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#### THE WHITE HOUSE

THE WHITE HOUSE

Office of the Press Secretary
(Washington, D.C.)

For Immediate Release

March 30, 1981

BRIEFING FOR THE PRESS
BY LYN NOFZIGER,
DR. O'LMARY,
AND SHELLA PATTON

Ross Wall,
George Washington University Hospital,
Washington, D.C.

(7:30 P.M. EST)

MR. NOFZIGER: Ladies and gentlemen, can I have your attention. Everybody happy? The President is out of surgery and is in good condition and I have brought with me here this evening Dr. Dennis O'Leary, who is the Dean for Clinical Affairs at George Washington University Hospital. Have I got that?

DR. O'LEARY: You, sir.

MR. NOFZIGER: Dr. O'Leary will brief you on the President's operation and on his condition as well as that of the Secret Service agent.

Following that, Sheila Patton, who is Mrs. Reagan's press secretary, will have a word to say about Mrs. Reagan. So now let me introduce to you Dr. Dennis O'Leary. Doctor?

DR. O'LEARY: Thank you. Should I use the podium?

Mr. Nofziger has told you the President is in the recovery room. He is in stable condition and he is awake. He was at no time in any serious danger. He was alert and awake with stable vital signs up until the time he underwent anesthesia. He was in the operating room for approximately two hours. Part of that time was spent ascertaining that he did not have any blood in his abdominal cavity. Indeed, he did not. It was a single bullet wound that entered slightly undermeath the left armpit. It traversed about three inches of the chest wall and then ricocheted off the seventh rib into the left lower lobe of the lung and moved about three inches into the lung substance itself.

The operative incision was about six inches in width, a relatively simple procedure. The bullet was removed and then the incision was closed. As I say, he is stable and in good condition.

What is the prognosis for his recovery?

DR. O'LEARY: The prognosis is excellent.

Q You are saying that he will no doubt recover? How long a time, Doctor?

DR. O'LEARY: That is always difficult to say. The President, however, is an excellent physical specimen and we do not anticipate any problems. It is always hard to be precise as to how long he'll be hospitalized, but he is clear of head and should be able to make decisions by tomorrow, certainly.

Q Did the bullet fragment when it hit the lung?

DR. O'LEARY: The bullet was distorted and we believe that it probably was distorted by wirtue of impacting against the seventh rib as it redirected its path into the lung tissue.

Q Any permanent damage done to the heart?

DR. O'LEARY: We do not believe there is any permanent injury. The heart area was explored. The heart was not involved at all. There were no major bleeding points in the lung and there was no involvement of the aorta, the major vessel running through the chest.

Q Has the lung been reinflated?

DR. O'LEAFY: The lung has been reinflated. He has a couple of chest tubes in.

Q What about the Secret Service agent?

DR. O'LEARN: Okay. Mr. McCarthy had a single bullet wound also. It entered the posterior right chest and passed through the lung tissue causing virtually no damage at all except for the passage tract. It passed through the disphragm into the dome of the liver and passed through the liver into the lateral side of the chest where it lodged against the end of the eleventh rib. Mr. McCarthy had -- did have blood in his abdominal cavity. The same test that was parformed on the President was also performed on him and it was positive. The abdominal cavity was carefully emplored and the only damage was the bullet through the liver itself and a drain was placed in this area and he is doing extremely well, has been in the intensive care unit now for about 45 minutes.

Q James Brady?

DR. O'LEARY: Oway. Mr. Brady is still in surgery. His condition is critical. We don't have any further information at this time.

Q Dr. O'Leary, how long would you anticipate that the President would remain hospitalized?

DR. O'LEARY: That is difficult to say. It might be as long as two weeks but that is just a guesstimate at this point in time.

Q Will the President remain here?

DR. O'LEARY: A couple questions. That's not for me to answer. The question was the amount of blood. The President required transfusion of approximately five units of blood before surgery but none during the course of surgery. Mr. McCarthy required no transfusions at all.

Q Can you tell us about the D.C. policeman?

DR. O'LEARY: The D.C. policeman was taken to the Washington Hospital Center. We have no firsthand information on him.

Q Can you tell us about the Brady surgery?

DR. O'LEARY: He was shot in the forehead.

Q Which side?

