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**Collection:** Small-Stringer, Karna: Files  
**Folder Title:** Jim Brady Assassination Attempt [1 of  
2]  
**Box:** 17

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# WITHDRAWAL SHEET

## Ronald Reagan Library

*Small-Strongman/CARMS*  
**Collection:** ~~BOARD, ELIZABETH~~ Files

**Archivist:** kdb

*Sim Brady*  
**File Folder:** Assassination Attempt OA 15036

**Date:** 8/18/98

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. notes	re medical update, 1p	4/12/81	<del>P6</del> B6
2. notes	re medical update, 1p	4/12/81	<del>P6</del> B6
3. notes	re hospital guidance, 1p	4/9/81	<del>P6</del> B6
4. notes	re hospital guidance, 1p	4/10/81	<del>P6</del> B6
5. notes	re hospital guidance, 1p	4/10/81	<del>P6</del> B6
6. notes	re hospital guidance, 1p	4/7/81	<del>P6</del> B6
7. note	re signal drops, 1p	n.d.	F7
8. notes	(partial), 1p	n.d.	<del>P6</del> B6
9. notes	re hospital guidance, 1p	4/7/81	<del>P6</del> B6

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

- P-1 National security classified information [(a)(1) of the PRA].
- P-2 Relating to appointment to Federal office [(a)(2) of the PRA].
- P-3 Release would violate a Federal statute [(a)(3) of the PRA].
- P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA].
- P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA].
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA].
- C. Closed in accordance with restrictions contained in donor's deed of gift.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

- F-1 National security classified information [(b)(1) of the FOIA].
- F-2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
- F-3 Release would violate a Federal statute [(b)(3) of the FOIA].
- F-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- F-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- F-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- F-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- F-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

# WITHDRAWAL SHEET

## Ronald Reagan Library

Collection: *Small-Stranger, Karna*  
~~BOARD, ELIZABETH~~ Files

Archivist: kdb

File Folder: *Tom Brady*  
 Assassination Attempt OA 15036

Date: 8/18/98 *fm 9/28/07*

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. notes	re medical update, 1p	4/12/81	P6
2. notes	re medical update, 1p	4/12/81	P6
3. notes	re hospital guidance, 1p	4/9/81	P6
4. notes	re hospital guidance, 1p	4/10/81	P6
5. notes	re hospital guidance, 1p	4/10/81	P6
6. notes	re hospital guidance, 1p	4/7/81	P6
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THE WHITE HOUSE

Office of the Press Secretary  
-(Los Angeles, California)

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August 20, 1961

NOTICE TO THE PRESS

Physicians at the George Washington University Hospital report that Mr. James Brady this morning underwent surgery to seal off a persistent spinal fluid leak. The surgical procedure, performed by Dr. Norman L. Barr, Jr., and Dr. Arthur Koblinc, lasted slightly less than three hours. Mr. Brady is presently in the post-anesthesia recovery room in stable condition.

The surgical procedure involved exploration of the frontal and ethmoid sinuses located in the nasal and orbital bones on the left side of the head. At surgery, following removal of damaged bone fragments, as well as several bullet fragments, the apparent site of the spinal fluid leakage was identified as a one-quarter inch defect in the bony roof of the most posterior ethmoid sinus. The leakage site, the remaining ethmoid sinuses and the frontal sinus were then carefully packed with fatty tissue to establish an effective seal.

Following surgery, left-sided nasal packs and a pressure dressing over the operative site were put in place. Physicians are cautiously optimistic that the surgical procedure has achieved its intended purpose. However, it will be several weeks before the effectiveness of the surgery can be more fully evaluated.

