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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 22, 1981

INTERVIEW WITH THE PRESIDENT
BY HELEN THOMAS, UNITED PRESS INTERNATIONAL,
AND JIM GERSTENZANG, ASSOCIATED PRESS

The Map Room,
The Residence

12:00 NOON EST

MS. THOMAS: All the reports seem to be true, rosy cheeks and --

THE PRESIDENT: (Laughs.) Oh, I'm feeling fine.

MS. THOMAS: Can you tell us a little bit about how you felt at the time of the shooting? Did you ever feel you were in mortal danger? I know you didn't even know you were hit, but --

THE PRESIDENT: No, that's right, and as a matter of fact, it still seems unreal. I knew there had to be shots and my first instinct was to take a look and see what was going on from where they were but the Secret Service man behind me had a different idea and the next thing I knew I found myself pushed into the car (gesturing). But it still seems kind of unreal.

MS. THOMAS: It's unreal to us too because we've come out of that hotel so many times and --

THE PRESIDENT: Yeah.

MS. THOMAS: -- nothing --

MR. GERSTENZANG: What were your first thoughts when you realized you had been hit?

THE PRESIDENT: Actually, I can't recall too clearly. I knew I'd been hurt but I thought that I'd been hurt by the Secret Service man landing on me in the car and it was, I must say, it was the most paralyzing pain. I've described it as if someone had hit you with a hammer.

But that sensation, it seemed to me, came after I was in the car and so I thought that maybe his gun or something, when he had come down on me, had broken a rib. But when I sat up on the seat and the pain wouldn't go away, and suddenly I found that I was coughing up blood, we both decided that maybe I'd broken a rib and punctured a lung. So that's when we headed for the hospital and I walked in and gave them my own diagnosis and the next thing I knew I was on a cart and it was then, I guess, that they found the wound and that I'd -- actually had been shot.

MS. THOMAS: Then you were awake and everything, I mean --

THE PRESIDENT: Oh, yes.

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MS. THOMAS: -- but you had lost a lot of blood and --

THE PRESIDENT: Yes. And my main concern, even as I was getting to the hospital, was that -- and I voiced this several times to them -- that the more I tried to breath and the deeper I tried to breath, it kept seeming as if I was getting less air and, you know that panic that you can get if you're strangling on something. I almost had the feeling that it was going to diminish to the place where I wouldn't be getting any and then they shut me up by sticking a pipe down my throat and oxygen on and that's when I had to start writing notes. (Laughter.) Because I couldn't talk with that pipe in there.

MS. THOMAS: But you always felt that you were alert enough to know what was going on?

THE PRESIDENT: Oh, yes. Yeah, I knew they'd -- I knew that in the manner in which I was unclothed that I probably wouldn't wear that suit again.

MS. THOMAS: Do you have any feelings about going out again? I mean, are there any -- is there trauma or instants where you say, "Oh, God, do I have to face this again?" or do you feel that, you know --

THE PRESIDENT: I have a hunch I'll be more alert in going again.

MS. THOMAS: We will too.

THE PRESIDENT: I -- that's the other thing. I look back now in some of these reviews that they've shown of the first few months and so forth. I see some of the milling in crowds and so forth that we've done and I find myself wondering, "Well, why didn't this happen 27 times before?"

MS. THOMAS: Uh-huh.

THE PRESIDENT: But, no, there's not going to be any change in the way we do things.

(Coffee is brought in.)

MR. GERSTENZANG: Do you have any recurrent thoughts about it? Does it become a nightmare or a dream?

THE PRESIDENT: No, huh-uh. That's what I say, the whole unreality of it.

MS. THOMAS: How do you actually feel? I mean, do you hurt at times and you feel good at times?

THE PRESIDENT: Well, as the doctors will tell you, I have never had a chest injury before. They will tell you that it is one of the longest enduring discomforts and that it doesn't go away. There is just that kind of pain or discomfort there constantly that you hope day by day is getting less, and I think is getting less

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and less. But it -- other than that, I've resumed at a little slower pace my regimen of exercises that I've always done for keeping fit and I don't think I'm going to hurdle any tables in the room here for a while but, really, the recovery is astonishing to me as I think it is, in the reaction, to the doctors, because the only comparison I have to go by is I once had pneumonia and that was 36 years ago when I was making a picture, and I lost 17 pounds at the time and was months in regaining strength or anything and I'm so far ahead in this than I was then that I have to --

MS. THOMAS: You are. I know we keep pushing because we keep forgetting what a short time it's actually been.

MR. DEEVER: Thank you, Helen.

THE PRESIDENT: Three weeks and two days.

MS. THOMAS: And two days? You haven't counted lately. Who's counting. I mean -- (laughs.)

THE PRESIDENT: Yes.

MS. THOMAS: When do you think you'll be feeling well enough to go back to the Oval Office, or do you like working in the family quarters or --

THE PRESIDENT: Well, actually, I don't think I'd be doing anything different and I'm just going to -- you know, I'm going to do it my way. It's convenient this way because there still are calls by the doctors, who want to come and check. There is the convenience of being able to get up and, for example, the telephone calling that I've been doing, which I'd be doing from the office, but I can get up in the morning without bothering to get dressed yet, put on a robe and sit and do the calls.

So this, you know, with the Congress on recess, I don't think there'd be anything different or I'd be doing anything different than I've done other than possibly some appearances that have been scheduled and which had to be cancelled or which George Bush substituted for me.

But other than that I've been doing what I'd be doing. Remember, the schedule actually called for me to be in California for a few days.

MS. THOMAS: Going to a wedding and --

THE PRESIDENT: Yes.

MS. THOMAS: -- making a speech and meeting the Mexican --

THE PRESIDENT: Uh-huh --

MS. THOMAS: When do you think you'll be able to --

THE PRESIDENT: -- and going to the ranch.

MS. THOMAS: Going to the ranch, right. But going to the ranch won't be so much fun unless you can ride a horse and --

THE PRESIDENT: Well, I think that'll come along pretty soon.

MS. THOMAS: Do you think your first travel will be

Notre Dame?

THE PRESIDENT: I don't know whether that's the first trip on the schedule or not that --

MS. THOMAS: How about your program itself? Do you think that everything's been sort of on hold or slowed down because of --

THE PRESIDENT: No, I really don't. As I say, the Congress is on recess. I'd be doing the same thing, telephoning them while they're back there with things that I think might be helpful in meeting their constituents. There isn't anything more that we could do in pushing up on the Hill. So, no, I think everything's going along all right.

MR. GERSTENZANG: Could you, maybe in describing how you are working up there each day, sort of show how your day goes?

THE PRESIDENT: Well, they vary from day to day. Usually we start with a staff meeting and we do that, which was normal before. Yesterday I had a series of meetings, finishing up with almost an hour's meeting with those governors who came to see me.

We have security briefings. So that some days, now today, for example, has been -- well, there's been some sizeable amount of paper signing and so forth that went on and then mainly after the staff meeting, the telephone calling, which I've been doing, and that will continue, because you don't get them on the first call.

MS. THOMAS: You might find them at a radio station.

THE PRESIDENT: And believe me, that was a total accident. They didn't make it sound exactly that way. Usually I say to them, "Where did we find you?" And I'll tell you why I say that. Because early in the calls I called a congressman and we found him in New Zealand at 4:00 a.m.

(Laughter.)

MS. THOMAS: You mean recently?

THE PRESIDENT: Yes.

MS. THOMAS: Oh, my God.

THE PRESIDENT: I wanted to tell him that I was somebody else. It was too late. He knew who it was.

(Laughter.)

MS. THOMAS: Was he awake?

THE PRESIDENT: Yes, I must say he was most pleasant about the whole thing. So I usually ask that and yesterday I asked that question, "Where'd I find you?" And he told me, in Beaver Falls at this radio station. He said, "I'm on a talk show here." And I say, "You mean, we're on the talk show now?" And he said, "Well, no, they've put me on another phone for this call." But he said, "I think they'd appreciate it very much if you'd say hello to their -- well, his forum. They know you're on the phone." And I said, "Well, okay."

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So they put him on the other phone, the one that is audible to the radio audience, and we carried on our conversation there on the talk show.

MS. THOMAS: Do you go to bed earlier now? Do you take naps? Do you sort of try to ease into it?

THE PRESIDENT: The only routine that I'm continuing is an afternoon nap. And that was never, in spite of some stories to the contrary, that was never a habit of mine. As a matter of fact, I've never been one who naps very well in the daytime. Everybody else sacks out on the plane and everything else and I don't.

But I have found that I do go to sleep and sleep for a brief period. So I guess that is part of the recovery.

MS. THOMAS: Do you think your life has changed?

THE PRESIDENT: Only temporarily, such as not getting on a horse for a while yet.

MS. THOMAS: It's not like in the movies.

THE PRESIDENT: Oh, I thought you meant just changed in --

MS. THOMAS: I mean the impact itself of everything that's happened in terms of the presidency, yourself --

THE PRESIDENT: Well, of course, you know, I had eight years of a job that was similar enough that there hasn't been any great surprises to me in this, but I'm enjoying it, to be able to deal directly with the things I've heretofore talked about. I enjoy doing that.

MS. THOMAS: You don't want to hang up your cleats or anything because of this incident?

THE PRESIDENT: No, no.

MS. THOMAS: Does it give you any kind of new sense of -- I mean, I think the country's kind of worried about your security and --

THE PRESIDENT: Well, again, you get -- maybe this is part of it -- that you get a little used to it. In all those eight years and those hectic times when I was Governor I was aware that there were constant threats and I could usually tell when there was a slight difference in the security precautions and the normal -- something new must have been suggested. And in the two campaigns, having had national-type security, Secret Service, no, I've been -- you're aware of that.

~~And you sometimes wonder in your mind~~
when and how it's going to happen or any attempt or what it would be like. You remember '76 there was that fellow with the toy gun. Well, I never saw that. I was busy saying hello to someone and I didn't see this.

MS. THOMAS: Do you have any feelings about your assailant? Of course, there's nothing you can really feel, I guess. It's something that's senseless.

THE PRESIDENT: Well -- yes, I -- the feeling is I hope,

indeed I pray, that he can find an answer to his problem. He seems to be a very disturbed young man. He comes from a fine family. They must be devastated by this. And I hope he'll get well too.

MS. THOMAS: That's very kind of you. You don't have any feelings of real anger, then, or --

THE PRESIDENT: I don't know how I could ask for help for myself and feel that way about someone else.

MR. GERSTENZANG: If you were to speak to his parents what would you tell them?

THE PRESIDENT: Well, I think I'd tell them that I understand and -- (pause) -- hope for a good outcome there, to end their problem.

MS. THOMAS: Do you think that you will get your budget and taxes through now?

THE PRESIDENT: Well, I still continue to be optimistic. After all, the argument from whether we should have a plan or not has become an argument of --

MS. THOMAS: How much.

THE PRESIDENT: -- how much and where. So I think we've gained some ground.

MR. GERSTENZANG: Has this in any way changed your thinking on gun control at all?

THE PRESIDENT: No, and let me explain why. I'm not just being closed minded or stubborn. We have the laws now. Granted that all states aren't uniform. But I don't know of anyplace -- there may be some -- but I don't know of anyplace in the country where it is now not against the law to carry a concealed weapon. Now, we've found that that can't prevent someone. The District of Columbia here has such a law. But a man was carrying a concealed weapon. So I don't see where we believe that adding another law that probably will be just as unenforceable as this one is going to make a difference. In fact, if anything, I'm a little disturbed that focusing on gun control as an answer to the crime problem today could very well be diverting us from really paying attention to what needs to be done if we're to solve the crime problem.

MS. THOMAS: Which is?

THE PRESIDENT: Well, I do think we're showing the results of several decades of growing permissiveness, unwillingness to hold individuals responsible for their misdeeds, blaming society instead. In other words, quicker, more effective justice.

MS. THOMAS: One more. We've got to make this one good. In terms of Brady, will he continue on? Are you going to keep the slot open for him?

THE PRESIDENT: Oh, you bet. And I think all of us -- as I say, when I was -- when I finally did learn that three others had been hit, including the agent who deliberately placed himself between me and the gunman, but Jim, of course, was the most serious,

and I am so gratified by the optimism about his recovery that that's a daily prayer.

MS. THOMAS: A miracle.

THE PRESIDENT: Yes. For him.

MS. THOMAS AND MR. GERSTENZANG: Thank you very much.

END

12:27 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 13, 1981

INFORMAL QUESTION AND ANSWER SESSION
WITH THE VICE PRESIDENT

The Vice President's Office,
The West Wing

1:10 P.M. EST

THE VICE PRESIDENT: That was great.

Q Could you hear it pretty good?

THE VICE PRESIDENT: Yes.

Q Mr. Vice President, why didn't the President make the call?

THE VICE PRESIDENT: It was scheduled where there were only certain things he's -- you know, we're trying to watch his schedule a little bit. This was a time when he had other things.

Q How's he feeling?

THE VICE PRESIDENT: He feels pretty good. I was over there for -- we had a meeting with Secretary Haig and a meeting with Secretary Weinberger and he looked well. Like everything else, he needs rest and I think Mrs. Reagan is determined to see that he gets it and well she should.

Q How much does that limit the functions of this administration, not having a president who's fully recovered?

THE VICE PRESIDENT: None. Everything's functioning very normally, as I think most observers would readily concede and even -- now, with him in the White House as opposed to over, a few blocks away, it'll function even more normally I think. It's never total until the President's back in his office, but it's working pretty smoothly. If I needed to get him and if he weren't asleep I could -- you know, taking a rest which he needs -- why, I could pick this thing up and it'd be like that. So there's no problem.

Q Doesn't it help to have him be able to make those phone calls to the Hill? Wouldn't that smooth out some of those bumps in the road?

THE VICE PRESIDENT: The Hill's not convening for the next two weeks, as you know. We might make a call to a Congressman and you have to find him halfway across the country. Congress is out for two weeks and so that is gratuitous, in a sense.

Q What is some of the business that he thinks is a priority that he will be conducting?

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THE VICE PRESIDENT: Well, let me give you an example of this morning. He met with the Secretary of State, received a detailed report on the Secretary's trip abroad, met with the Secretary of Defense, an in-depth discussion, many questions, and Qs and As of his Cabinet officers on, in this instance, of the Secretary's trip to Bonn, a particular emphasis on the Bonn part of the trip, and I think he's obviously keenly interested in the economic program, but as I said, the Congress is not meeting now so it's less a day to day vote that'll be concerning him than the overall planning to be sure that we get enacted what it is that he is determined to see enacted and what he was elected to see enacted.

Q What has the President's reaction been to the trips of the two secretaries?

THE VICE PRESIDENT: Well, I think it was pretty good. I think he felt that both trips were important, given the course of events. It was proper that both those trips did go forward and they did, and I think the President's feeling, without trying to put words in his mouth, is that he felt they were both very useful trips.

MR. TEELEY: Thank you very much, gentlemen.

THE VICE PRESIDENT: All right. Did you hear that long distance phone call? It's amazing.

