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# WITHDRAWAL SHEET

## Ronald Reagan Library

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ID	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
102741	TRANSCRIPT	OF TAPE 4	20	3/30/1981	B1
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Tape 4 (Mar 31, 1981)

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Voice: It said the White House said on the record is the most straightforward of the rules.

Voice: Howard, The power of the Vice Presidency, I think that sounds very, very serious and needless signal the country. That I don't think you need to say, but I do want to talk to you about it and I know that if I do any briefing, I want you to understand what it is I am talking about.

Voice: The other thing is your trip, Mr. Vice President. Clearly, you would not want to do that.

VP: No.

Voice: We'll select someone else to do that.

VP: That would be great.

[laughter - could not understand]

Voice: Are you going to go ahead and cancel the Vice President's Chicago trip?

Voice: The trip to Illinois has been cancelled, and now Haig's schedule -- we'll leave that up in the air. Tomorrow morning at the Senior Staff Meeting, Dan, I think it is important that you take

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the President's schedule for the rest of the week, look it over, discuss it with the Vice President, see what you can do and what you can't do so we can make some determinations about the future.

Voice: What about the press guidance.

Voice: Did they give you any estimate of the recovery period.

Voice: We'll know a lot more tomorrow.

Voice: We should lay down the guidance right now for anybody in this room as to what contacts should be with the press.

Voice: Right now there should be no contacts with the press, period. The only statements from the press are those that come out of our press stateroom.

VP: The other thing that I would like to urge, though, and whoever is a germane edit, is that we all get leveled with on this thing. If there is any change, if there is anything different, I mean the worst thing in the world that could happen is if somebody felt the condition was A and it was B. Whatever it is, for better or for worse. I really believe that doesn't mean every tic on some blood pressure, you need to go out and scare people to death. But I do think we need to be informed of major changes.

Voice: The press can find out anyway.

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VP: You don't want to look like you are covering up some event and I think the news is good news and will continue to be better, all of which is great. But I just think all of us need to feel assured that we're going to be leveling with the country because it would be bad to have somebody with an inside story and then get some wrong opinion out of here. It would be very bad at a time like this.

VP: I think there is some advantage of your going before the cameras tonight and letting the world know that you are back in town.

VP: Well, I would be very glad to do it.

Voice: Out here in front of the cameras to explain that it is the Vice President, but then it is left with one short of a helicopter taking off from Andrews.

VP: Sure

Voice: But how do we get the medical bulletin out here.

Voice: I agree, I think he should.

VP: I would love to. Absolutely.

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Voice: I got notes on that.

(voices -- did not understand)

Broadcast: And is in good condition. I have brought with me here this evening Dr. Dennis O'Leary, who is the Dean for Clinical Affairs at George Washington University Hospital. Dr. O'Leary will brief you on President's operation and on his condition, as well as that of the Secret Service agent. Following that, Shiela Patton who is Mrs. Reagan's press secretary will have a word to say about Mrs. Reagan, so now let me introduce Dr. Dennis O'Leary.

Dr. O'Leary: Mr. Nofziger has told you the President is in the recovery room; he is in a stable condition and he is awake. He was in no time in any serious danger. he was alert and awake with stable vital signs up until the time he underwent anesthesia. He was in the operating room for approximately 2 hours, part of that time was spent ascertaining that he did not have any blood in his abdominal cavity and indeed he did not. It was a single bullet wound that entered slightly underneath the armpit and traversed about 3 inches down the wall where it ricocheted off the rib into the left lower lobe of the lung and moved about 3 inches into the lung substance itself. The operative incision was 6 inches in width, a relatively simple procedure. The bullet was removed and then the incision was closed. As I said, he is stable and in good condition.

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Voice: Have you still go him on the other one?

Dr. O'Leary: The prognosis is excellent.

[Chatter]

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

Voice: Did not understand question.

Dr. O'Leary: The bullet was distorted and we believe it probably was distorted by virtue of impacting against the 7th rib as it redirected its path into the lung tissue.

Voice: What about the heart?

Dr. O'Leary: We do not believe there was any permanent injury. The heart area was explored. The heart was not involved at all. There were no major bleeding points in the lung and there was no involvement of the aortic, a major vessle running through the chest.

Voices: Did not understand.

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Dr. O'Leary: The bullet was distorted and we believe it probably was distorted by virtue of impacting against the 7th rib as it was redirected in its path in the lung tissue.

Voice: Question re heart.

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

Voices: Could not understand question.

Dr. O'Leary: The lung has been reinflated -- he has a couple of chest tubes in.

Voice: Could not understand question.

Dr. O'Leary: OK. He had a single bullet wound. [At this point another voice came in and could not understand either one.]

Voice: . . . Certainly do the latter and the most recent information is that the President is doing very well. . . . There is no permanent . . . from the hospital. So it is encouraging. All signs are very very good. [This sounded like the VP.]

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Voice: What about James Brady?

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

Voice: Dr. O'Leary, how long would you anticipate [too many voices -- did understand]

Dr. O'Leary: Jim Brady is in very serious shape.

