



Oral History of the
Belmont Report and the
National Commission for the Protection of Human Subjects
of Biomedical and Behavioral Research

Interview with
Dorothy I. Height, Ph.D.
Chair, Executive Committee
National Council of Negro Women
Washington, D.C.

June 30, 2004

Belmont Oral History Project

INTERVIEW

Interviewer: Dr. Bernard A Schwetz, D.V.M., Ph.D., Director, Office for Human Research Protections

INTERVIEWER: Dr. Height, to get us started, if you would tell us your name and your degrees and background, and what you're doing these days.

DR. HEIGHT: I'm Dorothy Height. I am the Chair and President Emeritus of the National Council for Negro Women, and the Chair of the Leadership Conference on Civil Rights. I have a background in the field of education with a master's degree from New York University and a master's degree in social work.

INTERVIEWER: It's an honor to have you as part of this series of interviews that we're doing relative to the Belmont Report, and to be able to talk to you about things that happened when you were a member of the National Commission that wrote the series of reports including the Belmont Report.

DR. HEIGHT: Yes.

INTERVIEWER: If you think back to that time 25 years ago and a little more than 25 years ago, when you were brought in as a member of the National Commission, what was it about your background at the time that brought you into being a member of the National Commission?

DR. HEIGHT: I think it was the fact that I had had a lot of experience working with the Women's Christian Association, with the National Council of Negro Women, and that I was active in the field of civil rights, because I was not one of the professionals there. I was a public member, and I represented I think the concerns of women because we were dealing with issues of sterilization and, and testing, and issues that really affected women's lives as well. I think that's why I was a part of it.

INTERVIEWER: Do you think the reports of the Commission reflected your input?

DR. HEIGHT: Yes, I do. I really felt that I was among professionals who took the task seriously. I learned so much there as a part of that Commission, but I think that what I was pleased with was that we had public meetings where we heard from the public, but that also my voice was listened to just as strongly as those who were professionally equipped.

INTERVIEWER: As I have read some of the documents that have been written by ethicists, they have a language of their own.

DR. HEIGHT: Yes, they do.

INTERVIEWER: Was it difficult to work with this group of ethicists and philosophers and have them understand you and for you to understand them?

DR. HEIGHT: I've always had a great interest in--and--I've always had a great interest in knowing more about the reasons behind things, the basis for them, the philosophy behind them. So that I found it especially interesting to belong with such distinguished ethicists. I didn't feel that they were hard to understand. There were times I had to think twice or go back and read something to catch up with it, but the thing that I think was so good was the way they were able to distill the essence of it, to bringing those thoughts within the reach of the average person where it needed to be, so that I understood very fully what they were talking about, about some of the ethical values and some of the principles that were so important. Some of those I also believe because of my own faith.

INTERVIEWER: I think that's particularly true of the Belmont Report.

DR. HEIGHT: Yes.

INTERVIEWER: That it is concise and easy, fairly easy to read. Is that true of the other documents that were written by the Commission as well?

DR. HEIGHT: Many of those documents were very difficult, but I always found it helpful to be able to have conversations, not only around the edges, but conversations directly, even long-distance phone calls, to talk about some of it because I was concerned. I knew what some of the problems were. I knew what some of the concerns were. But I found it helpful to be able to turn to them and raise those concerns and get their responses within the context of what I was asking, but those reports were mighty heavy.

INTERVIEWER: In writing the Belmont Report itself, in coming up with the final report that focused on the respect for persons and justice and beneficence, did you feel that your input was reflected in having that report be as concise as it was? Did it accurately reflect your thoughts about civil rights and the rights of women?

DR. HEIGHT: I think the fact that the report is very clear about the respect for human personality, and I think it is very clear about something that I think the general public often doesn't understand, as we talk about equality, because I think it rightfully put the concept of

equality within the basis of the needs in the situation rather than just say that equality meant just being equal. We had to say equal in which dimensions? And I thought it was especially good to see that differentiation.

INTERVIEWER: You have probably given more thought to the issue of equality than most of us.

DR. HEIGHT: Yes, I spent a lifetime working on equality and justice.

INTERVIEWER: How do you feel that we are meeting the essence of equality as we conduct research involving humans today?