DR. O'LEARY: I'm not certain, sir. The bullet did pass through his brain and came out the other side. He obviously has significant brain injury and he is in critical condition but I'm sorry, we have no further information at this time.

Q Dr. O'Leary, who performed the operation on the President?

DR. O'LFARY: The operation on the President was performed by Dr. Ben Aaron, who's on our fulltime faculty here as a cardiovascular theracle surgeon.

Q How do you spell that?

DR. O'LEARY: The last name is spelled capital A, small A, r-o-n. First name, Denjamin.

O Kis titlo?

DR. C'LEARY: I'm trying to think. I think he's an associate professor of surgery.

Q Who else?

DR. O'LEARY: Ckay. The other surgeon was Dr. Joseph Giordano, G-i-o-r-d-a-n-o, who is head of our trauma team and was in the emergency room almost simultaneously with the arrival of the President.

Q Why did the operation take so long?

DR. O'LEARY: The length of the operation really had a lot to do with the testing to make sure that there was no bleeding into the abdominal cavity. That took about 45 minutes.

0 What was that test?

DR. O'LEARY: It's called a peritoneal lavage.

Q How do you spell that?

DR. O'LEARY: P-e-r-i-t-o-n-e-a-1. Lavage, L-a-v-a-g-e.

Q Why was that important?

DR. O'LEARY: Okay. That test is important — is very simple, a small incision is made beneath the umbilicus and several liters of fluid are placed into the abdomen and then the fluid is brought back outside and looked at to determine whether there's any blood in it. That fluid can move anywhere throughout the whole abdominal cavity and if any organ has been damag—d and there's any bleeding, one will find blood in the fluid that comes out. That test was negative and the President, as I said, positive in Mr. McCarthy.

O Doctor, in view of the President's age, is there any danger that the lung might collapse again?

DR. O'LEARY: Very doubtful. The President is physiologically very helpful. The caliber of the bullet is going to be very hard to tell in the President because it was a really mangled bullet.

Q Is there a possibility of any other complications?

DR. O'LEARY: It's really doubtful. Again, I would emphasize that he is physiologically very young and in good shape.

Q Can you tell us where the bullet entered, at what angle, from the front, from the rear? Can you get into that?

DR. O'LEARY: Well, one would assume that it probably seemed to come from a little bit top down, entering approximately here (gesturing), traversed down.

Q Could you move over here?

DR. O'LEARY: Yes. Travered down approximately three inches, striking the top of the sementh rib, laterally, and then going about three inches into the tissue of the lung itself.

Q It deflected downward further from the seventh rib?

DR. O'LEAPY: No. It's like coming down, hitting the rib and then deflecting in to take a new path.

Q Where was it actually found?

DR. O'LEARY: It was in the parencyma of the -- in the tissue of the lung itself, contained within the lung itself.

Q You said that the President was conscious for much of the time. What, if anything, did he say?

DR. C'LEARY: Well, the surgeons said that his last remark before he underwent enesthesia was he wanted to make sure that all of them were Republicans.

Q Were they?

DR. O'LEARY: They said that today everyone is a Republican.

Q Doctor, how narrowly did the President escape mortal injury?

DR. O'LEARY: That's a hard question to answer. As I stated, he was never in any serious danger. The bullet was really not very close to any vital structure.

Q How far is not so close? How far from the heart?

DR. O'LEARY: Probably several inches.

Q Is that because it struck the rib?

DR. O'LEARY: If it had not struck the rib it might not have even entered the lung cavity. It could have passed right through the chest wall if it had not struck the rib.

Q Doctor, would you say that, clinically speaking, the President is fully able to discharge the duties of his office as of now?

DR. O'LEARY: I would say probably not now. One has to let the effects of the anesthesia wear off but I think all of us feel that by tomorrow that he would be fully capable of doing that.

Q If there were a basic decision he had to make tomorrow, a decision of state, would he be able to do it?

DR. O'LEARY: We believe that he would be able to do it.

Who's operating on Jim Brady?

DR. O'LEARY: Chay. Dr. Arthur Kobrine, K-o-b-r-i-n-e. He is operating on Mr. Brady. He is an associate professor of neurosurgery.

Q Is it possible to give us any prognesis on James Brady?

DE. O'LEARY: It's really not possible right now. As I said, he's in critical condition. Anything I would say would be highly speculative.