\* \* \*

Pool report/ President Reagan's visit to George Washington University

Medical Center

The presidential motorcade left at 3:02 p.m. In the party with the president were chief of staff Jim Baker, Dr. Daniel Ruge and Larry Speakes. Outside the White House gates on State Street, N.W., the motorcade picked up D.C. police cars (one in front and one behind), also four motorcycle Executive Protective Service policemen. The motorcade, which included the <sup>open</sup> topless Secret Service Cadillac with siderails, ~~was~~ was seen by only a handful of pedestrians as it moved west on E Street N.W. onto Virginia Avenue N.W. and then north on 23rd St., N.W. The motorcade arrived at 3:06 p.m., and the president and those accompanying him went inside the main ~~hospital~~ hospital entrance before your poolers could hurl words at him.

The pool was kept behind a rope on the west side of the entry drive. ~~The Secret Service moved the president's limo onto the sidewalk/~~ The Secret Service moved the president's limo onto the sidewalk/~~entry~~ entry to the hospital, so that it was no more than 10 feet from the hospital door to his car.

~~The~~ The car engines were started at 3:26. At 3:30 p.m., the president, waving to ~~the~~ folks ~~in~~ inside the hospital lobby as he went, came out the door.

First question: How is Jim?

Answer: "Just fine. Coming along great."

Second question: How is he emotionally:

Answer: "Fine. Very happy."

Third question: What about Lefever?

Answer "I ~~had~~ <sup>never</sup> ~~retreated~~ retreated one inch from wanting him."

~~Fourth~~ Fourth question: What about a tax-cut compromise?

Answer: "We'll see."

A quick, uneventful return to the White House. Arrival at 3:33 p.m. See Speakes briefing for hospital details.

Jim Herzog/Scripps-Howard

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from Dr. O'Leary  
12:45 PM  
8/20/81

TEXT OF RELEASE PUT OUT BY:

GEORGE WASHINGTON UNIVERSITY HOSPITAL  
April 23, 1981 approximately 12:30 a.m.

Physicians at the George Washington University Hospital report that Mr. James Brady underwent a non-urgent surgical procedure this evening to attempt to eliminate an air leak which had developed as a result of an unclosed passage between the frontal and ethmoid sinuses and the brain.

Mr. Brady had become less responsive this afternoon, and a subsequent CT scan showed a significant amount of air in the brain ventricles, the inner canals of the brain which are normally filled with spinal fluid. In order to relieve the resulting increase in pressure inside the skull, two needles were placed through the top of the head into the ventricles, a procedure which resolved the immediate difficulty. Mr. Brady was again normally responsive shortly thereafter.

Because of the need to avoid recurrence of this problem, Mr. Brady was then scheduled for surgery. At surgery, shattering of bone involving the left frontal and ethmoid sinuses was found with air communication from this area into the intracranial space. This bone damage was along the previous bullet track and there was as well a persistent hole in the dura, the membrane covering the brain. The damaged sinuses were packed with muscle tissue which was then sewn into place. The hole in the dura was then closed with a graft of temporalis muscle fascia (normal fibrous tissue). At surgery, the previous injury to the brain was observed to be healing well. Surgery began at 7:00 p.m. and will have lasted approximately five hours. Mr. Brady has been very stable throughout the procedure and is expected to be transferred to the recovery room within the hour.

RONALD W. REAGAN LIBRARY

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 1-2 LISTED ON THE  
WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.

Pool Report  
 Reagan's return from the hospital  
 11 April 1981

Security at the George Washington University Hospital was heavy. 23d Street was blocked to traffic, and the pool's names were double-checked against a list. Somehow although we had been told yesterday that this was going to be a limited pool, it expanded as it often does to about 30 people, including 10 still photographers.

The President, before leaving the hospital entrance, received warm applause from what looked like about 40 or 50 people inside. It seemed he was making some comments to all of them, because they applauded him again as he headed toward the door. Speakes, Deaver and Ruge were outside and therefore did not hear what he said.