DR. HEIGHT: As I understand it, I think we are doing better. I do not feel that I'm in touch with a wide range of research to know enough, but from what I understand, I think we're doing better. At least I think it is more in the open, and the kind of practice that was claimed before, where people who are vulnerable were the subjects of research. I don't see, I don't hear those kind of echoes today. I think the report and the message it brought to the country made an impact.

INTERVIEWER: If you think back to the way things were in the 1970s when you were writing the reports for the National Commission, what were the problems of equality that you were particularly concerned about at that time?

DR. HEIGHT: Well, problems like the Relf sisters, who were sterilized...black women were being sterilized without their knowledge.

The case that we had at Tuskegee, where men were used to experiment to deal with sexually transmitted disease without their knowledge. Those kinds of cases were not only reported in the national public, but in my own life experience I knew of women across the State of Mississippi who, we met together during the civil rights movement. It was hard to get a group of 50 women together without having at least one tell about having a child in the hospital and then finding later that she'd been sterilized.

So the issue of sterilization and of being used for experimentation just stood out all over. So that this was something I was very conscious of, as well as the fact that many times that the people who went into the prisons were being used, and especially those who were people of color.

Those were the kinds of problems with which I was concerned and with which I had had some familiarity, and I knew their impact in a community. That's where we were when I went into the study.

INTERVIEWER: When you had the discussions about those problems with the rest of the Commissioners, were they sympathetic to the cause that you were addressing?

DR. HEIGHT: Oh, yes. They were very sympathetic. But you know, an interesting thing was that even within those problems we found as we visited the prisons and talked to different prisoners and the like, I was interested in several of the major prisons to find that the black and hispanic and other prisoners of color, on the other hand, they were complaining that the white prisoners were treated as favorites at Upjohn. They said that the white prisoners are given a chance to be in the research. And for them, being in the research meant, they said you had better beds, you get better food, and you have better chance of getting out on probation.

So there was--so that there was no clear black and white issues. Every once in a while you found, as in that instance, that this was a place where the prisoners, who were prisoners of color, were saying, "We want to be a part of the research." So that this was a continuing problem. We were not just dealing with a simple matter. It was very complex, and I felt that the way the Commission came through on it was very valuable.

INTERVIEWER: If we were to consider rewriting that part of the common rule today that deals with the research being done in prisoners, how important would you say it would be for us to visit prisons and understand what actually goes on in the prisoners--in the prisons--to be able to write good regulations?

DR. HEIGHT: I think that I would say that the basic principles that the Belmont Report stresses need to be taken into account in all events. In other words, I think we would find different experiences within different prisons, but that we should not be trying to justify that because I think we have to hold to the basic principles.

The principle of providing opportunity for people to voluntarily determine whether they wish to be a part of something is one I think should never be violated no matter what. But also, when you see whole groups of people who are either treated one way or the other, I think it says to us, in the light of the Belmont Report, we need to look into it further.

INTERVIEWER: By the time you were asked to be on the National Commission, you had already been involved in civil rights work and rights of women for many years. When did you become interested in the ethics of research?

DR. HEIGHT: To tell you the truth, I didn't realize I was interested in the ethics of research as such. I just knew that I was worried about what I was seeing was happening to women, and as I got on to the Commission, I began to realize that this was a matter that was so significant in our country that we had to have our Commission to look at it, and that we had to establish working principles that would protect people. That to me was a realization of the significance of the Commission, but all my life I've had to deal with and certainly issues that

women have raised about the way they are treated.

INTERVIEWER: Was the National Commission a good place, a good home for you to find people who agreed with your cause?

DR. HEIGHT: It was a great place, and to people who gave me the professional and the ethical understanding that reinforced the things that I was hoping for in terms of social justice and in terms of the growth and development of human beings--and I have to tell you that it was a rich experience for me.

INTERVIEWER: Was there some one thing that the Commission accomplished that you think stands out above all of the others?

