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THE WHITE HOUSE  
Office of the Press Secretary

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PRESS BRIEFING  
BY  
LARRY SPEAKES

July 13, 1985

Bethesda Naval Hospital  
Bethesda, Maryland

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9:34 A.M. EDT

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9:42 A.M. EDT

THE WHITE HOUSE

Office of the Press Secretary  
(Bethesda, Maryland)

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PRESS BRIEFING  
BY  
LARRY SPEAKES

Bethesda Naval Hospital  
Bethesda, Maryland

July 13, 1985

9:34 A.M., EDT

MR. SPEAKES: The President sends his apologies this morning for making you all work. He -- the medical update this morning on the President leaves the President in an upbeat mood.

He had a late evening last night. Pre-operation testing continued until past 11:00 p.m. The President read until after 12:00 midnight, and then slept well through the evening.

Before retiring, he talked with his Chief of Staff, Don Regan and Mrs. Reagan before going to sleep. He slept exceptionally well, was up at 8:00 a.m. this morning, shaved, read his normal morning national security briefing, and he was awakened briefly at 5:00 a.m. for a pre-operative antibiotic, which is normal.

The tests last evening included chest X-ray, CAT Scan, EKG, and the standard antibiotic preparations. Preliminary biopsy results -- the biopsy was taken yesterday from the large polyp -- were available to doctors at 11:00 p.m. last night. The President has been informed of them.

The preliminary results indicate a benign, villus adenoma, which is -- and the preliminary indications are that there was no cancer in the biopsy portions taken of it. We will not have final results until the surgery is complete. When that is complete, of course, the medical team will examine the polyp and they will have the results of that in 12 to 24 hours. In addition, the CAT Scan was conducted last night. It indicated no outside involvement in the abdominal area.

The President's schedule for the day is to relax in the suite this morning. Between 11:00 a.m. and 11:30 a.m., the President will go to the operating room here at Bethesda, and the surgery will start between 12:00 noon and 1:00 p.m. -- normally, three hours, four hours, sometime in that time period.

The Vice President this morning has decided to return to Washington. It was a personal decision on the Vice President's part, and is in no way related to the President's medical condition, which is good and has not changed, nor is it in any specific way related to national security.

The Vice President, who, as you know, has a close personal relationship with the President and Mrs. Reagan felt it was more appropriate on his part to be in Washington rather than in Kennebunkport. So, he is returning, he's scheduled to leave there at 9:15 a.m. He arrives at Andrews Air Force Base at 11:15 a.m., and will be at his residence here in Washington at 11:30 a.m. He has no public schedule today, and I don't think there is any opportunity with the press, according to his office.

Don Regan, the White House Chief of Staff, is here in Bethesda with a limited staff, and will remain here through the day. Mrs. Reagan has arrived here and will remain through the day.

MORE

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Q When did she arrive?

MR. SPEAKES: Oh, sometime after 9:00 a.m. I didn't get a precise time.

As far as briefings are concerned, I think what we will do here through the day is to announce when the surgery begins -- that's actually -- the actual surgery in the operating room, not the arrival at the operating room, but the actual surgery -- and we will announce when it concludes, and we have a couple of hour period before we are ready to come back in here and to brief you on those -- on the results of the surgery.

The surgical team has been expanded to include some specialists. It is headed by Dr. Dale Oller, who is a Navy Captain and the head of surgery at Bethesda Naval Hospital. Dr. Lee Smith, Professor of Surgery, Georgetown University, Dr. John Hutton, Assistant White House Physician, Dr. Eimal Ghosh, who is a Naval officer, and his specialty is oncology. And finally, Dr. Stanley Rosenberg, who is from the National Institutes of Health, and his specialty is oncology.

Q Who was the other White House physician? John --

MR. SPEAKES: Dr. John Hutton.

Q Oh, Hutton?

MR. SPEAKES: In addition, Dr. Burton Smith, who is the President's personal physician, will serve as liaison with the legislative -- with the medical team, and will probably be in the surgical suite.

Now, questions?

Q Well, surely you've given some thought to while the President is under the anesthetic for three or four hours, what procedure you would follow if a decision needs to be made. Since the Vice President apparently is not going to, under the provisions of the Constitution, be in charge, who will be in charge?