40 words  
(4 lines)

As you saw on television, Reagan emerged with Nancy clutching his right arm and daughter Patti holding his left. He seemed pale and a little stiff but he was grinning broadly. He said a total of five words upon leaving. Asked how he was feeling he said: "Great . . . great..." Asked what he was going to do first when he got to the White House he said: "What?" and when the question was repeated he said, "Sit down." He then got slowly into the pearl gray Lincoln that served as his limo today.

Before Reagan left the hospital, Mike Deaver talked to the pool. Asked what Reagan said this morning when he was told the doctors were allowing him to go home, Deaver said: "He said, 'I'd already decided that.'" Deaver said Reagan was most eager to come home and was ambling about with even more vigor this morning. "There was a spring in his step," he said. Deaver said Reagan used this particular limousine because it is easier for him to get into than the other one. With this car, he doesn't have to bend down so much to climb in. Asked whether Reagan might speak on radio this week, Deaver said, "I don't think it would be this week. We're not going to rush anything."

80 words  
(8 lines)

On the way back, in the rain, a few hundred people lined the street along State Place as Reagan ~~was seen by the New York Times~~ pulled up to the southwest entrance of the White House. They cheered and applauded under their umbrellas. Otherwise, the ride back was indeed uneventful, with normal intersection control by cops.

120 words  
(12 lines)

Weisman, New York Times

160 words  
(16 lines)

SPEAKES BRIEFING 4/11/81

The statement by the President that was released was at the Pres request.

7:30 am Deaver went to hospital, Pres was up and walking briskly  
7:45 am pres told he could go home, he responded, "I've already made up on mind on that".

For breakfast RR had eggs, OJ, decaff coffee, said, "Food is starting to taste better. Since that macroni & cheese, it's all been uphill. They tried to cook fancy food, but I asked for macaroni and cheese."

9:00 am Meese/Baker visited

10:30 am pres left room, spoke to nurses and docs gathered in hallway, said, "I walked in here, I'm going to walk out."

In lobby, Pres expressed thanks to hospital staff gathered, said, "I know I arrived here rather unexpectedly, and I apologize...."

The first person pres saw out of hospital suite was Sarah Brady, they had short conversation and hugged each other. Pres may call Brady this weekend or next week. He has not spoken to him yet.

Inside the dip entrance at WH pres said, "This looks like a nice place." He was greeted by Meeses, A.G. Smith & family, and Jim Baker and daughter Mary Bonner Baker (3½ years). RR kissed kid.

For the remainder of the day, Patti and NR will be upstairs with pres. No other visitors expected Sat. or sun.

Solarium is on third floor of residence. Study and bedroom on 2nd floor. Solarium has fresh beige paint and new beige carpet and tulips in box outside windows.

Hospital bill due first of next week. Dr. Ruge will see Pres everyday.

Possibility of WH photo release today, after we see what Evans got that might be helpful.

###

Pool Report

April 10 1981

→ The pool for Saturday, April 11, met with Mike Deaver this afternoon to discuss logistics for President Reagan's return to the White House this weekend. Deaver asked that questions be limited to how he was feeling, and not to weightier matters, and the pool informally agreed. Deaver's concern that the President not be detained on his way home led to a general discussion of his health, which Deaver said was good. @ But he said, ~~xxx~~ "For anybody coming home from the hospital, it's going to be a ~~taxing~~ taxing experience."

Deaver said Reagan plans to say good bye to the hospital staff before leaving. He said Reagan did not plan to stop by to see Jim Brady, but that it was expected he would put a call ~~xxxx~~ to him today. If the departure takes place tomorrow, it'll likely be at 11 or so, unless there is a need to look at more X-rays, in which case it could be around 4. He said he's only looking at Reagan's schedule a week at a time, ~~xxxxxxx~~ ~~xxxxxxx~~ "I'm sure he gets back here and he gets some air, ~~xxxxxxx~~ and some sunlight and some home-cooked food, he'll be a lot better in his home surroundings,@" he said. Doesn't know when he'll go to ranch, doesn't think in April. Reagan is not in pain but he's @ "Kind of stiff" especially when he walks.