DR. HEIGHT: I have come to a deeper understanding of the importance of informed consent. I've always believed that people should have a right to speak for themselves, but I've--but I had never thought of it in as many dimensions. The people who cannot speak for themselves, who have to have others speak for them, and the role that has to be played on a community level so that that's not just person to person, but that the role of the institutional review boards, the role it has taken in seeing that proper surrogates are established to support people, I had not ever thought of that in the depth that the Commission experience certainly taught me, and I understand informed consent.

And I also understand the importance of having those channels that translate those heavy big words into something that everybody can understand, and the importance of seeing to it that this is not something that is just in a perfunctory way, but is taken very seriously. And that we look out for those who can speak for themselves and for those who need someone reliable close to them, who cares about them, who will speak for them.

INTERVIEWER: We're still working on regulations today for decisionally-impaired people. So while we understand that that's something that we need to take care of it yet, there are some parts like that that we still haven't gotten taken care of in terms of protecting people who are involved in research. Do you know--do you have in mind any other examples of things where--thing that you might have talked about as a National Commission we still haven't accomplished in protecting people?

DR. HEIGHT: I know that it sounds like one's holding onto the past, but I think that so long as we have a disproportionate number of people who have color moving into the social--criminal justice system into the prisons, and so long as we have that kind of a problem, I feel that we also have to have equal concern about making certain that our decisions are just.

I think that we do not do enough to go beyond slogans about diversity. I think that we have

to take more care and add to the precautions. We also have to add to the positive histories to help people understand those who understand those who are the caretakers, those who are in charge of our institutions, have respect for people of different races and cultures. I think we do not do enough on that. I think that's where we still have a long way to go.

And that it is good that as the Belmont Report requires, that the institutions have a clear position, but I think the institutions have to do more to see that there's proper training, that there is proper really teaching about the importance of human personality not regardless of race, creed or color or national origin, but with full regard for the fact that people are of different races, creeds, colors and national origin.

INTERVIEWER: Because of the Tuskegee experiments, there is a distrust among minority populations of the federal government and of the medical profession, those people who provide medical care. And to some extent that accounts for why we don't have very many minorities, including African-Americans, volunteering to be participants in research. How can we regain that trust to get minority people to volunteer for research?

DR. HEIGHT: I think it's implied in what I just said a few moments ago, and that is that there has to be more than saying, you know, "The public is welcome," or "We're dealing with everybody." We have to be willing to recognize and respect everybody and every group.

The distrust is there because people have a life experience in which the color of their skin or their national origin, their background, has influenced the way they are treated, and I have found, even as I have talked to friends, that they are reluctant to go into certain health institutions because they're not certain how they will be treated.

I think this means for us that we have a job to do to have--increase appreciation for people of different backgrounds, and understanding. And that's one of the things that I think that the health profession knows better than anyone else, that all people are created equal. But somehow or other, as we get into the practice, it is not always there. I think there's a better feeling today than there was 25 years ago, but I hear all the time of those who are reluctant sometimes even to go for the treatment they know they need because they do not feel they will be treated fairly.

INTERVIEWER: The situation with women in research is different than minorities in research.

DR. HEIGHT: Yes.

INTERVIEWER: Where there are a lot of women involved in clinical trials. From your career of women's rights interests, are you happy that there are as many women in research as subjects today as there are?

DR. HEIGHT: Well, I'm delighted to see more research on women. You know, for a long time so much of the research, women were an asterisk, to say nothing of the fact that women of color were another asterisk. I'm glad to see the direct research on women. Women's health is women's health. It's not just health, it's women's health. And that the spirit that we're going to have gathered, a respect for themselves and their bodies, needs to be reflected in the way that we administer our laws and our research.

INTERVIEWER: But women and children have been identified as vulnerable groups in some ways.

DR. HEIGHT: Yes.

INTERVIEWER: But now there are more women in clinical trials than there are men. Does it concern you that this vulnerable group, women, are now involved in research where there is some risk?

DR. HEIGHT: One of the things that the Commission stressed was the importance of keeping the relationship between risks and benefits at a minimum, at some kind of a balance, and I think that more women are ready to--have been willing to step forward because they know the need to know more about women, but it also means that there needs to be much more information that they have so that they get to understand what risks they are taking, and that this is not a matter of risking one to save the other, but it's full respect that each person has a right to determine whether she wants to take that risk.