MR. SPEAKES: We have -- you make assumptions that may not necessarily be borne out in fact, and I don't know where you arrive at those assumptions. We will say that we have the necessary provisions in place for decisions to be made when they are necessary.

Q Larry?

Q But you told us yesterday that the Vice President -- there were no plans then for the Vice President constitutionally. Tell us what the facts are. What are you going to do?

MR. SPEAKES: I think you misstate the statement I made yesterday.

Q -- tell us the facts, Larry. That's all I'm asking.

MR. SPEAKES: Pardon? The facts are that we have in place procedures to make any decisions that will be necessary while the President is under anesthetic.

Q Who would make those decisions?

MR. SPEAKES: Pardon?

Q Who would make those decisions?

Q As I indicated, they will be made by appropriate authorities. As you know, there are provisions in law, in the

Constitution, and other means, so I can assure you, and I can assure the nation, that there will be an orderly procedure for making any decisions that may be required during the time that the President's under anesthetic.

Q Is there a problem in telling us who these individuals are under the law and the Constitution?

MR. SPEAKES: Well, I am going to leave it right there, Sam, for the time being. If I have more I wish to tell you, I'll be glad to.

Q At this point, though, there is no plan for a transfer of power while the President is under anesthetic?

Q What does that mean?

MR. SPEAKES: As I indicated, there is an orderly means to make decisions. We have all appropriate

decision-making apparatus in place.

Q If I can ask you a follow-up. Has there been any communication with foreign governments about not trying to take advantage at this time and that there is a decision-making process?

MR. SPEAKES: I do not think that represents a problem.

Q Larry, can you repeat for me -- maybe I missed it. When was the President told the results of the biopsy and --

MR. SPEAKES: I don't have it. I don't know whether --

Q -- and that it was non-cancerous?

MR. SPEAKES: Dr. Oller saw him last night. I don't know whether he told him last night or told him this morning.

Q And you said he was up until 11:00 p.m. last night

MR. SPEAKES: After 11:00 p.m. last night.

Q And then he stayed awake until after midnight.

MR. SPEAKES: That's right.

Q Didn't you indicate to us that the President was told last night about the preliminary biopsy report?

MR. SPEAKES: I don't think I did. I indicated he had been told. I did not say when because I do not know whether it was last night or this morning.

Dave?

Q Are any of the President's children coming?

MR. SPEAKES: Not that I'm aware of. Mrs. Reagan was to talk to the children last night.

Q What time did Bush decide to return, and did he talk to the President directly?

MR. SPEAKES: No. The President talked only to Don Regan and Mrs. Reagan last night. The Vice President had some conversations with Don Regan last night and at his own initiative he made the decision to come back. He and Don Regan spoke just a few minutes ago and confirmed that decision.

Q What time do you think he talked to Regan and said, "I'm coming."?

MR. SPEAKES: I don't know.

Q 8:00 p.m.?

MR. SPEAKES: No, sometime later in the evening.

Q Larry --

MR. SPEAKES: 10:00 p.m. or 11:00 p.m.

Q Had he heard the results from the test when he decided?

MR. SPEAKES: No.

Q Larry, with respect to the question of potential transfer of Presidential power, are you operating the same under this

situation as you did in 1981 when the President --

MR. SPEAKES: Not necessarily, no.

Q Larry --

MR. SPEAKES: Yes, Drake?

Q On that, last night, Regan said briefly that the lawyers were studying all the fine wording of -- that's involved in here, but asked whether there would be a transfer of power, he said, "I doubt it." Now, is there any reason to believe that that's not operative?

MR. SPEAKES: As he said, the White House Counsel was looking into the matter. They have done so and my statement is that we have in place procedures that will handle any decisions that are necessary to be made during the brief period that the President is not able to make decisions because of the anesthetic.

Q Larry, do you have any specific reaction from the President when he heard about a biopsy results --

MR. SPEAKES: No.

Q -- or any other Presidential quotes since he arrived here?

MR. SPEAKES: No, I do not.

Q Why were two cancer specialists put on the team?