Asked how the White House would handle security precautions in the future for Reagan's trips, he said: "Well, I think he has about as good a sense ~~xxxxxxx~~ of that after this as anybody would. I'm not sure he's going to be wanting to jump out into that. I think he also sees his own responsibility of not putting himself in danger and being careful.@" ~~xxxxxxx~~ ~~xxxxxxx~~ Asked if Reagan would be wearing a bullet-proof vest, he said he didn't know but that the White House wouldn't comment on that anyway.

Reagan will say good bye to the hospital staff ~~xx~~ gathered at both sides of the exit of the hospital. Why have there been so few pictures of Reagan? Deaver said there were several reasons that RR was sleeping a good deal, "and frankly I didn't think it was appropriate to disturb him." ~~xxxxxxx~~ ~~xxxxxxx~~ Deaver said he didn't anticipate keeping Reagan away from reporters because of any new security precautions. Nothing about future press arrangements is to be construed, in other words, because of the request that Reagan not ~~x~~ be taxed with heavy questions tomorrow.

Weisman, New York Times

40 words (4 lines)

80 words (8 lines)

120 words (12 lines)

160 words (16 lines)

4/10/81

ADDENDUM TO PREVIOUS POOL REPORT FROM STEVE WEISMAN, NY TIMES:

Point of clarification on previous pool report --

After pool assured Mike Deaver informally that questions would be restricted to how he was feeling, Deaver withdrew his request that the pool not ask any questions at all.

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POOL REPORT

April 9, 1981

The New York Times--David Karpook

2:45 p.m.: Dr. Ruge leaves the hospital without speaking to the press.

3:44 p.m.: Helene von Damm, special assistant to the president, arrives at the hospital.

5:50 p.m.: Attorney General William French Smith arrives at the hospital.

6:37 p.m.: Mr. Smith exits the hospital and speaks briefly to the press before departing. Asked about the President's condition, he says that "He's obviously had an experience which would affect any of us, but I think that under the circumstances he looks great." Asked about a letter he reportedly received from Defense Secretary Caspar Weinberger about the AT&T anti-trust action, Mr. Smith said he had disqualified himself from that case and that he could not comment on it.

7:32 p.m.: Assistant press secretary Mark Weinberg arrives at the hospital.

8:13 p.m.: Mr. Weinberg leaves the hospital without speaking to the press.

~~8:22~~

8:22 p.m.: Mrs. Reagan emerges from the hospital, saying only that the President is feeling fine and will leave the hospital "when the doctor says so." She is wearing a black coat and yellow scarf.

SPEAKES BRIEFING 4/10/81

FOR GUIDANCE PURPOSE -- May be some personnel announcements this afternoon at 3:00 pm.

Good possibility that the VP will take Pres place at L.A. fundraiser 4/23. Vice President will not go to Houston.

Hospital coverage -- Pres will depart from the 23rd st. entrance of G.W. There will be assigned pool for hospital grounds, assigned pool for motorcade (which will also be the regular WH pool) and OPEN COVERAGE on the south lawn for pres arrival. Anticipate no statement from Pres. POOL ASSIGNMENTS will be posted CONTIGENT on whether the Pres leaves Sat. If leaves Sun., will be different pool assignment. NO plan for pictures in hospital of Pres.

This am the Pres met with Baker/ Deaver. Met with VP at 11:35 am talked about legislative items, international subjects - specifically Haig's trip. Nancy arrived at 11:50 . Lunch menu: omelette  
pineapple sherbet  
decaff coffee

WH regards Senate action last night as a "bump in a wide road"... we think it's not a serious setback and that it's a matter of tactical dispute. Would point out that they have already taken action on defense and budget bills. Anticipate some losses early on, but expect to see turnaround once it gets out of committee. The Puerto Rico statemnt is a result of a meeting Meese had with the Gov. of PR and a response to a direct request. JIM MEDAS of white house interdepartmental affairs is the expert. Said that budget cuts will effect PR more significantly than states. The purpose of this group is to look into their problems in dealing w/ cuts

POLAND-situation remains the same as past several days. What about differing opinions from Haig & Weinberger on Soviet threat? WH doesn't see them as differing opinions.