Q How'd the astronauts sound to you?

THE VICE PRESIDENT: They sounded fine. There's a little delay.

Q Well, there ought to be.

THE VICE PRESIDENT: Yes. It's a little more than the normal on a call. You wait for a while. But they could hear loud and clear. I'd been down with them in Cape Kennedy, Cape Canaveral, a couple of weeks ago. This is a prop. This was stuck in here, which incidentally, is a pretty good model of it. But we had a great visit with them down there so they were kidding a little bit about that.

Q Do you expect the President to do a radio broadcast in the next couple weeks?

THE VICE PRESIDENT: I don't know what he's going to do. All we want him to do is get some rest, a good period to do that, stay on top of things, which he's doing, as was clear again to me today, and I think he's coming along fine.

END

1:20 P.M. EST

THE WHITE HOUSE
Office of the Press Secretary

Internal Transcript

April 1, 1981

INTERVIEW WITH JIM BAKER AND ED MEESE
BY TED KOPPEL, ABC NEWS

The Roosevelt Room

(7:45 P.M. EST)

MR. KOPPEL: Good evening. They are not elected nor do they require Senate confirmation, but in each administration there are men so close to the President that their influence, and sometimes their power, transcends that of all but the President himself.

In James Baker's case, his title speaks for itself. He is the Chief of President Reagan's White House Staff. Ed Meese's title is somewhat less impressive. He is Counselor to the President, but no one in Washington underestimates Mr. Meese's influence. He is probably the President's closest adviser. So it was, that when on Monday the President was shot, these two men, Ed Meese and Jim Baker, exercised the behind the scenes power that was never envisioned by the framers of the Constitution. They, Meese and Baker, as much as anyone else, held things together during those first, uncertain hours.

It is their perspective on those events and what has happened since that we will be examining tonight. Standing by now in the Roosevelt Room in the White House are James Baker and Edwin Meese. Gentlemen, and whichever one of you would like to answer first, I wonder if you would take us into the White House on Monday afternoon and tell us how the news first reached the White House Staff.

MR. MEESE: Well, actually, I think Jim probably heard before I did. Someone came into my office and advised me that there had been a shooting. We didn't have many more of the details and Jim and I got together and I think about that time he had heard from the hospital.

MR. KOPPEL: Now, how did the news reach you? Did someone get it off the radio or the television or did the Secret Service contact the White House?

MR. BAKER: I was told, Ted, by our Staff Director, Dave Gergen, who burst into my office and said, "Have you heard?" and I said, "No, what are you talking about?" And he said, "There's a report that there's been a shooting over at the hotel." I think the news came into the White House and I'm not sure that I've run this down with Dave, but my suspicion is that he heard it through Secret Service reports from the scene back to the Secret Service office here in the White House.

MR. KOPPEL: And what were those first reports? What did they say?

MR. BAKER: Well, I think probably that there had been a shooting at the hotel, that several people had been hit, but the President had not been hit and the motorcade was on its way back to the White House.

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MR. KOPPEL: And when did you learn first and how did you learn that the President had been shot?

MR. BAKER: Well, we learned, again, through the Secret Service that the motorcade had decided to proceed directly to George Washington Hospital rather than coming back to the White House because the President was experiencing some pain in his chest and shortness of breath.

Let me add this, Ted, even at that time, I think it was thought by most of us here that -- and perhaps some on the scene -- that the President had injured himself when the Secret Service pushed him back into the limousine and perhaps he'd broken a rib or something like that.

MR. KOPPEL: There was an understandable desire, I think, on your part and on the part of the White House Staff, to reassure the nation as quickly as possible that the President was as well as could be expected. But we're hearing today now of reports that the President, in fact, was in kind of rocky shape when he got to the emergency room. Did you know what kind of condition he was in?

MR. MEESE: Well, we got a report directly from Mike Deaver, who was with the President, who was in a car behind the President and arrived at the hospital almost at the same time. And his initial report was just what Jim had said, that the President appeared to have hurt himself. When the President got there actually, it was quite a while, really, several minutes before they discovered that he did have a bullet wound.

MR. KOPPEL: But now, you've seen those same reports and I'm sure you got them before we did, the reports that the President, I'm not sure if he fainted or all but passed out, and have have lost quite a lot of blood.

MR. BAKER: He collapsed, Ted, just as he walked into the emergency room. But he did, with some assistance, walk in from the car to the emergency room.

MR. KOPPEL: Apart from the obvious concern over the welfare of the President, himself, and then the somewhat secondary concern of the welfare of those who were with him, what is the greatest worry at a time like that? Do you think in terms of, "Oh, my God, some adversary might take advantage of the weakness or the apparent lack of control?"

MR. BAKER: Well, I think you want to present, certainly, a picture to our allies and adversaries for that matter, Ted, that there is continuity of government here and that the government is functioning and that things are in order. We were very anxious to establish instant and continuous communication between the command post that we set up at the hospital where the President, of course, was, the Situation Room here in the White House and the Vice President's airplane. And I think we probably had White House communications between those three spots within 30 to 45 minutes after we first received word here in the White House that the President had indeed been shot.

MR. KOPPEL: Now, Secretary of State Haig said at one point that no special heightened alert was ordered. But there were units around the country who, on their own, moved to a heightened state of alert. Is there some standard procedure here?

MR. MEESE: Well, actually what happened, there is always a regular defense alert among some units that are

constantly on one stage or another of an alert basis, and we had immediately the Secretary of Defense arrived at the Situation Room. He was in contact with the national command center at the Pentagon and they, in turn, were in contact with certain units, which is the normal procedure. Anytime there's any unusual incident. You have to remember, at this particular point in time we didn't know what the ramifications of this particular incident might be, whether there were other people involved. We were concerned that no nation would try to take advantage of this situation, an emergency situation in this country. We didn't think anyone will, or would. But nevertheless, you want to prepare for every possible contingency, and so we did several things in the Situation Room. The Secretary of State appeared and he, of course, was concerned, as the senior Cabinet member present, about a number of things, including being prepared to send a cable to our embassies in foreign lands as quickly as possible to let them know what the situation was.

Jim and others were concerned, obviously, with making sure we had press relations to keep the country calm and to let them know what was happening. The Secretary of Defense, as I mentioned, had the military establishment in contact with him. The Attorney General arrived and he kept in touch on the law enforcement aspects of the situation. So I would say you had a lot of people with specific responsibilities doing their job well, keeping in contact with each other in the Situation Room and, again, in contact with us at the hospital.

MR. KOPPEL: All right, Mr. Meese, we have a copy here of the cable that was ultimately sent out in the Secretary of State's name, and I don't think we're giving away any state secrets by reading it. It's very brief. It says, "one, "The President has undergone surgery for the gunshot wound received in the attempted assassination this afternoon in Washington. The bullet has been removed. The President has been removed to post-operative care. He is in good condition with prognosis excellent and please inform your government --" again, this is a message that went out to all of our embassies around the world, "-- please inform your government of this latest development and continue to reassure your hosts the continuity of our government is assured. We will keep you closely informed as events warrant." Signed, Haig.

How long before those cables went out?

MR. BAKER: That cable actually did not go out, Ted, until I had returned to the Situation Room from the hospital and I think that was probably around, if memory serves me accurately, around 5:45.

MR. MEESE: I think so, but that was the second cable.

MR. BAKER: That's right.

MR. MEESE: There had been an earlier cable that went out as soon as the doctors gave us the first report, which must have been somewhere between 3:00 and 4:00 o'clock, I would guess, that the President was in no critical danger and as soon as that medical information was available, we sent that -- we transmitted that information to the Situation Room and the Secretary of State then ordered that information sent to foreign governments.

MR. BAKER: The cable you just read, as a matter of fact, went out just about the same time that Dr. O'Leary was briefing the press with respect to the successful results of the President's operation.

MR. KOPPEL: So that would have been about 7:00 p.m. Eastern Time?

MR. BAKER: That's about right.

MR. MEESE: That's correct.

MR. KOPPEL: Okay, Mr. Meese and Mr. Baker, we'd like to rejoin you in just a moment. We will be back in a moment.

(COMMERCIAL ANNOUNCEMENT)

MR. KOPPEL: As we've indicated, it was one of those issues that came up in the first hectic hours after the assassination attempt, the question of who was in charge. No one seemed to be quite sure of the President's condition. Vice President Bush was in Texas. The television networks were on live showing a harassed Assistant White House Press Secretary trying to deal with an increasingly frustrated and demanding press corps. Whatever the reality it did not seem that anyone was firmly in control. It was in that context that Alexander Haig, himself visibly nervous, stepped into the White House Briefing Room.

VIDEOTAPE OF HAIG IN BRIEFING ROOM

SECRETARY HAIG: As you know, we are in close touch with the Vice President, who is returning to Washington. We have in the Situation Room all of the officials of the Cabinet who should be here and ready at this time. We have informed our friends abroad of the situation, the President's condition, as we know it, stable. He's now undergoing surgery and there are absolutely no alert measures that are necessary at this time or contemplated.

Now, if you have some questions I'd be happy to take them.

Q The Crisis Management, is that going to be put into effect when Bush arrives?

SECRETARY HAIG: Crisis management is in effect.

Q Who is making the decisions for the government right now? Who's making the decisions?

SECRETARY HAIG: Constitutionally, gentlemen, you have the President, the Vice President, and the Secretary of State, in that order, and should the President decide he wants to transfer the helm to the Vice President, he will do so. As of now I am in control here, in the White House, pending return of the Vice President, and in close touch with him. If something came up I would check with him, of course.

END VIDEOTAPE EXCERPT

MR. KOPPEL: Later, it would be noted that Haig had misstated the Constitutional line of authority. Constitutionally, the Secretary of State is not third in line but fifth. Later, too, there would be reports of disagreement between Haig and Defense Secretary Weinberger and there were and continue to be reports that our two guests, Edwin Meese and James Baker, were somewhat distressed over Haig's announcement in the press room.

It seems only fair, Mr. Meese, to raise that question with you. If you were distressed, why so?

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MR. MEESE: Well, actually, Ted neither of us were distressed and also I want to make it clear that there was not one second, one moment, when there was a situation where there was a lack of anybody being in charge. Obviously, the President was in charge himself and his derivative authority flowed to all of the people who were in the Situation Room, his Cabinet officers, to those of us on the staff. We had the ability, the authority, and the responsibility to carry out our duties.

Also, had there been a need, for example, while the President was under the anesthetic, for something to have been done, there were people who had the authority then to take care of any contingency that might arise. So we really didn't have that situation at all. And I must say that at no time were any of us displeased with Mr. Haig or what he did or with any of the other people there. I think they did a fine job. Al felt it was important to reassure our allies and other people who were concerned that there was a continuity of government. He took that action before the television cameras and I think you find that there's a feeling that both he and the others did a fine job.

MR. KOPPEL: Why did he come up stairs at that point and make that announcement? Who's decision was that?

MR. BAKER: That was his decision, Ted, and as Ed has indicated, it's a decision with which we agree. He felt that at that time it was important to reassure our allies and I might add to what Ed has said on this subject, that we had discussions with Secretary Haig prior to leaving for the hospital. I personally had discussions with him in which we agreed that he would be our point of contact here in the Situation Room at the White House, as he quite properly should have been as the senior Cabinet officer here in the White House, and he functioned in that capacity and functioned extremely well.

MR. KOPPEL: Now, Mr. Baker, as Henry Kissinger used to observe the perception of reality is frequently more important than objective reality itself. The perception in this town is that you folks at the White House were not one bit happy with Al Haig. Now, you told me that's not so. I certainly can't disagree with you, but how did that perception get abroad?

MR. BAKER: Well, I think the perception is something that carried over from the situation a week or so ago, Ted, where there was a lot written about and there was, in fact, some disagreement with respect to the crisis management arrangement that the President implemented was what he should have done or whether it was right or wrong, and I believe, really, that the stories that you refer to are a carry over from those stories of a week or so ago.

MR. KOPPEL: There were a number of reports, Mr. Meese. There was one as recently as in this morning's Washington Post which suggested there are still a lot of people over there at the White House doing a real tap dance on Al Haig.

MR. MEESE: Well, I think, Ted, you can be absolutely sure that that is not correct, certainly as far as those of us who have the responsibility and authority over here and if there are those people they're certainly unauthorized and, frankly, I don't know who they are. I haven't heard from them and I really think that this has been blown way out of proportion. Frankly, I think both Jim and I are pleased to have this opportunity to be on your program and bring the perceptions back into contact with reality tonight.

MR. KOPPEL: Well, in fact, you both must have been terribly worried about this because -- I hope I'm not -- obviously, it's not telling tales out of school. You have been on public broadcasting, you've been on CBS, you've been on NBC, you were on ABC this morning, one or both of you. You must feel that it is very dangerous for this kind of perception to spread.

MR. MEESE: I don't think it's as much that feeling as it is that we think in all fairness that an outstanding job was done by Al Haig and by all the others. This is probably one of the -- from what others tell us, people who've been in Washington longer than we have -- that the reaction to this situation was smooth, it was calm, that people did their job without a lot of flurry, and as a result, we think those people ought to get credit for it.

MR. KOPPEL: All right. Let me just go back to one thing that you said before. You were talking about if a decision needed to be made and it's one of those ominous, ambiguous decisions. Who would have been the person to make that decision?

MR. MEESE: We have a system of authority that if it had, for example, to do with a major confrontation with a foreign power, if that ultimate type of decision had to be made, the authority was vested in the Vice President by pre-existing regulations and if he, by any means, had been out of contact, being in the airplane, we had back-up authority in the Secretary of Defense. So there was someone able to do that.

If it was a law enforcement situation, the Attorney General, who was right there, had the authority to take an appropriate action. If it had to do with foreign policy or dealing with a foreign government, the Secretary of State had the authority and the responsibility and was present. So, in virtually every situation that you could think of there was someone there with the authority to make the decision and to do what was necessary.

MR. KOPPEL: With us, once again now, from the Roosevelt Room at the White House, the President's Chief of Staff, James Baker, and Presidential Counselor, Edwin Meese. Mr. Baker, everyone has been at great pains to indicate that normalcy is going to come back as soon as possible, so let me ask you a political question. The other day, in fact on Monday, Barbara Walters spoke with former President Ford and President Ford suggested that he thought the shooting incident, in a curious way, was going to help the President get some of his domestic programs through. Do you share that perception?

MR. BAKER: Well, I've heard that, Ted, and I, at this time, I share that perception. I don't know how long that will last, particularly up on the Hill, but I do think that there's a very strong feeling of support out there for the President, anyway, and that perhaps that has been enhanced some by this tragic incident.

MR. KOPPEL: Well, Mr. Meese we have a new ABC News Washington Post poll that was taken immediately after the shooting with the President's approval rating on the 20th of February -- 68 percent down on the 29th of March to 63 percent and immediately after the shooting incident way up to 73 percent. Is that the kind of thing that holds-- I mean, that sort of approval?

The President, obviously, acted in an extraordinarily fine manner and very courageously and with great humor. Is that the kind of thing that will hold for him, do you think?

