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Improving the transparency of White House Physicians: The lessons of the past and the needs of the future

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ABSTRACT

Every US President has had a personal physician; in 1898 this doctor became a government employee. Later known as the White House Physician, many have provided inadequate medical care, and deliberately hidden evidence of incapacitating illnesses. Presidents Woodrow Wilson and Franklin Roosevelt are two of the most glaring examples: Wilson barely survived an incapacitating stroke, which his physician never disclosed, and Roosevelt's physician repeatedly denied any serious illness. Future Presidents will likely receive excellent medical care; but transparency when the President is medically incapacitated may remain dangerously inadequate. Due to Constitutional limits, including the Twenty-fifth Amendment, removal of an incapacitated President remains very difficult. Recommendations for future physicians include requiring Senate confirmation, and the submission of regular reports on the President's health, possibly to the House Judiciary Committee, which is responsible for potential impeachment.

The medical problems of American Presidents remain a subject of great interest to historians, While the need for medical care of American President has been long recognized, the duty of informing the public when the President is too ill to serve has not been sufficiently appreciated. In the earliest days of the republic, the limited medical treatments and rapid communication available may have excused these failures, but the complexities and dangers of the modern world demand an immediate change. The need to recognize the danger of allowing an impaired President to remain in office is now a subject of great importance to all people.

This article presents a history of the failures of many White House physicians to reveal the serious illnesses of many of our Presidents, especially those of Presidents Woodrow Wilson and Franklin Roosevelt, which undoubtedly did adversely affect the United States. There are other examples of medical coverups, even among very recent Presidents. Recommendations are given for improving transparency of Presidential medical care, and increasing the ability of the nation to remove an incapacitated President.

A mere six weeks after he was inaugurated as the first President, George Washington realized that he should have a personal physician nearby, and so he chose a former Army comrade, Dr. Samuel Bard. All subsequent Presidents continued this policy and in 1898 William McKinley created the office of White House Physician.(1). Following the tradition of Dr. Bard, a graduate of the distinguished medical school at the University of Edinburgh in Scotland, most of his successors have been US Army or Navy doctors. With the help of other physicians, some of whom were secretly contacted, Dr. Bard helped the first President recover from what appears to have been pneumonia.

While all of the President's physicians have understood their duty to maintain the health of the President, many of them have not recognized a second duty: to inform high ranking members of the federal government and the American people when their President is medically incapable of serving in this high office. This second duty has seldom been honored throughout American history, and the consequences have often been damaging to the Presidents as well as the nation.

Many of the nation's earliest Presidents had vaguely understood medical problems, with probably little or no knowledge of the public. Thomas Jefferson suffered from severe headaches, James Monroe apparently had malaria early during his Presidency, and then later he had an epileptic seizure of unknown etiology. Andrew Jackson probably had tuberculosis and other infections. James Knox Polk was very frail even as a child, and spent much of his

Presidency overworked and exhausted, and suffering from unclear intestinal problems. He died of cholera soon after completing his only term. While some Americans likely noticed the worsening appearance of Monroe and Polk as they left office, there is no evidence that their physicians released any information about their illnesses.

The first President to become seriously ill and die in office was William Harrison. The elderly retired general, a veteran of Indian wars, became ill about three weeks after his inauguration in March, 1841. The cause of his death remains unclear. Historically it has been blamed on Harrison's exposure to cold weather soon after taking office, or what he ate on Inauguration Day, but a bacterial intestinal infection from polluted drinking water in the White House could also have caused Harrison's illness. No effective treatment was available then. The White House issued no information or updates on Harrison's illness. Only after the President's death was a brief statement by his physician, Dr. Thomas Miller, finally written, at the request of the Secretary of State(2). The Constitution was originally vague about whether the Vice President would become President or only "assume the duties" of the office, upon the President's death. This led to a very difficult term for Harrison's Vice President and successor,, John Tyler. With an earlier release of information to the public and to Congress, could Tyler's assumption of office have been made easier?

There was also little that could be done for Zachary Taylor, who died 16 months after his inauguration. On July 4, 1850, the hero of the Mexican War attended the laying of the cornerstone of the Washington Monument on a very hot day, and drank large quantities of water and iced milk, along with cherries and pickles. That night he developed severe abdominal cramps and diarrhea, and he died on July 9. His physicians were probably correct in diagnosing bacterial gastroenteritis. To their credit, the physicians quickly warned the public that Taylor might die.

However, a series of treatment errors by White House physicians occurred with President James Garfield, with variably accurate information released to the press, although there were frequent White House updates. Garfield was shot in the arm and lower back during his first year, on July 2, 1881, by a deranged attorney, Charles Guiteau, who believed the new President, who campaigned on giving federal jobs based only on merit, failed to offer him a job. Garfield's physician, Dr. D.W. Bliss, was present at the train station, where he began a long series of dangerous attempts to remove the bullet which had penetrated Garfield's back.

Garfield was brought back to the White House, where his poor medical care strongly contributed to his death. Many contemporary physicians, and current ones, believe Garfield

should have survived the shooting(3). By 1881, many physicians had some appreciation of the need for sterile techniques and antisepsis, first promoted by Joseph Lister in the 1860s. While generally accepted by European physicians, US doctors seldom applied Lister's principles. Garfield's doctors worked without washing their hands, often continuing to smoke their cigars, and seldom cleaning his wound. The bullet could never be removed, being deeper than anticipated. Therefore, it is very likely that he died of a severe bacterial infection from the lack of sterile technique.