Q Is Brady being kept alive artificially?

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DR. O'LEARY:

Not at the present time although in the operating room, remember that you've got respirators and monitors and, you know, what have you.

O Is he on a respirator now?

DR. O' LEARY: Well, almost anyone undergoing brain surgery would be on a respirator.

O Dr. O'Leary, aside from the obvious gunshot wound, did the President suffer any other injuries? Were there any abrasions, contusions surrounding the --

DR. O' LEARY: Well, not as we're able to ascertain. It's possible that we missed a small contusion here or there. But he was gone over quite carefully.

Q Why was the Preident -- forth to this hospital and when did the hospital receive word from the ambulance that he would be on the way?

DR. O'LEARY: I can't tell you for certain but I believe we were probably the closest hospital which would have been the prudent thing to do. I received information at about twenty of three that he was in the emergency room and I think he probably got there around 2:30.

Who got there first, Erady or the President?

DR. O'LEARY: Chay, I'm not sure who got there precisely first. They all came very fast.

C -- how about Brady? (Inaudible.)

DR. O'LEARY: Well, we maintain a stock of blood. Please remember the Washington -- we do: not run our own blood bank. The Red Cross has a regional center that is very near by and we have all the blood we need within minutes.

Q Did you have enough immediately or --

DR. O' LEARY: Yes.

Q (Inaudible.)

DR. O'LEARY: I can't answer that guestion. I don't know.

O Doctor, do you know if the -- President required -- (inaudible) -- of the lung?

DR. O'LEARY: Okay, it appears as if the major reason for bleeding within the chest was as a consequence of the hole made when the bullet actually entered the lung substance itself. — the only bleeding signs that really could be determined and t although he bled down about five units of blood, it was never very brisk. It was kind of steady bleeding. It was very easy to transfuse him and keep up with his blood loss.

What is five units of blood? How do you --

DR. O'LEARY: Well, each, let's see, how can I make that simple, it's about two and a half quarts, total of two and a half quarts.

Ω -- lungs collapsed?

DR. O 'LEARY: What?

Question about collapsed over here.

O Is his lung still collapsed?

DR. O'LFARY: No, he has a chest tube. And all one has to do is, usually through a chest tube, is to get it in and get the air out of the space between the lung and the chest wall and the lung expands.

He had a chest tube placed in the chest in the emergency room within minutes after he was in the emergency room.

O So, he's again breathing normally?

DE. O'LEARY: Yes.

O Did Mrs. Reagan suffer any emotional medical trauma --

DR. O'LEARY: No, I think we'll let someone else deal with that question.

O Have you got any -- (insudible) -- the President not being moved from this hospital for the next few days?

DR. O'IEARY: I would say for the next few days it would probably be reasonable not to move him, but I would expect that he will do well and that will be a judgment of someone else at that time.

(Inaudible.)

DR. O'LEARY: We have no reason for believing that significant post-operative problems will develop.

O -- the President might have to undergo as a result of this operation?

DR. O'LEARY: I would really doubt it. He had a simple procedure. There was very little necessity to cut a lot of tissue and he -- we have every expectation that he'll have a normal post-operative course.

(Inaudible.)

DR. O'LFARY: I don't know the answer to that question.

? -- the first few moments when he came into your emergency room and he walked in, what was the first thing that was done?

DR. O'LFARY: Okay, I was not personally there. But my understanding is that he got out of the car and stood up and walked in on his own. As I say, he was alert and awake all the time.

C (Inaudible:)

DR. O'LEARY: No.

O (Inaudible.)

DR. O'LEARY: Not to the best of our knowledge.

C -- carrying the President at that time?

DR. O'LEARY: Well, I think, as soon as he appeared, he may not have wanted to be on a stretcher, but that is our usual procedure for someone who's had a gunshot wound.

 $\Omega$  How far inside the chest did the bullet go --

DR. O'LEARY: About three inches. Okay, I'll give you maybe four inches. We'll give you an inch for the thickness of the chest wall.

O Dr. O'Leary, can you explain why it was that there was no immediate announcement -- (inaudible) --

DR. O'LEARY: I really can't answer that question. I wish I could.

0 -- know that he'd been injured?

DR. O'LEARY: Yes, I think he knew that he had been shot.

Q (Inaudible.)

