NEW YORK TIMES 6/6/83

ESSAY

Ignoring Section 4

By William Safire

WASHINGTON — At 4:30 P.M. on March 30, 1981, the President was undergoing surgery to remove a bullet in his lung at George Washington Hospital; his three top staff aides were at the hospital; the Vice President was airborne. In the White House Situation Room, the counsel to the President, Fred Fielding, laid before Secretary of State Haig and the Vice President's chief of staff, Adm. Dan Murphy — for study and discussion — the documents needed to put into effect the never-before-used Section 4 of the 25th Amendment to the Constitution.

That section of the amendment insures a swift switch of executive authority when the Cabinet decides the President is unable to discharge his powers: A majority of the Cabinet now has the power to appoint the Vice President to be Acting President, until such time as "no inability exists."

On that day two years ago, how did the Reagan Cabinet and staff respond to the crisis envisioned by the writers of the amendment? In their view, properly; in my view, disturbingly.

We were distracted by a public event in the White House: Secretary Haig's unfortunate effort to calm the nation with a nervous "I am in control here ... pending return of the Vice President." What the Reagan staff failed to do went unnoticed.

Comes now a new book, "Gambling With History," by Laurence Barrett. The author, who covers the White House for Time magazine, was for two years granted unusual access to inside deliberations. The primary source of the two most disturbing pages appears to be Richard Darman, at the time of the assassination attempt a deputy to the White House chief of staff, James Baker, and now a powerful palace guardian.

"When he spotted the implementing documents related to the 25th Amendment," relates Mr. Barrett, "Darman also recognized trouble. If the subject came up for general discussion in the Situation Room and word of that got out, it would create questions about Reagan's capacities. Worse, Darman sniffed the possibility, however remote, that the Cabinet might actually seize the initiative. He made a quick decision to head off both dangers."

The "danger" in the loyal young aide's mind was that the Cabinet might act as the Constitution now directs — to consider, with the President unconscious, whether to invoke Section 4. "Darman quietly told Fielding, Haig and Murphy that neither the subject nor the documents belonged on the table. He suggested that he take possession of the papers ... The others gave in." Darman locked the papers in his safe.

Think about that: with the acquiescence of the White House counsel and possibly the Attorney General, a mid-level aide put personal loyalty to the President ahead of loyalty to the process set up to make certain that only an elected official makes emergency decisions. He ignored the constitutional amendment because (1) the truth about the President's precarious condition might worry the citizenry, and (2) the Cabinet might temporarily strip the President of his powers, which the aide considered usurpation. (Didn't I write a novel about this?)

White House aides will say that there was no reason to panic; no international crisis was brewing.

That excuse collapses at Mr. Barrett's next revelation: Four days later, the President was running an unexplained fever and was to be examined by bronchoscope, a procedure ordinarily requiring anesthesia or heavy sedation. The C.I.A. reported its concern about an imminent Soviet invasion of Poland. If ever the Cabinet was required by the new law to consider appointing an Acting President, that was the moment.

"On the afternoon of April 3," writes Mr. Barrett, "Meese, Baker, Deaver and Darman secretly considered the wisdom of invoking the 25th Amendment." But "to do so would cause confusion ... and would offset their effort to assure the country, and the world, that Ronald Reagan was on the mend." Instead, they asked the doctors to go easy on the painkiller.

Who are these guys, appointees never confirmed by the Senate, to usurp the power to make such a far-reaching decision? Their loyalty runs to the man; the amendment's loyalty runs to the office.

The Congress and the states did not empower the White House staff to make the fateful decision about Section 4. (Just the opposite, after the "staff Presidency" of disabled Woodrow Wilson's last year.) That power is vested in the entire Cabinet, which should have met twice that week on that subject with the Vice President.

Maybe the Cabinet and Mr. Bush would have done nothing but wait. Instead, "the President's men" did not give them the chance to take up the subject.

Some will dismiss this "gambling with history" as second-guessing the aides who did the natural thing under pressure. But someday another President will be stricken; next time, let's follow the procedure set down in Section 4 of the 25th Amendment.

NEW YORK TIMES 4/ 7/81

Doctors for the President

By Robert S. Robins and Henry Rothschild

NEW ORLEANS — What if Ronald Reagan had been standing in James S. Brady's place?

The 25th Amendment, which provides for the transfer of power from a disabled President, is adequate only when a President knows he is going to be incapacitated — for example, before an operation; or when it is obvious to everyone that he will be disabled indefinitely — for example, because of physical injury. The President, or the Vice President and the principal officers of the executive department, simply indicate to the President pro tempore of the Senate and the Speaker of the House that the President is unable to carry out his duties, and the Vice President immediately becomes Acting President. After recovery, the President resumes his office on his own demand.

The amendment, however, is inadequate when the inability to function is intermittent and hidden from most of those (the Vice President and the principal executive officers) who must initiate removal proceedings, as well as those (two-thirds of both houses of Congress) who must finally act if the President says he is well and his principal executive officers say he is ill.

A wound like Mr. Brady's involving brain damage is often accompanied by an intermittent decline in judgment and abstract reasoning, and by a disturbance of the temperament. Similar disabilities can be caused by arteriosclerosis, drug use (whether prescribed, recreational, or addictive), and minor strokes, which have affected the later years of several Presidents. Ulysses S. Grant drank to excess at times. Grover Cleveland was temporarily disabled by a major operation for cancer of the mouth, which he kept secret. Woodrow Wilson suffered a stroke, and the country was governed for months by his wife and a small palace guard. Franklin D. Roosevelt was unable to function reliably because of arteriosclerosis during the last days of World War II.

Many around the President would prefer to see their man remain in power despite his illness than to see another, healthy person in power. In some cases, the motivations for shielding the chief would be honorable; in others, ambition and self-interest would prevail. Serving as the President's personal assistant, press secretary, or doctor, is something few persons would willingly give up. If an intermittent disorder that would result in the President's removal could be concealed, the temptation to do so might be almost irresistible.

Where the disability was hidden or fairly well hidden, the elaborate procedure by which the Vice President and principal executive officers declared him incompetent would not even begin, and certainly it would be hard to win a two-thirds majority of both houses to remove a democratically elected President. Where it was intermittent, only the most dramatic examples of inability would lead only the most determined executive officers to invoke the 25th Amendment.

That amendment should be supplemented with an effective monitoring system that remained confidential except in the most extreme cases. To prevent the President from becoming the prisoner of complacent or self-serving assistants and medical advisers, a President's Official Physicians Panel, consisting of an internist, a neurologist, and a psychiatrist, should be appointed by Congress or the Supreme Court for a nonrenewable five-year term. This panel would have the right of access to the President's medical records, to give regular checkups, and to consult with the President about his medical condition. If the panel determined that a condition existed that would soon render the President unable to discharge his functions, and had the President made no provision with his Vice President, the panel would be obligated to inform and advise the Vice President and the principal executive officers of the circumstances. Each panelist would be free to disclose the reasons for his advice. The officials would then decide whether to begin removal proceedings.

Would the panel itself be a danger? Perhaps, but not likely. It would be appointed from outside the group it would advise, and it would be unlikely that all its members would have a political prejudice so strong as to override their professional competence. In any event, they could only advise and initiate, not determine, and the principal executive officers could (and probably would) obtain advice from other physicians as well. This procedure is simple and nonpartisan, and, most important, would likely be effective. It could be established by legislation without recourse to constitutional amendment.

President Dwight D. Eisenhower began the process of making adequate provision for Presidential disability. Let us hope that President Reagan will carry it forward.

Robert S. Robins is professor of political science and chairman of that department at Tulane University. Henry Rothschild, M.D., is professor of medicine at the Louisiana State University Medical Center.

THE WHITE HOUSE
WASHINGTON 6/18/85

TO: John Roberts

FROM: ***Richard A. Hauser***
Deputy Counsel to the President

FYI: X

COMMENT: _____

ACTION: _____

Wall Street Journal - April 1, 1981

Confusion Over Who Was in Charge Arose Following Reagan Shooting

By Walter S. Mossberg
Staff Reporter of The Wall Street Journal

WASHINGTON — As President Reagan was undergoing surgery Monday afternoon for a gunshot wound, Secretary of State Alexander Haig stood before reporters and television cameras and said, "As of now, I am in control here in the White House, pending return of the Vice President, and in close touch with him."

Asked who was in authority, Mr. Haig said, "Constitutionally, gentlemen, you have the President, the Vice President and the Secretary of State, in that order."

Mr. Haig, a former White House chief of staff and military commander, may have hoped to reassure the world that the U.S. government was functioning smoothly. But his statements generated confusion about how power and authority are transmitted to others when a President is temporarily unable to function.

To some people here, the remarks seemed to imply that Secretary Haig had placed himself in charge of the country, at least temporarily. An aide later explained that all Mr. Haig had meant was that until the Vice President arrived at the White House he, as senior Cabinet officer, was in charge of the operations there.

Reports on Dispute

As confusion increased, reports spread through Washington that Mr. Haig's statement had met angry protests in the White House "situation room" from Defense Secretary Caspar Weinberger. Mr. Weinberger, who stands next to the President in the nation's military chain of command, denies the reports, as does Mr. Haig.

Yesterday, Senate Majority Leader Howard Baker said it would be appropriate for Congress to review the question of how authority passes from the President in such crises.

White House, Pentagon and State Department spokesmen met early yesterday to compose an explanation of Mr. Haig's role. Meanwhile, a presidential adviser said an "amazing number of calls and telegrams" had been received at the White House criticizing Mr. Haig's performance Monday.

James Baker III, Mr. Reagan's chief of staff, told reporters that because he and other top White House aides had been at the hospital with the President, and because Vice President George Bush had been returning from Texas, it had been mutually agreed that Mr. Haig should become the "point of contact" in the White House. (Shortly after the shooting, several other Cabinet members and officials had gathered at the White House.)

Mr. Baker said presidential aides at the hospital, the White House group under Mr. Haig and the Vice President's airborne party had remained in "instant and direct communication." Pentagon officials said an open phone line had linked the three groups for hours.

Bush Ready to Act

Administration officials stressed that even while Mr. Reagan was under anesthesia and undergoing surgery, he never had relinquished the presidency. If a crisis had occurred while the President was unavailable, administration officials said, Mr. Bush would have been the one to make any necessary decisions. Officials also emphasized that Mr. Haig's role at the White House during the period was strictly administrative and that he wasn't heading the government.

The choice of Mr. Haig to supervise the White House operation, officials explained, was based on his status as senior Cabinet member in Washington; it had no relation to his place in the line of succession to the presidency.

In fact, Mr. Haig's own recital of the order of succession was erroneous. Neither the U.S. Constitution nor the little-known presidential order establishing the military chain of command puts the Secretary of State third in authority.

Article II of the Constitution provides for succession to the presidency by the Vice President if the President dies or resigns, or if he is removed from office or is unable to discharge his duties. If neither the President nor the Vice President can serve, the Constitution empowers Congress to specify by law "what officer shall then act as President."

Order Established by Law

By law, the line of succession after the Vice President is the Speaker of the House of Representatives, the president pro tempore of the Senate and then the Secretary of State, followed by the 12 other officers of the Cabinet, in a specified order.

The 25th Amendment to the Constitution, which provides the method for filling a vacancy in the vice presidency, also stipulates how the Vice President can assume the powers and duties of the presidency as "acting President."

The amendment, ratified in 1967, was created after the assassination of President Kennedy. Vice President Lyndon Johnson, a man in relatively poor health, had become President, leaving the vice presidency vacant and the succession issue open.

If the President can't discharge his duties, the amendment provides that he can notify the Speaker of the House and the president pro tempore of the Senate so that the Vice President can assume his duties until he is ready to resume them. Similarly, the Vice President and a majority of the Cabinet can notify congressional leaders in writing of the President's inability to govern. If the President's inability is disputed, Congress must decide by a two-thirds vote of both houses.

Separate from the constitutional procedure, but related to it, is the National Command Authority, a set of rules established by presidential order under which the President exercises his power as commander-in-chief of the armed forces.

Secret Command

These command rules, based on the National Security Act of 1947, are detailed in secret presidential orders that every President signs at the outset of his administration.

The command authority doesn't establish who succeeds the President in office. Instead, it sets forth the procedure by which the President, or his successors, command the armed forces.