No decision on whether Lopez-Portillo will visit here or not.

###

# RONALD W. REAGAN LIBRARY

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TIME TABLE OF EVENTS AT VIP ENTRANCE TO GEORGE WASHINGTON UNIVERSITY

HOSPITAL---THURSDAY, APRIL 9th, 1981.

Approximately 7-7:15 am

--Counsellor to The President, Edward Meese, White House Chief of Staff James Baker and Assistant to The President, Michael Deaver arrive for morning briefings with the President and are gone before 8 am.

9:30 am--An unidentified White House aid arrives.

9:45 am--Another unidentified White House aid arrives displaying stack of mornign newspapers for The President.

11:05 am--White House Congressional Liason Max Friedersdorph arrives.

11:25 am--Senator Robert Byrd (~~Dem-Ill.~~) arrives.

11:30 am--House Minority Leader Robert Michaels arrives.

11:40 am--Senator Byrd leaves the Hospital after having, what he called purely "a social visit" with The President. "He did most of the talking," said Senator Byrd, adding that the President was "his old cheerful self". Byrd added "I said to the President that we may be in disagreement in some things" but not all. Asked if the President told him when he would be able to leave the hospital Senator Byrd said "He wants to get out, theres no question about that but he isn't saying". Senator Byrd denied mentioning anything about the President's proposed budget.

11:50-am--Outside the hospital's VIP entrance, Mrs. James Brady accepts a 6 ft. high, 75 lb. stuffed bear ~~xxxxxxxxxxx~~ for her husband as a good will gesture from a Canadian, David White, who is from New London, Ontario. Mr. White, who drove to Washington to make the presentation to Mrs. Brady said it took him 5 days to stuff the bear.

12 noon--Mrs. Reagan arrives in a steady downpour of rain. She is followed moments later by Mr Meese, Mr. Baker and Treasury Secretary Donald Regan, an an unidentified fourth person.

12:25 pm--Mr. Baker and Mr. Meese leave the hospital with no work for the press

1 pm--Mr. Regan exits after meeting with the President for about an hour. He said he discussed "some workings of the Treasury" with the President, "some monetary and international monetary affairs". Mr. Regan said ~~xxxxxx~~ this was designed to keep the President "posted on international affairs. When asked if the President had any questions on internation affairs, Mr. Regan asnwered "Yes, quite a few". Asked if the President had any comments on recent democratic proposals, Mr. Regan answered that the President thinks' the tax cut plan of House Ways and Means Committe Chairman Daniel Rostenkowski, (Dem-Ill.) "are good" but he thinks that his are better. Asked if the President saw this as a time for compromise, he said "I see no need for compromise. No, absolutely not, no."

Jon-Michael Glonka - NEW YORK TIMES

862-0327

SPEAKES BRIEFING 4/9/81

Brady called Teeley at 9:50 am - talked about shark-fishing plans for this summer. Larry talked to Jim at about 11:00 . Dr. O'leary optimistic that Brady will be able to return to his profession.

Pres. gave the letter we released today to Byrd when he and Michel visited today.

Pres. has signed a number of documents including proclamation lowering flag for Bradley (we'll have that about 3:00), he receives nightly written report on national security, receives "Daily Intelligence Briefing", Periodic reports from Defense, receives summary logs of Congressional mail and inquiries, memorandums as a result of Cabinet committees work, receives recommendations for nomination of personnel, has approved communication to foreign leaders, approves presidential statements (eg Bradley statement), has had policy decisions to make (eg auto)

Auto task force work is done, lead agency is Commerce which is coordinating implementation of recommendations.

