lisbon was the escape hatch of Europe for that time. And there were all sorts of problems in terms of getting clearance and in getting transportation as a matter of fact.

BURG: Yes. The paperwork must have been fierce. And you will recollect they said that the spies talked to spies in Lisbon.

ROBINSON: Yes, indeed.

BURG: Just at the same cocktail bar. Now, may I ask, did the Spanish authorities, the Spanish government per se, cause you any problems while you were working there in Madrid? Did

they welcome you? Were they rather apathetic to your presence? What kind of reaction did you get from them?

ROBINSON: Most of these relationships were handled by Dr. Janney because he was the real pro and had a lot of experience in this type of activity. In general, I think we were reasonably welcome. There were certain stipulations. We had an excellent biochemist working with us who, the only reason that he was alive was because he had a brother in Franco's army. He'd been identified with the loyalists, and all his civil rights had been taken away from him. He's been an associate professor at the medical school there in Madrid and he couldn't teach, and so forth.

BURG: He's been on the wrong side.

ROBINSON: He'd been on the wrong side. To balance him we had to include in our team a physician who had been clearly identified with Franco and so forth and so on. There were these overtones, but we got the job done without any great difficulty.

BURG: So the team had to include a Falangist supporter--

ROBINSON: Oh, yes, sure.

BURG: --to balance off. Now when you returned to the United States, we were literally weeks away from war ourselves.

ROBINSON: Yes, I got back late in September and spent some time getting some of the data together, and we'd taken some x-rays on children in terms of growth patterns and so forth, getting that worked up and so forth. And then I stayed with the Rockefeller Foundation and went down to Mexico. The things weren't quite ready for us to get going in Mexico so I spent a couple of months down at Duke University in Durham where Dr. Milan was conducting another survey on nutritional status in a rural area in North Carolina. I then went down to Mexico about the first of '42, January of '42, and I remember being in North Carolina on Pearl Harbor day.

BURG: Did the American military pursue you at about that time? What with your medical skills and that very unusual Spanish experience that you'd had I wondered if they had begun to beckon you.

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ROBINSON: Well, let's put it this way. As I got down there in Mexico I was told that "you're part of the Good Neighbor Policy, you stay there and you are not going to be into the military." This was essentially an effort to develop in the federal department of health in Mexico some activities as far as assessing the state of nutrition of population groups. And I remained in Mexico a year and a half, summer of '43.

BURG: Was your wife able to accompany you on that trip?

ROBINSON: Yes. However, she was not well in Mexico, and, after getting all our family down there, it became evident that she would not be at all well or happy in the altitude of Mexico City. And so most of the time she stayed in Detroit, which was her home. So that actually that is one of the major reasons why I eventually left Rockefeller Foundation. It became evident that the nomadic life of the Rockefeller Foundation staff wasn't very suitable for a man with three young children and so forth. So after getting the initial work done there in Mexico, I resigned from the Rockefeller Foundation and went back to Vanderbilt, continuing work in nutrition, a combined setup between Vanderbilt, the Tennessee state health department and the Rockefeller

Foundation.

BURG: So the work in Mexico had been strictly Rockefeller supported and financed, but evidently with the good auspices of the United States government behind it.

ROBINSON: At what level there was communication about it I have no idea, but there was a certainly substantial interest. And of some interest is the fact that it was in connection with this work in nutrition and the development of some of the agricultural crops--we had a number of experts that came down there in terms of the types of corn which would be best grown there with the conditions in Mexico--and it was the beginning of the work which eventually George Herrar was able to do to improve the agricultural productivity in Mexico as probably the most important thing that you could do to improve the nutrition of that population.

BURG: That's interesting. It was not, then, simply a clinical kind of examination of what the conditions were, but actually moves to alleviate some of the nutrition problems.

ROBINSON: Yes. My part of it was purely on the end of what

you call the medical evaluation or attempts to get the facts. It was the broader vision of people in the Rockefeller Foundation. And what the relationship of that was to the state department and so on I really have no idea.