Under these rules, the President's orders go first to the Secretary of Defense, who then transmits them to the uniformed military. The Defense Secretary usually does this by working through the Chairman of the Joint Chiefs of Staff, though he has authority

Please Turn to Page 34, Column 3

SUCCESSION & COMMAND: WHAT ALL THE TALK WAS ABOUT

PRESIDENTIAL SUCCESSION UNDER FEDERAL LAW

Vice President
House Speaker
Senate President Pro Tempore
Secretary of State
Treasury Secretary
Defense Secretary
Attorney General
Interior Secretary
Agriculture Secretary
Commerce Secretary
Labor Secretary
Health, Human Services Secretary
HUD Secretary
Transportation Secretary
Energy Secretary
Education Secretary

REAGAN ADMINISTRATION'S "CRISIS MANAGER"

Vice President Bush was recently designated crisis manager. Who would take that post in his absence isn't certain, but Secretary Haig said Monday the crisis management system was in effect at that time.

NATIONAL SECURITY CHAIN OF COMMAND*

President
Defense Secretary (or an alternate from among several civilian military officials)
Chairman, Joint Chiefs of Staff
Commanders of U.S. forces

*Under an executive order issued first by President Eisenhower.

IN THE WHITE HOUSE MONDAY AFTERNOON

Secretary of State Haig
Treasury Secretary Regan
Defense Secretary Weinberger
Attorney General Smith

Confusion Over Powe Arose in the Hours After Reagan Shootin

Continued From Page 31

to give orders directly to any of the nation military commanders.

According to Pentagon officials, if t President dies or is incapacitated, his su cessor, selected according to the Constit tion, would become commander-in-chief a would assume the command authority.

If the Secretary of Defense is dead or u able to function, those orders would be r ceived at the Pentagon by a separate line successors there—the Deputy Defense Se retary, followed by the Army, Navy and A Force secretaries and the two Under Secr taries of Defense. For the military, norm chains of command operate.

Pentagon officials say the command pr cedure is routinely followed whenever mil tary actions are desired by the President. was used in 1979, for instance, when Pres dent Carter ordered a naval buildup in t Indian Ocean.

However, the presidential orders signe by Mr. Reagan and his predecessors al contain some automatic delegations of cor mand authority, designed to allow a quic flow of decisions during times of military a tack or other acute crisis.

It isn't known exactly what these deleg tions entail. But officials say that they s out specific, "limited military situations" which certain powers would transfer aut matically to the Vice President or to t Secretary of Defense.

The rules are said to specify which off cial, other than the President, has access various circumstances to information and means of communications, such as the "h line" link to Moscow.

Officials stress that the command autho ity, with its secret delegations of powe wasn't exercised during the few hours Mo day when Mr. Reagan lay on the operatin table and under anesthesia.

But they also say that the Cabinet an White House staff had agreed informally t treat the Vice President, during that bri period, as the person who would assum presidential power if a major crisis arose.

It isn't known whether this informal dec sion was based on knowledge of the secr command plans, or any other prior agre ment.

[redacted]

OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301

March 31, 1981

Mr. Richard Hauser
Deputy Counsel to
The President
The White House
Washington, D.C. 20500

Dear Richard:

I enclose a copy of the statement that we read to your secretary this morning and also a copy of DoD Directive 5100.30. If we can be of any further assistance on this subject, please let me know what we can do.

Best regards,

Sincerely,

William H. Taft, IV

Enclosures
as stated

The term National Command Authority (NCA) refers to those persons with the authority to command or direct the activities of the Armed Forces of the United States. The NCA consists only of the President and the Secretary of Defense or their duly deputized alternates or successors. The chain of command runs from the President, who at all times is the Commander-in-Chief of the Armed Forces under the Constitution, directly to the Secretary of Defense who, subject to the direction of the President, has authority over the Department of Defense and its component Armed Services.

In case of the death or inability of the President to discharge the powers and duties of his office, the order of succession to the Presidency is as prescribed in the 20th and 25th Amendments to the Constitution and the implementing legislation codified at 3 U.S.C., Section 19. Whoever may succeed to the Presidency pursuant to these provisions of law and the Constitution becomes the Commander-in-Chief and simultaneously a part of the National Command Authority.

At all times during March 30, 1981, Secretary of Defense Weinberger exercised authority over the activities of the Department of Defense and its component Armed Services subject to the direction of President Reagan. This exercise of authority was in accordance with the policy established in Department of Defense Directive 5100.30, issued December 2, 1971.

Ch1- 5/16/74

December 2, 1971
NUMBER 5100.30

SecDef

Department of Defense Directive

SUBJECT: World-Wide Military Command and Control System (WWMCCS)

Reference: (a) DoD Directive S-5100.30, "Concept of Operations of the World-Wide Military Command and Control System", October 16, 1962 (hereby cancelled)

I. PURPOSE

The purpose of this directive is to define the functional, organizational, and operational relationships between all elements of the Worldwide Military Command and Control System (WWMCCS) and to provide policy guidance and establish responsibilities for the management, development, acquisition and operation of the WWMCCS.

II. APPLICABILITY AND SCOPE

This directive applies to the Military Departments, Joint Chiefs of Staff, Office of the Secretary of Defense, Unified and Specified Commands, and Department of Defense Agencies (hereinafter referred to as DoD Components) involved in the development, acquisition and operation and support of the WWMCCS.

III. DEFINITIONS

A. National Command Authorities (NCA). The NCA consists only of the President and the Secretary of Defense or their duly deputized alternates or successors. The chain of command runs from the President to the Secretary of Defense and through the Joint Chiefs of Staff to the

commanders of Unified and Specified Commands. The channel of communication for execution of the Single Integrated Operational Plan (SIOP) and other time-sensitive operations shall be from the NCA through the Chairman of the Joint Chiefs of Staff, representing the Joint Chiefs of Staff, to the executing commanders.[1]

B. Command and Control. For purposes of this directive, command and control is the exercise of authority and direction by duly designated authorities. These functions are performed through an arrangement of personnel, equipment, communications, facilities, and procedures, which are employed in planning, directing, coordinating, and controlling operational activities of US Military Forces.

C. Worldwide Military Command and Control System (WWMCCS). The WWMCCS is the world-wide command and control system that provides the means for operational direction and technical administrative support involved in the function of command and control of US Military Forces.

D. National Military Command System (NMCS). The NMCS is the priority component of the WWMCCS designed to support the National Command Authorities in the exercise of their responsibilities. It also supports the Joint Chiefs of Staff in the exercise of their responsibilities.

IV. GENERAL CONCEPTS

A. The WWMCCS serves two functions, listed below in their order of priority and emphasis:

1. Support of the NCA is the primary mission. The NMCS provides the means by which the President and the Secretary of Defense can: receive warning and intelligence upon which accurate and timely decisions can be made; apply the resources of the Military Departments; and assign military missions and provide direction to the Unified and Specified Commands. The NMCS must

[1] The expression, "Chairman of the Joint Chiefs of Staff", as used in this directive includes the officer appointed to this position and the officer serving in this position in the appointee's absence.

be capable of providing information so that appropriate and timely responses may be selected and directed by the NCA and implemented. In addition, the NMCS supports the Joint Chiefs of Staff in carrying out their responsibilities.

2. Support of the command and control systems of the Unified and Specified Commands and the WWMCCS related management/information systems of other DoD Components is the second mission. This function will be supported by the WWMCCS subordinate to and on the basis of non-interference with the primary mission.

B. Guidelines for Design and Operation of the WWMCCS.

1. Both the communication of warning and intelligence from all sources and the communication of decisions and commands to the Military Forces require that the NMCS be the most responsive, reliable, and survivable system that can be provided with the resources available. This requires that the command and control systems of all other DoD Components be configured and operated for effective support of the NMCS as well as their specific missions. Interfaces must be compatible, communication links must provide direct connection or real time relay wherever necessary, computerized data formats must be common and all details of system configuration and operation must be as efficient as possible in terms of both effectiveness and in utilization of resources.

2. The WWMCCS will be exercised frequently under the most realistic conditions possible in order to insure readiness and to identify deficiencies. Exercises will be used to evaluate the effectiveness of standard operating procedures, changes to these procedures, the effectiveness of installed and deployed command and control equipment, equipment changes, and to assist in validating the need for and characteristics of hardware and software proposed to correct identified deficiencies.

3. These guidelines apply to all DoD Components and to the utilization of all other Department of Defense resources in support of the WWMCCS and its prime mission.

4. The effective operation of the WWMCCS rests upon the understanding of its concepts and objectives and its innovative support by those charged with its design and operation. Every effort must be made to assure this understanding and encourage this support.

V. COMPOSITION OF THE WWMCCS

A. National Military Command System (NMCS).

1. Since survival of the command and control capability of NMCS is fundamental to continuity of operations, a composite command structure with survivable communications is required. This includes the National Military Command Center (NMCC), the Alternate National Military Command Center (ANMCC), the National Emergency Airborne Command Post (NEACP), and such other command centers as may be designated by the Secretary of Defense. These centers must be linked by reliable communications, supported by warning and intelligence systems, and continuously manned and ready for use. Special capabilities must be provided for communication with strategic offensive and defensive forces and for other forces which may be required for quick reaction in crises. In this case, the communications will be designated and operated to assure minimum elapsed time for the transmission of orders to the operating units of these forces. The NMCS also includes communications connecting its facilities with primary and alternate command facilities of the:

   a. Headquarters of the Unified and Specified Commands.

   b. Service headquarters of the Military Departments.

   c. Other designated DoD Components which provide support through the WWMCCS.

2. Support of the NMCS will be the priority function of all primary and alternate command facilities.

B. Command and Control Systems of the Unified and Specified Commands.

1. The command and control systems of the Unified and Specified Commands provide the means through which Unified/Specified Commanders receive information and exercise operational command of assigned forces.

2. The command and control system of a unified command includes the command and control systems of subordinate

unified commands and joint task forces when such organizations are established and assigned. Further, the Unified/Specified Commander must provide guidance to his Component Commands to assure interoperability of the command-wide command, control, and intelligence support systems necessary to his operational functions.

C. WWMCCS-Related Management/Information Systems of the Headquarters of the Military Departments. This consists of the facilities, equipment, communications, procedures, and personnel which provide the means through which the headquarters of the Military Departments carry out their assigned functions in support of the WWMCCS.

D. Command and Control Systems of the Headquarters of the Service Component Commands. These systems provide the means through which the commanders send and receive information and exercise command over their forces.

E. Command and Control Support Systems of Department of Defense Agencies. These systems provide the means through which the Directors accomplish the missions of their Agencies in support of the command and control function.

F. Command and Control Systems described in paragraphs B, C, D, and E will be configured and operated generally to meet the requirements of the commands being served. However, the priority requirement will be as defined in subparagraph IV. A. 1. All communications facilities of these commands will be designed not only to interface with main NMCS communications, but for information to flow through and to and from points within each command as may be appropriate.

G. Non-Department of Defense Systems.

1. Effective coordination and liaison must be established and maintained with those activities of the U. S. Government outside the Department of Defense which have functions associated with the NMCS, e. g., White House Situation Room, State Department Operations Center, Central Intelligence Agency Indications Office, U. S. Intelligence Board National Indications Center, U. N. Military Mission, Office of Emergency Preparedness National Warning Center, the U. S. Coast Guard Operations Center, the FAA Executive Communications Control Center, and such other agencies, activities, or centers as may be designated.

2. Appropriate military information will be provided to these associated systems through the NMCS, utilizing timely, secure, and reliable communications systems. Conversely, political, intelligence, diplomatic, and economic information input to the NMCS will be provided by these same systems. The WWMCCS may also be required to interface with such multi-national elements as NATO. In addition, the NMCS should provide communications and space to support representatives of the White House and other Government activities who may use the NMCS in a politico-military situation concerning strategic direction of U.S. Military Forces. The Joint Chiefs of Staff will provide for lateral coordination with U.S. Government activities external to the Department of Defense to insure necessary interchange of data to and from the NMCS.