DR. O'LEAPY: No, I think, again, I'm giving this to you secondhand. I gather he seemed a little bit light headed but he was cracking jokes and in very good spirits even at that time.

(inaudible) -- immediately in the emergency room.-- (inaudible) -- any incisions, you have to put --

DR. O'LEARY: No, usually, the smallest incision is made between the ribs and the tube is placed in and then attached to suction.

O And that was the first emergency procedure?

DR. O'LEARY: Yes, I'd say that was the emergency procedure.

Q Would that be taking the blood off that was coming from the wound in the lung?

DR. C'LEARY: There is probably two basic purposes. One is if there has been any deflation of the lung, the major purpose is to reexpand the lung, memove the air and the other is to provide drainage for any blood in the lung space.

Q -- will Mr. Brady suffer any permanent brain damage?

DR. O'LEARY: I'd have to say that probably is likely but I really can't give you any more information since he is still in surgery.

O Doctor, how long elapsed between when the President -- (inaudible) -- to the hospital, went into surgery, and can you account for that time?

DR. O'LEARY: I would say from the time he hit the hospital to the time he went into surgery probably was no more than about 40 minutes. There were a variety of things being done. He had to have blood tests performed to find out how much blood he had lost. We had to check his blood gases to determine how much oxygen was getting into his circulation. I think the thing that probably took

so much time before surgery was probably for the most part the x-rays. He had to have both a chest x-ray and an abdominal x-ray.

 $\mathbb Q$  Was there surgery on the lung without actually removing the bullet? There was an earlier report that that might be the case.

DR. O'LEARY: I saw those reports but at the time those reports were out the surgeons had not even entered the chest as yet.

### Q (Inaudible.)

DR. O'LEARY: I think every effort would be made to remove the bullet but if it took a lot of additional extensive surgery that might have caused a different decision.

Q Can you give us a timetable? He arrived at 2:30 and we were told the surgery began about 4:00.

DR. O'LEMRY: No, no. He got to the operating room maybe 3:15, 3:20. Ckay? It takes -- he has to get into the operating room, on the table, get under anesthesia, in order for surgery to start. So surgery started roughly between 3:30 and quarter of four and it lasted until about 5:30.

Q How about the surgical procedure on Mr. Brady?

DR. O'LEARY: Very simply, he is having a craniotomy which simply means an exploration of the inside of the head. Craniotomy, C-r-a-n-1-o-t-o-m-y.

O Doctor, do you find it extraordinary that a 70-year old man could be shot in the lung and then brought to the hospital and walk in under his own power?

DR. O'LEARY: I think it speaks well for the physiologic health of the President. We do have elderly people, much more elderly than the President is, who do undergo chest surgery but he certainly sailed through it.

Q Do you find that medically extraordinary?

DR. O'LEARY: Maybe not medically extraordinary but just short of that. Okay?

O Doctor, you said the bullet was mangled. Is there any possibility that the bullet fragments might remain inside the President's body?

DR. O'LEARY: That is a finite possibility but the bullet did, although mangled, seem to be intact. You're never sure that you have ever tiny little fragment out.

Q Has the President been told about Mr. Brady's condition?

DR. O'LEARY: I don't think that he is alert enough, really, to assimilate that information. I don't know really what we would tell him at this juncture, since we're not sure yet what the story is.

O Can you talk a little bit about what the body goes through, how much of a shock to the body it is to go through an operation like this? (Inaudible.)

DR. O'LEARY: Well, yes, I'd say anytime anyone undergoes major surgery, a thoracotomy is major surgery. It is not extraordinary surgery but it's major surgery. It's got to be a stress for any one of us. It'd be a stress for me. But the critical element is the physiological health of the person and your ability to maintain their vital signs and their blood volume satisfactorily.

The President's vital signs were absolutely rock stable through this whole thing.

#### Q (Inaudible.)

DR. O'LEARY: Well, that is a decision really made by the ambulances but I think that we do have several trauma centers in the District of Columbia and to the extent that one center does not get many very semiously injured patients, all of our ability to care for the patients is increased.

Chviously, in the heat of a situation people do the best they can. If you track back where that decision was made it is sometimes hard to find out who really made that decision.

Q (Inaudible) -- who made the incision and how large was it?