The White House issued daily telegraph updates on the President's condition, but they were not written by his doctors, but by Garfield's young private secretary. Generally, the reports were brief, and at first, far too optimistic. The nation was shocked when his death was announced 79 days later, in a brief telegram stating "the President died at 10:35pm(4)." Most of the information about the President's course was provided via anonymous leaks to newspapers by Garfield's physicians who disliked Dr. Bliss's treatment.

A deliberate coverup took place with Grover Cleveland, soon after his second term began. His personal physician, Dr. Robert O'Reilly was on a social call to the White House when Cleveland showed what he called a "rough spot" in his upper mouth, the palate. O'Reilly took a biopsy and sent it, anonymously, to the US Army Medical Museum, who determined it was a malignancy.

O'Reilly assembled an expert team of surgeons and a dentist, who all agreed on the need for surgery. Cleveland consented, but only if everyone was sworn to secrecy. The public was told only that Cleveland was going on a "fishing trip." In their defense, Cleveland and his doctors genuinely thought it would be harmful to disclose the issue to Congress or the American people. The devastating Panic of 1893 had begun, adding to rising domestic economic and labor unrest.

A friend of Cleveland offered the use of his yacht for the operation, and it was on board the Oneida that it took place on July 1. Cleveland was said to be on a "fishing trip," as he left New York City for his home on Cape Cod. The cancer had spread into his upper jaw, but under difficult circumstances on the high sea, it was entirely removed in 90 minutes. Under the difficult conditions onboard, the surgical team was not only rapid, but skilled in their work.

Two months later, a Philadelphia newspaper, *The Press,* based upon the report of a member of the surgical team, proclaimed that Cleveland had undergone an operation. This

was vehemently denied by the White House. Although cured of his cancer, Cleveland was never quite the same. His voice changed, and he seemed to be depressed for the rest of his term. Shunned by the Democratic Party, he could not run for a third term, and Republican William McKinley was elected. If Cleveland and his physicians had been transparent immediately, would politicians and the American people have been more sympathetic to their president? Vice President Adlai Stevenson could have served for a week or two in place of Cleveland, and he might have been more able to deal with the Panic than was Cleveland.

There was no attempt to hide the severity of Abraham Lincoln's shooting, since the American public knew from witnesses and the newspapers that Lincoln was shot in the head at point blank range on April 15, 1861. He died in nine hours; a century and a half later his death might still have been inevitable.

William Mckinley was also shot in public, at an exhibition in Buffalo. One of two bullets which struck the obese McKinley went very deep into his abdomen, injuring his stomach, transverse color, pancreas and left kidney. Initial reports to the public underestimated the seriousness of the wound. The most reputable trauma surgeon in town was away, near Niagara Falls, and two local surgeons, of much less experience, felt they had to operate immediately. They were unable to locate the bullet during the operation. Garfield died eight days later, likely also from infection of the wound. Early announcements to the newspapers were overly optimistic, and the nation was shocked by his death.

While these and many other Presidential illnesses and assassinations had variable levels of medical expertise and transparency with the public, the cases of Woodrow Wilson and Franklin Roosevelt were poor in both regards. Therefore, they will be discussed in detail, emphasizing how the American public can be deliberately misinformed, with adverse national implications.

The two Democratic Presidents knew each other, and they had served together during Wilson's two terms. Wilson's medical history was dramatically redemonstrated to Roosevelt on September 15, 1944, as World War II's Second Quebec Conference concluded. President Franklin Roosevelt and UK Prime Minister Winston Churchill had discussed important details of the war, and their plans for the future of Germany. For the evening's entertainment, President Franklin Roosevelt chose the new movie, *Wilson,* by producer Darryl Zanuck, *Wilson*. Roosevelt seemed saddened by the film while UK Prime Minister Winston Churchill seemed bored, and he left early. Roosevelt is thought to have been very much moved by the movie's depiction of Woodrow Wilson's severe incapacity. Doris Kearns Goodwin writes in

her biography of Franklin and Eleanor Roosevelt:

"When the film ended, sometime after midnight, Roosevelt seemed depressed. Dr. [Howard] Bruen noted, and his blood pressure was elevated to 240/130(5)."

Unlike Roosevelt, Wilson never enjoyed good health, even as a young man, being prone to multiple infections, gastrointestinal disorders, and approximately strokes. These strokes caused visual loss and arm weakness. Like Roosevelt, he had severe hypertension, poorly understood and not controllable in his lifetime.

Wilson had a long academic career, becoming the President of his alma mater, Princeton University. He was elected governor of New Jersey in 1910, and he was elected President in 1912. In his first term Wilson established the Federal Reserve Board, lowered restrictive tariffs, strengthened anti-trust laws, and passed numerous Progressive reforms. He narrowly won re-election in 1916, in part because of the campaign slogan "He kept us out of war." As Assistant Secretary of the Navy, Roosevelt repeatedly recommended a military buildup of all American forces, which at first, Wilson and his pacifist Secretary of State, William Jennings Bryan, generally dismissed.

But with continuing German aggression, including the torpedoing of many ships in the Atlantic and the loss of innocent American lives, Wilson had no choice but to go to Congress to declare war in April 1917. After the Allied victory, Wilson then took the extraordinary step of attending the peace conferences in Paris. Wilson became ill again during this time, as the great influenza pandemic raged. While White House Physician Dr. Cary Grayson only briefly mentions this illness in his memoir, Wilson was delirious and mentally as well as physically incapacitated for many days in Paris. Roosevelt accompanied the ailing President on his return to the US.