VI. RESPONSIBILITIES

A. Subject to the authority and direction of the President and the Secretary of Defense, the Joint Chiefs of Staff have the responsibility:

1. To prepare strategic plans and provide for the strategic direction of the armed forces, including the direction of operations conducted by Commanders of Unified and Specified Commands and the discharge of any other function of command for such commands directed by the Secretary of Defense.

2. To serve as advisers and as military staff in the chain of operational command with respect to Unified and Specified Commands, to provide a channel of communications from the President and Secretary of Defense to Unified and Specified Commands, and to coordinate all communications in matters of joint interest addressed to the Commanders of the Unified or Specified Commands by other authority.

3. To advise on the effectiveness of the WWMCCS.

B. Under the direction of the Secretary of Defense, the Chairman of the Joint Chiefs of Staff will:

1. Operate, for the Secretary of Defense, the NMCS to meet the needs of the NCA. He will establish

operational policies and procedures for all components of the NMCS and assure their implementation.

2. Define the scope and components of the NMCS.

3. Develop and validate requirements for the NMCS, make recommendations on the design, development, and procurement of systems and prepare, with appropriate DoD Component assistance, appropriate planning, programming, and budgeting documents for the NMCS.

4. Maintain cognizance of all WWMCCS programs and capabilities. Validate WWMCCS requirements of the Unified/ Specified Commanders. Develop an overall WWMCCS Objectives Plan.

5. Make recommendations to the Secretary of Defense to insure responsiveness, functional interoperability, and standardization of the WWMCCS. Make recommendations for changes to the WWMCCS that will increase the effectiveness of the NMCS.

6. Implement decisions of the Secretary of Defense concerning requisite capabilities of the NMCS pertaining to subparagraph V. F.

C. The ~~Assistant to the Secretary of Defense (Telecommunications)~~ Director, Telecommunications and Command and Control Systems (DTACC) will have primary staff responsibility in the Office of the Secretary of Defense for the WWMCCS, NMCS, and WWMCCS-related systems. This responsibility includes review and advice to the Secretary of Defense on all matters, except those assigned in paragraphs VI. D. and VI. E., below, relating to the design, development, procurement, and performance of equipment, systems, and technical procedures involved in the WWMCCS, including recommendations made by or through the Chairman, Joint Chiefs of Staff.

D. The Assistant Secretary of Defense (Intelligence) will have primary staff responsibility in the Office of the Secretary of Defense for intelligence collection and reporting systems.

This responsibility includes review and advice to the Secretary of Defense on all matters involving warning and intelligence relating to the design, development, procurement (other than ADP procurement), and performance of equipment, systems and technical procedures involved in the WWMCCS, including recommendations made by or through the Chairman, Joint Chiefs of Staff.

E. The Assistant Secretary of Defense (Comptroller) will maintain central focal point cognizance of ADP procurement, reporting, and reutilization.

F. Non-NMCS elements of the WWMCCS will continue to be administered by their responsible DoD Components.

VII. WORLD-WIDE MILITARY COMMAND AND CONTROL SYSTEM (WWMCCS) COUNCIL

There is hereby established a WWMCCS Council, which will be chaired by the Deputy Secretary of Defense and will have as additional members the Chairman of the Joint Chiefs of Staff, the Assistant Secretary of Defense (Intelligence), and the Assistant to the Secretary of Defense (Telecommunications). The Council will provide policy guidance for the development and operation of the WWMCCS and evaluate its overall performance. In particular, it will review and evaluate for the Secretary of Defense the exercises specified under IV. B. It will also review and make recommendations to the Secretary of Defense on the planning, programming, and budgeting of the WWMCCS.

VIII. CANCELLATION

Reference (a) is hereby superseded and cancelled.

IX. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective upon publication. In the event of conflict between this Directive and previous directives and

instructions, the provisions of this Directive will govern. All DoD Components will review their existing directives, instructions, and regulations for conformance with this Directive; advise the Secretary of Defense and the Chairman of the Joint Chiefs of Staff of the results of this review within 30 days and implement any necessary changes within 90 days of publication of this Directive.

David Packard

Deputy Secretary of Defense

THE WHITE HOUSE

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

For Immediate Release March 30, 1981

BRIEFING FOR THE PRESS
BY LYN NOFZIGER

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

(5:10 P.M. EST)

MR. NOFZIGER: I have two bits of information here. The first concerns the President. He went into surgery roughly an hour ago. He is still there and will be there for a while longer. However, the doctors have come out and given a preliminary report to Mrs. Reagan and their word is that his condition is good and it is stable.

Beyond that, I have no further comments.

Regarding Jim Brady, the Press Secretary, he is still in surgery. He has a head wound and beyond that I have no further knowledge.

Q What kind of operation are you performing -- or is the doctor performing on the President/

MR. NOFZIGER: I think that we'll just let it go that he is in surgery and it is -- well, I think we'll just let it go at that.

Q Can you confirm it or not that Brady has suffered a serious head wound?

MR. NOFZIGER: I can confirm that Mr. Brady suffered a serious head wound, yes.

Q Where is Vice President Bush?

MR. NOFZIGER: Last I heard, he was on an airplane headed this way.

Q Are you going to arrange a medical briefing for us later today?

MR. NOFZIGER: We will try to arrange one after the President is out of surgery and after we've talked to them. Yes, we will try to do that.

Now, one further thing. We will continue to keep you posted here this afternoon and tonight. Tomorrow we expect to move the briefings back down to the White House and do them in their regular -- in the regular setting there.

Q How about the other men who were shot?

MR. NOFZIGER: I have no information on them.

One at a time.

Q Was the bullet inside the President? Is that why they went in and was there more than one bullet?

MR. NOFZIGER: There was only one bullet and I just cannot comment on the operation. I haven't had a chance to talk to the doctors.

Q Who is the President's doctor?

MR. NOFZIGER: I do not have a name.

Q (Inaudible.)

MR. NOFZIGER: The only thing that I want to say is that he will be in there for a while yet.

Q Do you know whether or not the lung collapsed because of the wound?

MR. NOFZIGER: I have not heard. As I say, the doctors say his condition is good.

Q Lyn, did you get to see him before the operation began?

MR. NOFZIGER: Did she?

Q Yes.

MR. NOFZIGER: Yes.

Q Is there any thought of transferring the President to any other hospital?

MR. NOFZIGER: We'll just wait and see. You're a little premature.

Q Can you confirm that it's open chest surgery?

MR. NOFZIGER: No, I can't.

Q Lyn, did they give you a specific location on the bullet? How close to the heart did it come?

MR. NOFZIGER: My preliminary reports were that it entered the left chest and clearly it did not -- no, I can't. It did not, obviously -- there is no indication that it nicked the heart or anything like that.

Q (Inaudible.)

MR. NOFZIGER: I can't tell you.

Q Was the President conscious before the surgery or did he lose consciousness?

MR. NOFZIGER: He was conscious as he went into surgery.

Q Did he say anything?

MR. NOFZIGER: Oh, yes. I have some stuff here. I'm glad you reminded me of that because I took some notes. As he was going down the hall into surgery he winked at Baker, James Baker.

Q Say it again, please?

MR. NOFZIGER: Yes. As he was going down the hall on the gurney, I guess they call them, to surgery, he winked at Baker. He had earlier told Senator Laxalt, who was there, "Don't worry about me. I'll make it." He had told Mrs. Reagan, "Honey, I forgot to duck."

Q What?

MR. NOFZIGER: "I forgot to duck." And as they were wheeling him into surgery he saw Meese and Baker and Deaver there and he said, "Who's minding the store?" And then when he got into the operating room he looked at the doctors and he said, "Please tell me you're Republicans." (Laughter.)

So --

Q (Inaudible.)

MR. NOFZIGER: That, literally, is all I have and if you will excuse me we will keep you informed as quickly as we know anything.

Q Lyn, are they still in the operation?

MR. NOFZIGER: I don't know. I don't have the vaguest idea. I don't know. I'll check on that. I don't know.

END 5:25 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 31, 1981

PRESS BRIEFING
BY
LARRY SPEAKES AND
DR. DENNIS O'LEARY AND
AND DR. DANIEL RUGE
Room 450
Old Executive Office Building

8:40 A.M. EST

MR. SPEAKES: We have with you to answer questions this morning, Dr. Dennis O'Leary, the Dean for Clinical Affairs at George Washington University and Dr. Daniel Ruge, the White House physician, after which I'll be available to answer questions.

DR. O'LEARY: The President had an excellent night. The endotrachial tube which was placed in his surgery was removed at 3:00 this morning. And he was moved from the recovery room to a private area at about 5:00 this morning. He did not get a lot of sleep last night, busy night. He maintained a constant dialogue with the nurses and doctors who were in constant attendance with him, maintaining an excellent sense of humor. I'm sure you'll hear many of his remarks. My favorite one is he said, "If I got this much attention in Hollywood, I'd never have left." This went on all night. I had an opportunity to see him this morning. He is in excellent spirits. All of his vital signs are entirely normal. He's on almost no medication and at this point in time, he really probably does not require an intensive level of medical care. He's doing extremely well.

Mr. McCarthy is also doing extremely well. And he is complaining a little bit of soreness in the liver area which is a little bit understandable. He has a mild elevation of his temperature and of his white blood count which would be expected after a liver injury. But he otherwise is doing extremely well.

Mr. Brady is much improved over his initial prognosis. He still has his endotrachial tube in. However, he is responsive and is moving the right side of his body in response to command. It is anticipated his tube will be removed later today. We are guarded as to his prognosis. But his progress thus far has really been extraordinary.

Q Are you suggesting that Mr. Brady understands your directives or questions to him and responds to them?

DR. O'LEARY: Yes.

Q Dr. O'Leary, I take it then that the prognosis for the President's complete recovery is excellent and you expect it?

DR. O'LEARY: That is correct.

Q Well, how soon do you expect that then?

DR. O'LEARY: How soon for his complete recovery?

Q For that kind of person --

DR. O'LEARY: Okay, the hospital, of course, is -- does vary by patients probably in the range of a week or two. But that will depend upon his specific, of course, and then after that probably

a couple of months until he is totally back to riding horses.

Q Dr. O'Leary, has the President been using the telephone? Has he been in contact with the White House, do you know?

DR. O'LEARY: Well, there've been a number of people from the White House in to see the President.This morning he is, as I say, fully alert, joking back and forth--

Q Has he been using the telephone --

DR. O'LEARY: I don't believe so.

Q How soon do you think the President can carry out a full-time day?

Q The question?

DR. O'LEARY: Well, the question was, how soon can I put the President -- put in a full-time day. That's a little bit speculative. He's obviously able to function right now in terms of his thought process, capacity to make decisions and so forth. He can probably put in a full-time day today as long as he gets a nap this afternoon.

Q What about the chances for post-operative complications such as pneumonia or --

DR. O'LEARY: At this point in time, I would be very surprised to see such complications develop. He is doing as well as any patient who has had an operation in his chest could do.

Q Has the President at all asked or has he been told about the condition of his Press Secretary?

DR. O'LEARY: He is not aware of the other people who were shot and injured at this time.

Q Has he asked at all about them?

DR. O'LEARY: He did not ask in my presence. I can't say whether he's asked anyone else but he is not aware of it as of this morning. Yes?

Q Doctor, could you say that the President's talking so much and joking so much, is this normal or is he on some kind of high? Or why is he --

DR. O'LEARY: I don't think he's on any high and I don't think we put him there on the basis of any of his drugs. He's a very outgoing, very vital person,from what I've seen of him, this is quite in character.

Q Does the President have much pain? What is his comfort level?

DR. O'LEARY: The President is requiring almost no pain medication at all. He is tough in a good sense.

Q Doctor, are there indications that there is going to be -- brain damage that Jim Brady might have suffered?

DR. O'LEARY: Well, the bullet did -- entered just lateral to his left eye and really traversed across to the right posterior skull where it stopped and it was removed. There was fairly extensive damage of the right hemisphere of the brain. However that is his non-dominant side and the important area that

controls not only his motor movement on his right side but all of his speech and mental processes are on the left side.

MORE

There was some minimal amount of damage involving the left side of the brain. In patients like this the spectrum of possible outcomes is very, very wide. It'd be really highly speculative right now to guess at what will happen to him.

Q Dr. O'Leary, it does seem rather strange that you have not told the President of the condition of his own press secretary. Is that a medical decision? Are you concerned about Mr. Reagan's reaction?