MR. MEESE: Well, I think there will be a residual effect. I think the way in which he reacted to this situation involving himself, in terms of his mental and emotional attitude, did show the signs and confirmed in a lot of peoples' minds the fact that he did have those qualities of leadership and also the qualities as a person. And I think that will not only help -- obviously, whenever you have a major incident there's a sudden peaking of reaction and so it won't hold at that level, I'm sure, but I think there will be some beneficial, residual effect.

But, this really is so because it confirms what people have generally thought about the President.

MR. KOPPEL: Mr. Meese, there are a lot of people who favor gun control, who are wondering whether the President may now be changing his views on that. You know him.

MR. MEESE: Well, I know him well and I know that his views have not and will not change. I think the experts have already indicated pretty widely that all the gun control laws in the world would not have prevented what unfortunately happened on Monday and that the President's past views on gun control, that taking the guns away from honest people, from law-abiding people is not the solution, but rather to make sure that criminals or people who commit crimes, either in anticipation of the crime get a gun or use the gun in the commission of the crime, that those are the people we have to take care of and those are the ones who ought to be punished.

MR. KOPPEL: Mr. Meese, that same ABC News Washington Post poll that I referred to a moment ago indicates that 65 percent of the American people disagree. They favor gun control.

MR. MEESE: Well, I think a lot depends on how the question is phrased, but over the years I think the majority of the public does not favor the kind of gun control that would take weapons away from those people, law-abiding people who feel they need them.

I think what many of the people feel when they hear the word "gun control" is that criminals shouldn't use guns and that we should have gun control laws which punish those who commit crimes with weapons by mandatory prison sentences and I think most of us would agree with that.

MR. KOPPEL: All right. It is a sign, I suppose, of how far we've come. It's now only Wednesday, how far have we come since Monday -- that it's been possible to wait this long to talk about the President's condition, but we can't let this broadcast end without talking about it. You've both been to see him, I assume, how is he?

MR. BAKER: He's fine. He's in very, very good shape, Ted. Today and probably tomorrow will be, though, perhaps his days of most discomfort-- the post-operative discomfort that anybody would experience having been through the kind of operation he's been through.

He's, as you probably know, he's been up walking. He walked down to the new room that he was assigned this morning. He's been cracking jokes. He's been performing business by way of signing various documents which we have to get signed. He has met with us every morning so far. We'll meet with him again tomorrow morning. Today he slept a lot and I think that's probably quite natural.

MR. KOPPEL: Mr. Meese, maybe you've done too good a job. You've so thoroughly convinced us that the President is fine, that everyon-

beginning to wonder why you don't let the television cameras in to give the rest of the American public a look at him.

MR. MEESE: Well, I think it's only fair to preserve his privacy while he's in the hospital, but let me tell you, Ted, I think a sure sign that he's in good shape is the fact that he has not, at any time, lost his sense of humor. And I think that's very reassuring to us and I hope reassuring to the people.

MR. KOPPEL: All right. Edwin Meese and James Baker, you've both been very gracious to come by this evening and thank you very much for being on Nightline.

We'll have the last word on today's views in a moment.

(COMMERCIAL ANNOUNCEMENT)

END

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 10, 1981

PRESS BRIEFING
BY
DR. DENNIS O'LEARY

The Briefing Room

11:03 A.M. EST

MR. SPEAKES: Good morning. Our procedure here this morning will be that I will have an announcement followed by question and answer period with Dr. Dennis O'Leary and then we will have a break to file on Dr. O'Leary's material. And then we will have the usual White House briefing which should come shortly before 12:00 under normal briefing rules.

I'm pleased to announce that President Reagan will be dismissed from George Washington University Hospital this weekend and return home to the White House. The release will take place on Saturday or Sunday pending the usual hospital procedure of a final check by the doctors on the morning of his release.

Now, the President's doctors have emphasized to the senior staff that there should be a period of convalescence in which the President's schedule should be limited and there will be no Presidential travel for the next several weeks.

Consequently, I would like to make the following announcements, an announcement which is being made at this hour in Mexico City, the Bilateral Border Summit Meeting between Presidents Ronald Reagan and Jose Lopez Portillo, originally scheduled for April 27 and 28, has had to be postponed.

The governments of the United States and of Mexico will seek to reschedule the meeting at the earliest mutually convenient time. Now, I will let Dr. O'Leary, who you know very well, answer your questions.

Q Do you say that travel has been ruled out for several weeks?

MR. SPEAKES: Yes.

Q Is it possible that he could travel to his daughter's wedding?

MR. SPEAKES: There are no plans to go to Maureen's wedding at this time.

Q But is it possible? Is it possible?

MR. SPEAKES: Well, I just won't address that in those terms. There are no plans now.

Q Yes, but hold on a moment. Either travel has been ruled out or it hasn't been ruled out. Travel to California is travel unless somehow this syllogism is falling down of its own weight. And then you say, "Well, we have no decision on that or we can't make an announcement on that."

MR. SPEAKES: Sam, I'm trying to be clear that I've just announced cancellation of the Mexico trip. There are no plans for him to go to Maureen's wedding.

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Q All right, no Presidential travel for the following several weeks -- for several weeks.

MR. SPEAKES: That's correct.

Q What do you mean by several?

MR. SPEAKES: I don't want to set a time limit on it pending the doctors' advice and the President's period of convalescence.

Q He can go as far as Camp David, couldn't he, Larry?

MR. SPEAKES: Well, I just don't want to get into specifics right now.

Q Is it inadvisable for somebody who's had a lung injury to get into a pressurized cabin on an airplane? (Laughter.)

Q Larry, where will the rescheduled meeting be?

MR. SPEAKES: No, I --

Q Will the meeting be here with Lopez Portillo rescheduled?

MR. SPEAKES:

The details on that meeting have not been worked out. I think there is some speculation in the press that Lopez Portillo could come here but I just have no decision on that.

Q Well, does that mean you're saying there's a possibility that he could?

MR. SPEAKES: Well, don't read that into what I'm saying. There just is no decision.

Q Well, one minute you're cancelling a meeting and the next minute you're saying that he could come in the time span.

MR. SPEAKES: No, I'm not saying that.

Q Well, you're on, Doctor.

DR. O'LEARY: Okay, the question here about pressurized cabins, that's not really a problem for him at all. I think the whole issue about travel is the issue of the physical stresses of that, if you will, and any of you who've traveled, and I'm sure almost all of you have, that takes a little bit of physical stamina -- the business of getting on an airplane, getting off, moving into cars, traveling, requires that. And I think that it is prudent to hedge a little bit as to when he can travel because that will all depend on the progress that he's making. And I would guess several weeks is probably a reasonable guess but several weeks is several weeks. But the reality is, it's going to depend on how he's doing at that time.

Q Will he be able to leave the White House at all?

DR. O'LEARY: I would think so. I would imagine

he'll probably want to spend most of next week in the White House and after that I would think it's probably not unreasonable for him to consider going to Camp David. That would be within the realm of reasonable expectations.

Q Can you give us a -- what would be called this morning's medical report now on the President?

DR. O'LEARY: Okay, let me see if I can bring you up. I may give you a little bit more detail than you want but I think it probably would be useful to be as precise as we can, too.

Q We want it.

DR. O'LEARY: Oh, I know you do. (Laughter.) Okay, he's doing extremely well. He had another excellent day. Yesterday was still yet his best day. He has no temperature elevation, I think, by any criterion. His white blood cell count is now within the normal range and he looks excellent. I had a chance to chat with him a couple of minutes this morning. I see a lot of patients in hospitals and, on a relative basis, I think he looks really outstanding. We were a little delayed in getting our chest x-ray this morning. The

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space shuttle held a lot of people up. On the chest x-ray this morning, in the area of the bullet track, which is an area that will eventually scar down, there's a little leucent or transparent area that's a little bit less than a half inch in diameter and it's an area that we would like to watch for another 24 hours or so before we definitively commit ourselves to a discharge time.

The greatest likelihood is that that's an area that had a little bit of blood in it, that that blood became liquified and that he coughed it up and now we're seeing just a little tiny pocket there. Our overall plan is to take another chest X-ray in the morning. If that looks stable, he will probably be discharged tomorrow. If there's any reason to be concerned about that at all, we'll probably take a few more sophisticated X-rays in the afternoon and evaluate those. If those are all right, he'll probably still leave the hospital tomorrow. If there's, again, any significant concern at all, we'll probably keep him until Sunday and get one more chest X-ray to evaluate it.

The chances of his hospital stay extending beyond Sunday are really quite remote because by all measures he's doing extremely well.

Q Would you be able to explain again what it is that you're looking at in the chest that concerned you? I wasn't sure I followed that --

DR. O'LEARY: Okay. Let me see if I can back up and be at least -- go over it a little more slowly. Along the area of the bullet track, on the chest x-ray, there was a little bit of whiteness and we expect that that will shrink down as it becomes scar tissue, but it's not quite there yet. And things like blood or damaged tissue may appear a little whiter or patchier along that line. There's this little pocket that looks like it is -- it looks clear against a sort of patchy whitish background and we want -- the purpose, really, of following that along is to make sure that it is draining out into the bronchial tubes. If we look at that again on the chest X-ray in the morning and it's the same size or smaller or gone, all of which are possibilities, then I think we can feel reasonably assured that it is draining properly and, indeed, is part of the normal resolution of this process. We've been expecting to see something like this somewhere along the line.

Q If that does not dissipate, what would that suggest to you?

DR. O'LEARY: Oh, it might not dissipate at all. I think the only concern might be was if it was getting bigger and I personally doubt that it will get bigger. Because if it were going to get bigger, you might see a fluid level in it. There's no fluid in it at all. It's just a little circle. If it was getting bigger at all, then we'd probably want to keep him in a little bit longer to assure that it eventually communicated into the bronchial tree and got out. But there is no evidence of fluid in it and it looks like it's just part of the normal resolution of the bullet track injury.

Q So, you're talking about a potential blood clot situation?

DR. O'LEARY: No, no. Not a blood clot. When we talk about blood clot problems and situations, we're talking about blood clotting in the circulation, within the blood circulation. This is old blood in the tissue of the lung itself, very different.

Q Was the word "leucent"?

DR. O'LEARY: Yes, radiolucent. Transparent. It appears darker on the X-ray against a whitish background.

Q Dr. O'Leary, I met with Dr. McGurdy over at the Washington Red Cross. We had a nice talk the day after the bullet shootings, etc., and he talked about -- I was very much interested in the breathing area because of the lung. And he talked about the fact that sometimes the railroad cars cannot go around and can't take in the oxygen. Do you think that the President coming out will allow him to go outside to get the fresh air?

DR. O'LEARY: No, I think that's one of the really positive aspects of getting him home. He's in a decent hospital room, but it's not home and I think particularly his access to the outdoors and the fresh air is very limited in that kind of setting. So, we're really looking forward to him being able to sit outside and get a little bit of fresh air.

Q That particular oxygen will be much better than somebody being --

DR. O'LEARY: Oh, I think the oxygen is about average, but the freshness of it -- if it's no more than just a psychological effect, it's very important.

Q When he gets back to the White House, what regular medical attention will he receive for the first several days? How will it go?

DR. O'LEARY: I can't give you precise information on that, but he's not going to require a lot of medical attention. He's really not requiring a lot of medical and nursing attention right now. The post-operative recuperation from this is really a progression as he requires less and less in the way of medication, less and less in the way of chest therapy, oxygen, nursing care and what have you. So, by the time he gets here, I would think he'll probably have his temperature checked a couple times a day and maybe his pulse and blood pressure, which of course have been totally normal all along. It might be reasonable to follow his chest X-rays every other day or two or three times a week just to follow the progression of the healing process. But this is -- he's not going to require any intensive care. I'm sure that Dr. Ruge will probably examine him, listen to his chest as would be reasonable and I think it's quite possible that Dr. Aaron will be down to the White House to see him as well.

Q What about therapy?

Q Is he on any medication now and will he be when he gets back?

DR. O'LEARY: The only medication that he's on at the present time is the penicillin which was started just last Sunday. That course of treatment should be completed as intravenous therapy around mid-day on Sunday. That is not a constraint relative to his discharge because that can be managed here. He has what we call a "Heparin lock". It's a needle in a vein with a little tube coming off it and it has some anti-coagulant blood thinner in it to keep it from clotting so you can just inject a medication through it if you need to do that. That course of therapy will end on Sunday and then he will probably be continued on oral penicillin for perhaps another 10 days, which would be a normal course.

Q Could you give us some idea of the amount of weight loss that he's had and how soon you expect him to gain it back?

DR. O'LEARY: I can't -- I don't know the precise amount of weight loss, but most people who undergo chest surgery, just plain chest surgery, you would expect to lose somewhere in the range of eight to ten percent of their body weight. He is nowhere near that. My general estimate would be that he has lost maybe half that much.

Q How long does the President stand? How long does it take for him to get tired? How much work does he have to do before he gets tired?

DR. O'LEARY: Well, there's work and there's work. There's physical work and there is mental work and interacting with people. He probably puts in the equivalent of at least a couple of hours a day and that's really kind of excluding his visitors. I always found visitors to be work as well. And I think his stamina will progressively increase, just as it would for anyone. I think we still have to review -- his progress has really been highly satisfactory and probably better than most.

Q What kind of work schedule should he follow at the White House?

DR. O'LEARY: Well, of course, that determination will be primarily made by Dr. Ruge, but I think you could probably look at a progressive schedule over the next couple of weeks. He might put in a couple of hours in the morning and the afternoon, not in the Oval Office, for a few days or a week. Probably he'll be working in the Oval Office by the week after next for maybe a half day, maybe a little bit more, all depending upon how rapidly he comes along.

Q What kind of special medical facilities will have to be provided for his care?

DR. O'LEARY: I'm not totally familiar with the White House facilities. There are ample numbers of qualified professional people to provide care for him. And I understand there are X-ray facilities here and that's about all he would need.

Q Nothing for an emergency?

DR. O'LEARY: Oh, I think -- I don't -- I can't speak with any factual knowledge. I would be very surprised if the White House were not properly equipped for an emergency.

Q Dr. O'Leary, is there any evidence of any infection?

DR. O'LEARY: Well, you know, that's been kind of our puzzlement through this whole period. We have not found any evidence of infection. Our cultures, both for the air-dependent and the non-air-dependent bacteria are negative, have been from the beginning. We see no bacteria on any of our specimen smears. It's a little perplexing, in a sense, if we're dealing with infection. But that does not totally exclude the possibility of infection, and indeed he was treated as if he might well have infection. Those antibiotics were given on a "we mean it" basis.

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Q Well, the current program of pencillin then is purely precautionary?

DR. O'LEARY: Yes, I think you have to put in the category of precautionary just as following these X-rays out is precautionary. I put that in the category more of treating the doctor than treating the patient. The patient feels fine but the doctors need reassurance.