BURG: Were your relations with your Mexican medical counterparts good?

ROBINSON: Oh, excellent.

BURG: So there was cooperation there and--

ROBINSON: Very good friends, still keep in touch with some of them and we

BURG: And even your Spanish did not hold off the friendship?

ROBINSON: Well actually my Spanish got considerably better. I got very cocky about my Spanish in a couple of years down there. I even gave some lectures in the medical school. Now I find when I go to a Latin American country my ear comes back in about twenty-four hours. I can catch everything coming, but when I start talking, I have the vocabulary of about an eight-year-old kid. The words just aren't there

anymore.

BURG: Yes, that's my problem in Russian, too. I can catch on fairly fast, but cannot speak well. Well that is interesting. Now you went back then to Vanderbilt, the war was still on; you continued your work in nutrition.

ROBINSON: Yes.

BURG: Now did you stay there through the end of the war?

ROBINSON: I stayed there until the fall of 1944 at which time I had an opportunity to come back to the University of Michigan in a totally different capacity. This was in charge of a research unit that was set up to try to find out something about arthritis and various types of rheumatic disease. So in September of '44 I came back to Ann Arbor.

BURG: To the medical center here.

ROBINSON: Yes. And I've been on the faculty here since that time. From the point of view of the work in nutrition, within six months after I got back here I had a telephone call from Dr. Youmans, the man that I first had gone down to

work with in Nashville, who by that time was in the Surgeon General's office as colonel in charge of the nutrition program for the army. Dr. Youmans indicated that he was trying to get a group of people together to go into Europe, as soon as it was feasible, and just exactly what we're going to do there was a little vague. So in the spring of '45 there were perhaps, I think, five or six teams that went over to Europe, essentially to get basic data on the state of nutrition of the German population which would be used in terms of rationing policy and so on. General Clay was coming in with that. And I went over with one of those teams. Actually we arrived in Paris a couple of days after V-E Day. Our particular team, our first job was supposed to get some information about the state of nutrition of the Ruhr miners because even that early they figured there might be some relationship between what they got to eat and how much coal they got out of the coal mines. So we were set up with, oh, command car and a half ton trailer with some laboratory field equipment and there was a nutrition officer--the man on our team, David MacIntosh, had been on the faculty of the school of agriculture at Kansas

State University--and then someone with a biochemical background to handle the laboratory end of it, and a driver--the army drivers are in a class by themselves. We had a wonderful guy from Brooklyn who took real good care of us for the three months we were going various places in Germany.

BURG: So each team then, approximately three or four--

ROBINSON: Yes.

BURG: --specialists, really. All of you with civilian status.

ROBINSON: No. I was the only one on our team with civilian status for instance. The others were in the army, officers.

BURG: You wore civilian clothing or were you furnished--

ROBINSON: No, we had to be in uniform but with an indication that we were civilian consultants. But we wore uniforms but without any insignia on it, corresponding to, oh, war correspondents, that type of thing. At that time you had to be in uniform, and if you went into any area where Third Army was in command you had to wear a hardhat and boots.

BURG: Oh, you were attached to, or you were working in their area.

ROBINSON: Yes. Well, this varied. When we got up in the Ruhr we suddenly found that the group that we were supposed to be attached to had disappeared. We were about a hundred miles from any setup, but we did get some good information on the Ruhr miners. Then we worked in Kassel and Giessen.

BURG: Kassel, I guess, K-a-s-s-e-l.

ROBINSON: Yes, it's tremendous industrial city.

BURG: And the other town, G-i-e--

ROBINSON: s-s-e-n. Did some work in some of the displaced persons' camps. And then our team was the first team to get into Berlin. We got in there about three weeks after the first American troops got there in the latter part of August.

BURG: Now had the plan originally included both the D.P. [Displaced Persons] camps and Berlin?