DR. O'LEARY: No. I think you have to remember the President has been through a little bit of an experience himself and our general experience is that we don't forcefeed information to people. Rather, we respond when they feel ready to deal with an answer by asking a question.

Q In your presence did he ask any questions or make any specific requests?

DR. O'LEARY: No. I can relate to you that Mr. Nofziger related to him that he'd be happy to know that the government was running normally and he responded, "What makes you think I'd be happy about that?" (Laughter.)

Q Why do you suppose that he did stay up all night talking with nurses and doctors?

DR. O'LEARY: Well, if you've ever been in a recovery room or an intensive care setting, it's really not very conducive to good sleep because lights are on and there's a lot of activity and monitors going and people running blood tests and checking vital signs. It's not peaceful sleep. I'm not surprised he was awake. Most people would have been awake most of the night.

Q Is he concerned about his own medical condition, how soon he will recover, that kind of thing?

DR. O'LEARY: No, I don't think he seems anxious at all. He's had a few questions but nothing particularly definitive. I think he's happy with the care he's getting. He's getting a lot of attention from the nursing staff and from the doctors.

Q Doctor, are there plans to move him to a military hospital and, if so, when?

DR. O'LEARY: That determination has not been made and will be a judgment, of course, of the family and the White House Staff.

Q Doctor, the President is making a number of remarks and jokes. But you say he has not yet asked about the condition of his press secretary or anybody else, if they've been hurt in that shooting?

DR. O'LEARY: That's what I said.

Q Has the President asked about or been curious about the assassination attempt?

DR. O'LEARY: Has he been briefed about it? He has some curiosity as to who the assassin was. He was provided a little bit of information along those lines. You have to remember, he's coming out of major surgery. He's been up all day and all night and I don't think you'd expect him to have a total overview of the world at this point. I am really stunned by how alert and with it that he is.

Q What drugs is he on now?

Q Tell us some more of these quips. Perhaps you have some more?

DR. O'LEARY: Perhaps some of the others could relate those to you. There are quite a number around.

Q Could you give us his blood pressure and his heart rate?

DR. O'LEARY: His blood pressure has been running about 130 over 80, which is totally normal. His pulse rate's about 70. You and I would do well to have such a good pulse rate. His temperature's normal.

Q Could you give us an idea as to whether the President actually knew that he was hit?

DR. O'LEARY: Okay. We did chat a little bit about that this morning. He really did not appreciate that he had been shot until he was actually in the emergency room itself. As you remember, he was pushed down. He thought he might have bruised or cracked a rib and that was his belief, at least at the time he entered the emergency room. It was only after he was in the emergency room that he realized it.

Q So he didn't experience much pain or discomfort as a result of the shot itself?

DR. O'LEARY: He knew that he had been hurt in some fashion because he was experiencing some pain in the chest wall, but he did not equate that with a bullet wound.

Q Do you know of any more of his thoughts at the time that the shots were fired? Did he mention them?

DR. O'LEARY: No, he did not.

Q Doctor, could you clarify one of your earlier answers? Is the President aware at all that anybody else is injured?

DR. O'LEARY: I don't believe that he is.

Q What kind of medication is the President receiving?

DR. O'LEARY: He is receiving one antibiotic, which is a cephalosporin, and he will probably come off of that within the next 24 hours. That's routine care for the patient and he has an as-needed pain medication which he isn't needing very much, and that's it.

Q Will the President be able to walk around?

Q Was Mrs. Reagan there this morning?

DR. O'LEARY: I don't think she's there this morning.

Q Doctor, you said it'll be about a week or two weeks before he will be out of the hospital. Can you give us an idea whether he'll be walking soon or exactly what kind of progress he is expected to be making?

DR. O'LEARY: That's a little bit hard to guess, but I would not be surprised to see him up walking around within the next couple of days.

MORE

Q What is the possibility of going back to California to recuperate there?

DR. O'LEARY : He said he really didn't want to go back there until he could ride a horse.

Q Doctor, how do you explain a person being shot in the chest, bullets in his lung and being able to after that time, walk from the car into the hospital without somebody knowing that that had happened?

DR. O'LEARY: Well, it would seem remarkable to any of us but I think we've seen things like that before. One gets quite a surge of adrenalin under these circumstances and we do things that we might not otherwise be able to do if we realized we'd been shot or otherwise injured.

Q Can you tell us more about Brady's response -- is it to light, is it to pin pricks, is he semi-conscious? Has he shown any sign of semi-consciousness?

DR. O'LEARY: Well, I think his level of consciousness is reflected by virtue of his responsiveness. He is asked to move his right arm. He moves it. He is asked to move his right leg. He moves it. He is clearly receptive to command. He's obviously not able to talk or to reflect other levels of alertness until his endotrachial tube comes out.

Q Eyes open or closed?

DR. O'LEARY: His eyes are open and his pupils are small and reactive to light. Very good sign.

Q Have all the fragments of the bullet been removed from Brady's brain?

DR. O'LEARY: We believe so, that the whole bullet was removed.

Q You said he could move his right leg and his right arm. Is he able to move his left leg and his left arm? Is there any paralysis that has appeared?

DR. O'LEARY: Well, again, we will not be able to assess that until we get a little bit further downstream. The left side of the body is predominantly controlled by the right side of the brain, and so we're not surprised if he's going to have a level impairment, it would probably affect the left side of the body.

Q Did the President ask specifically, "Who was it who shot me?" and was there an answer given?

DR. O'LEARY: He didn't phrase it in quite that fashion, but he showed some interest as to who was the person in terms of his demographic characteristics and what have you.

Q And was he told who it was?

DR. O'LEARY: He was simply told that it was a young man who came from a good family, which was about the extent of it.

Q How did the President respond to that?

DR. O'LEARY: I can't remember his specific response. It was basically noncommittal, I think.

Q Does he have an IV or a catheter?

DR. O'LEARY: He's still on IV to receive his antibiotic. That's all.

Q What about a catheter?

DR. O'LEARY: I'm really not sure. He will probably not need a catheter pretty shortly, if not right now.

Q One more question. Doctor, Mr. Reagan is a 70-year-old man and he received a bullet.He didn't feel it,but it was clear that he was hurt. (Inaudible.)

DR. O'LEARY: I don't think I understand all of the question. I think that his response to the injury was appropriate. He perceived that he had pain and he has really performed through all of this, as I said yesterday, like a physiologically young person. His responses have been totally normal.

Q Dr. O'Leary, if you think it is medically wise to withhold information about the other victims of this shooting, do you also feel it advisable that official information and problems be withheld as well for the President's medical benefit?

DR. O'LEARY: That's not really a judgment for me to make. That's up to the White House staff.

Q Well, then from a medical point of view, is it in the President's best interest not to have official stresses at this point?

DR. O'LEARY: Yes, I -- again, I think his primary limitation is a physical limitation because of what he's been through. But, I think he could use a little bit of sleep probably and I'm sure he get that in the course of the day. He is a very cool-headed man and what might be stressful for you or me is not necessarily stressful for him.

Q Are there any possible post-operative complications for either the President or Mr. Brady such as pneumonia or any other things?

DR. O'LEARY: Again, I think the likelihood of complications for the President is quite, quite small. Mr. Brady's had a serious injury. There are potential complications. We hope they won't develop. We're prepared to deal with them if they did.

Q Are his prospects of

recovery better today now? I mean Brady.

DR. O'LEARY: We believe that he is going to live. We are cautiously optimistic but we have no idea where he's going to end up.

Q Who has the President seen this morning and who will he be seeing today? How many people should he be seeing and talking to during the day?

DR. O'LEARY: Well, we're trying to keep the flow of people small but obviously there are a number of people who need to be in contact with him. He was covered through the night by the director of the intensive care unit and the director of emergency services personally as well as the nursing staff and other staff. He was visited this morning by his surgeons. Dr. Aaron was in the hospital through the night. Mr. Nofziger and myself visited with him this morning. I think Mr. Meese and some of the other staff did as well.

So he's handling all of this extremely well.

Q Dr. O'Leary, would you say that the President will be able to handle the stresses of the presidency right now at this moment?

DR. O'LEARY: I think I've tried to deal with that question. I think that he is quite capable of making decisions, interacting with people. I wouldn't encourage him to put in an 18-hour day, but I am sure that he can attend to the important matters of government today.

MR. SPEAKES: Thank you, Doctor.

I have a couple of items and then I will take your questions. This morning Jim Baker, the White House Chief of Staff, and Ed Meese, the Counselor to the President, and Mike Deaver, the Assistant to the President, met at the hospital for breakfast together. They visited the President for about 10 to 12 minutes around 7:15. As they went in the President was sitting up. He was brushing his teeth. They have presented him with the Dairy Bill, which you have there, an actual copy of what he signed. As you know, the Dairy Price Support Bill had to be signed today in order to be effective on the April 1st date.

A couple of additional quotes. These are written quotes. He sent out a Winston Churchill quote which said, "Winston Churchill said, 'There is no more exhilarating feeling than being shot without result.'" Then the quote that Dr. O'Leary gave him, which is a written quote. The first one was at midnight. This one is at 2:05 a.m. "If I had this much attention in Hollywood I'd have never left."

Then to a nurse, a spoken, something he said after the tubes had been removed at 3:00 a.m. "I always heal fast." The nurse said, "Keep up the good work." The President said, "You mean this may happen several more times?"

Then one of the questions he's had, "Will I be able to do ranch work?" And I think you've heard from the doctor that's a very positive sign on that.

Other than that, I'll accept your questions for a few minutes.

Q Larry, can you tell us what arrangement has been worked out to bring matters to the President's attention, what division of authority and what division of work has been worked out between the senior staff and the President?

MR. SPEAKES: Basically there is no division of authority. The President remains the President, of course. The senior staff, the top three senior staff members, have met with him this morning. I anticipate that the Vice President will be going out to visit the President today. The Vice President attended the senior staff (meeting) this morning and his statement there was that, "We will continue business as usual," that, "I will sit in on the meetings that the President would have normally attended and will act as if he were here."

Q Was this the deadline for signing this bill?

MR. SPEAKES: Yes.

Q This morning.

MR. SPEAKES: It had to be signed because otherwise the dairy price supports escalation would go into effect tomorrow.

Q Has the President made any other decisions aside from signing the bill, things that could be characterized as presidential decisions?

MR. SPEAKES: I'm not aware of it. Jim Baker and them were with him for 10 minutes or so but that was the immediate thing that required action this morning and he clearly took that, signing it on his breakfast tray.

Q Is there a military aide there with him now at the hospital and is "the football" there or is it with the Vice President?

MR. SPEAKES: John, we're very careful about discussing that. Yes, the military aide is present. As far as any of these other matters, they're clearly matters of national security which are classified that I can't discuss, but I can assure you that there's certainly no problem, nor was there ever any problem with that matter.

Q What kind of White House communication has been established with the hospital itself?

MR. SPEAKES:
We have the White House phone system installed and certainly, as it is, wherever the President of the United States is, there's complete communications apparatus.

Q Who was the senior staff person with him at this time? Are there people there --

MR. SPEAKES: Yes, there are people there. There's a working office there and there will be people from the President's staff and there will be constant communications.

Q Then has the White House formed a recovery place and worked out where the President will remain, where he'll go?

MR. SPEAKES: No, I don't think we've gotten that far yet.

Q Who's there, Larry? Can you tell us specifically who's going to be there in that office?

MR. SPEAKES: Yes, at the moment, David Fisher is there. I don't know who will work from there later in the day. I'm sure Helene Van Damm will be out there later today.

Q Not Meese or Baker or --

MR. SPEAKES: I don't anticipate them being there. I think they'll be here.

Q Mr. Speakes, has the President or any of his senior staff discussed the events of yesterday in terms of the way the President left the hotel, whether there should be changes in the future, his method of operation?

MR. SPEAKES: Sam, I don't think we've gotten into the security aspects of it or of those type things. No, I haven't heard discussion.

Q Well, Larry, how does he think the Secret Service responded in the circumstances?

MR. SPEAKES: I don't think he's expressed an opinion on that.