Statement by Larry on Pres reaction to NATO ministers annoucemnt (you have release - after I wrote the whole thing down)

On Donovan subpoenas -- "There is no lack of cooperation between Labor and Senate. We are in touch with the chairman regarding cmttee's request for records ... and have informed them that not all records will be able to be released w/o coordinating actions with other departments involved. Committed to a complete investigation."  
(Labor is releasing this statemtn)

Larry made a statement on El Salvador which was too lengthy, I'm sure Mort won't mind taking a phone call or two.  
(Statement basically condemned the killings of people there, but did not place the blame on anyone.)

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# RONALD W. REAGAN LIBRARY

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 7-8 LISTED ON THE  
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THE WHITE HOUSE

WASHINGTON

SECRET SERVICEMAN

Timothy McCarthy - Wife: Carol (GW Hospital) 676-6000  
Home [REDACTED]

Parents flying in from Chicago, expected to arrive at 7:40 pm and going directly to Hospital.

JIM BRADY

*Hospital 70-3777  
3491 }  
7576 } signal*

Mother - Dorothy --- Both are arriving at 8:10 pm and going directly to hospital.  
Friend - Mrs. Broughton Will be escorted by State Trooper.

First wife - Sue Camins  
Daughter - Melissa --- Arriving approximately 10:00 and will go directly to hospital  
Being escorted.

BRADY HOME # [REDACTED]

*Kenly Jackson is  
ADVANCE.*

Father is ill and stayed at home. His home # is [REDACTED]  
His name is Harold.

The person who is coordinating Brady family is Marty Frucci in advance. x7565

METROPOLITAN POLICE OFFICER

Thomas Delahanty

Washington Hospital Center  
#541-6701 General #541-0500

Mr. Delahanty is in intensive care but is awake. His wife seemed stable over the phone. She was very concerned about President's condition. She will be at hospital. Any calls

Arrival of the Brady Family

Contact in Governor Thompson's office in Illinois:

Michael Wollffer  
(217) 782-6830 work  
487-7676 home

Arrival of 1st group:

Mrs. Dorothy Brady - *staying w/ Brady*  
Mrs. Broughton - *staying w/ Joyce*  
1 Illinois State Trooper

Due to arrive at National Airport, Page Airways, 8:10 PM.  
The advance office is sending Rocky Koonan to meet them.  
B. Ogelsby will also be there to meet the plane.

Governor Thompson has arranged for an escort of Illinois  
State Troopers to take Mrs. Brady directly to the hospital.

Arrival of 2nd group:

*hospital* } Missy Brady - *cole*  
Mrs. Frances Kemp  
*Brady res.* } Helen Zeiner  
Mrs. Sue Camins - *coles*  
*Bill Greene - Dallas*

Due to arrive at National Airport, United Airlines Flight 146  
at 10:00 PM. The group will be met by Brandy and David  
Cole, and Joyce Velde. Two White House cars will pick up  
the Coles and Mrs. Velde and take them to the airport.  
Missy Brady and Mrs. Camins will be staying at the Cole's  
house, 2612 South Fort Scott Drive, Arlington, (703)684-8989.  
Mrs. Kemp and Ms. Zeiner will be taken to the Brady residence.  
Missy and Mrs. Camins will be taken to the Cole residence.

Advance man to meet both groups will be Rocky Koonan.  
Contact in the Advance office is Marty Frucci, 7565.

*9:40 - pick up  
at Bikedep*

*we 999gc*

*829-4223*

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Michael Wollffer  
(217) 782-6830 work  
487-7676 home

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DOWNSTAIRS PEOPLE

FYI,

The question of OIC people coming out in press room is not settled. Play it by ear at the end of meeting

The two docs will speak at noon for sound and cameras.

Meeting with the President at hospital are Baker and Laxalt at 12 and the VP at 12:45. Mrs. Reagan will see him this afternoon.

The polish pm will appear with the vp at the conclusion of their meeting. they will make a statement at the west lobby drive at about 255 p.m.