DR. O'LEARY: The incision is about six months -- excuse me -- six inches long and it extends basically from about here (gesturing) into the posterior part underneath the armpit.

Ω Could you show that again?

DR. O'LEARY: Okay. (Gesturing). About from here to here. Can you see it? Here to here. Just underneath the nipple.

- Q Just underneath the nipple?
- Q (Inaudible.) -- about the pain?

DR. O'LEARY: Again, hard to tell. He's a healthy guy and I'm sure this is a painful surgery but he withstood it very, very well.

 $\Omega$   $\,$  Is this a fairly common procedure that hospitals in urban areas have to do frequently, gunshot wound to the chest?

DR. O'LEARY: Yes. No question.

Will he have pain for days or weeks or months?

DR. O'LEARY: His surgeons believe that he will probably be in moderate pain. That will probably not be for more than a day or two.

Q Well, you have to cut through muscle, don't you?

DR. O'LEARY: Yes, you have to cut through chest wall muscle.

- Q That's a pretty rugged place to cut, isn't it?
- DR. O'LEARY: About an average muscle.
- Q You've told us what the surgeons did to the President. What are they doing or trying to do for James Brady? Exactly what happened there?
- DR. O'LEARY: I can't, again -- anything I'm telling you is rather speculative. Normally they would have to remove the tissue that seemed irreparably damaged. Any time you're operating inside the head, for very obvious reasons, you try and salvage as much tissue as you think has a remote chance of recovering. This is not a good injury. It causes a lot of damage.
- Q Is there a finite possibility that with the damage sustained by the President, would there ever be in the near future a need to go back and reopen?
  - DR. O'LEARY: I said that was extremely remote.
- O Doctor, would you say that Mr. Brady's fighting for his life?
- DR. O'LEARY: I think any time a patient is in critical condition, in a sense he's fighting for his life.
- Q Did the President get any first aid in the car on the way over?
- DR. O'LEARY: I really can't answer that question. I don't know.
- $\Omega$  Doctor, what type of medication is the President on or will he be on while he's in the hospital? Is he on any IVs or anything else?
- DR. O'LEARY: He's on intravenous solution right now. As I said, he required no blood intraoperatively and, as with any patient, the medications, really, depend upon what the patient's needs are. I would expect the President is probably not going to need very many medications except perhaps some modest painkillers for a day or so.

## Q (Inaudible.)

- DR. O'LEARY: It depends. In a totally normal routine I would guess probably a couple of months after his hospitalization so maybe 2-1/2 to three months might be a good quess, but it is a guess.
- $\Omega$   $\,$  Would you recommend that he leave Washington for, say, his ranch?
- DR. O'LEARY: Well, that's really up to him and his staff. I'm sure that he will be adequately protected.
- $\ensuremath{\Omega}$  What was Mr. Brady's brain waves? Were they flat? What can you tell us?
  - DR. O'LEARY: I don't know the answer to that question.
  - Q As a doctor would you advise him to take off

further time beyond the time that he's hospitalized?

DR. O'LEARY: Well, taking off time depends on what you're talking about.

 $\Omega$  I'm saying away from the pressures of the Presidency.

DR. O'LEARY: That's really not my judgment to make for him. I think that I would urge him to limit his physical activity within reason. There is no reason to believe that he has any impairment of his ability to make decisions or what have you. Making decisions is stressful business but I think he's going to be fully up to it.

Q Doctor, carlier there was a report that the bullet missed the heart by an inch. You said it missed by several inches. Several inches is a relatively large amount of distance within the chest. Was the heart much closer than that? Do you have an actual measurement rather than an estimate of how close it came?

DR. O'hEARY: I wasn't specifically there in the operating room. I think I know where those reports came because, remember, when we're in an operating room the only xray that we can really get that's going to be valid is one that is taken from front to back. Ohay? And when you held that up it looked as if the bullet was close to the heart. But you are missing that third dimension and that third dimension at that third dimension at that the bullet was significantly removed from the heart by several inches, as I said. It was not close.

 $\Omega$  Could you tell us at what stage Mr. Brady is in surgery now and about when he will be completed?

DR. O'LEARY: Well, having seen some of these patients, it may go on for hours.

Q (Inaudible.)

DR. O'LEARY: I honestly don't know that. I suspect so but I don't know.

O There were reports that the President wasn't aware of what happened to him. When he first was shot, that he didn't know what happened.