INTERVIEWER: What about children, where children of an age that are young children don't have the opportunity to understand as much as adults and it's difficult to get--you can't get consent from them. Someone else has to give consent.

DR. HEIGHT: That's right.

INTERVIEWER: As another vulnerable group, do you think it is appropriate for us today to be encouraging that research will be done in children so that we have drugs that have data that would allow their safe use in children?

DR. HEIGHT: I certainly do, but I also think this is all the more reason why we need to be conscious of the importance of having surrogates who are responsible, people who help make responsible decisions for children. I think this is where we lie with children, a need to make sure of those who are speaking for them are responsibly informed.

INTERVIEWER: At the time you as the Commission finished the Belmont Report, what

impact did you think the Belmont Report would have when it was released to the public and was given to other parts of the government and so on?

DR. HEIGHT: Well, I thought it would have the impact of beginning to help us make-- translate that into some policies, social policies, that would have effect. I was surprised that so much that came out, tentative move towards the discussion simply of a fetus, and as if that were a major--as if it was the only thing we had taken up. And that there was--I think it diminished the quality of understanding that the Commission had given to it, and I was glad to see that there were those who stood up for helping it to be understood, that this was not a political matter, but this was a matter of looking at the health and welfare of people, and what we could do not only for those who are now having particular problems, what we could do to deal with some of the major diseases that affect people. I think that that was a part of the impact of the report.

INTERVIEWER: Did you know that the writings of the Commission would be translated into regulations, the Common Rule, for example?

DR. HEIGHT: When I knew that the Commission itself came into being because of a congressional act, I knew that it was aimed at moving in a direction of determining something that would influence policy. I think otherwise it would have been futile to just have a commission and have a report. I think we had to have some impact on policy.

INTERVIEWER: And those policies eventually became the regulations.

DR. HEIGHT: That's right, that it would lead to some regulations, yes.

INTERVIEWER: That we work with today from the FDA and what is now OHRP.

DR. HEIGHT: Yes.

INTERVIEWER: Did you, did you have in mind that, for example, the Belmont Report would be helpful particularly to investigators doing the research or to the people who were the participants, the subject of the research?

DR. HEIGHT: I thought it would be helpful in both directions. I had--I would not have been able to anticipate that I would see what came out of the report as relevant to just daily living as to me it turned out to be.

I find myself as I go now, and as I myself have been a patient, much more conscious of my rights, much more open to reading the fine print, much more aware that I can make some decisions, that I could make the decisions that affect where I am, and I've appreciated that

and I think that the--for me, and I think that that's something that will be available to any citizen.

INTERVIEWER: You've had a long career of helping to achieve the rights for people, women and minorities. Do you find that having been on the National Commission helped you in that cause, or did the writings of the National Commission make your job even larger in trying to see to the--

DR. HEIGHT: It's a little bit of both.

INTERVIEWER: A little bit of both.

DR. HEIGHT: It's like suddenly you realize what should have been happening, and suddenly you are aware of the realities in the lives of so many people you're working with that you only wish that this had been there long ago.

But also it's like anything else, the progress that you've made lays bare the distance you still have to go, and I think that the good thing is that I think the Belmont Report gave us a foundation from which to [inaudible], gives us solid ground on which to stand.

And the ethical principles are valuable in any aspect of life, but to see that applied to biomedical and chemical research and to human development [unintelligible] is a great advance.

INTERVIEWER: You had many accomplishments in the area of civil rights before the National Commission asked you to come and help them, but then you got to meet with all of these ethicists and philosophers and others. Did that experience cause you to rearrange your priorities in what you thought you needed to accomplish?

DR. HEIGHT: I think because of the fact that I had a background based in the Christian faith and that I had been working in social justice, then for me it took me to another dimension. I mean here I was dealing with some of the same issues but at a different level. That's the way it seemed to me, because you see, when you say respect for human personality, that's the basis of my faith. The quest for social justice is a lifetime concern, and you want justice in every area that deals with social being.

So I think that's why I found the hard work, the study, the heavy reading, the long sessions, that that's why I found them invigorating because it meant for me that I was really dealing with these principles and concepts that had real meaning to me.