MR. SPEAKES: Because that was the desire of the surgeon and those to have those people there because, as we've noted, this is a precancerous adenoma.

Q Larry, when you said that the CAT Scan showed that -- indicated there was no outside involvement in the abdominal area, for the non-medical ear would you explain what that means?

MR. SPEAKES: What that means?

Q What's the significance of it?

MR. SPEAKES: That means specifically -- the CAT Scan looks at specifically in the area of the liver, other abdominal organs, and that there were -- there was no involvement indicated of the CAT Scan. It was a positive CAT Scan as far as the bowel area and as far as the liver and other organs.

Q They still have to check once they get inside, do they not? I mean the CAT Scan is not the final word on it, correct?

MR. SPEAKES: That's right. The CAT Scan and the biopsy are preliminary and you see what you see there. And they are, for the moment, positive. But what you would do is once you remove this tissue, then you examine it over a period of time and then you make your decision there and give a final report.

Q Will they examine his liver and his lymph nodes and other organs?

MR. SPEAKES: No. In their judgment, the CAT Scan is conclusive in those areas -- lymph nodes, blood supply, liver, and other organs.

Q So this is not really exploratory surgery in any sense of the word?

MR. SPEAKES: That's right. It's a surgery to remove a

portion of the large intestines and to remove a portion of the -- and to remove the large polyp that's there.

Q How long before they have the final results on what they pick up?

MR. SPEAKES: 24 to 48 hours.

Q Are you willing to say how big the polyp is now?

MR. SPEAKES: No.

Q Why?

MR. SPEAKES: It's large, and that's it.

Q Why can't -- you gave us the size of the small one.

MR. SPEAKES: That's true, but until we're prepared to give more details, we will not.

Q Have you been told not to?

MR. SPEAKES: No. I generally make my decision in consultation with Don Regan and with the doctors, all of whom I talked to both last night and again this morning.

Q Is it too early to ask at this point what kind of thinking people have done as far as conducting White House business next week?

MR. SPEAKES: The White House business will continue in the President's absence. I think the President, to some extent Sunday and to a greater extent on Monday and increasing extent throughout the week, will be able to conduct business from his hospital room here and from his bed. Doctors anticipate that he could be up in a chair on Sunday and they plan to have him do that. I'm sure he'll be fully able to work the phones during the first part of the week. If he needs to do some Congressional arm-twisting, I'm sure he'll be up to that and be prepared for it.

As far as the White House schedule, of course, anything the President is participating in will not -- will continue without his participation. The only thing specifically scheduled that seems to be something that might not be cancelled would be a diplomatic reception scheduled on Monday night on the lawn. And I don't know what the provisions are. I think we'll do a little more thinking about that later today or tomorrow.

Emory.

Q What about Mrs. Reagan's trip to the helicopter -- or to the aircraft carrier on Wednesday? Is that --



MR. SPEAKES: I don't know. I haven't talked to her about it, so I'll just have to see what she wants to do.

Q Do you have any words from the President? Often you bring us quotes that he has --

MR. SPEAKES: Yes. Not really. I left and have been bounding around here since before he got up.

Q Nothing like when he was shot and he had such elan and said, "All in all, I'd rather be in Philadelphia"?

MR. SPEAKES: No, not yet. But I can assure you that the President is in top-notch spirits. His mood is good. He -- as always -- cracking jokes and --

Q Well, that's what I mean --

MR. SPEAKES: -- in an upbeat mood.

Q -- can you share those jokes with us?

MR. SPEAKES: No, I don't have any jokes. The medical team's joke recall was not exceptional this morning. Although, they did indicate there were some. Maybe they weren't memorable jokes. I don't know.

Q You said he'd sent his apologies down for --

MR. SPEAKES: Said what?

Q When you said he'd sent his apologies down to people working today, he was just being facetious?

MR. SPEAKES: No, he did send his apologies. We talked over to the suite and that's what he said.

Q That's all in a day's work.

MR. SPEAKES: That's right.

Q Tell him there are no potatoes either.

MR. SPEAKES: Anybody got anything else? Yes.

Q Still a seven- to ten-day recovery period after this? Has that changed at all?