Q What is the feeling in terms of recuperation? The President said he didn't want to go to California until he could ride a horse. But clearly he must be doing some plans --

MR. SPEAKES: Sure, I don't think we've covered that with him. We're progressing day by day. So, I don't think we've covered specifically what happens next.

Q Larry, the would be assassined fired from, in effect, the cover of newsmen. In other words, he was in that spot in the pool area, all right? That makes me wonder whether or not, there, first of all, is there a certain amount of bitterness on the part of the White House as to how close the press can get to the President, whether you intend now to attempt to put more restrictions on our movement, whether this will be in any way used as an example as to how close the assassin can get by working among the newsmen?

MR. SPEAKES: Well, I heard no discussion of that.

Q Larry, were you able to find out if, in fact, the decision was made to withhold announcement of the fact that the President was shot to give somebody a chance to notify Bush or Mrs. Reagan or to do anything else?

MR. SPEAKES: I think our only consideration is that we move with factual information and we moved as quickly as we had the complete facts. I didn't hear of any discussion of delaying anything for any notification process. Yes, Bruce?

Q Will Bush continue to pick up the President's schedule for the duration of his hospital stay?

MR. SPEAKES: Well, for the next few days, I'm sure he will. As the Vice President said, he'll sit in where the President was supposed to sit in.

Q How much has the President's schedule been cancelled?

MR. SPEAKES: Helen --

Q I mean travel and so forth.

MR. SPEAKES: Well, clearly, the trip to Springfield, Illinois is not on. (Laughter.) We have not made a decision about the Cincinnati trip which is announced, but you can certainly draw your own conclusions about what we'd be able to do about that.

Q How about the border --

MR. SPEAKES: I just don't know. That hasn't been discussed.

Q What items has Mr. Block brought before the President this morning by --

MR. SPEAKES: The Dairy Bill is the one I'm aware of. There could have been others. But that was the one requiring his immediate attention.

Q Larry, as far as you know, no one was definitively aware that the President was shot until he was in the emergency room?

MR. SPEAKES: Well, as you heard, the President himself was not aware --

Q Did the President on his own walk into the -- Why was he allowed to walk into the hospital when he was wounded?

MR. SPEAKES: You've had the doctor. I wasn't present so I can't really address that.

Q Larry, how was the decision made to go to the hospital? The car initially headed down Connecticut Avenue -- then diverted. Can you tell us anything about that?

MR. SPEAKES: I can't address that, Hal. I guess that would be better for the Secret Service to address, though. I don't have the particulars on the immediate movements.

Q Larry, is there any explanation as to how this

assassin got so close to the President, in what they call a secure area. Somebody said that there was the media and a few others who were considered well wishers. Usually it is the people with the White House clearance,who have a White House pass, are given a prior hassle,and if people are there -- just float in?

MR. SPEAKES: No, I'm not in a position to discuss the security matters of what was happening there. I'm sure that will be --

Q Is there any enquiry under way to determine the facts of this other than what the Secret Service would normally do and FBI,and in terms of the White House itself?

MR. SPEAKES: I'm not aware of any.

Q Larry, are there any other plans to tell the President about the chance of the others or are you waiting for the advice of doctors?

MR. SPEAKES: I would judge we're waiting the advice of the doctor.

Q Larry, the meetings that Bush is going to sit in, that normally would be chaired by the President, are they now going to be discussion meetings or action meetings? And if action is taken at these meetings, will the Vice President have decision-making power?

MR. SPEAKES: The President will make all the decisions, as he always has.

Q So if a decision has be made at this meeting, it will be by reference to a call to the hospital?

MR. SPEAKES: Well, I don't know the mechanism but I can assure you that whatever decisions are required the President will make them and he'll certainly be consulting with the Vice President and they will meet today.

Q Will the Secretary of State be in the Situation Room all day today, do you know?

MR. SPEAKES: I don't know the Secretary of State's schedule.

Q Will the crisis management group or the same group or something like that be in the situation room today?

MR. SPEAKES: I don't know that they will assemble today.

Q Larry, to follow up on that, was the President advised of Secretary Haig's efforts at crisis management yesterday?

MR. SPEAKES: I don't know that that's been transmitted to the President.

Q Larry, what's the purpose of the Cabinet meeting today and the meeting with congressional leaders? Is this a normal meeting or is this to assure them as a result of the shooting?

MR. SPEAKES: No, we wanted to bring the Cabinet in. Most of them were here yesterday but they wanted to bring the remainder of them in that are in town to give them an update on the President's situation and to discuss whatever other matters they may have on their mind.

The meeting with the Republican leaders was scheduled. The meeting with the congressional leaders was a Republican leadership meeting which, of course, has been expanded to include a bipartisan group.

Q Larry, is it true that the President's signature that you've given us here on this bill to show his first act since the incident is not his normal signature, that it does reflect a weakened man who's in the hospital?

MR. SPEAKES: I wouldn't agree with that at all.

Q You would think that is his normal strong signature?

MR. SPEAKES: Yes, sir.

Q Larry, was the President questioned about the shooting by the FBI or the Secret Service or will he be in the near future?

MR. SPEAKES: I don't know. All of the law enforcement aspects should probably come from the Justice Department. I just won't be able to get into it.

Q Larry, are there any other staff members staying in the hospital and is there going to be a press room in the hospital?

MR. SPEAKES: I think we've closed our press operation down and everything will come from here, although there will be members of the President's immediate staff there.

Q Larry, that's not the President's normal signature. Is it? It's not like that. I mean have you looked at it? It's a little wobbly.

MR. SPEAKES: I will let you be the handwriting experts today.

Q Larry, could you clarify the command authority arrangement that you described yesterday, whether that is a carry-over from past administrations or whether that's a standing order for this administration?

MR. SPEAKES: I think every administration establishes it.

Q Was it different? Was it the same one?

MR. SPEAKES: I don't know.

Q Larry, in the Situation Room yesterday, right after this happened, can you tell us was there any confusion about that order?

MR. SPEAKES: No confusion whatsoever.

Q Who was in that room and who made the decision and who pulled out the documents?

MR. SPEAKES: Sure. I did account for you yesterday who was in it. I don't have my list here but that's available. It was a cooperative effort completely. There was an open line from the President's senior staff who were talking with the President, an open line from the hospital to the Situation Room. Both the hospital and the Situation Room were in contact with the Vice President.

Q Larry, was Secretary Haig asked by the White House Staff to make the appearance at the White House yesterday afternoon or did he do that on his own?

MR. SPEAKES: Well, I'm not sure. I was in the Briefing Room at the time. The Secretary came up because he thought, and it was certainly -- the entire meeting was a spirit of cooperation -- he felt that it was important to reassure the American people and our friends abroad and that's what he did.

The important thing to note on that is that the White House did not skip a beat. The government did not skip a beat. The White House performed effectively. There was not a single ripple. It was a complete spirit of cooperation. It was a real teamwork effort and I think it's a commendable effort.

Q Was there contact with Speaker O'Neill?

MR. SPEAKES: I'm sure there was some contact with Speaker O'Neill, but not anything specific.

Q Who was asking for those assurances? What allies were expressing concern about authority over the government?

MR. SPEAKES: I don't think anybody had asked for any. Let me take one more question so we can get over to those meetings.

Q Larry, if the President didn't know he was injured until he got to the hospital, why did he go to the hospital?

MR. SPEAKES: He knew he was injured.

Q Is the White House under crisis management right now, today?

MR. SPEAKES: I think the White House is operating very normally. As close to normal --

Q Will you hold a briefing this afternoon or noon?

MR. SPEAKES: Why don't I try to get out maybe after 12:00, 1:00 or 2:00 just to take what questions --

Q Here?

MR. SPEAKES: No, I'll do it in the briefing room.

END 9:12 A.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 31, 1981

PRESS BRIEFING
BY
LARRY SPEAKES AND
DR. DENNIS O'LEARY AND
AND DR. DANIEL RUGE
Room 450
Old Executive Office Building

8:40 A.M. EST

MR. SPEAKES: We have with you to answer questions this morning, Dr. Dennis O'Leary, the Dean for Clinical Affairs at George Washington University and Dr. Daniel Ruge, the White House physician, after which I'll be available to answer questions.

DR. O'LEARY: The President had an excellent night. The endotrachial tube which was placed in his surgery was removed at 3:00 this morning. And he was moved from the recovery room to a private area at about 5:00 this morning. He did not get a lot of sleep last night, busy night. He maintained a constant dialogue with the nurses and doctors who were in constant attendance with him, maintaining an excellent sense of humor. I'm sure you'll hear many of his remarks. My favorite one is he said, "If I got this much attention in Hollywood, I'd never have left." This went on all night. I had an opportunity to see him this morning. He is in excellent spirits. All of his vital signs are entirely normal. He's on almost no medication and at this point in time, he really probably does not require an intensive level of medical care. He's doing extremely well.

Mr. McCarthy is also doing extremely well. And he is complaining a little bit of soreness in the liver area which is a little bit understandable. He has a mild elevation of his temperature and of his white blood count which would be expected after a liver injury. But he otherwise is doing extremely well.

Mr. Brady is much improved over his initial prognosis. He still has his endotrachial tube in. However, he is responsive and is moving the right side of his body in response to command. It is anticipated his tube will be removed later today. We are guarded as to his prognosis. But his progress thus far has really been extraordinary.

Q Are you suggesting that Mr. Brady understands your directives or questions to him and responds to them?

DR. O'LEARY: Yes.

Q Dr. O'Leary, I take it then that the prognosis for the President's complete recovery is excellent and you expect it?

DR. O'LEARY: That is correct.

Q Well, how soon do you expect that then?

DR. O'LEARY: How soon for his complete recovery?

Q For that kind of person --

DR. O'LEARY: Okay, the hospital, of course, is -- does vary by patients probably in the range of a week or two. But that will depend upon his specific, of course, and then after that probably

a couple of months until he is totally back to riding horses.

Q Dr. O'Leary, has the President been using the telephone? Has he been in contact with the White House, do you know?

DR. O'LEARY: Well, there've been a number of people from the White House in to see the President.This morning he is, as I say, fully alert, joking back and forth--

Q Has he been using the telephone --

DR. O'LEARY: I don't believe so.

Q How soon do you think the President can carry out a full-time day?

Q The question?

DR. O'LEARY: Well, the question was, how soon can I put the President -- put in a full-time day. That's a little bit speculative. He's obviously able to function right now in terms of his thought process, capacity to make decisions and so forth. He can probably put in a full-time day today as long as he gets a nap this afternoon.

Q What about the chances for post-operative complications such as pneumonia or --

DR. O'LEARY: At this point in time, I would be very surprised to see such complications develop. He is doing as well as any patient who has had an operation in his chest could do.

Q Has the President at all asked or has he been told about the condition of his Press Secretary?

DR. O'LEARY: He is not aware of the other people who were shot and injured at this time.

Q Has he asked at all about them?

DR. O'LEARY: He did not ask in my presence. I can't say whether he's asked anyone else but he is not aware of it as of this morning. Yes?

Q Doctor, could you say that the President's talking so much and joking so much, is this normal or is he on some kind of high? Or why is he --

DR. O'LEARY: I don't think he's on any high and I don't think we put him there on the basis of any of his drugs. He's a very outgoing, very vital person,from what I've seen of him, this is quite in character.

Q Does the President have much pain? What is his comfort level?

DR. O'LEARY: The President is requiring almost no pain medication at all. He is tough in a good sense.

Q Doctor, are there indications that there is going to be -- brain damage that Jim Brady might have suffered?

DR. O'LEARY: Well, the bullet did -- entered just lateral to his left eye and really traversed across to the right posterior skull where it stopped and it was removed. There was fairly extensive damage of the right hemisphere of the brain. However that is his non-dominant side and the important area that

controls not only his motor movement on his right side but all of his speech and mental processes are on the left side.

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There was some minimal amount of damage involving the left side of the brain. In patients like this the spectrum of possible outcomes is very, very wide. It'd be really highly speculative right now to guess at what will happen to him.

Q Dr. O'Leary, it does seem rather strange that you have not told the President of the condition of his own press secretary. Is that a medical decision? Are you concerned about Mr. Reagan's reaction?

DR. O'LEARY: No. I think you have to remember the President has been through a little bit of an experience himself and our general experience is that we don't forcefeed information to people. Rather, we respond when they feel ready to deal with an answer by asking a question.