INTERVIEWER: Looking back at what you did cover as a Commission, but knowing now

what has happened in the last 25 years since the Belmont Report was written, are there issues that you wish you had dealt with on the Commission that you didn't, that had not come to be important? For example, the problems we're having with conflicts of interest, the Belmont Report is silent on conflict of interest. Are there issues that you wished you had dealt with?

DR. HEIGHT: Well, I'm confident there are some. I'm not a--they don't stand out for me as issues except as I've said to you. I think the preparation of the people who carry out policies, the people who administer services, who conduct research, that have [inaudible] to control their own biases, and have a way in which they can make a contribution, that will absolve people. This to me is a--this is a fundamental one, but otherwise, I don't think of anything.

INTERVIEWER: When the Belmont Report became public, was it well received in the community?

DR. HEIGHT: Yes. Well, there were those--you know you had people who--there were those who reacted to certain parts of it because they lifted it out of context, but I think that's--as I have moved around I have felt that there was relief that some of these issues have been taken care of, and some of these things have been defined in some new ways.

INTERVIEWER: The report was unusually brief. When you bring a group of experts together and ask them to write something, it's usually very long and hard to understand.

DR. HEIGHT: Yes.

INTERVIEWER: How did you accomplish writing a report that was as brief as it was, but had the long life that this report still has?

DR. HEIGHT: It was a hard task. It was a hard task, but I think there was a kind of group determination, and the Chairman kept pushing us in that direction to make this something that could be useful, but also something that could be understood and could be a basis for service, a basis for those who would be doing, making studies, for those--for even practitioners, that it needed to be in a form that could be understood, but this was effort. We had some might good people on there. I can't take any credit for it because I was not one of the writers. We had several worked long and hard on [unintelligible].

INTERVIEWER: Do you think that we are too restrictive in research today? When you have regulations that defines how things should be done, but then people tend to overreact to the regulations and it becomes a burdensome process, do you think it's too restrictive today to accomplish what was set out in the Belmont Report?

DR. HEIGHT: I don't have a sense of that. I have a sense that it is critical to be clear on the

basic principles that guide whatever research, and that's what I think the report tried to do. I think it tried to establish principles rather than guidelines, gave us working principles, basic principles.

INTERVIEWER: That's why it's still valuable today?

DR. HEIGHT: Yes, still valuable today, and I think they'll be valuable for years and years to come.

INTERVIEWER: So from your standpoint do you think the Belmont Report needs to be rewritten in some way?

DR. HEIGHT: I'm sure there are aspects of--as we move along and have the experience, there will be parts, yes, that will need to be added to it, other parts, but I think that this remains--for me it is a basic document. I think that--I do not see any of the areas there that would be different. I think there might be particular experiences and particular problems that may arise that may need some petition of here, but I think the basic principles are in that report.

INTERVIEWER: When you discussed what the Belmont Report should look like, were you taking into account what we referred to today as social and behavioral research as well as biomedical research? Or was it based primarily on biomedical?

DR. HEIGHT: Oh, it--our task had to deal with medical and behavioral, and I think that we stayed within the context of our assignment. To me we did not go beyond that. I think as we see the climate today, there are some issues beyond what Belmont had to deal with, that, for instance, in the area of women's issues the whole matters were looking at the issues relating to our rights for abortion and the whole issue of the use of a fetus and stem cells and the like. I think there are those kinds of issues that will be arising.

But I think there are principles here that affect those, but those need special study based upon what Belmont had to say.

INTERVIEWER: When you were discussing the ethics of doing research in humans that involved humans back in the '70s, I would assume you were talking primarily, thinking primarily about research within the United States.

DR. HEIGHT: Yes.

INTERVIEWER: As opposed to the international dimension?

DR. HEIGHT: Right.

INTERVIEWER: How well do you think the principles of the Belmont Report hold up in the arena of doing research internationally today?

DR. HEIGHT: To me they have a universal quality. There may be some areas that require-- because of the social traditions that have to be looked at, but I think underneath it all, these are basic principles that are universal.

INTERVIEWER: So that the principles of the report apply to research in the area--

DR. HEIGHT: It has some significance, yes, for whatever.