ROBINSON: No. Well, I'm not sure just how the plan was

originally set up. But there was one team that got up into Holland, although most of Holland was covered by a British team. There was another team that got down into Austria, Vienna, so forth. There was a total of four or five teams, but if you want to talk to somebody about this, John Youmans is still alive. He's in his late eighties; he's living just outside of Nashville and if you want to get the story about the aspects of nutrition in World War II in the military, he would be a great person. The other person would be Henry Sebrell, who was surgeon general of the public health service during that time. He's done some outstanding work in nutrition and subsequently is at Columbia in the nutrition institute.

BURG: Let me ask you about Dr. Youmans. What is the state of his mind? Is it clear and sharp and--

ROBINSON: It's just as sharp--I talked to him on the phone, oh, I guess it was late last summer and he was just as sharp as ever. He was having a little trouble recalling some details, thought I might be able to dig them out for him of

something that had happened back here at the University of Michigan in the early 1920s. But he knew exactly what he wanted. He is remarkably sharp I think for his age.

BURG: Well it's delightful to find that. They often will tell you that their memory is poor, but the further they move into the past the sharper their memories seem to be. Well we have that on tape now and it's quite possible that someone will want to follow up on this. I'm rather intrigued by it myself. It seems to me you had a most unique opportunity.

ROBINSON: Well, it was certainly interesting and not only medically but also very much from the point of view of time and turmoil. You see the army turning from a fighting organization to a housekeeping organization. You see the total disruption--actually most of the nutrition problems in what turned out eventually to be the American zone were related to disruption of channels of food distribution rather than production.

BURG: Did you find, for example, that there was any distinct difference between the nutritional levels achieved by the German population and those of the D.P.s?

ROBINSON: Oh, no question about it.

BURG: And I would assume that the Germans were better off.

ROBINSON: Much.

BURG: Any other conclusions that come to your mind that can be summarized.

ROBINSON: Well I think essentially we ended up with the feeling that the problem was essentially a matter of the quantity of food available and eaten rather than any particular vitamin or mineral deficiencies and that the effect of rationing policy on the population could be followed most simply by weighing enough people to see whether there was a weight loss or not.

BURG: And it seems to me that the Germans, efficient souls that they were, would have been able to give you in incredible detail the precise amounts, the quantities of each major aspect of diet permitted both for their own people and to the D.P.s.

ROBINSON: Oh, yes, there was an official rationing set up

and that data was available. The main question was whether the supplies always equalled what was visualized on paper. The Germans had a rationing system that was reasonable--

[Interruption]

BURG: You were saying another point that might be of interest.

ROBINSON: Another point that might be of interest is that while the German rationing policy was based on scientific requirements and so forth, as we saw the Russian rationing policy in Berlin--and the Russians, of course, had been there since late June or July for six or eight weeks before any American troops got in and before; we were there before the sectors were set up and so forth, but they were beginning to crystallize. The Russian rationing policy was based on incentive, entirely. The people that worked at dangerous trades and so forth got the most to eat and the old people and the kids and so forth got very little to eat, accordingly, under their policy. It was strictly an incentive system; paying no attention whatsoever to the difference in nutritional requirements of various ages, and sex, and so forth.

BURG: It's interesting when one contrasts it with, well for example, photographs that appear in their various official histories. (They're now on their third official history of the war.) And the photographs show the army vehicles backed up and distributing quanties of bread and other things to happy, smiling Berliners. And your observation was that if the Berliner was engaged in clearing away, perhaps, rubble that the Russians wanted cleared away he was probably going to eat a decent meal. And if he had not achieved that kind of position, he was going to get fairly little.

ROBINSON: Well in Berlin we studied two areas, one quite central in Berlin where they depended almost entirely on the ration food, and the other sort of on the outskirts where people could get on their bicycles and go out and barter with the farmers and so forth. And there was a distinct difference in the nutritional state of those that were dependent on distribution channels and the regular ration and so on being in much poorer shape than the ones who could get out. I don't know whether you call it blackmarket or--

BURG: Back to primitive, pretty primitive level of subsistence, bartering off whatever objects you had in the home that might have any value for food to sustain life.

ROBINSON: Yes.