Larry

SPEAKES BRIEFING 12:00 4/3/81

WH PHOTOS WILL BE RELEASED TODAY -- 3:30 for B & W  
5:00 for color

They will be of Haig and Weinberger meeting with Pres.

Haig is meeting Pres today 12:30, and Weinberger at 12:45, meeting to discuss both of their foreign trips. Vice Pres to attend both meetings.

Pres met w/ Baker, Deaver & Meese at 7:15 this am. Told him about reconciliation bill, Pres had big smile & said "That's tremendous"

Pres. has directed that letters be prepared to the mid east countries Haig is visiting for the heads of government.

Strom Thurmond visited Pres last night at about 9:45 pm. Pres was awake this am at 7:00 and walked down hallway at 10:30.

Larry described temperature as "moderate". Said "that's how the hospital described it, that's how we'll describe it".

On Poland -- Soviets remain in position to intervene very promptly but no indication that they will do so.

No discussion on replacing press secy'. Larry says no such title as "acting press secy'". Larry assuming "spokesman" role.

Is it wise to have Haig and Weinberger out of country at same time? We don't see it as a problem

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\*\*\* MEDICAL BRIEFING AT GW in room 101 Ross Hall at 2:00 pm by Dr. Dennis O'Leary and others drs involved.

THE WHITE HOUSE  
Office of the Press Secretary

For Immediate Release

April 2, 1981

NOTICE TO THE PRESS

Following afternoon surgical rounds at the George Washington University Hospital, physicians report President Ronald Reagan continues to make excellent progress. His condition is good, with respirations, heart rate, and other vital signs well within normal limits.

The President is now exercising regularly by walking in the Presidential surgical suite four times each day. He continues to receive briefings in person and in writing.

\* \* \* \* \*

Following afternoon surgical rounds, physicians report that Mr. James Brady's post-operative status continues to improve and that he appears clearer mentally. He held a restricted conversation with his physician this afternoon. When asked how he was feeling, Mr. Brady replied with a thumbs up sign and said, "Fine, fine."

Mr. Brady is also now performing breathing exercises on instructions and has gained some minimal voluntary movement of the proximal muscles of his left arm and leg.

\* \* \* \* \*

Following afternoon surgical rounds, physicians report that Mr. Timothy McCarthy's condition is good, and that his vital signs remain stable.

Mr. McCarthy's chest tube has been removed, and his injured lung remains fully expanded. He is now obtaining some mild exercise by walking around his hospital room.

# # #

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 2, 1981

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

The Briefing Room

12:01 P.M. EST

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

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

Q Dr. O'Leary?

DR. O'LEARY: Yes.

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

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

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

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

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

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implied.

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

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

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

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

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

Q Was he bleeding from the mouth when he arrived?

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

Q Trickling down?

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

Q Did he know he was shot at that point?

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

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

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

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

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

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

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

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

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

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

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

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

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

Q When will he get out of the hospital?

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

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He's making very rapid progress and --

Q Mid-week? Next week?

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

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

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

Q Any new jokes?

Q What about the chest tubes?

Q Is he attached to anything as he was walking?

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

Q What is the purpose of those tubes?

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

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

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

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

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



Q Was there blood on his shirt?

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

Q Did they locate the bullet wound right away?

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

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

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

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

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

Q Did he faint?

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

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

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

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

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

Q And Mr. Brady.

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

Q Doctor, what are his vital signs today?

Q Doctor, what was the sequence of events --

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

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

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

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

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

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

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

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

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

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

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

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

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

Q How many hours of sleep is he getting?

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

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

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

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

DR. O'LEARY: No.

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

DR. O'LEARY: That's correct.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q How are you handling the oxygen?

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

Q Do you expect any --

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

Q Do you expect any depression?

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

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

Q Do you think there will be any depression?

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

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

DR. O'LEARY: In the operating room.