By the summer of 1919, it was becoming clear to Wilson and his advisers that the U S Senate had serious reservations about the Treaty of Versailles, which included American entrance into the League of Nations. Wilson would not accept any changes to the treaty, and decided to take his case directly to the people, began an exhausting tour of the western half of the United States. The dozens of speeches that Wilson gave, nearly all of them extemporaneous, as well as the intense heat, took a heavy toll on him.

The ultimate collapse became inevitable three weeks after the tour began, in late September, in Pueblo, Colorado. Wilson stumbled as he went up the three steps to Memorial Hall, and he had to be assisted by a Secret Service agent. Near the end of his speech, Wilson

seemed to lose his thoughts, repeating "Germany…Germany…"

This was the last speech as President that Wilson would give, with seventeen months remaining in his second term. The President's complete silence certainly had a detrimental effect on the effectiveness of his administration, and it only added to the confusion and fears of the American public.

He was brought immediately to his train, and it headed toward another scheduled speech in Kansas. Later that night, he became very weak, barely able to shave and dress himself in the morning. His wife and Grayson saw the weakness of his left arm and the left side of his face, and Grayson convinced him that the speaking tour must end. Fortunately, by the time the train had sped back to Washington, DC, Wilson had recovered.

But this recovery very from a likely transient ischemic attack was short lived. On the morning of October 2, 1919, President Woodrow Wilson awakened with left arm numbness. Mrs. Wilson saw that the left arm seemed to be useless, hanging by his side. She somehow helped him get to the bathroom. Moments later, she heard a crash and found Wilson on the floor, unconscious. The President's personal physician was immediately called.

Grayson seemed to have no idea that Wilson had already suffered strokes, considering prior problems with his hands and one eye to be due to "neuritis," but now he finally recognized that Wilson had a stroke; as Grayson wrote in his memoir of Wilson:

"He fell stricken with a thrombosis. Mrs. Wilson was never braver or more composed. She and I got him on the bed, and we knew that the giant had fallen. A clot had formed in an artery in the brain, though there was no rupture(6)."

It was a very large stroke, leaving him with left hemiplegia and diminished vision to that side, loss of sensation, and mood swings. The President would not be able to sit at a desk or attend a cabinet meeting for many months, and he would never regain the use of his left arm. Wilson could not walk for another three months. Dr. Grayson never publicly said it was a stroke. His public diagnosis was "a complete nervous breakdown," and a large proportion of Americans concluded that their President had simply gone mad.

In an unprecedented coverup of a Presidential illness, Grayson kept the incapacitated President in the White House for the remaining seventeen months of his second term. Grayson soon consulted a neurologist, Dr. Francis X. Dercum, at Jefferson Medical College in Philadelphia. Mrs. Wilson asked Dercum if it would be best for the President to "resign and rest." According to her autobiography, Dercum told Mrs. Wilson that resignation would

limit his will to recover, and he is apparently the physician who encouraged the First Lady to do some of the President's work:

"Have everything come to you; weigh the importance of each matter, and see if it is possible by consultation with the respective heads of Department to solve them without the guidance of your husband….If he resigns, the greatest incentive to recovery is gone; and as his mind is clear as crystal he can still do with even a maimed body than any one else. He has the utmost confidence in you. Dr. Grayson tells me he has always discussed public affairs with you; so you will not come to them uninformed.(7)"

Mrs. Wilson as well as Grayson followed Dercum's advice, greatly limiting critical information given to Wilson. The next day Grayson adamantly refused to declare the President unable to continue in his office, when confronted by his Secretary of State, Robert Lansing, at the first Cabinet meeting after Wilson's stroke.

Very few other American or foreign officials, regardless of their stature, could meet with the President after his stroke. When they did at first, Wilson's paralyzed left side was often covered with a blanket, and visitors were only allowed to stand on the right side of the President. Mrs. Wilson and Grayson often ended meetings shortly after they began.

The recommendations of Drs. Grayson and Dercum helped neither Wilson nor the American public. Grayson's biography demonstrates that he was a close friend and admirer of Wilson, limiting his objectivity. Wilson might well have had more of a recovery away from the pressures of the White House if he had resigned Wilson had greatly diminished political skills, including the ability to reach compromises with a Republican majority Senate. Minority Leader Gilbert Hitchcock begged Wilson to compromise with Senator Henry Cabot Lodge's reservations on the treaty, but the impaired president absolutely refused. As recounted by Gene Smith, in *When The Cheering Stopped*, Hitchcock told Wilson that is was impossible for the Senate to pass the treaty without a compromise by the President:

"'It is possible! It is possible!' the President gasped out.

'Mr. President, it might be wise to compromise—' Hitchcock started to say.

"Let Lodge compromise!'

'Well, of course, he must compromise also. But we might well hold out the olive branch.'

'Let Lodge hold out the olive branch!'

"Hitchcock was shown out(8)."

Lodge was reluctant to approve American entrance into the League. However, the President's advisers and some Senate Democrats concluded Wilson's increased stubbornness after his stroke made approval impossible. Wilson's trusted term aides tried to tell Wilson that Lodge's reservations were immaterial to European allies. As future President Herbert Hoover, who was extensively involved with the restoration of post war I Europe, wrote nearly forty years later:

"Whatever the reservations implied, they did not in my mind destroy the great major functions of the League….I was convinced that the European League members were so anxious for American cooperation in world problems that they would accept the reservations(9)".