BURG: Did you gentlemen then submit reports during the course of your work or at the conclusion of your work?

ROBINSON: Yes. Those reports went to the surgeon general's office in the army, and I am under the impression that they were used to some extent in the administration under General Clay.

BURG: So a scholar will be able to trace them down and to examine what was done in any kind of work he might want to do on these nutrition teams.

ROBINSON: I certainly think so, but I couldn't tell him where to start.

BURG: Now have you yourself seen any studies done primarily by medical people, any articles published focused upon the activities of these teams?

ROBINSON: We didn't publish any of the material for our team; I honestly don't know. Fred Stare may well have had some publications; he's professor of nutrition at the School of Public Health, at Harvard. He was with one of the teams.

BURG: Now did the army itself, the authorities in Berlin in the American zone, their cooperation seems to have been pretty decent.

ROBINSON: Yes, we worked through, oh, what do they call--this was the civil government unit. These are units that have been prepared--

BURG: Allied Military Government, AMG.

ROBINSON: Yes, that's it. And they're the ones that we worked with. And the contacts were made with them and they facilitated our getting a representative sample of the population in terms of age and sex for examination and evaluation. Well after that I came back to a little more mundane activities and--

BURG: When did your work finish?

ROBINSON: We finished there in, sometime in September of '45 and we had a meeting at Kronberg Castle of all the teams. We went over the information and made general recommendations. I belive, yes, General Clay came to that meeting, was there for part of it.

BURG: Oh, he did? What was your impression of him and of his abilities?

ROBINSON: I have a great deal of respect for him, for the way in which he handled both the technical, the military and the political problems. Naturally I've followed this with a fair amount of interest. And I think he had an extremely difficult job that he handled as well as any human being could. That's my overall reaction.

BURG: He seemed to hear you gentlemen out with interest and attention?

ROBINSON: Yes, and with a good deal of perception.

BURG: And was it your feeling or your direct observation that the data that you gave him were acted upon?

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ROBINSON: To what extent I honestly can't tell you. Obviously a lot of decisions that had to be made were based on political and economic considerations more than they could be on medical considerations. But I had the feeling that the medical considerations entered into the overall picture and were not ignored.

BURG: Many of his papers from that period of time, papers and cables, have just been published. I didn't know whether you knew that. And it will be very easy then for someone to check and get some kind of idea, perhaps directly drawn from your project and the findings that you gentlemen came up with. So you then returned to the United States, came back here to Michigan?

ROBINSON: Yes, and continued as a member of the faculty here in charge of the arthritis research unit, Rackham Arthritis Research Unit, and continued in that capacity until '53. Now in the meantime the National Institutes of Health had been established and were developing and with their use of non-federal consultants in their study sections and on their councils. The National Institute of Arthritis and Metabolic Diseases was

established in either '48 or '49. I suspect that because of my background in nutrition and metabolic diseases, plus the fact that I was working in arthritis, made me a person that they look toward in the early study sections and somewhat later on the council of the National Institute of Arthritis and Metabolic Diseases. I had two sessions on the council, one of which would have been during the Eisenhower Administration; the second, somewhat later, I guess I'd have to look up to see just what the years were. [One session was from 1957 to 1961 during the Eisenhower Administration. The second was from 1963 to 1967 under the Kennedy and Johnson Administrations.]

BURG: How long was a council term?

ROBINSON: A council term was four years. And this was an extremely interesting time because the general pattern and many of the policies at the National Institutes of Health, and particularly this institute, all were in the process of being formulated as you went along and made decisions.

BURG: And the policies were implemented; by and large?

ROBINSON: Oh, yes, to the extent the recommendations that were made to Congress were enacted into legislation. There were a number of things, let's see, during the time I was on

the council. The first time Dr. Floyd Daft was director of the arthritis and metabolic disease institute. Dr. Daft is a Ph.D. biochemist whose work had been in the field of nutrition. And the other key individual during that time of that development was Ralph Knutti, who was in charge of the extramural programs, both in terms of the research grants and in terms of training grants for training of younger physicians in research. I had the opportunity to make a number of project site visits in various places with Dr. Knutti and came to respect him a great deal.

