

The ill-fated triad: Roosevelt, Stalin and Churchill-Post-Yalta strokes and the impact on world leaders

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Abstract:

The Yalta Conference of 1945 brought together three of the most influential leaders of the 20th century: Franklin D. Roosevelt, Joseph Stalin and Winston Churchill. Surprisingly, all three leaders would go on to suffer strokes after the conference. This manuscript examines the health status of these leaders during and after the Yalta Conference, the factors that contributed to their strokes (including the role of hypertension), and other modifiable risk factors present in each one of them, and the impact of their declining health on their countries and the world.

Roosevelt's demise, prior to the conclusion of the war, triggered a leadership transition during a critical moment in history, while Churchill and Stalin's passing shaped the early Cold War era. A veil of secrecy shrouded the health conditions of these pivotal leaders. "The Big Three" made considerable efforts to hide their health conditions from both the press and the public at large.

Understanding the health of political leaders is crucial as it can affect their decision-making abilities and the course of history. The fates of Roosevelt, Stalin and Churchill serve as important reminders of the potential consequences of poor health in the highest echelons of political power.

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Introduction

The Yalta Conference, held in February 1945, was a meeting between the leaders of the Allied Powers: President Franklin D. Roosevelt (FDR) of the United States, Premier Joseph Stalin of the Soviet Union, and Prime Minister Winston Churchill of the United Kingdom (Fig. 1) (1). The conference was instrumental in shaping the post-World War II landscape. However, the health of

these leaders during and after the conference has been a subject of interest, as all three would eventually suffer from strokes (2). This manuscript investigates the strokes suffered by Roosevelt, Stalin and Churchill, as well as hypertension and other modifiable risk factors present in all three, and how these events affected their lives and political careers.



Figure 1. The “Big Three” at the Yalta Conference, seated in the front row. From left to right: Winston Churchill, Franklin D. Roosevelt and Joseph Stalin. You can see both Churchill and Roosevelt smoking in this photograph. Stalin was also a smoker but he is not holding a cigar or a pipe in this photograph. Source:

[http://en.wikipedia.org/wiki/Yalta_Conference#mediaviewer/File:Yalta_Conference_\(Churchill,_Roosevelt,_Stalin\)_%26W.jpg](http://en.wikipedia.org/wiki/Yalta_Conference#mediaviewer/File:Yalta_Conference_(Churchill,_Roosevelt,_Stalin)_%26W.jpg) (Public Domain)

Franklin D. Roosevelt's health demise and uncontrolled hypertension

Franklin D. Roosevelt, the 32nd president of the United States, had health issues long before he became president. He was diagnosed with polio in 1921 at the age of 39. He contracted the illness while vacationing with his family at their summer home on Campobello Island in Canada (3). In light of modern medical knowledge, the polio diagnosis has been called into question and some authors have proposed Guillain–Barré syndrome as an alternative diagnosis (3). Despite being paralyzed from the waist down and relying on a wheelchair and leg braces for mobility, Roosevelt made efforts (7).

to hide his disability in public (4). Roosevelt's health during the Yalta Conference was already in decline as he was suffering from congestive heart failure and hypertension, and was also a heavy smoker (5). He appeared visibly weakened and fatigued during the conference. Historical records indicate that his blood pressure was around 220/120 mmHg at the Yalta Conference, a level far above the normal range and indicative of a hypertensive crisis (Table 1) (6). Roosevelt's uncontrolled hypertension was likely exacerbated by his lifestyle, which included heavy smoking and a high-stress role as the president of the United States during a global conflict

Table 1. FDR's blood pressure during the years

Year	FDR's Blood Pressure (BP)
1935	136/78
1937	162/98
1941	188/105
1944*	226/118
1945	300/190

**Shortly before the invasion of Normandy in 1944, FDR had signs of severe and chronic hypertension on his electrocardiogram, cardiac enlargement on his chest x-ray and protein in his urine.*