Vice President Thomas R. Marshall was reluctant to succeed Wilson. However, he was the first Vice President to president to preside over Cabinet meetings, including the months when Wilson was in Europe. He also served two full terms as the President of the Senate, and the amiable former Indiana governor might have been able to compromise with Senator Lodge if Wilson had resigned. Marshall could also have had some success in resolving other serious problems of the day, including racist riots, and the infamous raids of Attorney General A. Mitchell Palmer, in response to the Red Scare. As noted by historian Arthur Link:

"There is no evidence that Wilson ever knew about the Palmer raids. He could not read at this time, including newspapers, and certainly not typed documents or telegrams. He had only one good eye, and when he tried to read, he had double vision. As far as we know, nobody told hm about the attorney general's initiatives. Indeed, it is inconceivable that he would have sanctioned what was the greatest violation of civil liberties in the United States to that time(10)."

Roosevelt was a vigorous and healthy man until the summer of 1921.when he contracted polio while swimming in a lake near his family vacation home on Campobello Island. Never able to walk again without crutches and braces, Roosevelt nonetheless became determined to continue his political career. Few Americans were aware of Roosevelt's paralysis, thanks to the cooperation of the press. After serving in the state legislature and then as governor of New York, Roosevelt was elected President in 1932.

Who selected the physician to take care of Roosevelt, beginning the day of his inauguration, and continuing until the day that Roosevelt died: It was none other than Cary Grayson! As Roosevelt's physician, Dr. McIntire, writes in his very inaccurate book, *White*

House Physician:

"…my appointment as White House physician came through Admiral Cary Grayson…I first met him in 1917 when I came to Washington as an assistant surgeon in the Medical Corps of the Navy, having just quit my private practice in Oregon. He was then the White House physician, but nothing could have been more considerate than his treatment of a young lieutenant,…My selection, of course, came as a complete surprise; and, while the honor lifted me sky-high, it also brought a sense of deep responsibility. What could an eye, ear, nose and throat man possibly have to offer to a victim of infantile paralysis? Cary only laughed when I went to him with my fears, and told me to quit worrying. 'The President,' he said, 'is as strong as a horse with the exception of a chronic sinus condition that makes him susceptible to colds. That's where you come in (11)."

Roosevelt's declining health included years of weight loss, attacks of chest pain, passing out, losing his concentration, and tremors. On March 27, 1944, McIntire finally allowed specialists to evaluate Roosevelt, including Navy cardiologist Dr. Howard Bruenn. Bruenn found numerous complications of prolonged hypertension including heart failure and atherosclerosis. McIntire absolutely forbade Dr. Bruen, or other physicians, from disclosing these diagnoses to the public. A quarter century later, Bruenn wrote an article on his initial findings and his continuing treatment of Roosevelt(12).

In his book McIntire gives a completely misleading summary of the specialists' findings:

"Examination. Lungs: Entirely clear….X-ray Examination of Chest: Lung fields clear; cardiac measurements show no change over previous examinations;…(13 McIntire pp185-86)

McIntire gives every vital sign *except* for the highly elevated blood pressure found by Bruenn, which was 186/108, completely ignores the abnormalities of Roosevelt's heart and lung examinations, or the actual diagnoses which were made, and the medication recommendations.

Bruenn performed an electrocardiogram, EKG, which showed enlargement of Roosevelt's heart, which McIntire also fails to mention.

Roosevelt was furious at the idea that he was seriously ill, and it is unknown if he took doctors' diagnoses very seriously. His family suspected a coverup, especially his daughter, Anna, who was very worried about her father's health.

During the Second Quebec Conference, McIntire discovered that someone else was worried, as well:

"Just before leaving the Citadel for our train, Mr. Churchill requested me to come to his room, and asked for a confidential statement as to the President's physical condition, explaining that he had been alarmed by reports. I gave him the results of our June checkup, proving that there was nothing organically wrong,…(14)."

In late January, 1945, Roosevelt, despite declining health, traveled to Yalta, in southern Russia to meet again with Churchill and Stalin. Historians, and politicians, may wonder if Roosevelt was as impaired as Wilson was in his last days as President, but this is doubtful. While Roosevelt had extensive arteriosclerosis, he never definitely had a stroke. Moderate impairment of blood flow to the brain does not necessarily cause damage. But Roosevelt was certainly tired and in poor health at Yalta, and Lord Moran, Churchill's long-time physician, noted:

"The President looked old, thin and drawn….He looked straight ahead with his mouth open, as if he were not taking things in. Everyone was shocked by his appearance….For my part, I wonder how far Roosevelt's health impaired his judgement and sapped his resolve to get to the bottom of each problem that came up for discussion(15)."

Given how huge Russia's sacrifice had been during the war, with their troops fully occupying most of Eastern Europe, Stalin was very unlikely to accept Roosevelt's and Churchill's pleas to allow these nations to become democracies. Stalin would not allow any possibility of another war with Germany, and demanded full control of Poland, between the two countries. Finally, before the first atomic bomb had been successfully tested in New Mexico, the allies strongly believed they would need Russia's assistance in fighting Japan. Nonetheless, Roosevelt's rapidly failing health, as documented by Churchill's physician, made it even harder for him to resist this Russian imperialism, the start of the Cold War.

Going much farther, McIntire wrote that Roosevelt only *appeared* ill:

"As a result of malicious and persistent propaganda, it has come to be accepted as a fact that the President was not himself at Yalta, either physically or mentally, and functioned merely as a rubber stamp for Marshall Stalin, weakly yielding to his demands at every point….Much of the talk, in my opinion, was occasioned by newspaper pictures….Many photographs taken at Yalta were excellent, showing him alive and alert; but for the most part the papers printed flashlights that gave the President a ghastly pallor and accentuated the thinness of his

face(16)."