Q In your presence did he ask any questions or make any specific requests?

DR. O'LEARY: No. I can relate to you that Mr. Nofziger related to him that he'd be happy to know that the government was running normally and he responded, "What makes you think I'd be happy about that?" (Laughter.)

Q Why do you suppose that he did stay up all night talking with nurses and doctors?

DR. O'LEARY: Well, if you've ever been in a recovery room or an intensive care setting, it's really not very conducive to good sleep because lights are on and there's a lot of activity and monitors going and people running blood tests and checking vital signs. It's not peaceful sleep. I'm not surprised he was awake. Most people would have been awake most of the night.

Q Is he concerned about his own medical condition, how soon he will recover, that kind of thing?

DR. O'LEARY: No, I don't think he seems anxious at all. He's had a few questions but nothing particularly definitive. I think he's happy with the care he's getting. He's getting a lot of attention from the nursing staff and from the doctors.

Q Doctor, are there plans to move him to a military hospital and, if so, when?

DR. O'LEARY: That determination has not been made and will be a judgment, of course, of the family and the White House Staff.

Q Doctor, the President is making a number of remarks and jokes. But you say he has not yet asked about the condition of his press secretary or anybody else, if they've been hurt in that shooting?

DR. O'LEARY: That's what I said.

Q Has the President asked about or been curious about the assassination attempt?

DR. O'LEARY: Has he been briefed about it? He has some curiosity as to who the assassin was. He was provided a little bit of information along those lines. You have to remember, he's coming out of major surgery. He's been up all day and all night and I don't think you'd expect him to have a total overview of the world at this point. I am really stunned by how alert and with it that he is.

Q What drugs is he on now?

Q Tell us some more of these quips. Perhaps you have some more?

DR. O'LEARY: Perhaps some of the others could relate those to you. There are quite a number around.

Q Could you give us his blood pressure and his heart rate?

DR. O'LEARY: His blood pressure has been running about 130 over 80, which is totally normal. His pulse rate's about 70. You and I would do well to have such a good pulse rate. His temperature's normal.

Q Could you give us an idea as to whether the President actually knew that he was hit?

DR. O'LEARY: Okay. We did chat a little bit about that this morning. He really did not appreciate that he had been shot until he was actually in the emergency room itself. As you remember, he was pushed down. He thought he might have bruised or cracked a rib and that was his belief, at least at the time he entered the emergency room. It was only after he was in the emergency room that he realized it.

Q So he didn't experience much pain or discomfort as a result of the shot itself?

DR. O'LEARY: He knew that he had been hurt in some fashion because he was experiencing some pain in the chest wall, but he did not equate that with a bullet wound.

Q Do you know of any more of his thoughts at the time that the shots were fired? Did he mention them?

DR. O'LEARY: No, he did not.

Q Doctor, could you clarify one of your earlier answers? Is the President aware at all that anybody else is injured?

DR. O'LEARY: I don't believe that he is.

Q What kind of medication is the President receiving?

DR. O'LEARY: He is receiving one antibiotic, which is a cephalosporin, and he will probably come off of that within the next 24 hours. That's routine care for the patient and he has an as-needed pain medication which he isn't needing very much, and that's it.

Q Will the President be able to walk around?

Q Was Mrs. Reagan there this morning?

DR. O'LEARY: I don't think she's there this morning.

Q Doctor, you said it'll be about a week or two weeks before he will be out of the hospital. Can you give us an idea whether he'll be walking soon or exactly what kind of progress he is expected to be making?

DR. O'LEARY: That's a little bit hard to guess, but I would not be surprised to see him up walking around within the next couple of days.

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Q What is the possibility of going back to California to recuperate there?

DR. O'LEARY : He said he really didn't want to go back there until he could ride a horse.

Q Doctor, how do you explain a person being shot in the chest, bullets in his lung and being able to after that time, walk from the car into the hospital without somebody knowing that that had happened?

DR. O'LEARY: Well, it would seem remarkable to any of us but I think we've seen things like that before. One gets quite a surge of adrenalin under these circumstances and we do things that we might not otherwise be able to do if we realized we'd been shot or otherwise injured.

Q Can you tell us more about Brady's response -- is it to light, is it to pin pricks, is he semi-conscious? Has he shown any sign of semi-consciousness?

DR. O'LEARY: Well, I think his level of consciousness is reflected by virtue of his responsiveness. He is asked to move his right arm. He moves it. He is asked to move his right leg. He moves it. He is clearly receptive to command. He's obviously not able to talk or to reflect other levels of alertness until his endotrachial tube comes out.

Q Eyes open or closed?

DR. O'LEARY: His eyes are open and his pupils are small and reactive to light. Very good sign.

Q Have all the fragments of the bullet been removed from Brady's brain?

DR. O'LEARY: We believe so, that the whole bullet was removed.

Q You said he could move his right leg and his right arm. Is he able to move his left leg and his left arm? Is there any paralysis that has appeared?

DR. O'LEARY: Well, again, we will not be able to assess that until we get a little bit further downstream. The left side of the body is predominantly controlled by the right side of the brain, and so we're not surprised if he's going to have a level impairment, it would probably affect the left side of the body.

Q Did the President ask specifically, "Who was it who shot me?" and was there an answer given?

DR. O'LEARY: He didn't phrase it in quite that fashion, but he showed some interest as to who was the person in terms of his demographic characteristics and what have you.

Q And was he told who it was?

DR. O'LEARY: He was simply told that it was a young man who came from a good family, which was about the extent of it.

Q How did the President respond to that?

DR. O'LEARY: I can't remember his specific response. It was basically noncommittal, I think.

Q Does he have an IV or a catheter?

DR. O'LEARY: He's still on IV to receive his antibiotic. That's all.

Q What about a catheter?

DR. O'LEARY: I'm really not sure. He will probably not need a catheter pretty shortly, if not right now.

Q One more question. Doctor, Mr. Reagan is a 70-year-old man and he received a bullet.He didn't feel it,but it was clear that he was hurt. (Inaudible.)

DR. O'LEARY: I don't think I understand all of the question. I think that his response to the injury was appropriate. He perceived that he had pain and he has really performed through alh of this, as I said yesterday, like a physiologically young person. His responses have been totally normal.

Q Dr. O'Leary, if you think it is medically wise to withhold information about the other victims of this shooting, do you also feel it advisable that official information and problems be withheld as well for the President's medical benefit?

DR. O'LEARY: That's not really a judgment for me to make. That's up to the White House staff.

Q Well, then from a medical point of view, is it in the President's best interest not to have official stresses at this point?

DR. O'LEARY: Yes, I -- again, I think his primary limitation is a physical limitation because of what he's been through. But, I think he could use a little bit of sleep probably and I'm sure he get that in the course of the day. He is a very cool-headed man and what might be stressful for you or me is not necessarily stressful for him.

Q Are there any possible post-operative complications for either the President or Mr. Brady such as pneumonia or any other things?

DR. O'LEARY: Again, I think the likelihood of complications for the President is quite, quite small. Mr. Brady's had a serious injury. There are potential complications. We hope they won't develop. We're prepared to deal with them if they did.

Q Are his prospects of

recovery better today now? I mean Brady.

DR. O'LEARY: We believe that he is going to live. We are cautiously optimistic but we have no idea where he's going to end up.

Q Who has the President seen this morning and who will he be seeing today? How many people should he be seeing and talking to during the day?

DR. O'LEARY: Well, we're trying to keep the flow of people small but obviously there are a number of people who need to be in contact with him. He was covered through the night by the director of the intensive care unit and the director of emergency services personally as well as the nursing staff and other staff. He was visited this morning by his surgeons. Dr. Aaron was in the hospital through the night. Mr. Nofziger and myself visited with him this morning. I think Mr. Meese and some of the other staff did as well.

So he's handling all of this extremely well.

Q Dr. O'Leary, would you say that the President will be able to handle the stresses of the presidency right now at this moment?

DR. O'LEARY: I think I've tried to deal with that question. I think that he is quite capable of making decisions, interacting with people. I wouldn't encourage him to put in an 18-hour day, but I am sure that he can attend to the important matters of government today.

MR. SPEAKES: Thank you, Doctor.

I have a couple of items and then I will take your questions. This morning Jim Baker, the White House Chief of Staff, and Ed Meese, the Counselor to the President, and Mike Deaver, the Assistant to the President, met at the hospital for breakfast together. They visited the President for about 10 to 12 minutes around 7:15. As they went in the President was sitting up. He was brushing his teeth. They have presented him with the Dairy Bill, which you have there, an actual copy of what he signed. As you know, the Dairy Price Support Bill had to be signed today in order to be effective on the April 1st date.

A couple of additional quotes. These are written quotes. He sent out a Winston Churchill quote which said, "Winston Churchill said, 'There is no more exhilarating feeling than being shot without result.'" Then the quote that Dr. O'Leary gave him, which is a written quote. The first one was at midnight. This one is at 2:05 a.m. "If I had this much attention in Hollywood I'd have never left."

Then to a nurse, a spoken, something he said after the tubes had been removed at 3:00 a.m. "I always heal fast." The nurse said, "Keep up the good work." The President said, "You mean this may happen several more times?"

Then one of the questions he's had, "Will I be able to do ranch work?" And I think you've heard from the doctor that a very positive sign on that.

Other than that, I'll accept your questions for a f minutes.

Q Larry, can you tell us what arrangement has be worked out to bring matters to the President's attention, what division of authority and what division of work has been worked out between the senior staff and the President?

MR. SPEAKES: Basically there is no division of authority. The President remains the President, of course. The senior staff, the top three senior staff members, have met with h this morning. I anticipate that the Vice President will be going to visit the President today. The Vice President attended the senior staff (meeting) this morning and his statement there was that, "We will continue business as usual," that, "I will sit in the meetings that the President would have normally attended and act as if he were here."

Q Was this the deadline for signing this bill?

MR. SPEAKES: Yes.

Q This morning.

MR. SPEAKES: It had to be signed because otherwi the dairy price supports escalation would go into effect tomorr

Q Has the President made any other decisions aside from signing the bill, things that could be characterized presidential decisions?

MR. SPEAKES: I'm not aware of it. Jim Baker and them were with him for 10 minutes or so but that was the immed thing that required action this morning and he clearly took th signing it on his breakfast tray.

Q Is there a military aide there with him now the hospital and is "the football" there or is it with the Vic President?

MR. SPEAKES: John, we're very careful about di that. Yes, the military aide is present. As far as any of t other matters, they're clearly matters of national security w classified that I can't discuss, but I can assure you that th certainly no problem, nor was there ever any problem with tha

Q What kind of White House communication has established with the hospital itself?

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MR. SPEAKES:
We have the White House phone system installed and certainly, as it is, wherever the President of the United States is, there's complete communications apparatus.

Q Who was the senior staff person with him at this time? Are there people there --

MR. SPEAKES: Yes, there are people there. There's a working office there and there will be people from the President's staff and there will be constant communications.

Q Then has the White House formed a recovery place and worked out where the President will remain, where he'll go?

MR. SPEAKES: No, I don't think we've gotten that far yet.

Q Who's there, Larry? Can you tell us specifically who's going to be there in that office?

MR. SPEAKES: Yes, at the moment, David Fisher is there. I don't know who will work from there later in the day. I'm sure Helene Van Damm will be out there later today.

Q Not Meese or Baker or --

MR. SPEAKES: I don't anticipate them being there. I think they'll be here.

Q Mr. Speakes, has the President or any of his senior staff discussed the events of yesterday in terms of the way the President left the hotel, whether there should be changes in the future, his method of operation?

MR. SPEAKES: Sam, I don't think we've gotten into the security aspects of it or of those type things. No, I haven't heard discussion.

Q Well, Larry, how does he think the Secret Service responded in the circumstances?

MR. SPEAKES: I don't think he's expressed an opinion on that.

Q What is the feeling in terms of recuperation? The President said he didn't want to go to California until he could ride a horse. But clearly he must be doing some plans --

MR. SPEAKES: Sure, I don't think we've covered that with him. We're progressing day by day. So, I don't think we've covered specifically what happens next.