Additionally, Roosevelt's illness in 1921 left him partially paralyzed, and the resulting immobility likely contributed to his declining cardiovascular

health (3). On April 12, 1945, President Franklin D. Roosevelt tragically passed away, a mere two months following the Yalta Conference. The event

occurred in Warm Springs, Georgia, as the president was posing for a portrait (Fig. 2). Suddenly, he exclaimed, "I have a terrific headache," and subsequently collapsed to the floor

(6). Dr. Howard G. Bruenn, Roosevelt's primary cardiologist, immediately examined him, discovering an alarmingly high blood pressure of 300/190 mm Hg (8).

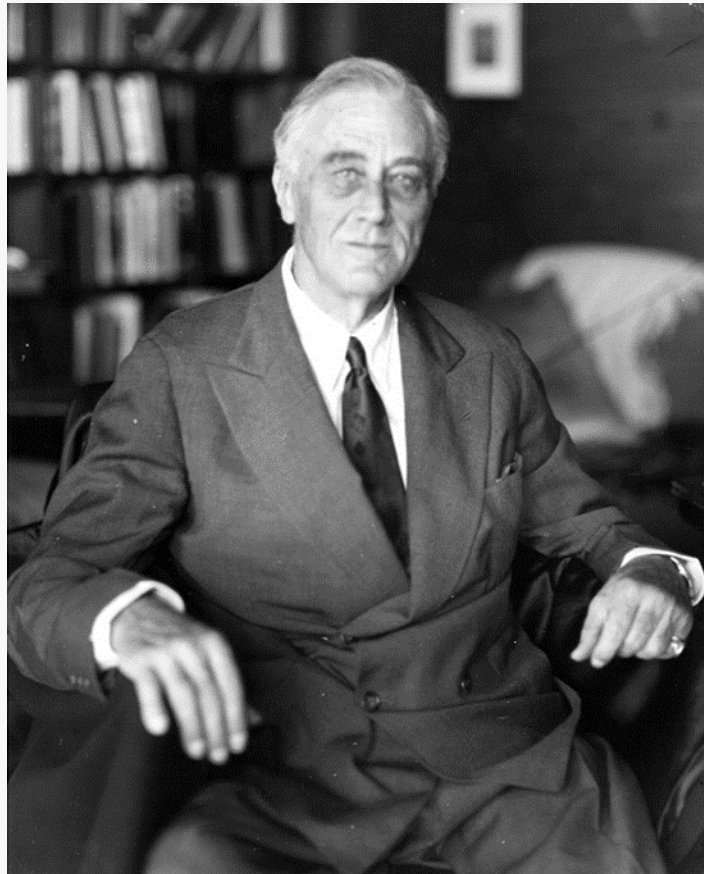


Figure 2. FDR sitting for a portrait. This is the last photograph of the President, taken one day before his death, on April 11, 1945. Source: https://en.wikipedia.org/wiki/Franklin_D._Roosevelt#/media/File:FDR-April-11-1945.jpg (Public Domain)

A mere few hours later, President Roosevelt was declared dead, aged 63, with the cause of death being identified as an occipital hemorrhagic stroke (7). The next day, headlines in the American press wrote: "Came out of clear sky" (9). This emphasizes the inadequate management and long-

term neglect of the American president's hypertension, a neglect that ultimately culminated in his tragic hemorrhagic stroke. FDR's death led to the ascension of Harry S. Truman as president of the United States, who would go on to make critical

decisions regarding the ending of World War II and the beginning of the Cold War.

Joseph Stalin's health issues, death and conspiracy theories

Throughout his life, Stalin faced a multitude of health issues that progressively affected his

physical and mental capabilities. As early as 1922, he began suffering from headaches and he developed hypertension a decade later (10). Just like Churchill and Roosevelt, Stalin was a heavy smoker (Fig. 3) (11).