Roosevelt spent much of his final term, less than three months in duration, trying to relax, away from Washington. On his last day, April 12, 1945, Roosevelt was at his health spa in Warm Springs, Georgia. Sitting in a chair reading some papers, he suddenly proclaimed, "I have a terrific headache in the back of my head." Roosevelt quickly lost consciousness, and Dr Bruen was summoned, arriving within minutes. Bruenn telephoned McIntire, who was in Washington saying Roosevelt was "completely unconscious." Bruenn also noted that one and then both of Roosevelt's pupils had dilated, a sign of almost certain impending death from brain swelling.

But McIntire, one last time, deliberately denied the seriousness of Roosevelt's condition, telling Eleanor Roosevelt that her husband had merely had "a fainting spell," and urging her not to go to Warm Springs. With the aid of a physician in Atlanta, Dr. James Paullin, who rushed to Warm Springs, Bruen tried hard to resuscitate the President. Dr. Paullin's report, as he told McIntire:

"The President was *in extremis* when I reached him….His pupils were dilated and his hands slightly cyanosed. Commander Bruenn had started artificial respiration. On examination his pulse was barely perceptible.. His I gave him an intracardiac dose of adrenalin in the hope that we might stimulate his heart to action….Within five minutes after my entrance into the room, all evidence of life had passed away. The time was 3:35 o'clock. (17)."

Dr. Bruenn almost certainly made a correct diagnosis: a bloody stroke, or cerebral hemorrhage. No autopsy was ever done on Roosevelt. A local funeral owner had great difficulty even embalming Roosevelt since his arteries were extensively hardened and narrowed.

Vice President Harry Truman was sworn in as President, after serving for less than three months. At the 1944 Democratic Convention, Roosevelt had been forced by Democratic operatives to choose the moderate Truman, from a border state, to help him win a fourth term. Roosevelt seldom included Truman in important decisions, and Truman was not even aware of the Manhattan Project to build a nuclear bomb. In fact, Truman spent much of his time as vice President socializing and playing cards with old friends in the Capitol Building. Other potential Presidents who could have been inaugurated that prior January might have been in a far better position than Truman to end World War II, and to meet with Churchill and Stalin at

Potsdam, Germany, that July.

The health problems of earlier Presidents, including Warren Harding and Calvin Coolidge, had some limits in their treatment and information release to the public, but nothing comparable to those of Wilson and Roosevelt. Strangely, Harding died on August 2, 1923, nearly a year before Wilson did.

Harding's unexpected demise in San Francisco's Palace Hotel, occurred on another extensive western tour of the United States, even longer than Wilson's, stretching all the way to Alaska. Harding became fatigued, and a planned stop in Portland, Oregon was canceled, so that the President could go to San Francisco, and have an appointment with cardiologist Dr. Lyman Wilbur, at Stanford University. Wilbur and other prominent local physicians did treat Harding for days before he died. Harding had known hypertension, prior chest pain, and his inability to lie flat in bed suggested to them that the President had heart failure. However, Harding's White House physician, Dr. Charles Sawyer, was not an MD, but he was a homeopath. Sawyer concluded the President's final illness had been due to a gastrointestinal problem such as a gall bladder inflammation or food poisoning. Bed rest in the hotel seemed to be helpful, but soon after Dr. Sawyer allowed him to sit up, Harding died. As the New York Times reported later that day, nobody warned the public or even the newspaper reporters of how ill Harding was:

"San Francisco, Aug. 2 -- President Harding died at 7:30 o'clock tonight [11:30 o'clock New York time] of a stroke of apoplexy.….

"Nothing could have been a more shocking surprise. Shortly before the President's sudden collapse General Sawyer had been telling newspaper men that Mr. Harding had had the best day since he became seriously ill. He said that the President had definitely entered upon the stage of convalescence and that everything went to show that Mr. Harding was on the road to ultimate recovery….

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"The members of the official party had no warning that the President was in danger. They, like the newspaper men, had been assured that a fatal termination of the President's illness was a thing not likely and with good care he would be able to recover health and strength.

"The newspaper men had an engagement with General Sawyer for 3 o'clock. He was to tell them of how the President was progressing toward recovery. In view of what he had said on prior occasion during the day and statements in two official bulletins, the newspaper men had

every expectation that they would be able to record that Mr. Harding was one step nearer the goal of recovery.

"There will be a bulletin," said one of the White House messengers gathered in the corridor of the Presidential suite. In a few minutes copies of the bulletin on thin white paper were handed to the waiting reporters. Instead of informing them that the President's condition continued to improve, it gave them the astounding information that he was dead(18).”

Dr. Wilbur was a distinguished cardiologist and he certainly knew that Harding had heart failure and almost certainly died of a heart attack or arrhythmia. Nonetheless, he quietly accepted the official diagnosis of a cerebral hemorrhage, which released the President’s physician, Dr. Sawyer, from any blame for claiming that Harding had only gastrointestinal disorders, and no cardiac disease.

Dwight David Eisenhower had a myocardial infarction, in 1955, while playing golf in Denver. After a full day of what he thought was indigestion from eating a hamburger with onions, the President awakened at 2am with intense chest pain. First Lady Mamie Eisenhower summoned Eisenhower’s long time personal physician and now White House physician, Dr. Howard Snider. Snider was nearby, and treated Eisenhower with drugs for coronary artery spasm and some morphine for pain. When the President awakened early the next afternoon, an EKG was ordered clearly showing a myocardial infarction. To limit the suspicions of the press, Snider demanded that Eisenhower walk down the stairs and enter a private car, rather than call an ambulance. The car took a circuitous route to an Army hospital at Fort Fitzsimmons, and the party entered through a rear entrance.