Q Why did you say it was puzzling, though? Do most people who have this kind of operation have some level of --

DR. O'LEARY: Many people who have this kind of operation and, maybe more particularly, this kind of injury, are quite susceptible to infection. There are a variety of organisms that normally inhabit the lung which, if you will, can set up shop under -- relatively easily under these circumstances.

This is particularly true of the anaerobic bacteria, those that are non-oxygen-dependent. And as it turns out those are the ones that are a little bit harder to grow in culture. And you just may not be able to get them out although they may well be there.

We're not going to, I think, ever have an answer as to whether the fever was related to the old blood and damaged tissue in the lung or whether it was infection. As you know, the pay-off is on the outcome anyway.

Q Dr. O'Leary, will there be any restriction on the President's physical activity? For example, is he going to be advised to stay off his feet, get x amount of hours sleep, that sort of thing?

DR. O'LEARY: Well, I think that, by and large, common sense will prevail. All the people I know who are involved in his care have common sense and he certainly does. He's going to need a full 8 hours sleep per night and he may wish to nap during the day or in the afternoon or what have you and I think that's fine, too. I think his -- you're going to see his physical activity progress.

Q It won't change then. (Laughter.)

DR. O'LEARY: I watched him walking in the hall this morning. He moves along right briskly.

Q The diet, is it the hospital's choice or is it his choice?

DR. O'LEARY: Well, it's actually been a mix.

Q More specifically, the macaroni for dinner last night and granola for breakfast this morning?

DR. O'LEARY: Well, I guess we'll have to split that responsibility 50-50. His -- at the current time, his evening meals have been coming from the White House so they can take the macaroni. And his breakfast and lunch have been provided by the hospital. So, we'll take the granola.

Q Dr. O'Leary, when you're getting in diet and how about the metabolism and the thyroid? You mentioned in your remarks that the weight did not go down. Is there any problem there or in the metabolism in the thyroid?

DR. O'LEARY: No, I wouldn't draw that parallel at all. What I think, personally, is that he is in very good physical shape. I mean, he slings around fence posts and chops wood. He doesn't have a lot of body -- soft body fat around. And that's the kind of material that you would tend to lose. And the one place where that may show is really around his face and to some people he may, I heard the comment made that he looks drawn, well, I don't think he looks drawn. I think he looks like somebody who's lost some weight around his face.

Q Dr. O'Leary, if the President -- sometime next week, or let's say within a week of coming back to the White House, wanted to make a national broadcast on radio and TV, could there be any reason why he would be physically limited and not be able to do that?

DR. O'LEARY: I think, within reason, I think that he could handle that. That does require a certain amount of physical energy too, as you know. I think he could be capable of a brief broadcast, of ten minutes or something like that.

Q Within a week of --

DR. O'LEARY: Yes, I think that that is clinically feasible. But he may or may not want to do that depending upon what he needs to say.

Q What actually happens now in this recuperative period? Is there a development of a scar tissue over the incisions and, I mean, is that what's actually taking place with the healing?

DR. O'LEARY: Yes, that's -- nature is doing it's job and the scar tissue, if you've ever followed just a cut that you've had on your arm, you start with a cut, and then you get a crust all over it and then that falls off and you have a scar and that shrinks over even a period of months. And that's not terribly dissimilar from what's going on inside his lung.

Q If this white patch grows larger, what would that indicate?

DR. O'LEARY: If it were to grow larger, I think the people would -- all of us would be very surprised if we didn't see a fluid level in and it would mean it was just not communicating adequately with the bronchial tubes. And I think -- I don't know that anyone would take any further definitive measures. But you'd want to follow it along until you had some assurance that it will drain to the bronchial tubes. It will do that eventually if that were to develop. Again, that's in a speculative area and I looked at the chest zones, myself, this morning and I will be amazed if that kind of problem develops. But we don't presume outcomes. We deal with them when we have them.

Q Have you any word on Jim Brady, his prognosis?

Q Tell us about that button you're wearing.

DR. O'LEARY: Those are both Brady questions. Jim Brady's doing fine again this morning. I think at this juncture, we all ought to keep our expectations at a reasonable level. His progress from here on out is going to be slower and it's -- we're talking now weeks, months, of recuperation and a lot of hard work for Jim Brady to regain as much function as possible. We feel very optimistic about his mental state, about the return of his personality. He may not be precisely the way he was before and, undoubtedly there will be some subtle changes. But they may be

so subtle that even the people who are very close to him are going to have trouble identifying those.

Q Dr. O'Leary, will you be keeping him in George Washington or will he go to some other area now for --

DR. O'LEARY: Well, I think that's a judgement to be made by his physician and by his family. Our general estimate is that he will probably require another two to four weeks of acute care-level hospitalization after which he'll become a candidate for a rehabilitation program. The most likely candidate program in the city is George Washington. And I think there's a reasonable likelihood that he would remain there for that -- a large portion of which would be on an in-patient basis and then the balance could be on an out-patient basis. But, it's quite possible that -- there are other very good rehabilitation institutes around the country.

Q Has his family asked for second opinions? Have you had second opinions on his condition? Have you had field neurologists --

DR. O'LEARY: There's been no such request. I think -- my information is the family is quite satisfied with his care and his progress. And it is really too early to get into the rehabilitation program, per se. He's just now getting started in physical therapy and occupational therapy. This is a long process.

Q Then when you're talking about returning to work, you're really talking about months or years or what?

DR. O'LEARY: I would say many months and probably, not necessarily, certainly, but probably a year. That's where I would set my expectations and if he does very, very well and at six months -- well, I'd think that's great. But, I think Jim Brady, the person you all have known, will almost certainly be back. He is going to have some motor impairment. We don't know how much. I think it is probably a reasonable expectation, and I really want to hedge this, that he will be able to walk with a cane. He might do better than that. But he might not do as well as that and we just don't know. It's just far too early.

Q Yes, I'd like to ask about his sense of taste and smell. Is that -- do you know if that's been impaired?

DR. O'LEARY: Well, he's not really to the point where we can get down to fairly sophisticated neurologic testing nor would it even be quite appropriate yet. There is some indication that he may have lost part of his smelling capability, not necessarily all of it, though. Smell does bear upon taste capabilities but there are also separate taste capabilities. And taste assessment is quite tricky. It will be

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quite some time before you can get a full evaluation of that.

Q How is his speech?

DR. O'LEARY: His speech is pretty good. I haven't talked with him that much and there are others who have. His speech is not really slurred. It's pretty normal. I think his speech is going to probably be fine.

Q How does the thought process work at this stage? Does he speak in simple sentences, even though the speech is not slurred? Does he speak very slowly? Give us some description of that.

DR. O'LEARY: Well, I have some reluctance since I've not had a lot of close personal experience in observing him. But he speaks in sentences. I wouldn't say he speaks very slowly. He may not be totally as crisp as he usually is and he probably doesn't say as much in terms of volume of words or sequential sentences as he will. We are only 11 days from a very near fatal injury. His survival is extraordinary and his recovery is remarkable.

Q What medication is he on?

DR. O'LEARY: He is on an anti-seizure medication, which is precautionary, but he would probably be continued on that for at least a year and that's sound management. He is currently off of his antibiotics and his temperature is staying down. That's a nice, positive reassuring sign for us. And I believe he is still receiving what we call "corticosteroids" to assure that we don't run into any problem with any swelling of the right side of the brain, although we are significantly beyond the time where that's very serious concern.

Those are his basic medications.

Q Is he in a great deal of pain? If he is, what is he taking for that?

DR. O'LEARY: I should know more precisely about that. I don't have the sense that he's in much pain. I don't know whether he's requiring any pain medication. My guess, but I really have to emphasize it's a guess, is that that's not really been an issue at all.

Q Is the President going to see him?

DR. O'LEARY: I don't know the answer to that question. Obviously, we're most anxious to get the President well and out of the hospital. I think if he wanted, if he felt very strongly about going to see Mr. Brady, that that would be arranged like anything else.

Q Doctor, how long will the coughing therapy have to be?

DR. O'LEARY: Well, I guess you'd have to say in a sense that the President has taken over his own cough therapy. He coughs to bring up whatever secretions are there whenever it's necessary. He still has a good healthy cough and we expect him to have a good healthy cough, but that's going to get less and less over time.

When we refer to cough therapy, we're really referring to that as a component of chest physical therapy and the chest physical therapy has been discontinued for more than 24 hours now.

Q Has the President said anything lately in terms of his own illness or what happened to him, in terms of your conversations with him?

DR. O'LEARY: No, we just had a very light, friendly conversation this morning, nothing of any great substance to relate. I think, perhaps, others could give you more precise information.

Q A joke, perhaps?

DR. O'LEARY: What?

Q A joke, perhaps?

DR. O'LEARY: I don't have any jokes for you. I might pass on to you that some of the nurses have commented that he seems to be conversing more about issues of concern --

Q Trying to convert them?

DR. O'LEARY: (Laughter) That's entirely possible, but he is -- I mean, this is all kind of part of his progression. He is a patient that literally is just about ready to go home from the hospital and more fully take on his duties.

Q Was he told that the House did not pass part of his economic package? Has he been given that information?

DR. O'LEARY: Well, I don't know who has told him what, but he's got a television set going right in front of his bed. I bet he knows.

Q Did he watch the whole -- from the start of the preparations for the lift-off until the cancellation?

DR. O'LEARY: I don't know precisely what time he got up this morning, but I think that he was probably tuned in fairly early. He was awake by the time I got there around 7:00 o'clock, so he saw most of it, I presume.

Q Dr. O'Leary, how painful is the chest therapy that the President is going through and does it take a lot of his breath away after he does --

DR. O'LEARY: Well, the chest therapy is an important element of the management of the kind of problem that the President had. It's not the most comfortable thing in the world and I'm sure if you asked him or any other patient that's been through this, they'd say they'd rather not. But he has really tolerated it very well. I'm sure he's glad he's to the point now that he doesn't have to have the people thumping on his chest and that he can manage himself, if you will, just by doing his own coughing.

Q Progress report on your wife?

DR. O'LEARY: Progress report on my wife? Eleven days and counting. (Laughter.)

THE PRESS: Thank you very much.

END

11:30 A.M. EST

THE WHITE HOUSE

Office of the Press Secretary

PRESS BRIEFING
BY LARRY SPEAKES

Saturday, April 11, 1981

The Briefing Room

11:15 A.M. EST

MR. SPEAKES: Good morning. We are passing out three pieces of paper. The first one you have is the as delivered from the hospital on departure. The second item is a statement by the President which he requested this morning be prepared and which he approved, an expression of appreciation to the George Washington University Hospital staff. And the third thing is the pool report from the hospital and motorcade.

I wanted to cover mainly here this morning to give you a fill of what you may not have seen as the President left the hospital, beginning at --

Q He approved this statement?

MR. SPEAKES: He did approve it, uh-huh.

Q Approve which statement?

Q But he didn't deliver it, Larry?

MR. SPEAKES: No, he did not. It was his --

Q Quiet in the back.

Q Television animals.

MR. SPEAKES: Let the record show --

Tom, can you hear?

Q Yes.

MR. SPEAKES: Okay. At 7:30 this morning Mike Deaver went to the hospital. The President was up and walking briskly, as Mike describes it. Mike says he looked tremendous. At 7:45 the President was told by his doctors that he could go home today. The quote is, from the President, "I've already made up my mind on that."

Q Oh? He said he'd already decided that.

MR. SPEAKES: That's right.

Q Now which is it?

MR. SPEAKES: "I've already made up my mind on that," is the way it was relayed to me by Mike Deaver. Do we have a debate on that?

Q Well, in the pool report by Mr. Weisman he gives a different quote.

Q From Deaver.

MR. SPEAKES: I see.

Q From Deaver.

MR. SPEAKES: Well, we'll proceed. The breakfast was eggs, orange juice, and decaffeinated coffee. The President said, and I'm not sure this is in the pool report, "Food is starting to taste better." He said, "Since that macaroni and cheese it's all been uphill."

Q That was supplied by the White House, that macaroni and cheese, wasn't it?

MR. SPEAKES: It was supplied by the White House at the President's request. He was complimenting the macaroni and cheese. He said, "They tried to cook fancy food but I asked for macaroni and cheese."

Q Who tried to?

MR. SPEAKES: I think to some suggestions for his menu he said he preferred macaroni and cheese.

Q He said, "Since that macaroni and cheese it's all been uphill"?

MR. SPEAKES: Uh-huh.

Q When did he have that?

MR. SPEAKES: What day was it, Thursday night?

Q I wish you'd go on.

MR. SPEAKES: I'm trying to. (Laughter.)

Q Does it go uphill from here?

MR. SPEAKES: Well, you know, these moments of history here -- (laughter) -- okay, at 9:00 o'clock -- I will proceed at a brisk pace unless otherwise instructed.

Q I've asked for a lot of color and I'm very interested in it.

MR. SPEAKES: Okay. 9:00 o'clock Ed Meese and Jim Baker were there to visit with the President. At 10:30 he came out of his room and spoke to the nurses and doctors in the hallway on his floor. His quote was, "I walked in here. I'm going to walk out."

Q Into the rain.

MR. SPEAKES: In the lobby, as he came down the elevator, he spoke to the hospital staff that were assembled in the lobby area, probably about 40 of them. He expressed thanks for their medical care and he said, "I know I arrived here rather unexpectedly and I apologize for the disruption."

Q Is that a quote?

MR. SPEAKES: Yes, uh-huh. He got into the limousine -- oh, I've added something here that backs up to the floor. The first person he saw when he came out of the room this morning was Sarah Brady.

Q Out of his own room?

MR. SPEAKES: Yes, uh-huh. That is when he prepared to leave the hospital, not early this morning.

Q About 10:30?

MR. SPEAKES: Yes. They had a short conversation and they hugged each other.

Q Was that by accident or design?

MR. SPEAKES: I think Sarah went up to see the President.

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Q Accident?

MR. SPEAKES: No, not an accident.

Q He has not yet spoken to Brady himself?

MR. SPEAKES: He has not yet spoken to Brady. Perhaps there will be a phone call this weekend or the first part of the week. We'll let you know on that.

Q Will he go to the hospital to visit Jim when Jim is capable of seeing --

MR. SPEAKES: We just haven't even discussed that. That takes him into the limousine and here to the South Grounds which you saw. He went inside and Karna was inside and got these quotes. When he first walked in, he said, "This looks like a nice place," smiled broadly. He was greeted by Mr. and Mrs. Ed Meese, the Attorney General William French Smith and his family and Jim Baker and his daughter Mary Bonner, age 3-1/2. The President went over and gave Mary Bonner a kiss.

Q Mary Bonner Baker?

MR. SPEAKES: Mary Bonner Baker, uh-huh.

Q Baker's daughter?

MR. SPEAKES: Yes.

Q 3-1/2?

Q This was inside the South Grounds?

MR. SPEAKES: That was in the Diplomatic Reception Room on the ground floor, just inside the door. As far as the remainder of the day --

Q Excuse me. Did have to bend down to give this 3-1/2-year-old a kiss?

MR. SPEAKES: No, she was --

MS. SMALL: Baker was holding her and he went over and he gave her a kiss and exchanged pleasantries.