Q Larry, the would be assassined fired from, in effect, the cover of newsmen. In other words, he was in that spot in the pool area, all right? That makes me wonder whether or not, there, first of all, is there a certain amount of bitterness on the part of the White House as to how close the press can get to the President, whether you intend now to attempt to put more restrictions on our movement, whether this will be in any way used as an example as to how close the assassin can get by working among the newsmen?

MR. SPEAKES: Well, I heard no discussion of that.

Q Larry, were you able to find out if, in fact, the decision was made to withhold announcement of the fact that the President was shot to give somebody a chance to notify Bush or Mrs. Reagan or to do anything else?

MR. SPEAKES: I think our only consideration is that we move with factual information and we moved as quickly as we had the complete facts. I didn't hear of any discussion of delaying anything for any notification process. Yes, Bruce?

Q Will Bush continue to pick up the President's schedule for the duration of his hospital stay?

MR. SPEAKES: Well, for the next few days, I'm sure he will. As the Vice President said, he'll sit in where the President was supposed to sit in.

Q How much has the President's schedule been cancelled?

MR. SPEAKES: Helen --

Q I mean travel and so forth.

MR. SPEAKES: Well, clearly, the trip to Springfield, Illinois is not on. (Laughter.) We have not made a decision about the Cincinnati trip which is announced, but you can certainly draw your own conclusions about what we'd be able to do about that.

Q How about the border --

MR. SPEAKES: I just don't know. That hasn't been discussed.

Q What items has Mr. Block brought before the President this morning by --

MR. SPEAKES: The Dairy Bill is the one I'm aware of. There could have been others. But that was the one requiring his immediate attention.

Q Larry, as far as you know, no one was definitively aware that the President was shot until he was in the emergency room?

MR. SPEAKES: Well, as you heard, the President himself was not aware --

Q Did the President on his own walk into the -- Why was he allowed to walk into the hospital when he was wounded?

MR. SPEAKES: You've had the doctor. I wasn't present so I can't really address that.

Q Larry, how was the decision made to go to the hospital? The car initially headed down Connecticut Avenue -- then diverted. Can you tell us anything about that?

MR. SPEAKES: I can't address that, Hal. I guess that would be better for the Secret Service to address, though. I don't have the particulars on the immediate movements.

Q Larry, is there any explanation as to how this

assassin got so close to the President, in what they call a secure area. Somebody said that there was the media and a few others who were considered well wishers. Usually it is the people with the White House clearance,who have a White House pass, are given a prior hassle,and if people are there -- just float in?

MR. SPEAKES: No, I'm not in a position to discuss the security matters of what was happening there. I'm sure that will be --

Q Is there any enquiry under way to determine the facts of this other than what the Secret Service would normally do and FBI,and in terms of the White House itself?

MR. SPEAKES: I'm not aware of any.

Q Larry, are there any other plans to tell the President about the chance of the others or are you waiting for the advice of doctors?

MR. SPEAKES: I would judge we're waiting the advice of the doctor.

Q Larry, the meetings that Bush is going to sit in, that normally would be chaired by the President, are they now going to be discussion meetings or action meetings? And if action is taken at these meetings, will the Vice President have decision-making power?

MR. SPEAKES: The President will make all the decisions, as he always has.

Q So if a decision has be made at this meeting, it will be by reference to a call to the hospital?

MR. SPEAKES: Well, I don't know the mechanism but I can assure you that whatever decisions are required the President will make them and he'll certainly be consulting with the Vice President and they will meet today.

Q Will the Secretary of State be in the Situation Room all day today, do you know?

MR. SPEAKES: I don't know the Secretary of State's schedule.

Q Will the crisis management group or the same group or something like that be in the situation room today?

MR. SPEAKES: I don't know that they will assemble today.

Q Larry, to follow up on that, was the President advised of Secretary Haig's efforts at crisis management yesterday?

MR. SPEAKES: I don't know that that's been transmitted to the President.

Q Larry, what's the purpose of the Cabinet meeting today and the meeting with congressional leaders? Is this a normal meeting or is this to assure them as a result of the shooting?

MR. SPEAKES: No, we wanted to bring the Cabinet in. Most of them were here yesterday but they wanted to bring the remainder of them in that are in town to give them an update on the President's situation and to discuss whatever other matters they may have on their mind.

The meeting with the Republican leaders was scheduled. The meeting with the congressional leaders was a Republican leadership meeting which, of course, has been expanded to include a bipartisan group.

Q Larry, is it true that the President's signature that you've given us here on this bill to show his first act since the incident is not his normal signature, that it does reflect a weakened man who's in the hospital?

MR. SPEAKES: I wouldn't agree with that at all.

Q You would think that is his normal strong signature?

MR. SPEAKES: Yes, sir.

Q Larry, was the President questioned about the shooting by the FBI or the Secret Service or will he be in the near future?

MR. SPEAKES: I don't know. All of the law enforcement aspects should probably come from the Justice Department. I just won't be able to get into it.

Q Larry, are there any other staff members staying in the hospital and is there going to be a press room in the hospital?

MR. SPEAKES: I think we've closed our press operation down and everything will come from here, although there will be members of the President's immediate staff there.

Q Larry, that's not the President's normal signature. Is it? It's not like that. I mean have you looked at it? It's a little wobbly.

MR. SPEAKES: I will let you be the handwriting experts today.

Q Larry, could you clarify the command authority arrangement that you described yesterday, whether that is a carry-over from past administrations or whether that's a standing order for this administration?

MR. SPEAKES: I think every administration establishes it.

Q Was it different? Was it the same one?

MR. SPEAKES: I don't know.

Q Larry, in the Situation Room yesterday, right after this happened, can you tell us was there any confusion about that order?

MR. SPEAKES: No confusion whatsoever.

Q Who was in that room and who made the decision and who pulled out the documents?

MR. SPEAKES: Sure. I did account for you yesterday who was in it. I don't have my list here but that's available. It was a cooperative effort completely. There was an open line from the President's senior staff who were talking with the President, an open line from the hospital to the Situation Room. Both the hospital and the Situation Room were in contact with the Vice President.

Q Larry, was Secretary Haig asked by the White House Staff to make the appearance at the White House yesterday afternoon or did he do that on his own?

MR. SPEAKES: Well, I'm not sure. I was in the Briefing Room at the time. The Secretary came up because he thought, and it was certainly -- the entire meeting was a spirit of cooperation -- he felt that it was important to reassure the American people and our friends abroad and that's what he did.

The important thing to note on that is that the White House did not skip a beat. The government did not skip a beat. The White House performed effectively. There was not a single ripple. It was a complete spirit of cooperation. It was a real teamwork effort and I think it's a commendable effort.

Q Was there contact with Speaker O'Neill?

MR. SPEAKES: I'm sure there was some contact with Speaker O'Neill, but not anything specific.

Q Who was asking for those assurances? What allies were expressing concern about authority over the government?

MR. SPEAKES: I don't think anybody had asked for any. Let me take one more question so we can get over to those meetings.

Q Larry, if the President didn't know he was injured until he got to the hospital, why did he go to the hospital?

MR. SPEAKES: He knew he was injured.

Q Is the White House under crisis management right now, today?

MR. SPEAKES: I think the White House is operating very normally. As close to normal --

Q Will you hold a briefing this afternoon or noon?

MR. SPEAKES: Why don't I try to get out maybe after 12:00, 1:00 or 2:00 just to take what questions --

Q Here?

MR. SPEAKES: No, I'll do it in the briefing room.

END 9:12 A.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 30, 1981

BRIEFING FOR THE PRESS
BY LARRY SPEAKES

The Briefing Room

(5:23 P.M. EST)

MR. SPEAKES: Let me say, to start with, that I will not be able to answer any questions and essentially confirming what's been said from the hospital. The President is still in surgery and he will be for a while, but the doctors in a preliminary report to Mrs. Reagan have just assured her that his condition remains good.

As far as the report about Jim Brady, it is untrue and he is in serious condition. Thank you.

END (5:24 P.M. EST)

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 30, 1981

BRIEFING FOR THE PRESS
BY
SECRETARY HAIG

The Briefing Room

4:14 P.M. EST

SECRETARY HAIG: I just wanted to touch upon a few matters associated with today's tragedy. First, 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, now undergoing surgery. And there are absolutely no alert measures that are necessary at this time we're contemplating.

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

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

SECRETARY HAIG: The 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 decided he wants to transfer the helm to the Vice President, he will do so. He has not done that. 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.

Q What is the extent of the President's injury?

SECRETARY HAIG: Well, as best we know, he's had one round enter his body, in the left side, into the left lung and there is surgery underway to remove the round now. When the President entered surgery, he was conscious. His signs were stable. And the situation is very clear.

Q Did you talk with him by phone before surgery?

SECRETARY HAIG: No, I did not nor was it necessary. I was in close touch with both Mr. Meese and Mr. Baker throughout and have been from --

Q Mr. Secretary, approximately when did you arrive at the White House after following --

SECRETARY HAIG: Very few moments after the incident, very few moments after the incident

Q And do you know what is the condition of Mr. Brady?

SECRETARY HAIG: We understand that -- I just saw on

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television what you saw and it sounds serious.

Q What's the reaction of the Soviets on this? Any reaction?

SECRETARY HAIG: I don't anticipate any reaction. I think you've gotten all that you need for the moment. In fact --

Q Will you remain in charge here until the Vice President returns?

SECRETARY HAIG: We will stay right where we are until the situation clarifies.

Q How long has the President been in surgery, sir?

Q When is the Vice President expected here?

Q 8:00.

SECRETARY HAIG: Later this afternoon.

Q Do you know when the operation began on the President, about what time?

Q Will he go to the hospital?

SECRETARY HAIG: Was I here? Yes.

Q What time?

SECRETARY HAIG: What time was the -- I don't know. Just it was shortly after that announcement that you heard on the --

Q What time will the Vice President be back, sir?

Q Early evening.

SECRETARY HAIG: I'm not going to make it a habit of saying what I --

Q Will you come back and talk to us soon?

Q Mr. Secretary, any additional measures being taken -- was this a conspiracy or was this a --

SECRETARY HAIG: We have no indications of anything like that now, and we are not going to say a word on that subject until the situation clarifies itself.

Q Do you anticipate from what you know of the President's condition that the Vice President will have to for a period of time take the role of acting President?

Q That's a fundamentally premature question,

END (4:22 P.M. EST)

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 30, 1981

BRIEFING FOR THE PRESS
BY LARRY SPEAKES

The Briefing Room

(4:09 P.M. EST)

MR. SPEAKES: Mainly I wanted to come here to let you know that I will be present here throughout. Lyn Nofziger's at the hospital. He will be making statements from there. We will have the same information here.

I can only say what we said earlier, that the President has a gunshot wound in the left side of the chest, is in stable condition.

Jim Brady has been shot. It is a head wound. We have no information on his condition.

That's the extent --

Q Is the President in surgery?

Q Are they in surgery yet?

MR. SPEAKES: I can't say.

Q Is Brady?

Q We have gotten confirmed reports, so have other network news, so have the wires, can't you help us with that, Larry?

MR. SPEAKES: As soon as we can confirm it we will, and I just --

Q Larry, his brother's been called by the White House and has been told that the President is in surgery right now, that he's already had blood transfusions. Is your information going to be that far behind what we're getting from other sources?

MR. SPEAKES: Lesley, we will do our very best to keep it up. As you know, earlier when I was out here, our initial report was that the President was not hit. That's what we run into when we try to give information when we are not hundred percent sure or we don't have it from the source. We do have somebody there with the President. I will be here. I just wanted to let you know I'll come down every 15 or 20 or 30 minutes just to let you know exactly what we know and will also let you know when we don't have any further information.

Q Is that the extent of what you know, what you've just said now, is that the extent of what you know?

MR. SPEAKES: That's the extent of what I can say at this point.

Q Can you check on the surgery and come back?

Q Could you confirm the surgery report with a phonecall or something?

MR. SPEAKES: I will.

Q Not 15 minutes, but a few minutes?

Q Larry, can you give us an understanding of how serious the chest wound is?

MR. SPEAKES: No.

Q Do you have any idea? There are reports that it punctured the lung.

MR. SPEAKES: We can't confirm that yet. We've talked to the doctors but, you know, we cannot confirm that yet.

Q Larry, can you confirm reports that Jim is in surgery now?