Eisenhower, perhaps because he recalled the coverup of President Wilson’s illness, soon demanded that his doctors be truthful to the public. The esteemed Harvard cardiologist, Dr. Howard Dudley White, immediately flew to Colorado, and personally investigated all of the details of the President’s symptoms, activities, and test results. Dr. White then oversaw the President’s treatment, and he also provided informative bulletins to the press.

However, a year later, Snider deliberately misled the public and perhaps Eisenhower, about the President’s Crohn’s disease, which required emergency surgery. An even greater coverup occurred after Eisenhower had a stroke on November 25, 1957, with loss of speech, a medical condition called aphasia. There is very little examination of this by historians or physicians in journals or books. Only brief articles occurred in the nation’s newspapers, and there is no record of any announcements by Dr. Snider, only those of unnamed specialists, as

reported by Associated Press two days later:

" Eisenhower, resting at home, was reported to be up and about and capable of discussing recent events with interest and clarity(19)."

With the reported partial occlusion of his left middle cerebral artery, Eisenhower was likely to have had some difficulty not only in speaking but in writing and possibly understanding written and vocal language. In fact, Eisenhower recognized that he was "not perfectly all right," and he even considered resigning "because of doubts that he could bear the burden of the office(20)."

The shooting of President John Kennedy was almost immediately fatal, and it was closely viewed by most Americans via television and videos. However, his problems with secondary Addison's Disease and severe low back pain, and use of questionable drugs and injections by his physician, Janet Travell, the first civilian White House physician, are well documented by L. Deppisch in his book, *The White House Physician. A History from Washington to George W. Bush.*(21). Kennedy wanted to be seen as a young, healthy man with "vigor," one of his favorite words. In fact, his long history of colitis and severe back pain left him incapacitated for long periods as a younger man, and intermittently as President. Dr. Travell believed that Kennedy's back pain was primarily muscular in nature, and repeatedly injected "trigger points" of muscle knots with a local anesthetic. Travell's associate doctors rejected her treatments, and called in other physicians, including Dr. Hans Kraus, a recognized authority on orthopaedic problems, and Dr. Max Jacobson, who often injected Kennedy with amphetamine and corticosteroids. Because of Kennedy's chronic use of steroids, he had secondary Addison disease, which was denied at the start of the 1960 campaign by his campaign manager and brother, Robert Kennedy. The American public was never given any information on Kennedy's illnesses, although, to his doctors' defense, they did not prevent him from functioning as an effective President.

A good example of transparency occurred with the attempted assassination of Ronald Reagan in March, 1981, was masterfully treated by emergency physicians and surgeons at The George Washington University Hospital, with frequent updates, especially by Dr. Dennis O'Leary.

However, there may have been a cover-up of Reagan's cognitive decline, first seen during a Presidential debate in 1984, when he stumbled badly over a question. Reagan announced that he had Alzheimer Disease after leaving office. Given what we now know

about the long course of this disease, it may well have started while Reagan was still President. His physicians never publicly discussed a cognitive decline while Reagan was in the White House. It is also suspected that Reagan's colon cancer was suspected long before it was revealed to the public.

Recent efforts at transparency by White House physicians also have been disappointing. With the most recent Presidents, octogenarians Joseph Biden and Donald Trump, being the two oldest Presidents in US history, the possibility of a major medical coverup even in the 21st century remains possible. Diseases such as mild cognitive decline, or dementias such as Alzheimer's disease, are much more common as patients reach their 80s.

Biden limited his public appearances during his last two years as President, but political insiders as well as the public could detect a mental and physical decline in the nation's first octogenarian President. His walking became tenuous, with an observed fall during his commencement address at the US Air Force Academy. To prevent a fall while boarding or deplaning Air Force One, Biden's aides arranged for the President to use the shorter stairway of the plane. His performance at a June, 2024 Presidential debate with Donald Trump made his cognitive obvious to a huge television audience, and it soon led to his withdrawal from the election. As Jake Tapper and Alex Thompson write in their book, *Original Sin*:

"While Biden on a day-in, day-out basis could certainly make decisions and assert wisdom and act as president, there were several significant issues that complicated his presidency: a limit to the hours in which he could reliably function and an increasingly number of moments where he seemed to freeze up, lose his train of thought, forget the names of aides, or momentarily not remember friends' names he had known for decades….But until the last day of his presidency, Joe Biden and those in his inner-most circle refused to admit the reality that his energy, cognitive skills, and communication capacity had faltered significantly. Even worse, through various means, they tried to hide it(22)."

A House of Representatives Oversight Committee, voting along party lines, concluded that:

"aides to former President Joseph R. Biden, Jr. covered up his deterioration and asserted that many of his decisions were 'void(23).'"

In his first campaign for President, Donald Trump issued a brief statement on his health, written by a gastroenterologist, unlike his predecessors who chose a primary care provider more familiar with the candidate's health. Generally healthy, Trump contracted Covid 19 late

in his first term, a month before the election of 1920. He reportedly had a fever, and a lowered oxygen saturation level in his blood. His presidential Physician, Dr. Sean Conley, hospitalized Trump, but released few details about the illness, including whether xrays showed evidence of lung damage.