MR. SPEAKES: Today Mrs. Reagan and Patti will be upstairs with the President. There are no other visitors planned on Saturday and Sunday. Karna has also assembled some material here on the upstairs, the Solarium, and I think I may have discussed this with some of you earlier and not been quite sure. The Solarium is on the third floor. It is separate from the family living area, which is on the second floor. It has a fresh coat of beige paint, which is part of the refurbishing that's going on up there, a new beige rug, and some tulips in boxes on the roof. It's described as very pleasant and restful.

Q Is there a desk there?

MR. SPEAKES: Down on the second floor is where his study is, adjacent to the bedroom, and that's where he plans to spend his time --

Q Is his study next to his room?

MR. SPEAKES: To his bedroom on the second floor. So we actually have the living quarters, the bedrooms and the study and the living room area on the second floor and this Solarium is up on top.

Q Does the elevator go up to the third floor or would he have to walk?

MR. SPEAKES: I'll have to check that. See if that elevator goes up. I presume it does.

Q Larry, could I just go back? Was he wheeled out and walked out because in most hospitals, the rule is that you must be wheeled to the front door and then you can stand up?

MR. SPEAKES: I think the wheelchair rule ended at the elevator when he started down and --

Q In other words, he was wheeled to the elevator?

MR. SPEAKES: Yes, according to hospital rules.

Q What floor was he on, now that it's all over?

MR. SPEAKES: I don't know.

Q Third.

MR. SPEAKES: Third, okay.

Q Did he go to -- who signed him out in terms of paying the bill and making the arrangements --

MR. SPEAKES: I am told that he did not get any special treatment. We haven't received the bill yet. It's due the first part of the week.

Q What's he going to be doing in the Solarium?

MR. SPEAKES: I think resting.

Q All of this weekend and then go down to the second floor --

MR. SPEAKES: He'll go downstairs to sleep.

Q What you're saying, Larry, if he wants to work, he'll probably go in the study on the second floor?

MR. SPEAKES: I would -- and I'm guessing here, but I'll presume he'll sleep in his own bedroom and he'll work in the study adjacent to it and sit in the living room and spend a good bit of time on the third floor in the Solarium.

Q What else is in the Solarium besides these tulips?

Q Goldfish.

Q Hi-fi, glass tables--

MS. SMALL: The tulips are outside the windows. It just makes it look pretty to look out and see the tulips.

Q This morning when the doctors made the determination

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at 7:45 that he could leave, was that on the basis of X-rays taken this morning?

MR. SPEAKES: Yes.

Q They were taken, Larry?

Q When were those taken, Larry?

MR. SPEAKES: I don't know the time. I can check with O'Leary.

MR. O'LEARY: I don't know either. (Laughter.)

Q Larry, is there any work that he has to -- that needs his attention this weekend that he must do?

MR. SPEAKES: I don't think so, unless something comes up unexpectedly. He's fairly well acted on everything for the week.

Q Are we to assume or can you confirm that the spot O'Leary talked about yesterday sitting on his lung has reduced in size or is the same?

MR. SPEAKES: He didn't give me a size on it. He said -- let me see

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what, let's see what I did with these quotes. I believe I left them upstairs. But he said that it looked sufficiently improved that they were very confident in letting him go home.

Q You're not making this up, are you?

MR. SPEAKES: No.

Q Larry?

MR. SPEAKES: Yes.

Q What's his work day going to be like for the first few days next week?

MR. SPEAKES: It will be a day by day thing. We will -- I would suppose, and we haven't made any decisions, it will be very similar to what you've seen in the hospital with a gradually increasing schedule.

Q Do you have any photos done inside the hospital or inside the White House?

MR. SPEAKES: Right now we are looking at the possibility of some White House photos as visitors come and go next week.

Q **What** about today's activities?

MR. SPEAKES: We're going to take a look at what Evans made and see if there's anything that would be helpful. The only thing Evans got was the lobby departure and a couple of shots inside in the Diplomatic Reception Room.

Q Larry, what are the plans for his medical care from now on?

MR. SPEAKES: Well, Dr. Ruge will see him every day. Dr. Aaron, I guess, may come from time to time. I don't know what the schedule's going to be on that. And that's about the size of it.

Q Who will be the medical spokesman now that he's out of the hospital and presumably O'Leary is not to be the spokesman. Will it be Dr. Ruge or will Dr. Aaron come speak to us?

MR. SPEAKES: I would presume it will be me, as bad as that may be. I will talk to Ruge every day. If there is a need for medical detail, we will certainly have Ruge or O'Leary or Aaron or whoever you desire.

Q Larry, does the President intend to catch up on any of his work today?

MR. SPEAKES: I don't know. You see his quote there that his first order of business is "to sit down," and it just depends -- his desires.

Q Does that reflect discomfort or pain he experiences when he walks?

MR. SPEAKES: Mike described it to us yesterday that it was a stiffness. So, we didn't ask the question today.

Q Were either Dr. O'Leary or Dr. Aaron in the lobby or in the corridor when he left?

MR. SPEAKES: I didn't see them. They could have been upstairs, but I didn't see them.

Q Did Ruge come back with him in the motorcade?

MR. SPEAKES: Yes.

Q Second car or the --

MR. SPEAKES: First car.

Q Larry, could you describe for us the new security arrangements that seem to be in effect today?

MR. SPEAKES: No, we just don't discuss security.

Q Are there new arrangements?

MR. SPEAKES: You saw what I saw.

Q What did you see?

Q What did we see?

MR. SPEAKES: Well, you saw a motorcade and you saw
Secret --

Q I saw a lot of White House Staff in front of the press. Are they going to become the new human shield? (Laughter.)

Q Better than us, Helen. (Laughter.)

MR. SPEAKES: I hope not. We've lost one volunteer. Other than that, what's your desire about the afternoon? We could keep open here 'til 3:00 or so and --

Q That would be good.

MR. SPEAKES:-- I don't anticipate having a single thing other than whether we might release these photos.

Q What if he wants to see us? (Laughter.)

MR. SPEAKES: We will summon you. I will come to you personally, Sam.

Q I've got plans, never mind.

Q Will he watch the space shuttle ceremony?

MR. SPEAKES: I don't know.

Q Larry, will the President have to take any breathing exercises or anything, any kind of rehabilitation program?

MR. SPEAKES: I don't think so. What did O'Leary say yesterday?

Q O'Leary said that he could go out whenever he has --

Q O'Leary said he should continue to breathe.
(Laughter.)

Q Larry, do you think we could get an update in a couple of hours of how he settled in, and where he went, and what he did?

MR. SPEAKES: I don't think we'll have a whole lot because nobody's up there but family.

THE PRESS: Thank you.

END

11:30 P.M. EST

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

April 2, 1981

PRESS BRIEFING
BY LARRY SPEAKES

The Briefing Room

(12:03 P.M. EST)

MR. SPEAKES: The President's schedule in the hospital this afternoon includes a meeting at 12:30 with Secretary Haig, a meeting at 12:45 with Secretary Weinberger. Both of these meetings are to discuss the upcoming trips of the Secretary of State and the Secretary of Defense. The Vice President will participate in these meetings this afternoon. Mrs. Reagan is expected at the hospital shortly if she is not there at the present time. We anticipate photographs will be made of the Haig and Weinberger meetings by the White House photographer. We will release these black and white prints for those on our regular distribution list. It will be available at about 3:30 p.m. and color prints about 5:00 p.m.

Q Could you post the photographs for those who aren't on regular distribution, just put them in your glass thing? Thank you.

MR. SPEAKES: The President met with Ed Meese and Jim Baker and Mike Deaver at 7:15 this morning. They discussed his intelligence briefing material which he read. He was updated on the legislative victory on the Reconciliation Bill. Jim Baker said the President broke into a big smile when told of the 88-10 victory in the Senate.

Q Who said this, please?

MR. SPEAKES: Jim Baker. And the President's quote was, "That's tremendous." In addition, this morning the President directed that letters be prepared for his signature, for Secretary Haig, to be delivered to the various foreign leaders that the Secretary will visit while abroad.

Q How many are there?

MR. SPEAKES: I don't know how many letters there are. There are a number of countries that the Secretary's going to visit.

Q And Haig and Weinberger won't be together? Or will they be in a picture with the President?

MR. SPEAKES: I don't know whether it will be a separate picture or together. Their meetings are separate but their --

Q But you don't know whether the one picture, that will be it?

Q Larry, are those letters intended to reiterate his --

MR. SPEAKES: I don't know the content of them, Bill.

State Department can probably give you something or we may wait until they're delivered.

Q They're personal letters to heads of state?

MR. SPEAKES: I don't know that you could characterize them as that or not.

Q Are they Reagan's --

MR. SPEAKES: Yes, they are Reagan letters. There will be a signature so I guess you --

Q Could you characterize the message in them, Larry?

MR. SPEAKES: No, I could not.

Q They'll be going on special missions and specific, different countries?

MR. SPEAKES: As most of you know, at 2:00 p.m. today in Room 101 of Ross Hall at George Washington University, there will be a medical briefing for sound and cameras. It includes Dr. O'Leary and others who have participated in the treatment of the President. Yesterday evening at 9:45 p.m., Senator Strom Thurmond visited with the President very briefly.

Q The President was asleep at 9:00, wasn't he?

MR. SPEAKES: 10:00. Okay, I think we've given out most of this.

Q Who initiated this visit?

MR. SPEAKES: Strom was in the hospital or came to the hospital. I don't know.

Q Strom was in the hospital?

MR. SPEAKES: Yes, he was there.

Q I wonder if he wanted to talk about his position on gun control?

MR. SPEAKES: -- in agreement on that. Let's see, the President was awake at 7:00 a.m. and had breakfast at 8:00 a.m. We've put out the menu. The President walked in the hallway this morning at 10:30 and --

Q How far and how fast did they hit speed's corner?

Q What's his temperature?

MR. SPEAKES: Okay, we have released the Presidential appointments of Donald J. Senese to be Assistant Secretary of Education and Research and Improvement, Department of Education; Gary L. Jones to be Deputy Under Secretary for Planning and Budget, Department of Education; and Winifred Ann Pizzano to be Deputy Director of the ACTION Agency. The President has signed a letter to the Chairman of the Senate Foreign Relations Committee and the Chairman of the House Committee on Foreign Affairs which you have.

The Vice President's schedule for the afternoon you have seen. The Vice President is on the Hill at this time and is expected to deliver a statement by the President -- It's a statement by the President which we will have shortly in regard to the Senate victory yesterday.

Q May I ask a question about the schedule?

MR. SPEAKES: Yes.

Q And I'm sorry if it's been answered.

MR. SPEAKES: It's all right.

Q Out in the Rose Garden, the Vice President told the people from the Cancer Society that he was going in to the hospital at 12:30.

MR. SPEAKES: That's right. He will participate in the meetings with Haig and Weinberger which I've announced.

Q You don't know whether they'll all be in the same picture with him?

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MR. SPEAKES: Until we see the picture we won't know.

Q You mean Haig is going to deliver this in a speech or --

MR. SPEAKES: No, the Vice President.

Q I mean Bush.

MR. SPEAKES: He's going to be on the Hill and he will make a statement which we will have here and he'll make it on behalf of the President.

Q Statement where? On the floor?

MR. SPEAKES: No, it'll be after a meeting with Senator Baker and other senators. It's on the Senate victory last night on the budget resolution, the budget reconciliation.

Q Does the President think that was a sympathy vote?

MR. SPEAKES: I haven't heard him express it but I wouldn't characterize it that way.

Q Has his temperature gone down now?

MR. SPEAKES: It was on the merits of the legislation.

Q Has his temperature gone down?

MR. SPEAKES: We have had no change from the medical statement as we issued it earlier. It's moderate, I think they described it, and that's the way we'll describe it.

Q This is a different question than those asked in the O'Leary briefing yesterday. In the original picture we got of the President entering the hospital as cheery and cracking jokes and very much in control as opposed to the Marlene Cimons story in the Los Angeles Times today, which quotes a nurse as saying he was scared. The nurse had to hold his hand. That the President was bewildered and disoriented. Why were the Reagan staffers who were at the hospital putting out these happy-go-lucky joking stories when indeed the President was apparently very frightened at his circumstance and bewildered by what had happened?

MR. SPEAKES: Walt, I was there and the statements that we put out were accurate, as I saw them. That's the best I can say.

Q Is it possible maybe they're inaccurate, though, by virtue of the fact that things transpired which you didn't see and perhaps the White House put out a distorted story of the President's attitude and condition at the time?

MR. SPEAKES: In my opinion the White House did not put out a distorted story. As to what a nurse saw, I can't comment on that. I think Dr. Ruge commented on what a doctor saw yesterday and how people could get differing opinions. I saw the President as he left the emergency room en route to the operating room and I'm here to testify that what we said was very accurate.

Q What about, as long as you're talking about accuracy --

MR. SPEAKES: Let me clear up something right here. The statement the Vice President's going to make is his own but he will discuss -- express the President's appreciation.

Q As long as we're talking about accuracy, I was wondering, Mr. Baker held a briefing the other day in which he indicated that there was no confrontation at all between Weinberger -- or no substantial competition between Weinberger and Haig. And yet there's a story in the New York Times today with what appear to be some pretty good quotes that suggest that the confrontation between Weinberger and Haig was much more tense than had previously been reported. Can you help us out on that?

MR. SPEAKES: Well, Mr. Gergen, I think, made comments in that interview, that I think directly play on this matter. Mr. Gergen was there.

Q Were you there during that?

MR. SPEAKES: I was there, uh-huh.

Q Can you confirm those quotes?

MR. SPEAKES: I confirm the Gergen version of them. I'm not going to discuss the quotes.

Q Weinberger called Haig "buddy"?

MR. SPEAKES: I'm just not going to discuss it.

Q You mean you were there? What was the sequence of events? You were briefing here and then Secretary Haig came up and briefed and then he went back, but then you were there at that point. And that is the point at which whatever happened occurred, whatever discussion occurred?

MR. SPEAKES: Sam, I think we've beat this horse for several days here. I just think it's time to move on.

Q It's an old bag of bones.

Q That's for us to decide.

MR. SPEAKES: Okay, we'll beat the horse.

Q Wait a moment. He hasn't answered my question yet.

Q You're in a position to say whether these are right or wrong.

Q He didn't answer my question, which was was that the point at which the discussion occurred? Now I'll be quiet.

MR. SPEAKES: Jim Baker and David have discussed that in quite a lot of detail and I'm just not going to discuss it any further.

Q But, Larry, there're some very serious inconsistencies here in a lot of aspects of this story and particularly in the Haig story. Yesterday or two days ago I asked you about the very same question which Mr. Weinberger apparently asked, namely, under whose authority did Haig announce he's in charge? That question's never been answered.

MR. SPEAKES: Jim Baker answered it.

Q But I think it's still confused, because as I read this Times story --

MR. SPEAKES: Read the transcript, Walt; not the Times story.

Q In the transcript he does.

Q Constitutionally does he explain it?

Q He goes into that whole discussion.