INTERVIEWER: When you met as a Commission, the discovery of what was going on in the Tuskegee research had all come to light, and it was something that must have been on the minds of many of you. To what extent do you think the experience in the Tuskegee experiments drove what happened in writing the documents of the National Commission?

DR. HEIGHT: The Tuskegee experience and the Relf sisters were both fundamental to the Senate--the bill coming before the Senate calling for the Commission. It was that, that deeply rooted in the need to change what was happening. So that that was their reference, very much a part of what led to the legislation that established the Commission. It was the protest around that. It was--I guess it was the exposure that really I think had a great impact on making it clear that something had to be done, and I think it was Senator Kennedy who introduced legislation calling for some kind of review of what the methods are.

You see, there was--in the climate there was a sense that working for civil rights made everybody working for civil rights as if we were a special cause, as if we were a special interest group. But suddenly this kind of thing burst forward, and it make it very clear that this affected those people that we were exposing, but there were others, poor people, poor whites, others who came forward with similar experiences. So I think this was a, it was kind of a turning point, kind of a point of exposing and opening up an issue that had to be addressed and it had to be addressed at the highest level.

INTERVIEWER: Do you think another Tuskegee experiment could happen in the U.S. today? Do you think something of that kind that would be a similar experiment to what was done in Tuskegee, do you think that could happen in the U.S. today?

DR. HEIGHT: I would certainly hope not. I wish I could say that it would not, but I hope not, but I think there's more responsible actions now, and I think that there's been enough in the whole field of--particularly in the health field, there's been enough coming forward about this. I would hope that this kind of thing would not happen.

INTERVIEWER: The African-American community is still angry about what happened I the Tuskegee experiment.

DR. HEIGHT: Yes.

INTERVIEWER: And it keeps them from volunteering to be parts of research studies today.

DR. HEIGHT: That's right.

INTERVIEWER: How can we reverse that to get them into research?

DR. HEIGHT: I think the only way we can reverse it is to increase the evidence that people are being treated fairly, to get the message out to let people know what their rights are. You see, many times we say this is public knowledge, but it doesn't get to the people who need to have it, and that if more people in the African-American community under--got the word and then it might certainly work at helping people understand that they have rights, and that those rights are guaranteed, but also to know how to use them. I think it's a matter of public education, helping them know how to use those rights and how the--

Within the past year a young woman, who had been the victim of sterilization, really was not only depressed, but she was so despondent that in her little town the whole church had a service to pray to try to get her back on her feet. It was all about the fact that she wanted to have more children and she couldn't have children, and this was affecting her.

I was in a meeting where this issue came up, and someone stood and said, this is just--it happened to have been an interracial meeting, and this, this white man said, "Nothing like that could happen here. These are good hospitals. Nothing like that could happen." And of course, you can imagine what the reaction was in the congregation, especially from a person they thought was a friend, but though he was a friend, he did not believe what this young woman was saying, and what the church, what they were concerned about.

And I said I thought these days were gone, but you see, we still have a distance between what has been acted upon at the top and how that message has gotten down. I think there has to be much more direct public information and education, and a recognition that we have some problems we cannot correct--it's too late--but give people assurance that we're ready to move forward. There is not a sense of well being and security around such matters in the community, and we have to recognize that, and we cannot write it off and say there's something wrong with the people.

I think the wrongness is how we get the message out and how we assure that those who administer understand it and treat people as if they were all equal.

INTERVIEWER: We need more Dr. Heights to get the word out. We need more Dr. Heights to help us get this job done.

DR. HEIGHT: Well, I do all I can.

INTERVIEWER: How do we cultivate young people to take up the cause like you did?

DR. HEIGHT: Well, I think, I think that my life is driven by a purpose, a determination to work for social justice. And I think that we have to encourage more people to be concerned not just about themselves but about others, and that we have to be really--and I come out of a tradition that says you have to be willing, if you have had an advantage, to see what it is you can give back to the community. How do you help the community?

And I think as we get more and more things, see, even like this kind of information, get the benefits of the best research, that we need to have ways of getting that understood.

And the thing I like about the Belmont Report is that you don't have to have four dictionaries to read it. You can bring it within the mass of people so that they can understand it and can use it, and then that begins to build confidence neighbor to neighbor, community to community.