DR. O'LEARY: Sometimes there's some shock as a consequence of being hit. You hear people described afterwards, "My goodness, I've been shot." So it's hard to know at what point that realization hit him. I would think by the time he hit our emergency room that he knew that he had been shot.

Q Were you notified that the President was coming?

DR. O'LEARY: Yes. Yes.

Q Who took the call?

DR. O'LEARY: Okay. I don't know where the call came in from but we were notified in advance and he was here almost immediately after that and was literally met by the trauma team at the door.

Q There were reports that the bullet was a low caliber bullet. Can you speculate as to what would have happened with a higher caliber bullet?

DR. O'LEARY: I really can't speculate on that. I'm not a ballistics expert.

Q (Inaudible.)

DR. O'LEARY: Yes, he was.

Ω Are you seeking outside medical care?

DR. C'LEARY: Not at this time.

Q Were there no complications in surgery of any kind?

DR. O'LEARY: No. He had a simple, penetrating bullet wound into his left lung and that was busically it.

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actually performing surgery, probably four or five, between Mr. McCarthy and the President, neuro-surgical teams working separately.

MR. NOFZIGER: Is that it ladies and gentlemen?

- Q Thank you.
- Q Thank you, Doctor.
- Q Could you spell the Doctor's name, please?

NR. NOFZIGER: O'Leary. O-'-L-e-a-r-y. Dennis with two Ns and one S.

Q Middle initial?

MR. NOFZIGER: Got a middle initial?

DR. O'LEARY: S.

MR. NOFZIGER: S as in Sam.

Q Specialty?

DR. O'LEARY: Internal medicine and hemotology.

MR. NOFZICER: Let me thank you -- thank Dr. O'Leary first of all, and then take upon the White House the blame for you not getting detailed information earlier. We had specifically asked the team at the hospital to let the White House handle this and to wait until the surgery was over before there was any briefing. So if any of you have any complaints about lack of information, don't blame them, blame me -- which you've done in the past anyway.

Q If the operation was completed at 5:30, was there any reason why you waited so long to brief?

MR. NOFZIGER: No, I m don't think the operation was completed at 5:30. I think that by the time that it had been closed up -- he had been closed up and was out of there, it was considerably later than that. I think it was near 6:30, Sam.

Q Can the Doctor verify that?

DR. O'LEARY: The basic surgery was finished at 5:30. He was then closed, which is basically routine for a procedure of this type, and I believe that they finished closing very carefully at about 6:20.

 $\Omega$  (Inaudible.)

MR. NOFZIGER: Yes, he was

Q Would you say that while the President was incapacited here during the operation that the Vice President was in charge? There was a report from the White House, I believe that General Haig said that he was in charge? (Laughter.)

MR. NOFZIGER: I don't think I want to comment on that. The President will be fully capable of making decisions tomorrow, according to the doctors. In the meantime, the business of government is going on normally and we expect it to continue to. And Vice President Bush is here and the rest of the government is functioning normally, and we expect that it will continue to do so.

- Q When you say Bush is here -- where?
- MR. NOFZIGER: He should be at the White House.
- Q Lyn, n one more question. Since you're taking the blame, can you explain why --
  - MR. NOFZIGER: I would blame you, but --
  - Q (Inaudible.)

MR. NOFZIGER: I'm sorry. Because the initial reports to us were that he had not been hit and by the time I got to the hospital, we knew that he had been. But you're going to ask me why -- so many bad rumors run around these things. Some of them come from you all.

Q Who arrived first -- the President or Brady?

MR. NOFZIGER: I cannot tell you that. I just don't know.

Ω The initial report came from whom?

MR. NOFZIGER: Probably the wire services. That was the first I heard.

Q Have you heard anything about the motive of this thing?

MR. NOFZIGER: No, I have not. You'll have to talk to the Secret Service and to the police about that. That's outside of my area right now.

MR. NOFZIGER: My plan is to meet with the doctors here shortly after 7:00 tomorrow morning. We will then have a briefing in the White House Press Room as soon thereafter as possible. We will notify you. My suspici<sup>On</sup> is it will probably be maybe as early as 8:30 and we i will bring Dr. O'Leary or one of the doctors with us at that time.

 $\Omega$  (Inaudible.)