Figure 3. Joseph Stalin shown smoking at different years throughout his life. Photograph on the left was taken in 1915. Photograph on the right was taken in 1937. Source:

https://en.wikipedia.org/wiki/Joseph_Stalin#/media/File:Stalin_in_exile_1915.jpg

https://en.wikipedia.org/wiki/Joseph_Stalin#/media/File:Stalin_Full_Image.jpg

(Public Domain).

The first vascular problem he had dates back to 1937, when he may have experienced a transient ischemic attack (TIA) that affected his speech (12, 13). Despite this episode, Stalin's health at the time

of the Yalta Conference was relatively stable. On June 24, 1945, he had a mild stroke during the World War II victory parade in Moscow, followed by a significant heart attack in October of the same

year (14). Later, in 1947, he would endure another mild stroke, and in 1948, a severe heart attack (15). The last days of Stalin's life are extensively chronicled, initially in *Pravda's* official Soviet declarations, and translated comprehensively into English for the *Current Digest of the Soviet Press* (16). Years later, the historian and former senior officer Dmitry Volkogonov detailed an event on February 28, 1953. On this day, Stalin met with his close collaborators Beria, Khrushchev and several others for a relaxed evening (17). The gathering concluded around 4:00 a.m. the next day, on March 1, 1953. After the meeting, Stalin headed to his private chambers with strict instructions not to be bothered.

He was later found lying unconscious on the floor at around 11:00 p.m. of the same day by his housekeeper. Stalin was breathing heavily, incontinent and unresponsive. Medical personnel saw the soviet leader at 7:00 a.m. on March 2, 1953. Their examination revealed a blood pressure of 190/110 and a right-sided hemiplegia. A diagnosis of hemorrhagic stroke affecting the left middle cerebral artery territory was made (17). In the subsequent days, he underwent multiple treatments aimed at reducing his blood pressure, which had spiked to 210/120; among treatments that turned out to be of little help were the

application of leeches in retroauricular areas, as well as intravenous perfusions of magnesium. Despite these efforts, Stalin's condition worsened and he passed away at 9:50 p.m. on March 5, 1953, aged 74 (17).

The circumstances surrounding Stalin's death remain a subject of speculation, with some suggesting that he may have been assassinated through warfarin poisoning (18, 19, 20). Medical help was only summoned after a significant delay, which has fueled speculation about a possible conspiracy. Furthermore, there were reports of unexplained bruising and bleeding, as well as evidence that Stalin's wine had been tampered with, all of which have contributed to the theory of warfarin poisoning (19, 20). Despite these suspicious circumstances, the likelihood of an assassination plot remains debatable, as Stalin's risk factors for a stroke (including his age, history of hypertension, and heavy smoking habit) make the official cause of death plausible. Stalin's death led to a power struggle within the Soviet Union, ultimately resulting in the rise of Nikita Khrushchev.

Winston Churchill's previous TIAs, stroke, and health challenges

Winston Churchill, a pivotal figure of the 20th century, is renowned for his exceptional oratory

proWess and political leadership in the United Kingdom. His emblematic cigar-smoking habit was also a significant aspect of his persona that he passionately maintained throughout his life. Although today's health-conscious society might be taken aback by the adverse effects of smoking, Churchill believed that it fortified him to confront the formidable obstacles in his personal and political spheres (Fig. 4) (21). Churchill's smoking habit took root early in his life, somewhere around his teen years, but his fondness for cigars took

shape during his time in Cuba (22). Churchill typically smoked between eight and ten cigars per day and was known to enjoy alcohol, and his drinking habits have been widely documented (23). While it is difficult to quantify exactly how much he drank, it is evident that his alcohol consumption was part of his daily routine (24). He often started his day with a glass of whisky and soda and continued to drink various beverages, such as champagne, brandy and wine, throughout the day (25).