BURG: Now is it approximately this time, the very early 1950s, that you become a consultant to the Public Health Service, to the surgeon general; or is that all part of the NIH?

ROBINSON: Well in the original setup, before it got crystallized, you were appointed as consultant to the surgeon general of U.S. Public Health Service, and very rapidly it developed into a formal structure where you were appointed to the council of the particular institute.

BURG: So it was that latter system that you were functioning with during the Eisenhower period.

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ROBINSON: Yes.

BURG: At least four years of the Eisenhower period--probably on the council for arthritis and metabolic diseases. Now let me ask you this sir: The NIH scheme comes to fruition in the Truman period and we move then into the Eisenhower period. Is there any discernible change at that point in focus, in direction, in support?

ROBINSON: I don't think that we were aware of any particular change there. I think there was a great deal of public support for science in general. The tremendous amount of respect for the developments in nuclear energy and so forth and a real commitment on the part of both the administration and the Congress. The main leaders in Congress were Lester Hill and Representative [John E.] Fogarty, who were very responsive to the needs of biomedical research and the need for training people in biomedical research.

BURG: More than twenty years later those two names come to your mind immediately.

ROBINSON: Yes. They, I think the middle '60s and later '60s, made pretty much a turn-around, partly because of the increase in costs. When something in the federal budget gets up around a billion dollars, why then everybody takes a much more careful look at it than when it's only a few hundred million, plus, I think, the general public disillusionment with science and almost a bit of an anti-intellectual atmosphere that we've been through the last five years or so. You can trace this back to beginning along in the late '60s I think. But I have no feeling that there was any significant change in the attitude of the administration or the legislative branch in the early '50s. A great deal of enthusiasm and willingness to support biomedical research really very well.

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BURG: And it would be interesting at the period really when you began some of this work, some of your consultant work, Mr. Truman would have had a Republican Congress to cope with and I think in the first year or so of the Eisenhower period also a Republican Congress, but then that changes to a

Congress controlled by the Democrats. Yet your recollection of the period is that the support continued under both of these parties.

ROBINSON: Yes.

BURG: Now let me put this to you, and I think maybe I will focus this question on one of your areas of special competency. Let us look back to 1953, January, when Eisenhower takes office. Nutritionally speaking, would you say that the country was at that point doing a pretty fair job on nutritional standards for the American public at large?

ROBINSON: Yes, I think so. I suppose it's possible we thought we were doing better than we were. But at that time the feeling was that, in general, most of the big nutritional problems in the United States had been licked. Pellagra had been licked in the South, and we used to see a little bit of pellagra here during the depression. I'd say that would be the outstanding specific deficiency disease in the United States and that was essentially licked by the improvement in economic situation as we came out of the depression, plus the

development of much better systems of food storage and transportation and processing. I don't think the medical people made a damn bit of difference, frankly.

BURG: Forgive me for asking this since I am not a medical man. Pellagra is a nutritionally caused disease. This is the basis for it.

ROBINSON: Yes, it's a deficiency disease.

BURG: In a specific area or is it caused by a variety of deficiencies?

ROBINSON: It occurs partially in places where corn is a basic cereal in the diet, and it was a very real problem in the southern part of the United States, rural, poor, southern part of the United States through the, I would say up until certainly the first part of the century and up until they began to make some progress on it along the late '30s and it was pretty well eliminated. You had to go out farther and farther into the hills to find anybody with pellagra by the early '40s.

BURG: I see. But that then is the outstanding nutritional affliction; others you would consider to be minor by comparison?

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ROBINSON: As far as a deficiency of a particular food factor, this is the most important one that has been a public health problem in the United States, historically. Now there are also nutritional problems that are related to faulty food habits. And if anything there has been deterioration in food habits of the American people in the last ten or fifteen years with the hamburger-french fry-pop business the youngsters grow up on now and you see in high school and college students with irregular eating habits and so forth. They know better, but this is by far the easiest thing. And if you want to call obesity, or overweight, a nutritional disease--which it really is--this is by far the biggest health problem related to nutrition that we have now.