Trump was actively campaigning for a second term in October, 2020, when he contracted Covid-19. The President was ill enough to require hospitalization, and treatment with intravenous drugs, including a still experimental one of anti-immunoglobulins. His doctors' limited release of information, and then an early discharge from the hospital "astounded" multiple physicians across the nation, as discussed by The Washington Post:

"'My impression is they are telling us everything that is of good news and limiting everything that is not perfect,' said Rochelle Walensky, chief of infectious diseases at Massachusetts General Hospital…They[the doctors] say he is in a particularly vulnerable window for covid 19 patients, and should be watched closely after taking an unusual combination of drugs….Robert Wachter, chairman of the University of California at San Francisco's department of medicine, said any patient of his with Trump's symptoms and treatment who wanted to be discharged from the hospital three days after their admission would need to sign our against doctors' orders because it would be so ill-advised(23.)"

In 2025 Trump announced that he had an MRI scan, which his physicians had not announced. After public speculation that it was a brain MRI, it was finally revealed to be a chest/abdominal CT scan, for unknown reasons. Trump's public statements, in addition to his social media posts on his own Truth Social, have shocked many observers with their obvious misstatements and expressions of anger and revenge. His April 7, 2026 social media threat to Iran that "A whole civilization will die tonight, never to be brought back again" led some members of Congress to call for impeachment, while Maryland Representative Jamie Raskin demanded that the White House Physician immediately administer a cognitive test to Trump(24)," which was not done.

A psychiatric illness also can cause a President to become incapacitated, including depression, psychosis and alcoholism or substance abuse. The likely depressions of Presidents John Adams, John Quincy Adams, and Lincoln were eventually documented. Franklin Pierce and his wife, on their way to his inauguration, witnessed the death of their son in a railroad accident. Pierce suffered from depression and alcoholism during his entire term in the White House. Calvin Coolidge went into a prolonged mourning and depression after the death of his son, Calvin, Jr. from an infected foot blister. Coolidge greatly cut back on

his activities during his entire second term as President. Coolidge spent half of his time sleeping or napping, had minimal interaction with his Cabinet or the press, and mostly deferred to Congress(25). There is no evidence that their White House physicians discussed these issues in public or considered their patients to be disabled.

Perhaps the most disabled President from psychiatric illness is Richard Nixon. Nixon had seen a psychiatrist for decades before becoming President, dealing with depression, perhaps a paranoid personality disorder, and alcoholism. By the final months of his second term, embroiled in the Watergate scandal, Nixon was visibly impaired, as described by his aides, members of the military, his family, and Secretary of State Henry Kissinger. This is discussed by historian Robert Dallek, who learned that Nixon's White House physician, Dr. Walter Tkach, and his son, Dr. John Tkach, deliberately hid all medical records from the public, and further ordered that they will remain hidden for 75 years after Nixon left office. As Dallek writes about his correspondence with the younger Dr. Tkach:

"Tkach believes that releasing the records 'now would violate confidentiality and there are some things about the Nixons,' he adds, 'that are so confidential I shall never reveal them.' My [Dallek's] argument to him that the public interest or the public's right to know whether the president was incapacitated and should have had his authority suspended under the Twenty-fifth Amendment did not convince him(26)."

The 25th Amendment to the US Constitution is meant to provide a means to remove a living President who is mentally or physically disabled. Introduced by Indiana Senator Birch Bayh just three weeks after President Kennedy's assassination, it was passed within two years. Bayh had considered such an amendment since the 1950s, after the illnesses of former President Eisenhower, and Eisenhower also approved the amendment.

However, the amendment makes it exceedingly difficult to remove a President, unless the President declares that there is an inability to serve. If this does not occur, the Amendment absolutely requires the support of the Vice President, and numerous other administration officials, or a special committee selected by Congress. The Amendment does not state any requirements for this committee, such as the presence of physicians. Every Vice President is chosen by the current President, which means that inevitably there would be reluctance to act to remove a likely friend and colleague. As one of the major architects of the amendment, Professor John Feerick, has recently noted, the amendment is more about the succession of the vice president than about determining presidential inability:

"At the center of today's debates over the 25th Amendment is the question of president 'inability,' one that closely mirrors the concerns addressed at the time of its drafting. The framers of the 25h amendment decline to place in the amendment a definition of inability. They made reference to conditions or circumstances that would prevent the president from discharging his powers and duties, mentioning physical and mental illnesses, permanent and temporary. Lawmakers at the same time, however, were clear that unpopularity, incompetence, impeachable conduct, poor judgement and laziness were not covered by the term 'inability.(27.'"

And, if the current President objects to the Vice President's determination, it then requires a two-thirds vote of BOTH the Senate and House of Representatives to remove the President. As White House Physician to President George H. W. Bush, Dr. Burton J. Lee has said about the Amendment:

"The problem is that it does not make any difference if you have a Twenty-fifth Amendment if the players don't want to put it into effect. FDR was not going to put Truman into the presidency at the end of World War II, nor was Wilson going to do anything of that nature. Neither would their families have done so when they were sick(28)."

All decisions about the abilities of the President should be based upon the findings of physicians, especially the White House Physician. The 25th Amendment says nothing about physicians. To address this deficiency, a distinguished group of physicians, political scientist, and two former Presidents, Jimmy Carter and Gerald Ford, contributed to a series of meetings on Presidential Disability. As stated in the publication:

"There must be clear identification of the medical physician who will serve the President as his or her personal physician, and who will be the adviser to the officers designated by the Twenty-fifth Amendment to determine the ability of the chief executive to fulfill the duties of his or her office(29)."