MR. SPEAKES: That's right. No, it has not. That's a normal recovery period, and it, of course, depends from patient to patient. I think there'll be a period of steadily increasing activities after he returns to the White House. And he will generally be able to keep to most of his schedule in a very short time.

Q Larry, if we convert your hours into a timetable, all being well, he should be out between 3:00 p.m. and 4:00 p.m. and we could hope to hear from you between, say, 5:00 p.m. and 6:00 p.m.?

MR. SPEAKES: I would guess that would be a rough schedule. I don't ever like to state any deadlines here for fear that a five-minute delay would alarm you more than it would alarm me. But I would think that would be a rough schedule, yes.

Q I assume you'll wait until he comes back from the recovery room before you put on the full show with the doctors?

MR. SPEAKES: I haven't made a determination whether we'll have doctors here or not.

Q Well, are you going to wait until he comes back from the recovery room before you do the --

MR. SPEAKES: Not necessarily. My plan as always, once the doctors are available to me, is to sit down and talk with them extensively before I come talk to you. And if that takes a long time, it takes a long time. That's --

Q Well, with all due respect to you, I think we want to hear, and I think probably the country wants hear from a doctor who has participated in the surgery. Don't you think that would be a good idea?

MR. SPEAKES: We may very well do that, Sam, but I don't know that that's an issue at the moment. If we decide to bring a physician here, we will.

Q Larry, when the President -- I mean, when the Vice President decided to keep his schedule, was that his decision, go on to Maine and so forth?

MR. SPEAKES: Yes, it was --

Q Or was he told by the White House, don't come?

MR. SPEAKES: No. It was his decision, in consultation with the White House, to keep his schedule. I'm sure he touched base and said, "This is what I'm going to do, if you have no objections." And then when he -- last evening, I think he thought about it and decided that -- just from a purely personal standpoint -- it would be better for him to be here in Washington.

Q Larry, I just want to make sure on these preliminary tests, then, what you're saying is that the CAT Scan is being viewed by doctors as conclusive, that there's no outside involvement, but that the biopsy of the specific polyp is preliminary and they'll have to actually examine --

MR. SPEAKES: That's right. I think as far as -- the question was about lymph nodes, blood supply. The remainder of the bowel and the liver indicates that there is no spread of --

Q And that view is conclusive?

MR. SPEAKES: -- any malignancy in that area.

Q And that view is conclusive?

MR. SPEAKES: That is viewed as conclusive as it will be. I mean, there's nothing else that they will do during the surgery to make any more determination.

Q But as far as the reliability of the biopsy, how much of an indication is that that there is no cancer in the polyp?

MR. SPEAKES: The biopsy, as you might guess, simply removes outside tissue in various parts of it and that outside tissue indicated that there was -- that it was benign. Now, once they remove it, then they will examine it thoroughly and that's why this is called a preliminary test and the other would be the final test.

Q Did the doctors give any percentages as to the likelihood that if there is a benign biopsy, that, in fact, the entire polyp is benign?

MR. SPEAKES: They have not, no. They have not given me any. One of yours might.

Q Can you describe how the surgical team was put together. I mean, what were some of the elements that went into thinking --

MR. SPEAKES: I think the elements that went into thinking is that the White House surgical team, in consultation with Don Regan, simply decided that they would get the best people available in order to deal with surgery and the possibility that they might have something other than a benign polyp there. So, that's why you have two oncology specialists and why you have a surgical -- outside surgical specialist. So -- and then you have the Navy team and the White House team.

Q Who actually performs the operation?

MR. SPEAKES: Dr. Oller.

Q Did the --

Q How many doctors are there on the team? And did I hear you correctly --

MR. SPEAKES: Just gave you all the names. -- got them?

Q That's it? There's no one else?

MR. SPEAKES: No, that's it. I'm sure there'll be other people involved in the procedure -- a number of other people. But, these -- this is the surgical team and the consultive team.

Q Did you say that there was a possibility of removing a portion of the larger intestine?

MR. SPEAKES: Yes. That's standard in a surgery of this type. If you watched television last night, you would have known that.

THE PRESS: Thank you.