Figure 4. Winston Churchill smoking a cigar in 1952, while Truman is handing him a photograph of the 1945 Potsdam Conference. Source:

https://en.wikipedia.org/wiki/Winston_Churchill#/media/File:Photograph_of_President_Truman_giving_British_Prime_Minister_Winston_Churchill_a_photograph_taken_at_the_1945_Potsdam..._-_NARA_-_199024.jpg (Public Domain).

Winston Churchill had a history of transient ischemic attacks (TIAs) and a previous stroke before the Yalta Conference (26). A TIA, often referred to as a "mini-stroke," is a temporary disruption of blood flow to the brain, which can cause short-lived neurological symptoms. TIAs can serve as a warning sign for an impending stroke, as the risk of a stroke is significantly increased in the days and weeks following a TIA (27). Churchill had suffered from TIAs during his time in office and experienced his first stroke in 1941 (28). Despite the stroke, Churchill managed to recover and continue his duties as Prime Minister throughout World War II. Historians consider his resilience and ability to carry on with his responsibilities in spite of his health issues as remarkable (21, 25, 28). The TIAs and the stroke that Churchill experienced before the Yalta Conference were likely the result of his own risk factors, including his advancing age, heavy smoking and the high-stress nature of his role as Prime Minister during a time of global conflict. These risk factors would continue to affect his health in the years following the conference, culminating in the severe stroke he suffered in 1953 (26). He managed to recover and continue his duties as Prime Minister, but his health continued

to decline, and he resigned from office in 1955 (29). He had another stroke in 1959, after he had left office, and a final one on January 15, 1965, which left him severely debilitated. He passed away just a couple of weeks later, on January 24, 1965, at the age of 90 (30). The impact of Churchill's multiple strokes on his leadership and decision-making capabilities remains a subject of historical debate.

Discussion

The Yalta Conference marked a pivotal moment in world history, bringing together three leaders who would all suffer strokes in the years that followed. The health of these leaders, particularly their struggles with hypertension and smoking, played a significant role in shaping world events (Graphic 1). While there is a common theme of vascular risk factors and subsequent neurovascular presentations in all "The Big Three", one can spot differences in their lifespan and their health management strategies through the years. In the case of Roosevelt, because of his poorly managed hypertension through the years and constant emergency hypertensive episodes, unfortunately he had a massive brain hemorrhage, which resulted in his demise. It is worth noting that as recently as 1945, hypertension was not seen as a significantly





detrimental medical condition. Most physicians at that time perceived it as "essential" for propelling blood through hardened arteries to reach vital organs. This perspective is evidenced in Dr. Paul Dudley White's renowned 1931 textbook on heart disease: "The treatment of the hypertension itself is a difficult and almost hopeless task in the present state of our knowledge, and in fact for aught we know . . . the hypertension may be an important compensatory mechanism which should not be tampered with, even were it certain that we could control it" (31). Considering this mindset, it is plausible that some of Roosevelt's physicians may have underestimated the gravity of his health condition. Therefore, the media reports affirming his robust health might not have been purely politically motivated distortions, but could also have stemmed from the limited medical knowledge available at the time (32). In both the cases of Stalin and Churchill, we encounter repetitive TIAs and smaller strokes that preceded their ultimate fatal stroke. While both Roosevelt and Stalin died from a hemorrhagic stroke, Churchill died of an ischemic stroke. Nonetheless, nothing really "came out of clear sky", leading one to speculate whether there may have been subtle, subclinical alterations in these men's mental state, triggered by vascular incidents over the years. It is important, however,