Q No, he wasn't talking about the Constitution.

Q In the transcript he says that General Haig suggested this arrangement and he acceded to it.

Q Sam, what's your opinion on all this?

Q Well, Mr. Weinberger was confused about who was in charge, very clearly. Because Weinberger said he was told he was in charge. Haig comes out and announces this.

MR. SPEAKES: Well, quoting from the New York Times, and I'm quoting to you what Jim Baker and David said.

Q It's obviously in your interest to play down any fractious disputes here and I'm not all that convinced by what you folks are putting out, because sources who don't want to be named are putting out stories which --

MR. SPEAKES: The sources who do want to be named are talking on the record. Let me throw something in here on the Secretary Haig letters, the presidential letters that Secretary Haig is carrying. They are to the leaders of four Mideast countries which the Secretary's visiting, Egypt, Israel, Saudi Arabia, and Jordan.

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Q What about the inconsistency where Haig came up and told us there was no increased military readiness when DOD had already increased readiness? Do you people have a credibility problem there?

MR. SPEAKES: No, I don't think we have a credibility problem. I don't know that it was increased. I haven't seen an announcement of that.

Q Has the President had a setback in his health?

MR. SPEAKES: Helen, I wouldn't describe it that way. I've talked both to Dr. Ruge and Dr. O'Leary this morning.

Q The temperature rise, is that worrisome?

MR. SPEAKES: Well, as they say, quite normal.

Q What is the temperature?

Q When do they expect it to come down and are they doing anything to bring it down?

MR. SPEAKES: Let's see. I think in the statement they say -- they don't address that in the statement.

Q Yes, they do. They say, "oxygen increased and temperature up, oxygen increased."

Q Is his temperature over 100?

MR. SPEAKES: I just don't want to discuss it, Gary --

Q Why can't you tell us what it is, Larry?

Q Here it is, Larry.

MR. SPEAKES: Because the doctor decided to phrase it in these terms and that's --

Q Why? I mean this is a simple fact.

Q Is he afraid to tell us?

Q Dr. O'Leary is telling us what his temperature is.

Q Is it 104?

MR. SPEAKES: I'm not going to pick a figure out of the air.

Q What is it, Jerry?

Q I'm not doing this briefing.

Q It's a fair question, Larry. Why **can't** we get an answer to that.

MR. SPEAKES: The doctor explicitly wanted to express it this way and --

Q Well, that indicates that they might be hiding something and we're concerned about that.

Q Larry, the American people consider a temperature, they usually get the degree. We don't go by moderate or something like that.

Q Is it not possible and have the doctors talked about this --

MR. SPEAKES: They're going to talk about it at 2:00.

Q This is just a general question, sir. Is it not possible that the President is having too much company? That will elevate his temperature.

MR. SPEAKES: I'm not going to tell Strom to stay away.

Q That's happening to me right now.

Q What about when he sees Haig? (Laughter.)

Q Larry, do you know right now what the President's temperature is?

MR. SPEAKES: I do not.

Q Larry, if I may, one of the worst concerns after an operation is the possibility of infection and when a temperature rises that's usually the first thing they look for. Can you tell us whether the President is suffering any after-surgery infections?

MR. SPEAKES: No, I can't make any other statement other than what the doctors have said. This is the way they wanted to put it and that's simply it.

Q Larry, did the President receive a letter from this boy's father -- Hinckley's father?

MR. SPEAKES: I'm not aware of it. I don't know. I can ask that question.

Q Would you check and see, please?

MR. SPEAKES: Sure.

Q From Hinckley?

Q Hinckley's father.

Q The President has walked down the hall. Has he done so unaided?

MR. SPEAKES: I think he's had nurses by his side, but I'm not sure whether they're holding him or not.

Q If he walks with tubes in his chest, he's got to be carrying one of those little equipment-functioning things on wheels along beside him, right?

MS. SMALL: The nurse carries it and walks with him.

Q Does he have any tubes in him?

MR. SPEAKES: I think the tubes are still in.

Q Will the picture be taken with the tubes?

MR. SPEAKES: I don't know.

Q What about Poland? (Laughter.) Well, I mean --

Q It seems a reasonable question to me actually.

Q Well, I was asking it last Monday and it never got answered.

MR. SPEAKES: Okay. Well, the situation in Poland -- has been reported military activities continuing at a high level.

Q Whose military activities?

MR. SPEAKES: The Soviet military activities, the Warsaw Pact.

Q We're not talking about -- Well, I do want to make the distinction. Are these military forces within Poland already?

MR. ALLIN: The same maneuvers that have been going on.

Q Warsaw Pact?

Q What about increased Soviet preparations outside the border of Poland?

MR. SPEAKES: There has been some intensification of these things.

Q There seems to be divided opinion.

Q What does that mean? "Intensification" of what? What does that mean?

Q Of what things, Larry, please?

MR. SPEAKES: The Soviets remain in a position to intervene very promptly, but we have no evidence that they've decided to do so.

Q Well, you said there had been some intensification. Are you simply repeating the statements that Secretary Weinberger made yesterday or are you suggesting that between that time and this time there has been a further intensification.

MR. SPEAKES: No, I'm not suggesting an escalation. Our position is we'll watch it closely and we remain concerned about it.

Q You said the President would be talking with Weinberger and Haig about their trips. Will they also be discussing the Poland situation as well?

MR. SPEAKES: Well, I'm certain it could come up, but the President has been briefed on all matters of national security this morning and he may raise it or he may not. This is not a meeting that has a specific agenda other than the trips of the Secretaries.

Q If the situation worsens in Poland to such a degree that they have either intervened or it looks very serious, would they call back Secretary Haig from his Mideast trip?

MR. SPEAKES: Well, that's so hypothetical at this time, I wouldn't want to address it.

Q What is the purpose of the letters that Reagan is sending with Haig?

MR. SPEAKES: What would you say, Mort?

MR. ALLIN: An expression from the President to leaders of those countries and he wanted to take this opportunity with the Secretary of State going there, a personal visit, to communicate his views directly to them. I wouldn't call them "courtesy".

Q How would you characterize them?

MR. ALLIN: I just don't want to characterize them. I'll see what we can find out.

Q Is it normal procedure for a Secretary of State to carry such letters?

Q How about Weinberger? He's going to NATO, is it?

MR. SPEAKES: He's going to a NATO meeting.

Q When?

MR. SPEAKES: Tonight.

Q Who, Weinberger?

MR. SPEAKES: Yes. It's a regular meeting.

Q Where does the line of authority go?

Q You knew the question.

MR. SPEAKES: He's leaving this evening to attend a meeting of the Nuclear Planning Group of NATO and there are ministers of defense from various NATO countries.

Q Where is that meeting?

MR. SPEAKES: Let's see, I think the meeting is in --

Q It's in London.

MR. SPEAKES: -- is it in London? Okay.

Q Are you trying to convey some heightened concern about Poland in your statement or is this simply in response to a question? Did you plan to sort of -- I mean I don't get the context in which we're getting this.

MR. SPEAKES: Your middle thing. It was in response to a question.

Q There isn't some new thing that has happened?

Q Nothing new since what Secretary Weinberger said yesterday, is that correct?

MR. SPEAKES: That's correct, uh-huh.

Q They're giving a consistent answer.

Q There's still something new. Didn't you say they were still piling up forces?

MR. SPEAKES: It remains at virtually the same level as the Secretary discussed it.

Q Could I go back to the Poland thing, please? I'm a little confused when you say that the Soviets, that there's been some intensification of military activities around Poland's borders, and yet in the same breath you say there is no intention, no indication the Soviets intend to intervene. Wouldn't that intensification of activities around Poland's borders seem to suggest that indeed that might happen?

MR. SPEAKES: No. They remain in a position to but we don't --

Q When they intensify their activities, doesn't that suggest that something may be about to happen, Larry?

MR. SPEAKES: Well, there's no evidence that we have that indicates that.

Q When were these maneuvers supposed to end?

MR. SPEAKES: Some time ago, as we understood it.

MR. ALLIN: Last week we announced that.

Q I couldn't remember the day.

Q Larry, you've been named Acting Press Secretary?

MR. SPEAKES: Well, the Acting Press Secretary business is, first of all, our concern is for Jim and hopefully that he'll be back with us at an early date. It's simply a situation that evolved as a deputy and that Karna and I will step in and do what's necessary here and we're operating on a day-to-day basis.

Q Are you Acting Secretary?

MR. SPEAKES: Well, there's no such title. I'm the deputy and I will assume the role as the spokesman and Karna and I will work together.

Q It is clear that even if Jim returns soon, "soon" does not mean in the next few weeks. So is this the type of arrangement that you're going to continue, a day-to-day, ad hoc thing?

MR. SPEAKES: We haven't addressed it. We're taking it a day at a time and so I don't think there's been any decision on a permanent person and certainly no discussions whatsoever of replacing the Press Secretary.

Q Larry, is there any consideration of the fact that Mrs. Reagan, when she went to see the policeman in the hospital, was she in danger from that bullet in him?

MR. SPEAKES: I haven't thought about that, Sarah. I don't know much about exploding bullets, so I just can't comment on it.

Q Is there any Act that we have or any law that makes these exploding bullets out of law?

MR. SPEAKES: I think we'd have to go to the Attorney General to get that. I don't know what the legalities of it are.

Q Do you know if that bullet that was removed from the policeman's neck was, in fact, an explosive bullet?

MR. SPEAKES: The FBI is conducting tests on these bullets so I'm not sure that they've completed one on that. I think they gave a seat of the pants prognosis this morning on those bullets, a guess at it.

Q They did complete the tests on the bullet?

MR. SPEAKES: I don't know that they've completed them.

Q You do?

Q Did you read the Jack Anderson column today?

MR. SPEAKES: I did read the Jack Anderson column.

Q Is there any veracity to it?

MR. SPEAKES: I would have no comment on how we deal with foreign governments.

Q Is there apprehension about the wisdom of having Haig and Weinberger out of the country at the same time?

Q It seems like a good idea to me. (Laughter.)

MORE

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MR. SPEAKES: Obviously, we don't think it's a problem or they'd both wouldn't be out of the country at the same time.

Q What's the chain of command with them out of the country, the Vice President has command of military matters --

MR. SPEAKES: Well, I don't want to discuss command authority, but we have the President of the United States who is Commander and Chief and there is a -- certainly an arrangement in the State Department, an arrangement in the Defense Department where somebody's in charge.

Q Is it Carlucci and Clark?

MR. SPEAKES: I don't know. Good question. -- go right over here.

Q Larry, one more time, let me follow that up, let me tell you. What justification have you in law or precedent that gives you all the authority to make such arrangements? I don't think the Congress will go along with you on this. Mr. Tip O'Neill was having this looked into the other day. I don't know what he's found out. But he made the statement that he had -- that Congress had given you all no authority to make such an arrangement.

MR. SPEAKES: What kind of an arrangement?

Q He had said that what Congress gave you all was succession and after succession he said they did not give you all any power to do this and they were going to look into it. Have you found out anything else about this?

MR. SPEAKES: No, not a thing.

Q Back to my horse, I want to whip this horse. Listen, Evans and Novak in their piece on Haig this morning said that, quoted an unidentified member of the White House staff as saying that -- Evans and Novak said that quoting a member of the White House staff as saying that, "Someone on the White House staff feels that the press is out to do a hatchet job on Al Haig." Is that the feeling of the White House staff?

MR. SPEAKES: It is not. We have --

Q You'll have to do it yourself? (Laughter.)

Q You don't need any help. Is that it?

MR. SPEAKES: Mr. Meese and Mr. Baker have said it about a dozen times in the last two or three days that the job that the Secretary did in the Situation Room -- and it's what they agreed to and they have no quarrel with it.

Q That's not my question. My question was: Does the White House staff feel that the press is out to do a hatchet job on Haig?

MR. SPEAKES: No.

Q Is everything buddy-buddy?

MR. SPEAKES: That's a good characterization.

Q Larry, Deaver said yesterday that there were some presidential policy decisions that have had to be deferred until next week because of the President's hospitalization. Can you shed more light on how many and their character?

MR. SPEAKES: No, I can't spell that out. I'm not aware of any that have been deferred. I have been in most of the meetings and when there's a decision required out of a meeting, as we have discussed, the approve-disapprove memorandum goes to the President and he'll make a decision in the hospital.

Q Didn't the Auto Task Force report decision get delayed as a result of the shooting? I think you said so earlier this week.

MR. SPEAKES: There was not an Auto Task Force report due. There was a scheduled announcement of some decisions involving the auto industry which will probably come next week. The only reason for the delay -- the decisions had been essentially made. The only reason for the delay was that they had originally had the President scheduled to participate in the announcement.

Q Let me follow up then. Are you saying that the actions to be announced Monday or Tuesday or whenever next week are separate from the Auto Task Force?

MR. SPEAKES: They're a part of the Auto Task Force and the Regulatory Task Force and those kinds of studies.

Q Who actually makes the decision?

Q Have any -- the President's reaction?

MR. SPEAKES: I'd have to check on that.

Q The delay to announce it this week is not a high-level decision?

MR. SPEAKES: Ask me that again.

Q The delay of announcing the regulatory action this week is not being affected by the Presidential incident?

MR. SPEAKES: No.

Q Who actually makes the decisions, Larry?

MR. SPEAKES: The President.

Q But who -- You said, "**Approved-disapproved.**"

MR. SPEAKES: The President.

Q But you said the thing goes to him approved or disapproved and then he makes a decision on it. But who does that initial approval or disapproval?

MR. SPEAKES: Who does the memo? Someone in the meetings that's in charge of the meeting.

Q Who is it though?

MR. SPEAKES: Well, I would guess, you know, if it was a Cabinet meeting, the secretary to the Cabinet would make the memo. Mr. Meese would probably do it.

Q Well, suppose something is disapproved, but the President goes opposite?

Q What are we talking about? Are we talking about auto pollution and that kind of thing, or are we talking about Japanese auto --

MR. SPEAKES: No, we're not talking about imports.

Q When these memos go to the President, do they recommend approval or disapproval or do they have choices?

MR. SPEAKES: I'm sure they have choices. As most memos are that require Presidential decision, they allow him to make a choice or none of the above.

Q Larry, have these memos actually gone to the President, or are you talking about hypothetical situations in which there might be disagreement?

MR. SPEAKES: I'm talking about hypothetical situations.

Q Could you answer my specific question, please, because if a memo goes to the President and says, "disapproval," would he ever go against that disapproval?

MR. SPEAKES: Well, I'm sorry, Naomi. It's a blank by the approve-disapprove line and he makes a choice.

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Q Larry, true or false?

Q None of the above.

Q How long did Senator Thurmond speak with the President this morning?

MR. SPEAKES: He just said "Hello," and was in and out.

Q Was the President informed that this could possibly have been a bullet, a devastator bullet?

MR. SPEAKES: I haven't asked as to whether he has.

Q Can we find out if he has been informed of that? He must have read it in the paper by now.

MR. SPEAKES: Possibly. Yes, we can check. The story just broke last night so I don't know whether anybody's mentioned it to him or whether he has read it.