Voice: Did not understand question.

Dr. O'Leary: That is not for me to answer. Question was... and the amount of blood. The President required a transfusion of approximately 5 units of blood and the Secret Service agent ...but not during the course of surgery.

Voice: Question re Brady.

Dr. O'Leary: Well, Mr. Brady was shot in the forehead.

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Voice: Well, you called at a very timely moment, This doctor is reassuring....thank you so much for calling.

Voice: I think he is an Associate Professor of Surgery. ... Was in the emergency room simultaneously with the arrival of the President.

Voice: Why did the operation take so long?

Dr. O'Leary: The length of the operation had a lot to do with the testing to make sure there was no bleeding into the abdominal cavity. This took about 45 minutes. It's called a Peritoneal lavage. That test is important and very simple. A small incision is made beneath the umbilicus and several liters of fluid are placed into the abdomen and then the fluid is brought back outside and looked at to determine whether there is any blood in it. The fluid can move anywhere throughout the abdominal cavity. If any organ has been damaged or if there is any bleeding, well, we will find blood in the fluid that comes out. That test was negative and the President was positive.

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

Dr. O'Leary: Very doubtful. He is physiologically very healthful. The calibre of the bullet is going to be very hard to tell because it was a really mangled bullet.

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Voice: Is there a possibility of any other complications?

Dr. O'Leary: It's very doubtful. I want to emphasize he is physiologically very young.

Voices: Did not understand question.

Dr. O'Leary: For a little bit tops down entering approximately here, traversed down approximately 3 inches striking the top of the 7th rib, laterally, and then going about 3 inches into the tissue of the lung itself. It's like coming down, hitting the rib and then deflecting in to take a new path about...It was in the tissue of the lung itself.

Voices: Did not understand question.

Dr. O'Leary: The surgeon said his last remark before he underwent anesthesia was that he wanted to make sure that all of them were Republicans. They said that today everyone was a Republican.

Voices: Did not understand question.

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

Voice: How close was it?

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Dr. O'Leary: Approximately several inches.

Voice: ...struck the rib?

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

Voices: Did not understand.

Dr. O'Leary: I would say probably not now, one-half to let the effects of the anesthesia wear off, but I think all of us feel that by tomorrow, he will be fully capable of doing that.

Voices:

Dr. O'Leary: Dr. Kobrine is operating on Mr. Brady. Arthur. He is an Associate Professor of Neurosurgery.

Voice: Is it possible to give us any progress on James Brady.

Dr. O'Leary: It is really not possible right now. They say he is in critical condition. Anything I would say would be highly speculative.

Voice: Did not understand question.

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Dr. O'Leary: Not at the present time, although in the operating room, remember that you got the respirators and monitors and what have you. Almost anyone undergoing brain surgery will be on a respirator.

Voice: Aside from the obvious gunshot wound, did the President suffer any other injury -- were there any contusions....

Dr. O'Leary: Not as we are able to ascertain. It is possible that we missed a small contusion here or there, but he was gone over quite carefully.

Voices: Something about an ambulance.

Dr. O'Leary: I can't tell you for certain, but I believe that we were the closest hospital which would have been a prudent thing to do. I received information at about 20 til 3 that he was in the emergency room. I think he probably got there around 2:30. I am not sure who got there first, they all came very fast.

Voices: Question about Brady.

Dr. O'Leary: We maintain a stock of blood. We do not run our own blood bank. The Red Cross has a regional center that is very nearby and we have all the blood we need within minutes.

Voices: Did not understand questions.

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Dr. O'Leary: It appears as if the major reason for bleeding was in the chest. ...That the hole make when the bullet actually entered the lung substance itself. ...could be determined although he bled... it was not very serious -- five units of blood. It was very easy to transfuse him and keep up with his blood...

Voice: How much is five units of blood?

Dr. O'Leary: It is about 2 1/2 quarts.

Voices: Question about collapsed.

Dr. O'Leary: Chest tube. All we have to do is to get it in and get the air out of the space between the lung and the chest wall. He had a chest tube placed in the chest in the emergency room the minute after he was brought in.

Voice: Is he breathing normally?

Dr. O'Leary: Yes.

Voice: Should the President not be moved from the hospital for the next few days?

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

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Voice:

Dr. O'Leary: We have no reason to believe that post-operative problems will develop.

Voice: ...will have to undergo as a result of this operation?

Dr. O'Leary. I would really doubt it. He had a simple procedure. There was very little .... they cut a lot of tissue and we have every expectation that he will have a normal post-operative course.

Voice: When he came into the emergency room, did he walk in, and what were the first things that were done?

Dr. O'Leary: My understanding is that he got out of the car and stood up and walked in on his own. He was alert and awake all the time.

Voice: Question?

Dr. O'Leary: As soon as he appeared, he may not have wanted to be on a stretcher, but that is our usual procedure for someone who has a gunshot wound.

Voice: Question?