INTERVIEWER: You have mentioned social justice several times as being very important to you. If you consider the three principles that were highlighted in the Belmont Report, do you feel respect for persons, or beneficence, or justice, any one of those is far more important than the other two?

DR. HEIGHT: No. I think they all have to go together. It's a respect for human personality that drives you to recognize the individuality and to see to it that a person has the right to voluntarily enter whatever it is, but also the right to determine whether they will be a part of, and also that they have the assurance that they will be protected, that they will not be placed knowingly in a harmful situation, but that they will be protected. I think all of that, I don't think you can choose one. I think they are all interrelated. I think the ethical base of them is the same.

INTERVIEWER: As you think back on the hard work of those years when you met frequently and--

DR. HEIGHT: Frequently and hard.

INTERVIEWER: And hard. Are there some things that stand out as being particularly exciting about the accomplishments, or particularly frustrating?

DR. HEIGHT: We always ended up having a good time. No. It was a very good group to be a part of, it really was.

INTERVIEWER: Are there any things that I haven't asked you about about being on the National Commission that you would like to share with us?

DR. HEIGHT: I think the one thing that for me has been a real knowledge--and this is not a research element, but it was that as a public citizen--was the opportunity to have the interaction with the professionals, but also to have a realization that it was not one above the other, but that we were like a team, and that I was as important as those who had the most knowledge because it was always about people, and that I could share what I knew that was happening to people.

And I think that as we have more such opportunities, and that where people feel free to say that I am a person but I am also an African-American. I'm a woman, and I can feel free to be who I am. That's what I liked about being in this group, I could be who I am and speak up at any moment on any issue, and have the--each of us had the respect for the other. And I think that's what we need in our society to develop at all levels, the highest or the lowest, so that to--you know, so that we can build something for the society is more just.

INTERVIEWER: Very good. Thank you. I can't remember that I've ever had the opportunity to talk with someone who worked with Eleanor Roosevelt personally.

DR. HEIGHT: Oh, yes.

INTERVIEWER: Would you share some of that experience of what it was like to work with her?

DR. HEIGHT: Well, Roosevelt was a remarkable women. I got to know her because in November 1977 I was a young staff person at the Harlem Branch of the YWCA, and I was escorting her into a meeting Mary McLeod Bethune was holding, and it turned out to be a meeting of the National Council of Negro Women. And as I was escorting Mrs. Roosevelt, who drove her own Thunderbird from Washington, parked it in a Harlem street for two hours, made a speech, got in her own car and drove on to Hyde Park, and as I was returning, Mrs. Bethune said--asked me my name, and she told me, she said, "Well, come back. We need you." And I've been back ever since.

But for the rest of those two women's lives, they were a great influence. In 1938 I was one of 10 young people--Mrs. Roosevelt had come to Hyde Park for a weekend to prepare for the World Conference of Youth held at Vassar College, and she sat there through the meeting knitting, but before that she had prepared us all on how to speak up for our principles and for

what we believed in as we met the communist and youth from other parts of the world.

I served with her too on the President's Commission on the Status of Women, and she was-- I'll never forget her saying, when she first told cabinet members that we were there to work on the elimination of discrimination. She said they listened when she said race, creed, color and national origin, but they laughed when she got to the word "sex." And so--but I--after that report and since then, I don't think there will be much laughing today, as you talk about [unintelligible].

One of the things that I always remember about her, I worked with a group that interviewed women from different parts of the world. And I'll never forget one time--we had finished the discussion, and Mrs. Roosevelt was about to leave. And one of the women, a Chinese woman, said, "Mrs. Roosevelt, I want to ask you how did you get to be such a wonderful person?"

And she sat back on the desk that was nearest to her, and she said, "Because I was married to a wonderful man." And she said, "When he was Governor of New York he couldn't travel, so he sent me out. And I would come back and give him reports of how good things were, and he said, "Eleanor, don't you know, when you go to an orphanage that the meals are going to be good that day?" He said, "The next time you go out, don't just let them feed you what they have. Ask to see the menus for the last month. Also, find out before you go where the poor people live, and when they take you down those fancy streets, you ask to go down these streets that they didn't mention." He said, "And look on the clothesline and see what the clothes look like in the poorer neighborhoods. How do people--what's going on?"