MR. NOFZIGER: Yes, this was to keep you out of the rain.

Q Have you considered invoking the 25th Amendment that the President be disabled and rejected?

MR. NOFZIGER: No. We have not considered it. We have not considered invoking it, no.

Q Did the Secret Service agent save the President's life by stepping in frort?

MR. NOFZIGER: I do not know. I was not there.

Q What is Bush's status now? Technically --

MR. NOFZIGER: He is the Vice President. (Laughter.)

Q He is the acting President now, is he not?

MR. NOFZIGER: No, he is not.

Q Will he spend the night at the White House?

MR. NOFZIGER: I don't know. You'd have to ask him.

Q Did the Presidential limousine go to any other place or did it make a direct route from the scene of the shooting to the hospital?

MR. NOFZIGER: To the best of my knowledge, it came directly to the hospital.

Q Can you put to rest all fears, all rumors, that more than one gunman was involved in this?

MR. NOFZIGER: To the best of my knowledge, there was only one

gunman. That's all we've heard of and the people who were on the scene don't indicate there was anything more.

Q Is there evidence of a conspiracy behind the scenes?

MR. NOFZIGER: I'm not going to get into that, for goodness'sake. We've been -- You know, we'll wait and let the Secret Service and the police do their investigation and then we'll look at it there. But I don't think that that's even for me to speculate on -- no morter how farfetched it may be.

#### Q (Inaudible.)

MR. NOFZICER: I think that the President can speak for himself on that when the time comes.

Q Who has physical possession of the bullet at this moment?

MR. NOFZIGER: To my knowledge, the Secret Service does.

Now, if you all would hold it for just a moment, I would like to re-introduce Sheila Patton to you who is the First Lady's Press Secretary, and she can tell you about Mrs. Reagan.

MORE

MS. PATTON: Mrs. Reagan was calm and composed throughout this ordeal. She is grateful for the outpouring of support and prayers from all over the world. She's also grateful for the fine medical attention that her husband is receiving. And, lastly, she's praying for Jim Brady, for agent McCarthy, and Officer Delahante and she hopes everyone else is too.

## Q (Inaudible.)

MS. PATTON: Mrs. Reagan heard there was a shooting from her Secret Service agent. We had just returned to the White House from a luncheor. She immediately left for the hospital and learned that the President had been shot here at the hospital.

- O She didn't know --
- MS. PATTON: She learned it after she arrived here.
- Q -- she'll be staying here all night?
- MS. FATTOM: That has not been determined yet.
- O Now many minutes elapsed when the President arrived -- (inaudible) --

MS. PATTON: To the best of my recollection, we left about 25 of three.

- O -- that where. From the --
- MS. PATTON: From the White House in five minutes.
- O Did Mrs. Reagan have any contact with Mrs. Brady at all during the --

MS. PATTON: Yes, she has seen both Mrs. Brady and Mrs. McCarthy.

- Q Can you tell us anything about --
- MS. PATTON: No, it was a private meeting.
- C Where --
- MS. PATTON: In an office near the emergency room.
- c -- visit the chaplain?
- MS. PATTON: Yes, she did. She visited the chaplain.
- Q hen was that?
- MS. PATTON: Shortly thereafter.
- O Shortly after she arrived?
- MS. PATTON: After the President went up for surgery.
  - Q What did she say to him?
  - MS. PATTON: I do not know.

THE PRESS: Thank you.

MR. NOFZIGER: Let me make a couple of quick announcements. Vice President Bush is spending the night at the Vice President's Residence. So, that clears that up. Secondly, I've been asked do I want to move the A.M. briefing to Room 450 in the EOB because it's larger and so let's move it to Room 450 in EOB because it's larger. We will see you there in the morning. Thank you.

Q Is that going to be it for tonight? Should we anticipate any announcements regarding Jim Brady?

MR. NOFZIGER: My feeling is that depending on the situation, I would not rule it out. But: that will come out of the White House briefing room. I think we can wind up this place here after this briefing. I think that will be more convenient for all of us.

O Have our allies abroad been contacted about the President's stable condition?

MR. NOFZIGER: I cannot tell you if our allies have been contacted. But. I would be willing to bet that they had been.

Q (Inaudible.)

MR. NOFZIGER: I cannot answer that. I do not know.

END

8:15 P.M. ES!