BURG: A large intake of foods that really are not what the body requires, or you're overloading something that may fit a need but you overdo it?

ROBINSON: Yes.

BURG: Now let me ask you this question: Who is the surgeon general in the '50s? Is it the same man that you--

ROBINSON: The surgeon general of the army?

BURG: No, I'm thinking of the Public Health Service.

ROBINSON: Gee, I can't pull out his name. He subsequently was vice president of the University of Pennsylvania. I've just got a block on his name. [Ed. Note: surgeon general of the Public Health Service from 1950-1957 was Leonard A. Scheele]

BURG: We'll be able to find his name from the record.

ROBINSON: Yes. I believe, yes, I'm quite sure that he was surgeon general during that time.

BURG: Let's ask about your own special field in arthritis, metabolic diseases. Was that supported at a level that you considered acceptable to you in those years? I think now particularly, because of our interests, in the eight years of the Eisenhower period.

ROBINSON: Yes, I think so. I think it would be very fair to say that. The arthritis research unit here was set up in

1937 on the basis of an endowment provided to the University of Michigan, the income, a portion of it, being earmarked to support investigating work on arthritis so that we had a reasonable nucleus of solid financial support. And as funds became available through the National Institute of Health, we were able to compete for substantial help from them. We also had, the voluntary health organization, the Arthritis Foundation, was developed at about the same time and we had a pretty strong program here in the state of Michigan as well as the national program. And then we had the opportunity for training young physicians in research, including both clinical and laboratory research in the field. So this was a well supported activity. I actually gave up the responsibility for heading the arthritis unit in '53 and became more involved in some of the aspects of medical education and somewhat less active in the investigative field. Then in 1958 they made me chairman of the department which meant that I spent a good deal more time in administrative work than I had before. And I just retired as chairman last summer, 1975, and am continuing as a member of the faculty with emphasis on teaching both

medical students and the younger physicians who are residents in training. So while I've maintained an interest in both nutrition and in rheumatic diseases, I have not been very active in those two areas as far as research is concerned for some time.

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BURG: Would it be fair, doctor, to say that for varied reasons--some of these reasons being quite acceptable to you or understandable by you--there was a turnaround then in the '60s perhaps under Kennedy or under Johnson, where the previous kinds of support levels, interest, no longer came at such high levels?

ROBINSON: There are two or three very definite factors that we can point to. One I think is just the total amount of money involved and the question of what are the American people getting for this investment in biomedical research, how rapidly is it translated into medical care. And then about the middle '60s a real concern about what is known as health care and health care delivery, the sort of thing that goes along with the matter of an idea of national health insurance and so forth. One of the very troublesome things

as we look at the manner of putting federal funds in medical education and biomedical research is the very real possibility of the legislative branch attempting to make the medical school responsible for resolving the problems of, first, distribution and then the quality of health care in the country by tying their grants for medical education to stipulations that a much larger number of primary physicians would be trained and a much larger number of people who will practice in rural areas and the inner city and so forth and so on. These are all factors that have--plus the fact that with inflation the cost of research has gone up and actually, if you take inflation into account, even the larger amounts that have been appropriated for special purposes like with cancer and heart disease, stroke and so on, in terms of the costs of doing research, there's been a substantial reduction in the support of biomedical research and of medical education.

BURG: You see any sign of that trend reversing in the near future?

ROBINSON: No. I think the American public and through the political structure are telling us loud and clear that they don't really care whether we have the latest scientific information; they want to be sure that the medical profession does a much better job than they have of being accessible and of providing medical care at a reasonable cost.

BURG: That is a change from the kind of atmosphere in which you worked and which you observed in the '50s.

ROBINSON: Yes, I think so.

BURG: Up into the mid-'60s perhaps.

ROBINSON: Yes.

BURG: Well, I want to thank you very much for giving us this time today. Been very kind of you and we appreciate it.