She said, "Since then I go into every place with my eyes open." And she said, "That's how it is that I never go any place," she said, "and I always realize that they do things specially for me, but I go to see how the people really are."

Interestingly enough, about 10 years ago I was in Taiwan, and a woman came up to me, and she said, "You may not remember, but I'm the woman who asked Mrs. Roosevelt that question," and she said, "It changed my whole life." She said, "When she talked about"--and one of the things she said was--Mrs. Roosevelt said--she said, "When I go places and see people down on--sweeping the floor down on their knees," she said, "I try to see what I can do to get them to stand up and not take all that dust into their lungs." She said, "I try to see what I can do." She said, "I try to do little things that help."

And this woman said, "At that time I was a journalist, but after that," she said--and now she

told me, she was a member of the parliament or whatever it was, the government, and what she was doing. But she said, "But it was Mrs. Roosevelt who gave me that vision that I could be more."

And she did that to so many people, and I think that's why black people loved her so, because she had a vision of how people should treat people, and how she could serve people. She was wonderful.

INTERVIEWER: My impression, just in reading things, she's portrayed as a very strong person.

DR. HEIGHT: Very strong.

INTERVIEWER: But personable as well?

DR. HEIGHT: Yeah, very. Personable, very easy-going, and very down to earth. Just before she died she had the members of the Commission come to Hyde Park, and she was taking us through the Roosevelt house. When I was a youth we were at the Val-Kill Cottage, which was her cottage, but this was the big house. And she just took us through and she paused as she took us through, and she said, "Franklin's mother was very strict, and she used to give the children assignments, and then they were--but they were always to be dressed for dinner no matter what it was." And she said, "One day they came and they said to the grandmother-- she said, "You are not dressed for dinner." And they said, "We didn't have time to dress with all the things you asked us to do." And Mrs. Roosevelt said, she said to them, "You had all the time there was."

And she said, "That was a lifelong lesson for those children. You have to get everything done within the time that there is." So, but she had a real sense of humor. She was really wonderful.

INTERVIEWER: Thoughts that you have about your interactions with Martin Luther King, Jr. and Malcolm X?

DR. HEIGHT: I first met him when he was 15-years-old, and he had just come to Morehouse College as a gifted child. And I lived with Dr. and Mrs. Mays [ph], who were the President of this Morehouse. And they had him to dinner for me to meet, and he was at the place where he was trying to decide whether he was going to go into law or medicine or the ministry. But

he was like any 15-year-old would be. He was thinking out loud. And I often thought, 10 years later--that was '45--and 10 year later, '55, when Rosa Parks refused to give up her seat, he became our leader.

But it was great having the experience, and until his death, I worked with the five other men, the Strategy Group for the Civil Rights Movement, and he was--but he was all the--he was the one I thought who had the best vision about women as well as civil rights. You know, there are a lot of men who worked for civil rights, who didn't work as hard for women's rights. But Martin Luther King was not one [inaudible].

I remember he always said, one day--he wrote this from the Birmingham Jail--that one day the South would rise up and realize its true heroes, like the 72-year-old woman who refused--during a Montgomery [unintelligible] had to ride in a car, and she was walking. And she said--he said she said it in an ungrammatical fashion, "My feet may be tired but my soul is rested." And he said, it's those kind of people within our--he was aware that while he carried a major leadership role, at the backbone of the civil rights movement, women, children and youth, this is often overlooked.

INTERVIEWER: That's interesting. It has been an honor for me to have this interview with you, and I thank you very much.

DR. HEIGHT: Oh, thank you. It was a pleasure for me. Thank you very much. Thank you. Get my starving board member over here.

[Board Member]: I thought it was very interesting equally, equally interesting, yes. It's rare that you get a chance to interview living history.

INTERVIEWER: That's right. A wonderful opportunity.

[Board Member]: I should say. Every time I come here I'm just--I learn one more thing. I'm amazed all over again.

INTERVIEWER: Maybe we can get you out of the bright lights now. I love your hat.

DR. HEIGHT: Oh, thank you.

–END OF INTERVIEW–