MR. SPEAKES: Yes.

Q What process does the United States government go through with foreign governments when something like this occurs?

MR. SPEAKES: Jerry, there is a notification process and I think the State Department has moved on that.

Q Has the U.S. military been placed on any higher readiness?

MR. SPEAKES: Not that I'm aware of. There were some questions about the Vice President. I understand he was in Texas today. He is returning. He's expected to arrive at Andrews around 8:00 o'clock this evening according to the information that I have now. He has been informed, he is in communication.

Q Would he assume emergency powers?

Q Will there be a division of labor of any kind?

MR. SPEAKES: Not that I'm aware of. We just haven't crossed those bridges yet.

Q What's the nature of the notification that the State Department is making with foreign governments?

MR. SPEAKES: I'm sure it's a notification to indicate that the President is in stable condition.

Q Who's running the government right now?

Q If the President goes into surgery and goes under anaesthesia, would Vice President Bush become the acting President at that moment or under what circumstances does he?

MR. SPEAKES: I cannot answer that question at this time.

Q How about the crisis management team? Would that come into effect?

Q Larry, what is the consideration is not keeping us

more up to date on the President's condition? We know he's in surgery and no one seems to be able to come out and confirm it. Why the time lag?

MR. SPEAKES: Lesley, I would assure you there is no reason except we want to be completely sure of our facts.

Q Well, is the President's surgery a fact?

MR. SPEAKES: I'm sorry, I cannot do it from here at this time.

Q What can you tell us about the gunman who's in custody?

MR. SPEAKES: Absolutely nothing. That would have to come from Secret Service or the police.

Q Larry, who'll be determining the status of the President and whether the Vice President should, in fact, become the acting President?

MR. SPEAKES: Pardon?

Q Who will be determining the status of the President --

MR. SPEAKES: I don't know the details on that.

Q Larry, what's the note say?

MR. SPEAKES: I'll let you know shortly.

Q Listen, will you announce it each time you come out here, Larry?

END 4:25 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 30, 1981

BRIEFING FOR THE PRESS

The Briefing Room

(3:37 P.M. EST)

MR. GERGEN: Good afternoon. This is to confirm the statements made at George Washington hospital that the President was shot once in the left side, this afternoon, as he left the hotel.

His condition is stable.

A decision is now being made whether or not to operate to remove the bullet. The White House and the Vice President are in communication. And the Vice President is now en route to Washington. He is expected to arrive in the city this afternoon.

Mrs. Reagan is currently with the President at the hospital. For your background, we anticipate that press statements, additional press statements, will be forthcoming from the hospital site.

I'd like to add two notes. We have been informed by Jim Baker that the President walked into the hospital.

I would also like to inform you that in the building as of the moment are the Secretary of State, the Secretary of the Treasury, the Secretary of Defense, and the Attorney General as well as other assistants to the President.

Q What building, the hospital?

MR. GERGEN: No, in this building.

Q Do you have any condition on Brady, on Jim Brady?

MR. GERGEN: I'm sorry, we do not. We would like to get that for you as rapidly as possible.

Q Will the Vice President act as President under these conditions?

MR. GERGEN: No. Because of the delicacy of the situation we wanted to inform you that the Vice President is on his way back to Washington.

I would emphasize once again that the President's condition is stable and that we were informed by Jim Baker that he did walk into the hospital.

Q Could he have been hit by a riccochet? Is there any chance that he was hit by a riccochet?

MR. GERGEN: I'm sorry, we simply don't have enough information that is hard at this moment.

MORE

Q Is the President conscious now? Is the President conscious?

MR. GERGEN: I'm sorry, I do not know the information on that so I'm really not able to respond.

Let me say this, let me just emphasize this for your background: the folks at the hospital are obviously closer to this

situation from a moment-to-moment basis and we are here. We are obviously in very close communication with them and we will try to keep you informed here. But that the primary statement, we expect, will be coming from the hospital because we feel that they are closer to the facts.

Q Who is there, David, at the hospital?

MR. GERGEN: Well, as of the moment, in addition to Mrs. Reagan as I've informed you and others -- Mike Deaver, as you know, and Dave Fisher were with the President at the time. Four people went up together, Ed Meese, Jim Baker, Larry Speakes and Lyn Nofziger went together to the hospital -- oh, I'm not sure of the time. Frankly, the time of these events have run together somewhat.

But we will try to keep you poster here as well as we can. I think you all understand the delicacy of the situation. I simply don't want to report facts that we're uncertain of as of the moment.

This is really to confirm what has been said from the hospital already.

Q David, do you know whether there's any plans to move the President to Bethesda, or Walter Reed, or is he going to stay at George Washington?

MR. GERGEN: I cannot answer either of those questions. We will, as soon as we get additional information, we will obviously try to help you.

I think if you'll be patient, as the situation demands, we will try to get as much information for you as possible.

Q Dave, is the President under any sedation?

MR. GERGEN: I cannot answer that. I really would like -- we basically wanted to let you know where we were as of the moment. We will try to let you have further information as we can. Thank you very much.

Q What time with the Vice President arrive?

MR. GERGEN: Later this afternoon.

END 3:42 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 30, 1981

PRESS BRIEFING BY
LYN NOFZIGER

The Briefing Room

9:37 P.M. EST

MR. NOFZIGER: May I have your attention? My name is Lyn Nofziger.

They are passing out a little hand-out, but I came from the hospital just a few moments ago and I talked to the doctor who operated on Jim Brady and the prognosis is certainly better at this moment than it was earlier this afternoon. The doctor is Dr. Arthur Kobrine. K-o-b-r-i-n-e. Usual spelling on Arthur. He is the Professor of Neurosurgery at the George Washington University Medical School. Jim came out of surgery at about 8:15. His vital signs are stable. His pupillary reflexes -- that's the reflexes of his pupils in his eyes -- are normal. Dr. Kobrine feels that there may be some impairment, but he doesn't know how much at this time nor will he be able to know for quite some time.

Now, there will be, tomorrow morning at 8:30, a complete briefing on the status of the President and Jim and of the Secret Service Agent and I really have nothing further to say at this time. I think it's better for you to wait for the briefing in the morning and really the only reason I'm here is because there have been many questions about Mr. Brady and a lot of bad rumors going around.

Q Lyn, did Kobrine indicate to you what the impairment might be?

MR. NOFZIGER: He's not sure at this time and I, not being a doctor, would much rather wait until we have a doctor here at 8:30 in the morning to get into that.

Q Here in this room?

MR. NOFZIGER: No. It will be in 450 across the way.

Q Well, surgeons who've worked on both cases or all of the injuries --

MR. NOFZIGER: No. My understanding is that Dr. Dennis O'Leary who did the briefing on President Reagan will do the briefing in the morning.

Q Lyn, this statement says something about tubes in the President's mouth. What is the function of those tubes and how many are there?

MR . NOFZIGER: I'm not a doctor. I cannot answer that.

Q Lyn, when did the operation on Jim begin?

MR. NOFZIGER: I asked the doctor that and he couldn't tell me. He said he didn't look at a watch and so -- sometime in mid-afternoon.

Q Where is he now? In intensive care or --

MR. NOFZIGER: Yes.

Q About how long was the operation?

MORE

MR. NOFZIGER: I can't talk of that because I don't know when it began.

Q Then, will there be medical bulletins during the night?

MR. NOFZIGER: No. I don't expect any medical bulletins during the night barring the unforeseen. This operation will remain open and there's no lid on. So, you know you're going to have to play it by ear. We will have people at the hospital and people here in case something happens. I do not expect anything to happen.

Q Lyn, you said the prognosis for Jim was better than it was this afternoon. Why was there that kind of optimism? A result of what they found in the surgery?

MR. NOFZIGER: Because the doctor feels better about him.

Q Did the doctor say the significance of the pupils?

MR. NOFZIGER: It indicates that things are functioning --

Q The brain?

MR. NOFZIGER: The brain scan apparently is functioning, whatever that may mean. Once again, you get into this stuff, and I will not guarantee for the voracity or the authenticity or the accuracy of any of it.

Q Did the doctor use a condition word? Grave, critical, serious?

MR. NOFZIGER: Certainly is critical. And that, really, is all we've got to say at this time. Thank you all.

Q Somebody said something about a pool up at the hospital.

MR. NOFZIGER: Well, there are people pooling up there, but they're not in the hospital.

Q It's not your pool?

MR. NOFZIGER: It's not my pool.

END 9:45 P.M. EST

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release January 21, 198

The President today announced the appointment of David R. Gergen as an Assistant to the President and Staff Director of the White House.

Mr. Gergen, 38, has recently been serving as a resident fellow of the American Enterprise Institute and managing editor of its magazine Public Opinion, a publication he helped to co-found.

In his new post, Mr.Gergen will report to the President through the Chief of Staff, James A. Baker III, and under his direction, will help to coordinate the activities of the staff. In addition, he will direct White House projects on an ad hoc basis and will assist in the development of policy.

This appointment represents the third White House tour for Mr. Gergen. In 1971, he joined the staff of President Nixon and from 1973-1974 served as a special assistant to the President and chief of the White House writing and reserach team. In 1975, after a year at the Treasury Department under Secretary William Simon, he returned to the White House under President Ford and became Special Counsel to the President and Director of the White Hou Office of Communications, a post he held until early 1977.

Mr. Gergen is an honors graduate of both Yale University (A.B., 1963) and the Harvard Law School (1967) and is a member of the D.C. Bar Association.

He was born and raised in Durham, North Carolina. He now lives with his wife Anne and two children, Christopher and Katherine, in McLean, Virginia.

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OFFICE OF THE PRESIDENT-ELECT

WASHINGTON, DC 20270

OFFICE OF THE PRESS SECRETARY

FOR RELEASE AT 10:45 am
TUESDAY, JANUARY 6, 1981

Contact:
Larry Speakes
Mark Weinberg
202/634-1900

The President-elect today announced that he will appoint James S. Brady to be Assistant to the President and Press Secretary.

Mr. Brady, Spokesman for the Office of the President-elect, served as Director of Public Affairs and Research for the Reagan-Bush Committee and prior to that as Press Secretary to presidential candidate John B. Connally.

Mr. Brady began his career in public service in 1973, when he served as a Communications Consultant to the U.S. House of Representatives. Later that year, he was appointed Special Assistant for Field Operations to the Secretary of Housing and Urban Development, where he served until 1975. From 1975 to 1976, Mr. Brady served as Special Assistant to James T. Lynn, Director of the Office of Management and Budget and from 1976 to 1977, he served as Assistant to Donald Rumsfeld, Secretary of Defense. After leaving the Pentagon, Mr. Brady served as Executive Assistant to Senator William V. Roth, Jr. of Delaware and left Senator Roth's staff in August, 1979 to serve as Governor Connally's Press Secretary.

In 1962, Mr. Brady received his B.S. Degree from the University of Illinois (Champaign-Urbana) where he majored in communications and political science. He attended the University of Illinois College of Law and studied in the Ph.D. curriculum in public administration at the Graduate School of Government at Southern Illinois University.

From 1961 to 1962, Mr. Brady served on the staff of Senator Everett M. Dirksen, Minority Leader of the U.S. Senate and in the Summer of 1962, he served as an Honor Intern at the U.S. Department of Justice's Antitrust Division. From 1964 to 1965, he served on the faculty of Southern Illinois in the Department of Government where he was a Staff Director of the Public Affairs Research Bureau. From 1965 to 1966, he was Assistant National Sales Manager and Executive Assistant to the President of Lear-Seigler and from 1966 to 1968, he served as Director of Legislation and Public Affairs for the Illinois State Medical Society. From 1968 to 1969, he was manager of Whitaker and Baxter's Chicago office and from 1969 to 1973, he was Executive Vice President of James and Thomas Advertising and Public Relations.

He was awarded the Outstanding Public Service Medal by Secretary of Defense Rumsfeld and is a recipient of the Robert A. Taft Award for Outstanding Service to the Republican Party. He is on the Board of Advisors of the University of Illinois School of Public Administration and is a former Vice President and Director of the Senate Press Secretarie Association. Mr. Brady has one daughter and one son and he and his wife, the former Sarah Kemp, reside in Arlington, Virginia. His hobbies include cooking, sailing, trains and collecting decoys.