to note the limited knowledge of prevention and management, as well as a general unawareness, of vascular disease in those years. We often examine the ultimate medical outcomes of these three pivotal historical figures as interconnected, due to their significant roles in shaping the post-World War II landscape as we know it today. Roosevelt's demise, prior to the conclusion of the war, triggered a leadership transition during a critical moment in history, while Churchill and Stalin's passing shaped the early Cold War era (33). Stalin's death in 1953 marked a significant turning point for the Soviet Union and the ongoing Cold War. Stalin's autocratic leadership style and the cult of personality he had cultivated deeply influenced Soviet policies. His death created an immediate power vacuum, with Nikita Khrushchev eventually emerging as the new leader, marking the beginning of a period of "de-Stalinization" (34). His death potentially eased East-West tensions, influencing the trajectory of the Cold War (35). Although Churchill's death occurred a significant while after WWII in 1965, it marked the end of an era. His impassioned speeches and decisive leadership had become synonymous with British resilience during WWII. The vacuum left by Churchill's death arguably expedited the process of decolonization and influenced Britain's place in the global balance

of power (36). The passing of these three titans of WWII undeniably left a significant imprint on the post-war world. The voids left by their deaths reshaped the global political landscape, affecting the course of international relations and world history.

The Big Three of Yalta

COMPARISON

	Roosevelt	Stalin	Churchill
 HYPERTENSION	YES	YES	YES
 SMOKING	YES	YES	YES
 HIGH STRESS JOB	YES	YES	YES
 STROKE	HEMORRHAGIC	ISCHEMIC and HEMORRHAGIC	ISCHEMIC
 AGE OF STROKES	63	67, 69, 74	67-90 (multiple)

Graphic 1. Comparison of the vascular risk factors present in each of the world leaders, the type of stroke they had and age of stroke

Conclusion

Remarkably, a veil of secrecy shrouded the health conditions of these pivotal leaders. “The Big Three” made considerable efforts to hide their health conditions from both the press and the public at large. Understanding the health status of political leaders is crucial, as it can affect their decision-making abilities and the course of history. The fates of Roosevelt, Stalin and Churchill serve as important reminders of the potential consequences of poor health in the highest echelons of political power. In today's society, the importance of understanding a leader's health status is even more significant. In our globally connected world, the decisions made by these individuals not only influence their respective nations but can also create ripples affecting the entire world. Poor mental health leads to impaired judgment, decreased cognitive function, and reduced capacity to deal with stress. All these consequences can be detrimental when making crucial decisions for a nation or the global community. Furthermore,

respecting the public's right to know about the health of their leaders can uphold transparency, foster trust and promote accountability in the political sphere. It can enable the public to make more informed decisions during elections, influencing democratic processes. Therefore, as the cases of Roosevelt, Stalin, Churchill and many others vividly illustrate, maintaining the health of political leaders is not merely a personal matter (37); it is a concern of national, and often international, importance. With the increasing pressures of leadership in the 21st century, it becomes even more critical for leaders to maintain their physical and mental well-being, for their sake and for the fate of the nations they lead.

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References:

1. Yalta Conference: Summary, Dates, Consequences, & Facts. Britannica.
2. Ali R, Connolly ID, Li A, Choudhri OA, Pendharkar AV, Steinberg GK. The strokes that killed Churchill, Roosevelt, and Stalin. *Neurosurg Focus*. 2016;41(1):E7.
3. Goldman AS, Schmalstieg EJ, Freeman Jr DH, Goldman DA, Schmalstieg Jr FC. What was the cause of Franklin Delano Roosevelt's paralytic illness? *Journal of Medical Biography*. 2003;11(4):232-40.
4. Gallagher HG. FDR's splendid deception: The moving story of Roosevelt's massive disability and the intense efforts to conceal it from the public. Arlington, VA: Vandemere, 1999, p. 242.
5. Lomazow, Steven, and Eric Fettmann. *FDR's Deadly Secret*. New York: Public Affairs, 2009.
6. Stoler, MA. The Yalta Conference and the Waning of FDR's Health. In MA. Stoler (Ed.), *The Second Quebec Conference Revisited: Waging War, Formulating Peace: Canada, Great Britain, and the United States in 1944-1945* (pp. 143-161). New York: Palgrave Macmillan; 2015.
7. Ferrell RH. *The Dying President: Franklin D. Roosevelt, 1944-1945*. University of Missouri Press; 1998.
8. Bruenn HG. Clinical notes on the illness and death of President Franklin D. Roosevelt. *Annals of Internal Medicine*. 1970;72 (4):579-91.
9. Ross CG. 'Came out of clear sky,' says President's physician. *St. Louis Post-Dispatch*. 1945: A2.
10. Radzinsky E. *Stalin: The First In-depth Biography Based on Explosive New Documents from Russia's Secret Archives*. Doubleday Books; 1996.
11. Service R. *Stalin: A Biography*. Harvard University Press; 2004.
12. Sebag-Montefiore S, Jones N, Morgan I, Nettles J. *Stalin: the court of the red tsar*. London: Weidenfeld & Nicolson; 2003.
13. Park BE. *The impact of illness on world leaders*. University of Pennsylvania Press; 2016.
14. Medvedev ZA, Medvedev RA. *The Unknown Stalin*. London: I.B. Tauris; 2005.
15. Medvedev RA. *Let history judge: the origins and consequences of Stalinism*. Columbia University Press; 1989.