Q Larry, would the letters being given to Haig include reassurances that his authority has not been diminished?

MR. SPEAKES: I haven't seen the letters. I don't think that would be necessary to put in there. The Secretary of State clearly travels with the full colors of his office and with the President's best wishes.

Q Larry, has the President talked with either President Nixon or President Ford?

MR. SPEAKES: I don't think the President has. Of course, in the course of events on Monday they were informed.

Q Larry, in terms of the President talking, do these tubes in his chest impair his speech or his speaking ability at all?

MR. SPEAKES: I don't think so. I haven't heard anyone mention it who's been out there.

THE PRESS: Thank you.

END

12:30 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 2, 1981

BRIEFING FOR REPORTERS
BY
DR. RUGE AND DR. O'LEARY

The Briefing Room

12:01 P.M. EST

MR. SPEAKES: We have with us today a gentleman you've met before, Dr. Dennis O'Leary of the George Washington University Hospital and also with us is Dr. Daniel Ruge, the White House physician.

DR. O'LEARY: Well, Mr. Reagan is resting through a really totally normal and uncomplicated post-operative course. He got some good rest yesterday and that is reflected in his appearance this morning. He is alert. He's been up walking. My understanding is he covered 50 yards in two minutes. That's pretty good for any of us. He wolfed down his breakfast and he is doing quite well.

Q Dr. O'Leary?

DR. O'LEARY: Yes.

Q Can we ask you a question? There are reports that when the President was first brought into the emergency room, he was in acute distress. Doctors who were there are quoted as saying that his vital signs were fluctuating and that he was on the edge of a potentially life-threatening situation. What are the facts?

DR. O'LEARY: Okay, let me try to address this in a little bit of detail because we've retraced the steps very carefully and I think probably the most important thing is to draw some distinction between the visual appearance of the President when he arrived in the emergency room, on the one hand and on his actual clinical condition, on the other hand.

The President did walk into the emergency room. It is alleged that he collapsed. He indeed went down on one knee, if that's collapsed, so be it. He was then picked up and carried back into the resuscitation bay where any patient who had undergone a traumatic injury would have gone.

The reason for him going down on one knee, I think, probably relates to a couple of elements. First of all, it is probably likely that he experienced a vaso-vagal reaction. It's a kind of reaction that patients, often responsive, develop when they have blood drawn. And what happens usually is that they start to sweat. They appear pale and dusky. Their blood pressure falls. And their pulse rate falls. They really look awful. However, the occurrence of this is usually is about for 45 seconds to a minute and they wake up and are fine, in no sense is at a clinically threatening situation although the visual impact can really be quite striking.

The other contributing element -- two other contributing elements, I think, are that, first of all, we have to remember that the President did lose some blood. I think again that has probably been a bit overstated. When the chest tube was first placed in, approximately 1200 cc's of blood were removed. That's a little bit over two units and for someone like Mr. Reagan, that would not have been sufficient to have caused him to go into shock as is being

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implied.

Finally, it is alleged and I believe it's probably true that Mr. Reagan, when he came in, was complaining of air hunger. Again, any patient who has a partial or total collapse of a lung will complain of air hunger. Some of that is real, you know, physiologically, they're a little bit short of air. But a lot of that is perceptual, too. You have to remember there are many patients who have a full lung removed and who function perfectly normally without any particular air hunger. The President had also coughed up some blood. Again that is totally expected for anyone with a penetrating injury of the lung. And a little blood goes a long way in terms of visual impact. Mr. Reagan was taken back into the resuscitation bay. There was a lot of swirling around of people literally, like any patient when he settles into resuscitation area, the noise level was significant. The nurse who took his blood pressure reports that she had a lot of trouble hearing his blood pressure because of the noise level in the area. Therefore, she obtained a blood pressure through palpation. That is a less satisfactory and far less accurate measure of blood pressure. It is that blood pressure level, however, that was reported in the New York Times as being a systolic in the range of 75 or so.

Simultaneously, he had an intravenous started and fluid, saline that was starting to be run into him and the next blood pressure reading not more than a minute later was 120. Well, that is not consistent with a shock-like state. It is more consistent with a little bit of orthostasis, that is that the blood pools down in the leg. He's lost a little bit of blood and is quite consistent with the Vaso-Vagal reaction. As soon as you lay him down flat, he's fine.

Q Dr. O'Leary, if they had not taken him immediately to this hospital and had taken him to a hospital at a greater distance, would that time factor created any more danger to his life?

DR. O'LEARY: Obviously, that's quite speculative. It's my own personal belief that if for some reason the President had not received attention for another 20 or 30 minutes that he probably still would have been okay. The nature of his injury, the rate of bleeding, and so forth, were not at a life-threatening level.

Again, I've reviewed the sequence of events very carefully with Dr. Eddlestein who's the Director of the Emergency Room, with Dr. Giordano, who's the head of the trauma team. Both of these individuals have seen many trauma patients covering a broad spectrum of injuries and, in their judgment, at no point in time was he even remotely close to extremis.

Q Was he bleeding from the mouth when he arrived?

DR. O'LEARY: He had coughed up some blood and I believe there's a little bit of --

Q Trickling down?

DR. O'LEARY: No, I don't think so. I think he had some blood around his lips as it has been stated to me.

Q Did he know he was shot at that point?

DR. O'LEARY: He apparently at that time did not know that he had been shot nor did the receiving nurses know. Again, that is really not very surprising if you've talked to people who have been involved in war time -- how they tell you that they were shot,

that they didn't realize it for several minutes or more than that after they had been shot, a very common reaction.

Q Doctor, does the President still have drainage tubes or intravenous tubes in his body? Does he still have attachments that would permit the insertion, reinsertion of endotracheal tubes? We're asking this because we're trying to determine why we haven't been given a picture of the President. This has caused some level of concern that we haven't seen a picture of the President.

DR. O'LEARY: Okay, well, you've got several questions built in there. They're all quite pertinent. The President still has two chest tubes in place. Again, that is -- perfectly expected it at this point in time and they will be removed at the point in time when the assessment by his primary physician, the doctor here, indicates that it's time to take those out.

He does not have an intravenous running any longer. He's on a full diet. He wolfed down his breakfast this morning. The only reason for maintaining the intravenous even through yesterday afternoon was to administer the end of the (portion) of his prophylactic antibiotics. He received his last dose at 5:00 yesterday afternoon. Like any thoracotomy patient at this point, he is occasionally receiving some oxygen therapy which is the attachment around at a 40 percent typical mixture. And that is usually placed on him when he's lying in bed when you would expect the excursions of his chest wall, would not be as great as when he is up and walking around or even sitting up.

I realize your consternation over not having any visual pictures relative to the President. But I think my own feeling is that if it were not the President and it were any other patient, that he is a patient in the hospital, the primary goal is to assure his rapid recovery. And I would prefer, medically, not to hassle him with anything else. I understand your needs and the perceived public needs. But I think our main job is to get him better. And I guess I also feel that he, like anyone else, is entitled to some privacy.

Q Let me follow that up if I may. Is there any hardware on or about the President's face or person that would look funny if pictures were taken?

DR. O'LEARY: No, there isn't. There are no close attachments relative to an endotracheal tube.

Q But, doctor, you are not telling us are you, doctor, that it's doctors order that he not have his picture taken?

DR. O'LEARY: Well, I think it's a combination of respecting his privacy. It is a medical preference not to, and I think it is the White House's preference. He looks fine.

Q Why not show us? I think that's the question.

Q Doctor, do we understand correctly that you are reducing the amount of pain killer, medication, so that the President will remain clear-headed in running the government even though he would be in more pain than a normal chest patient at this point?

DR. O'LEARY; Well, you really couldn't reduce it much from what he was getting to begin with. He's really not required very much pain medication at all now. He's down to Tylenol Number three which is about what you take for a headache.

Q When will he get out of the hospital?

DR. O'LEARY: Well, that obviously depends upon the day-by-day assessment.

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He's making very rapid progress and --

Q Mid-week? Next week?

DR. O'LEARY: Well, we would -- I think we would be hopeful, certainly by next week. His progress is super.

Q Doctor, two questions. Number one, can you describe the chest tubes? What are they connected to? And also, can you describe in more detail how he looks? You said he looks fine, but can you describe his color and a little bit more about his disposition and so forth? We understand he's in some pain.

DR. O'LEARY: Well, he's not in so much pain that he would ask, even, for pain medication. When it is suggested to him, he'll take some pain medication. I think the visual impact, for instance, when he was out walking down the hall and the nursing staff was remarking, "My, he's a fine looking man." He looks very good. He has good color in his cheeks. He has his hair combed. In many respects, he's functioning quite normally.

Q Any new jokes?

Q What about the chest tubes?

Q Is he attached to anything as he was walking?

DR. O'LEARY: The chest tubes are attached to a suction kind of apparatus under water which is how those things are handled. I've not personally examined that area, so I can't describe any detail to you.

Q What is the purpose of those tubes?

DR. O'LEARY: The purpose of the chest tubes is two-fold. One, to remove any air that continues to be in the space between the lung and the chest wall. And secondly, and of course at this particular time, most importantly to drain any fluid which accumulates in that area.

Q Doctor, do you think it's medically wise for him to take a trip to Mexico?

DR. O'LEARY: Well, we're at least three weeks away from there and I think, candidly, I'd have to say that all of that determination is going to revolve around an on-going assessment of his rate of recovery and his progress. I just can't guess how he's going to be feeling three weeks from now. He has been -- he's had a major injury and he's had a major surgical procedure and I don't expect him to be 100 percent of normal in three weeks. That's not a reasonable expectation for anyone.

Q Dr. O'Leary, what is the normal post-operative recuperation period in a case such as this? Can we expect that the President would want to take some time off once he leaves the hospital?

DR. O'LEARY: Well, the normal hospitalization would probably be in the range of one to two weeks. If you're talking about somebody who worked in a construction job, for instance, you might suggest that he not go back to work for somewhere between three and six weeks. If you were talking to someone who had, perhaps, a more sedentary kind of desk job, that individual might be able to go back to work between 10 days and three weeks or so. And for someone who's pretty hardy, a good bit less than that and obviously there are intervening steps where you could work a half-day or a couple of hours a day. The President's progress is so good at this point in time, we expect him to be -- assuming everything continues to go well, on the short end of all of these recovery periods, but **we are speculating.**

Q What do you have on James Brady's
condition?

DR. O'LEAEY: Mr. Brady continues to make satisfactory progress. We are a long ways from home on Mr. Brady. I think I have to underline that and inject a note of caution. He had a repeat post-operative routine CT scan last night. It is significantly improved over the CT scan that was performed just prior to surgery. This morning he still has a good deal of swelling around his eyes and his face which one would expect to evolve and disappear over time, but the swelling around his face makes it difficult for him to open his eyes. He can open his eyes with help and this morning, in doing so, the doctor held up three fingers and said, "How many fingers do you see?" And he said, "Three." That is very simple, in a sense, but I think it implies good function of some rather complex nerve pathways.

We have no evidence of any major complications yet. But there are a wide spectrum of possible complications that could develop and we're watching for those carefully. If any of those develop, that would change the outlook substantially. He's able to move around in bed with -- and to cooperate with the nursing staff in rendering his kind of standard treatments that he's undergoing. The operative drains that were placed in his head at the time of surgery have been removed. Although these are all small little things, they are all positive things.

Q But they indicate no paralysis?

DR. O'LEARY: I think it is far too early to make any neurological assessment. I think we won't have a more-or-less final neurological assessment for six to 12 months and I don't think that even a reasonably good preliminary assessment is going to be possible for a couple of weeks.

Q Doctor, how aware is he of what happened to him? Does he know that he's been shot? Does he know of the circumstances of why he's there?

DR. O'LEARY: Well, I think that's hard to assess because he's not really at an active conversation stage. He's -- yesterday, I think there was some impression that he was engaging in conversations. That is a bit overstated. He said three words yesterday. He said, "Brady, ball" and then when he was asked to say one, two, three, he repeated, "One, two, three." That's very good, but that is far from a conversation as you well know.

Q Doctor, on the President's wound, do we know, do you know whether it was now a direct hit or whether he was hit by a ricochet or a fragment of the bullet?

DR. O'LEARY: I've heard the same news reports you have, so I don't know the answer to the question.

Q Doctor, could you tell us when they discovered it was a bullet wound? And tell us at what point did he go down with one knee? Could you give us that sequence?

DR. O'LEARY: Okay. He went down on one knee as he came through the entrance into the emergency room. So, that's quite early in the sequence of events. It was not really until he got back in the resuscitation bay and he was in a supine position on the table that one could readily identify that he had a bullet wound. As soon as someone goes into the resuscitation bay, their clothes are cut aside from them in order to give the doctors full access to managing the patient. Certainly, as soon as his shirt was taken off, the bullet wound became readily apparent. So, I would say it was within probably a minute or two of the time that he got into that area. They knew right then.

Q Was there blood on his shirt?

DR. O'LEARY: I don't know whether there was blood on the shirt. I'm sorry, I just can't answer that question. There was -- there never was a lot of bleeding. The chest tube was placed in very early. As I said, the drainage from the tube was about 1200cc's -- that's about half of what he lost totally over time. He bled steadily, but not vigorously, and I think that was a very important piece of information in that it suggested that he had not -- the bullet had not struck any major vessel. And, as I say, he was very easy to stabilize, initially with fluids, and then with the blood transfusions.

Q Did they locate the bullet wound right away?

Q Doctor, what were you treating him for when you didn't know it was a bullet wound? Were you treating him for a heart condition? Or just the bleeding or what?

DR. O'LEARY: Well, let's put our time sequence -- we're talking as if this was spread out over a lot of time. The bullet wound sight was discovered, probably, within one to two minutes after the time he got on the table. That's not a lot of time. There are certain things that are standard and almost anyone who comes into that area with any kind of problem is going to have an intravenous line placed, he's going to have electro-cardiogram monitor placed. There are certain functions that we would monitor in anyone. As soon as the bullet wound sight is identified, you can bet that a chest tube is going to be placed immediately. It was all happening very quickly.

Q Doctor, I have a question on his collapse. You say he went down on one knee, but he was being supported by his agents

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and the paramedics say that his eyes rolled back in his head. The reason perhaps that he didn't fall all the way was because they carried him at that point or did he just go down on one knee and then catch himself?

DR. O'LEARY: You're getting down to a level of detail that I have a lot of trouble addressing, whether his eyes rolled back or not. I don't know. But I can tell you that if someone has a vasovagal reaction their eyes may look as if they're rolling back. They really can look very, very bad and not be in any significant clinical danger there.

Q Did he faint?

DR. O'LEARY: My understanding, fairly precisely, is that at no time did he lose consciousness. I guess I would emphasize that many patients who have vasovagal reactions will lose consciousness during that acute time. Question?

Q Sir, would the President have received all of the bullets in his body had not his aides, those in his party, Mr. Brady and the other gentlemen, been wounded?