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Dr. O'Leary: About 3 inches, maybe 4 inches giving you an inch for the thickness in the chest wall.

Voice: Did not understand question.

Dr. O'Leary: I really can't answer that question.

Voice: When did he know he had been injured?

Dr. O'Leary: I think she knew that he had been shot.

Voices: Questions?

Dr. O'Leary: This is secondhand. He seemed a little bit light-headed, but he was in very good spirits even at that time.

Voice: When you said they were expanding his lungs, you said that immediately in the emergency room -- what did that consist of -- was that an incision, did you have to put it down his throat?

Dr. O'Leary: No, usually a small incision is made between the ribs and the tube is palced in and attached to suction.

Voice: And that was the first emergency procedure?

Dr. O'Leary: I'd say that was the first emergency procedure.

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

Dr. O'Leary: If there has been any deflation of the lung, we expand the lung and remove the air.

Voices: Question about permanent damage if Mr. Brady survives.

Dr. O'Leary: I have to say that that probably is likely, but I really can't give you anymore information since he is still in surgery.

Voices: Did not understand question.

Dr. O'Leary: I would say he went from the time he hit the hospital to the time he went into surgery was probably no more than 40 minutes. There were a variety of things being done. He had to have a blood test for them to find out how much blood he had lost, we had to check his blood ....it probably took -- most time was taken with getting the x-rays necessary to determine the extent of the injuries since he had both a chest x-ray and an abdominal x-ray.

Voices: Did not understand.

Dr. O'Leary: Well, I saw those reports, but at the time the reports were out, the surgeon had not even entered the chest as yet.

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Dr. O'Leary: I think every effort will be made to remove the bullet, but if it took a lot of additional extensive surgery that might have caused different...

Voice: You say he arrived at 2:30 and 40 minutes later went into the operation room, but I thought you said the surgery began around 4:00.

Dr. O'Leary: No. He got to the operating room around 3:15 or 3:20. He has to get into the operating room on the table, get under anesthesia in order to start the surgery. The surgery started roughly between 3:30 and 3:45 and lasted until about 5:30.

Voices: Did not understand

Dr. O'Leary: Very simply, he is having a craniotomy which simply means exploration of the inside of the head.

Voice: Do you find it extraordinary that a 70-year old man who has been shot in the lung, and then walk into the hospital under his own power?

Dr. O'Leary: I think it speaks well for the physiologic health. Some people much more elderly than the President do undergo chest surgery, but he certainly sailed through it.

Voices: Is it extraordinary?

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Dr. O'Leary: Not extraordinary, but just short of that.

Voice: Is there any possibility that bullet fragments might remain inside the President's body?

Dr. O'Leary: That is a finite possibility, but the bullet did seem to be in tact. You are never sure that you have every tiny little fragment.

Voice: He won't know until he goes through an airport metal detector.

Voice: Dr., can you talk a little bit about the shock to the body when you go through an operation.

Dr. O'Leary: Any time anyone undergoes major surgery \_\_\_\_\_ is major surgery; it is not extraordinary surgery, but it is major surgery. That would be a stress for anyone of us. It would be a stress for me. The critical element is the psysiological health of a person and your ability to maintain their vital signs and their blood volume satisfactorily. The President's vital signs were absolutely rock stable through this whole thing.

Voice: Question?

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

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

Voices: Did not understand question.

Dr. O'Leary: The incision is about 6 inches long and it extends basically from about here into posterior part underneath of the armpit.

Voices: Can you show us.

Dr. O'Leary: OK, from here to here.

Voices: Did not understand.

Dr. O'Leary: This is a painful injury and even moderately painful surgery, but he withstood it very very well.

Voices: Did not understand.

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

Voices: Did not understand.

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DRAFT

19 (JD)

Voice: What did they do or what are they trying to do to alleviate abrasions and contusions?

Dr. O'Leary: Anything I tell you is speculative. Normally they would have to remove spleen or tissue which seems irreparably damaged. Any time you are operating inside the head for very obvious reasons you try and salvage as much tissue as you think has a remote chance of recovering. This is not a good injury--it is causing a lot of damage. I think any time a patient is in a critical condition he is fighting for his life.

Voice: What kind of medication is the President on?

Dr. O'Leary: He is on intravenous solution right now. He didn't as I said require blood intraoperatively and the medication depends on what the patient's needs are. We expect the President is not going to need very many medication except perhaps a modest pain killers for a day or so.

Voices: Question regarding night patrol.

Dr. O'Leary: I am sure he will be adequately protected.

Voice: Suggesting that Larry Speakes address the press. Other suggestion that the former Presidents be called (Ford, Nixon, Carter). On calling former President Nixon, please express to him Nancy's appreciation for his call to the hospital. She didn't talk with him because she couldn't.

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DRAFT

20 (JD)

Voice: The only other thing I would like you guys to check out and I will be guided by your judgment as to whether to go by the hospital on my way home. Only because of the respect--if you don't do it why aren't you doing it. One of the reasons is the security but you don't want to be unable to go to the hospital just because of the security.

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