16. Announcement of Stalin's Illness and Death". *The Current Digest of the Soviet Press*. V (6): 24. 1953.
17. Volkogonov DA. *Autopsy for an Empire: The Seven Leaders Who Built the Soviet Regime*. Simon and Schuster; 1998.
18. Mironin SS. *Kak Otravali Stalina (How Stalin was poisoned)*; 2014.
19. Faria MA. Stalin's mysterious death. *Surg Neurol Int* 2011; 2:161–6.
20. Faria MA. The death of Stalin - was it a natural death or poisoning. *Surg Neurol Int* 2015; 6:128-30.
21. Jenkins R. *Churchill: A Biography*. New York: Farrar, Straus and Giroux; 2001.
22. Bell CM. *Churchill and Sea Power*. Oxford University Press; 2013.
23. Stelzer C. *Dinner with Churchill: Policy-making at the dinner table*. Hachette UK; 2011 Oct 6.
24. Manchester W, Reid P. *The Last Lion: Winston Spencer Churchill: Defender of the Realm, 1940-1965*. Pan Macmillan; 2015 Mar 26.
25. Gilbert M. *Churchill: A Life* (London: Minerva). 1992:389-90.
26. Sandys E. *Churchill: Wanted Dead or Alive*. New York: Carroll & Graf; 2011.
27. Hill MD, Coutts SB. Preventing stroke after transient ischemic attack. *CMAJ*. 2011 Jul 12;183(10):1127-8.
28. Roberts A. *Churchill: Walking with destiny*. Penguin; 2018 Nov 6.
29. Charmley J. *Churchill's grand alliance: The Anglo-American special relationship, 1940-57*. Harvest Books; 1995.
30. Soames M. *Clementine Churchill: the biography of a marriage*. Houghton Mifflin Harcourt; 2002.
31. White PD. *Heart disease*. 2nd ed. New York: Macmillan, 1937:326.
32. Messerli FH. This day 50 years ago. *N Engl J Med*. 1995 Apr 13; 332(15):1038-9.
33. Hitchcock WI. *The Age of Eisenhower: America and the World in the 1950s*. Simon and Schuster; 2018 Mar 20.
34. Taubman, W. *Khrushchev: The Man and His Era*. WW Norton & Company; 2004.
35. Zubok VM. *A failed empire: The Soviet Union in the Cold War from Stalin to Gorbachev*. Univ of North Carolina Press; 2009.

36. Toye, R. Churchill's Empire: The World That Made Him and the World He Made. Henry Holt and Co. 1st edition; 2010.
37. Vyshka G, Seferi A, Mana T, Qatipi L. Dementia in custody: A historical and forensic approach. Med Leg J. 2023;91(2):98-101.