DR. O'LEARY: That's really very hard to say. As I -- I wasn't --

Q I mean the angle, from the photographs, from the films and so forth?

DR. O'LEARY: It was my understanding that the President was shielded by the Secret Service agents and that certainly helped.

Q And Mr. Brady.

DR. O'LEARY: I presume so. I don't -- I just don't know. I wasn't there at the scene.

Q Doctor, what are his vital signs today?

Q Doctor, what was the sequence of events --

DR. O'LEARY: Wait a minute. Wait a minute. One at a time.

Q Doctor, putting together the sequence of events in the emergency room, did you talk to some of the people that were in fact quoted in some of the reports, indicating that the eyes rolled back and that these other sorts of things, to put together the sequence of events?

DR. O'LEARY: Okay, I've not discussed the matter with the paramedic. I have talked at some length with Dr. O'Neill. He feels he was maybe sandbagged a little bit. A copy of the emergency room record was obtained by the media and Dr. O'Neill, like any good, hardworking surgical intern, had been up and awake for about 40 consecutive hours when he was called. He tells me that the reporter read off a long list of information to him and then said, "Dr. O'Neill, can you confirm this?" And he said, "Yes," and that was the story.

Q Are you worried that the initial reports were too positive, however, because these kinds of things indicate it was more problematic?

DR. O'LEARY: Well, I'm not. I mean, I will absolutely stand by our original statements without any reservations whatsoever. I think you have to remember, first of all, that the hospital worked very closely with the White House and, secondly, that we were acutely aware that we had a great deal to lose by not being perfectly candid with the press and with the nation.

Q Dr. O'Leary, would you explain a little further on that question? You said you talked to Dr. O'Neill. You earlier quoted, I believe, Dr. Giordano and Dr. Edelstein. Do you know who was present when in the ER and did you speak to those who arrived first or did you speak to just Dr. Giordano, persons who arrived later?

DR. O'LEARY: Okay. Much of the information I have given to you is secondhand through Dr. Edelstein from the two nurses who were actually present and received the President in the anteroom into the emergency room area. Obviously, there were other people standing around and making their observations. Dr. O'Neill is serving as part of the trauma team and actually arrived at about the same time that Dr. Giordano did, which was roughly 30 seconds within the time that the President arrived in the emergency room area.

Q Did you say Dr. Giordano arrived within 30 seconds?

DR. O'LEARY: Dr. Giordano, as a member of the trauma team, and the trauma team, arrived almost simultaneously, within 30 seconds of the time the President physically arrived in the emergency room area.

Q Dr. O'Leary, what are the President's blood pressure and pulse rate today?

DR. O'LEARY: Well, they're, of course, never absolutely precise. The President's blood pressure has been ranging as it has all along with systolic between 120 and 130 or a little over 130, perfectly within normal range and his pulse rate is generally within the range of 70. We should all have such normal vital signs.

Q Doctor, the President's staff is taking him limited paperwork, asking him to make some minor decisions. How capable is he at this point of making decisions related to carrying on the functions of government and the functions of the Presidency?

DR. O'LEARY: He's quite capable. I wouldn't sell him short in any respect. Obviously, we feel that it is important as an intrinsic element of the President's therapy that he get adequate rest, because again, our major goal is to have a satisfactory recuperative phase. But if any important issue at all came up I don't think there'd be any question that he would be able to address it quite effectively.

Q How many hours of sleep is he getting?

DR. O'LEARY: Well, he slept, I think, in the range of eight to 10 hours last night and had napped off and on through the day. I think he's gradually catching up on his sleep debt.

Q How much time is he actually spending working? I mean, there is no question that he's doing quite a bit. How much is actually being spent and what restrictions do you have on him at the present time?

DR. O'LEARY: Well, I can't really testify to precisely how much work he's doing. He has been receiving some visitors from the White House, and he has received, I think, some telephone calls. There is some effort to limit this a bit but it has been about as active as we would want it to be and have it still be compatible with his recovery.

Q Could you clarify, there are reports medically that you had a false positive abdominal tap and that they did a laparotomy.

DR. O'LEARY: No.

Q You just indicated that there was a peritoneal lavage incision.

DR. O'LEARY: That's correct.

Q But others have said that there was a laparotomy started. Could you clarify this?

DR. O'LEARY: No, that is not true. A peritoneal lavage involves a small incision, perhaps a couple of inches beneath the umbilicus. Okay? That is not a laparotomy. The fluid is introduced and then it is taken out through tilting the patient and it was not false positive. It was unequivocally negative.

Q Doctor, can you nail down a couple of stories here for us? There are a couple of stories. Let me just ask you quickly about them. One is that when you notified the hospital over the telephone line, that the notification was simply that the presidential motorcade was on the way to the hospital but there was no further elaboration?

DR. O'LEARY: No, there were two calls and I can understand some of the confusion. The first call that came in was that the presidential motorcade was arriving and it was followed almost immediately by a second call that indicated that a Secret Service agent had been shot and injured and was on his way. That in itself immediately triggered the call to the trauma team.

Q Okay, the second point if I may ask, there is a story that has been published that when the trauma team arrived at the emergency room or at the room where the President had been brought that they were asked to produce some sort of credentials.

DR. O'LEARY: I think that was probably not true for the trauma team but by the time I arrived, which was probably four or five minutes after the President had arrived, the traffic control that was being managed both by our staff and by the Secret Service was being quite effective and I don't think it impaired the movement significantly. Our major concern was to keep the onlookers, if you will, back in order to permit movement back and forth.

Q I understand that. I was talking about an original team of the trauma unit to aid the President being asked to produce credentials and delayed. There was the story about that.

DR. O'LEARY: Okay. I don't believe that that's true but I can't give you precise details.

Q Doctor, you've been talking mostly about the physical activity and what effect that would have on the President's condition. What about mental strain? We're hearing reports about

him signing Executive Orders, all these other things. How is mental strain going to effect his recovery and what about when he gets back to the White House?

DR. O'LEARY: I think mental strain is less of an issue. All of us handle mental strain a little bit differently. The President handles mental strain pretty darned effectively. I don't think that's going to be a significant limitation at all in his recovery.

Q Doctor, I realize it was just a short span of seconds there but what were they treating him for, heart attack, blood in the mouth thinking there was some sort of a stroke, or what? Before they knew it was a bullet?

DR. O'LEARY: I don't know what further to elaborate.

Q Well, that's not quite clear. Did they assume he had a heart attack, is that it? The first people who worked on him before you got there, I guess.

DR. O'LEARY: When a patient enters into the resuscitation area for reasons that he's been injured or doesn't look good or what have you, the initial measures taken are general measures that would apply to a variety of conditions and problems and at the same time the patient is being evaluated very quickly, through very standard measures, in order to obtain some diagnostic precision which will govern the further specific therapeutic efforts. I think, for instance, that he had monitor lines placed on him. He had an intravenous started. That would apply to almost anyone, if you will, as soon as the bullet hole was identified he had a specific measure taken, the placement of a chest tube, and we moved from there.

Q How often do the doctors see him and has he said anything funny lately? You had a lot of one-liners the first night.

DR. O'LEARY: I think he's maintained his humor but I don't have any of the precise copy. He is -- we have really tried to limit the amount of physician involvement. He is a post-operative thoracotomy patient in the presidential surgical suite. We have a chief surgical resident in constant attendance. Dr. Ruge, his personal physician, is in constant attendance,

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and Dr. Aaron, his primary surgeon, visits him several times in the course of the day and Dr. Aaron calls upon such additional consultants as are necessary, which haven't been very necessary.

Q You mean he's not in the surgical suite? He's in the Presidential -- it's not an ordinary hospital room, then?

DR. O'LEARY: Well, a couple days ago, it didn't even exist.

Q Could I just follow this up? Is it the same accommodations that other patients have? Or is it something different?

DR. O'LEARY: He is in a standard patient room, however, we, for obvious security reasons, had to create a suite out of an existing patient wing --

Q It was just a use of your charm which seemed to --

DR. O'LEARY: No. You would probably call it a suite and we wouldn't have had a suite if it hadn't been for the President. So, if you follow it logically, it is an independent patient care area. It has its own supplies, its own drugs, its own nursing staff. It is totally capable of standing alone in terms of providing care to him.

Q Doctor, could you elaborate on the breathing assistance that the President is getting, I gather, sporadically, especially when he's lying down? How is that done?

DR. O'LEARY: Well, I wouldn't say -- breathing assistance is really not quite appropriate. He is undergoing coughing therapy. He is a very highly motivated and effective patient. That's important to make sure he keeps clearing his airways. He's doing very well with that. He received some chest physical therapy. This is all standard therapy in a post-thorocotomy patient.

Q How are you handling the oxygen?

DR. O'LEARY: Okay. The oxygen, which he only receives occasionally, is a very simple little plastic tube that is draped around his head so that it will stay in place and he doesn't have to hold it up there. It has a couple of little prongs that just lie right underneath his nose and it provides a little bit of oxygen enrichment as he sits there and breathes normally.

Q Do you expect any --

DR. O'LEARY: He breathes fine all by himself. This is just to give him a little bit enrichment when he's lying back in bed and doesn't have full chest expansion.

Q Do you expect any depression?

Q You mentioned various tubes and devices that the President has at various times had. Can you give us the total number of incisions, openings, whatever, that were made in his body as a result of these procedures?

DR. O'LEARY: Probably within one. That's not too bad. He has the peritoneal lavage site below his umbilicus. He has his thorocotomy incision site and he has two chest tubes in place, each of those going through a separate small opening in the skin. I do not know whether one of those two tubes is through the same site that the tube in the emergency room was placed through which might be an additional incision site and that's it.

Q Do you think there will be any depression?

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Q Doctor, you said before that the bullet hit ~~the~~ top of the seventh rib. Where on the body did it hit that rib?

DR. O'LEARY: My understanding is laterally, it entered, as I described previously, under the left armpit, traveled down and medial somewhat which would be a fairly sharp angle down through the chest well itself of a distance of about three inches and then struck the seventh rib and moved inward.

Q Is it right under where it came into the body?

DR. O'LEARY: Yes, or a little bit more medial. More like a steep diagonal line as I understand it.

Q Could you spell vaso-vagal?

DR. O'LEARY: V-a-s-o - ~~v-a-g-a-l~~.

Q Doctor, could you ~~recapitulate~~ the sedation the President has had since the surgery was completed?

DR. O'LEARY: Well, please remember that I'm not personally taking care of the President and that's a level of detail I haven't kept apprised on. My understanding is that he has required, by normal standards, minimal pain medication and essentially no sedation.

Q Doctor, are you denying flatly that he was ever in danger of death?

DR. O'LEARY: I am denying that flatly.

Q Sir, would you assess the value of the operation of that emergency unit there?

DR. O'LEARY: Excuse me? I --

Q Would you assess the George Washington University emergency unit?

DR. O'LEARY: Well, I'm a little biased, you have to understand that. (Laughter.) We think it's very good. It is a certified trauma unit of which there are four in the District of Columbia. Because of our physical location in the city, we receive a large number of trauma patients and we have a lot of experience in dealing with them. We think we're pretty good at it.

Q Doctor, did the President get pre-surgical sedation when he was in the emergency or resuscitation bay?

DR. O'LEARY: He did not receive any there. I don't know whether he received separate medication from his anesthesia. As I had described previously, his ~~anesthetic~~ was really a balanced anesthesia which involves several agents and it's kind of preferred type of anesthesia today.

Q How quickly -- how much time passed from the time he got into the resuscitation bay to the time he was taken to the operating room and --

DR. O'LEARY: About 40 minutes which -- the major delay being the necessity for two separate x-rays which had to be taken and then --

Q Then was he conscious or beginning to go under during the 40-minute period?

DR. O'LEARY: No. He was totally alert through that time

up until the time he received -- started to receive his anesthesia in the operating room.

Q And where did he receive that? In the operating room?

DR. O'LEARY: In the operating room.

Q Doctor, you indicated earlier there was a written record of the first few minutes. Is there such a record and is it available to other newspapers?

DR. O'LEARY: I don't have it. Again, I think you have to get into the issue of medical records and privacy. We do not distribute patient medical records at all, except upon the authorization of the patient himself.

Q Will there be any depression or traumatic reaction from this shocking event to the President himself? Or --

DR. O'LEARY: I doubt that very, very much.

Q How much is the bill right now, Doctor?

DR. O'LEARY: This is a good time to turn it over to Mr. Speakes.

Q Has your wife given birth yet?

DR. O'LEARY: Three weeks.

Q Three more weeks.

MR. SPEAKES: Let me add a couple of things that are to keep you up to the minute. Senator Laxalt and Senator Baker met with the President at the hospital this morning for 10 minutes from 12:00 o'clock until 12:10. The President said, when the two Senators entered the room, speaking to Laxalt he said, "I saw you on TV this morning." He said, "I see all the early shows now." Senator Baker --

Q Does he have more than one television?

MR. SPEAKES: I don't think so.

Q He switches around.

Q A channel switcher.

MR. SPEAKES: Senator Baker says -- equal treatment. Senator Baker says to the President, "There is a lot of love and general devotion to you on Capitol Hill." The President later in the conversation said, "I found out it hurts to get shot." There was discussion of a resolution that's been passed on the Hill today that I'm not quite certain of the details, but it commends Agents Parr and McCarthy and the President made a statement on that, saying, "They did just fine." Senator Baker reported to the President that the reconciliation bill was near passage in the Senate and that they had rebuffed 26 amendments and Senator Baker characterized it as "nothing like that before in legislative history."

Q Since the day they passed the bill to repeal the black-out on pro-television games. (Laughter.)

MR. SPEAKES: Other than that, that's up to the minute.
Thank you.

Q Is Dr. Ruge going to come out?

Q Dr. Ruge refused to come out.

Q Larry, who provided that notetaking?

MR. SPEAKES: David Fisher.

Q Larry, will there be a photograph released tomorrow of the President?

MR. SPEAKES: I don't want to lock us into a date, but we anticipate having one soon.

Q What's the latest, Larry, on the review by the Secret Service of what happened that day?

MR. SPEAKES: Bill, I don't know. I assume they have an on-going situation. Secretary Regan testified this morning, but I don't have the --

Q Will the White House now release the missing photographs in the sequence that you released two days ago -- in the time we see the President emerge and the time the President has already been put in the car?

MR. SPEAKES: Sam, as I reported to you earlier, there is no missing photograph in there. That's shot one and shot two on the proof sheet which I've examined myself.

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Q You're denying that there are any photographs in between?

MR. SPEAKES: I'm denying that shot one you see there is the first shot and that the White House photographer put his camera down and then he resumed shooting and you have shot two. That's the extent of it.

Q It would surprise you if someone in the White House said otherwise then?

MR. SPEAKES: Well, I have spoken to the photographer and that's what he told me.

Q Larry, is the President aware of the prediction made by this California psychic in January? What did he think of it? And are you aware of any effort to pass on a warning?

MR. SPEAKES: I can't repeat it. I'm not aware that he's aware.

THE PRESS: Thank you.

END

12:40 P.M. EST