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

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

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

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

Q How much is the bill right now, Doctor?

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

Q Has your wife given birth yet?

DR. O'LEARY: Three weeks.

Q Three more weeks.

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

Q Does he have more than one television?

MR. SPEAKES: I don't think so.

Q He switches around.

Q A channel switcher.

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

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

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

Q Is Dr. Ruge going to come out?

Q Dr. Ruge refused to come out.

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

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

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

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

Q Could you spell vaso-vagal?

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

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

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

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

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

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

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

Q Would you assess the George Washington University emergency unit?

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

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

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

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

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

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

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

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

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

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

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

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

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

THE PRESS: Thank you.

END

12:40 P.M. EST

Q Larry, who provided that notetaking?

MR. SPEAKES: David Fisher.

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

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

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

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

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

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

MORE

THE WHITE HOUSE  
Office of the Press Secretary

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NOTICE TO THE PRESS

April 2, 1981

Dr. Daniel Ruge, Personal Physician to the President, and Dr. Dennis O'Leary, Dean for Clinical Affairs at George Washington University, will brief the press in the White House briefing room at 12:00 noon today.

The briefing will be open for sound and cameras.

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THE WHITE HOUSE

Office of the Press Secretary

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APRIL 2, 1981

NOTICE TO THE PRESS

The President had lunch at 12:50 pm, which consisted of chicken broth, carrot sticks, celery and radishes, crackers, banana ice cream, cookies, and water. He also took a brief walk in the hallway this afternoon with Mrs. Reagan.

There has been no change in the President's condition since Dr. O'Leary spoke at noon. We anticipate the medical statement will be released in the late afternoon.

# # #

THE WHITE HOUSE

Office of the Press Secretary

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NOTICE TO THE PRESS

April 2, 1981

The Vice President, Ed Meese, Mike Deaver and David Fischer went into the President's room at 12:48 pm. Meese brought with him a giant card that said on the outside "Get Well, Mr. President. Our Country Needs You." On the inside it said, "And all your friends at the Capitol Hill Club." It was signed by all the members of the Capitol Hill Club. The card was made out of a piece of poster board folded over and the inside was filled with signatures.

The discussions dealt mainly with national security matters and the President was left with a number of classified documents and briefing materials to read during the afternoon.

The group left at 12:57 pm.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 2, 1981

NOTICE TO THE PRESS

Following morning surgical rounds at George Washington University Hospital, physicians report President Ronald Reagan's progress to be satisfactory. He remains in good condition with vital signs and temperature well within normal limits.

The President is experiencing some pain as anticipated in response to his injury and surgical care, but he is able to walk around the Presidential surgical suite. His appearance reflects the effect of a peaceful night's sleep.

Chest x-rays show that the President's injured lung is expanded, and he is coughing well, a favorable indication of his continued progress and recuperation.

For breakfast the President had fresh orange juice, honeydew melon, two soft-boiled eggs, whole wheat toast and honey, and decaffeinated coffee. He ate about 8:30 am.

This morning the President watched some of the morning television shows, read newspapers and the White House news summary, and also some of the National Review.

\* \* \* \* \*

Following morning surgical rounds at George Washington University Hospital, physicians report that Mr. James Brady's post-operative progress continues to improve and his vital signs are stable. He remains in critical condition in the intensive care unit. A routine post-operative CT scan confirms Mr. Brady's steady progress, physicians report, and rudimentary vision and cognitive test results are satisfactory. The post-operative drainage tubes placed at the site of the injury at surgery have been removed. Mr. Brady is able to cooperate in his nursing care through working with the nurses to position himself for standard treatment.

\* \* \* \* \*

Following morning surgical rounds at George Washington University Hospital, physicians report Mr. Timothy McCarthy's condition as good, as he experiences some anticipated "third day" soreness.

X-rays show Mr. McCarthy's chest to be clear, and his vital signs are stable.

9:30 am  
April 2, 1981