A more effective way to limit further coverups of a President's serious illness is to make the White House Physician an officer requiring approval by the Senate. If confirmed, the White House Physician, like any high government official, should swear an allegiance to protect the Constitution of the Untied Staes, thus making this duty just as important as protecting the President's health. At least quarterly reports to Congress should be required, beginning within a month of the new President's inauguration. Such reporting might even encourage more thorough medical care, as well. The White House Physician should be a

primary care doctor, in family medicine or internal medicine. At least two other full-time physicians should be a part of the team" a general surgeon with trauma expertise, and, finally, a psychiatrist.

It is very possible Congress, and the President, would not agree to this proposal. An alternative would be to make the White House Physician, and possible colleagues, a member of the United States Service. Formerly a branch of the Treasury Department, and now part of the Department of Homeland Security, the Secret Service states its mission as following:

"Our protective mission dates back to 1901, after the assassination of President William McKinley. Following the tragedy the Secret Service was authorized to protect the President of the United States. In 1906, Congress passed legislation and funds for the Secret Service to provide presidential protection. Over the years the number of our protectees and the scope of the protective mission has expanded in response to the evolving threat environment(30)".

The White House Physician must show some objectivity, and realize the job serves the nation as well as the President. Drs. Grayson and McIntire, and other White House Physicians, seemed to view their patients as friends, as much as they were patients, and most of all, public servants. Grayson sought to be a celebrity, and he appeared too often in photographs at public events, including Wilson's triumphal appearances in Europe after World War. As Grayson states in the first paragraph of his memoir:

"It was my privilege to be in constant association with Mr. Wilson from March 3, the day before his inauguration, until February 3, 1924, the day of his death…and the official relationship grew into a very personal relationship. Not in boastfulness, but as a statement of fact, I can say that I saw him more commonly and more intimately than any other man during those eleven years(31)."

And as the front dust cover of McIntire's memoir states:

"Admiral McIntire was more than the White House physician. He was Franklin D. Roosevelt's beloved friend and close intimate(32)."

To allow reporting public details of the President's health, the White House physician must limit the need for patient confidentiality, as quoted in the Hippocratic Oath. The physician would also need to follow the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This law prohibits sensitive health information from disclosure without the patient's consent. The US Department of Health and Human Services issued the HIPAA Privacy Rule to limit all individuals' *protected health information (PHI*) by entities subject to

the rule. These individuals and organizations are called "covered entities." A disclosure form is readily available for such disclosure, at every American hospital and nearly all physicians' offices. Federal law should require each President to sign it, giving PHI to the Vice President, the Cabinet, and the appropriate Congressional committee members.

HIPAA may have been cited by President Biden's physician as a reason to reveal nothing about the President's decline at the closed door House hearing mentioned above:

"Former President Joseph R. Biden Jr.'s White House physician refused on Wednesday to answer questions for a Republican-led congressional investigation into Mr. Biden's mental acuity.The doctor, Kevin O'Connor, cited both physician-patient privilege and his Fifth Amendment right against self-incrimination, according to a statement that one of his lawyers read to the House Oversight Committee at the start of his scheduled closed-door deposition(33)."

This statement about physician-patient privilege is used by Dr. O'Connors' attorneys, perhaps because attorneys often do refer to attorney-client privilege. Few twenty first American physicians would use the term "physician-patient *privilege*." However, Dr. O'Connor was well aware that under current medical practices laws in the District of Columbia and all states, public release of patient medical information could lead to disciplinary action, including revocation of his license to practice. Such laws need to be modified for the President's physician's important patient in the White House.

Is there a precedent for physicians to be allowed to report a patient who is a danger to himself or to others? Yes. The case of Tarasoff v. Regents of the University of California, 17 Cal. 3d 425, 551 P.2d 334, 131 Cal. Rptr. 14 (Cal. 1976), held that mental health professionals have a duty to protect individuals who are being threatened with bodily harm by a patient. All physicians now have this "duty to report" to members of the patient's family as well as to law enforcement agents. Therefore, if a future President were to try to block a President's Physician from notifying Congress, the courts may need to decide if an impaired President is, indeed, a threat to others.

Further, HIPAA does give physicians a fair amount of latitude in their duty to report, as outlined in its NIH/HIPAA website, and its regulations can be changed by Congress:

"HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health or safety posed by a patient. OCR would not second guess a health professional's good faith belief that a patient

poses a serious and imminent threat to the health or safety of the patient or others and that the situation requires the disclosure of patient information to prevent or lessen the threat. Health care providers may disclose the necessary protected health information to anyone who is in a position to prevent or lessen the threatened harm, including family, friends, caregivers, and law enforcement, without a patient's permission(34)."

A final remedy for improving transparency of the President's health recognizes that unless the Constitution is again amended about impaired Presidents, final decisions are likely to be made by politicians, and not by doctors. Nixon, for example, only agreed to resign after the House Judiciary Committee voted overwhelmingly for impeachment, and later Republican Senator Barry Goldwater made it clear that Nixon was far short of the necessary votes to avoid a guilty vote in the Senate(35). A future incapacitated American President might also be removed in this way. If Congress is unable to elevate the White House Physician to a cabinet level, an alternative would be have the White House Physician, or perhaps a majority of the physician team, be able to report their concerns directly to the House Judiciary Committee. The Committee members could be the "special committee" mentioned in the Twenty-fifth Amendment. If the evidence is strong for impairment, the Committee could then draw up a resolution for impeachment.

In an increasingly complex and divided world, where crucial decisions must be made quickly and accurately, especially regarding military action, the role of the White House physician must include transparency and the freedom to recommend removal of a medically incapacitated President.

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