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### Full Disclosure: Presidents' Health in History

Hillary Clinton's recent illness has renewed the media debate and public desire for access to both candidates' medical records. But how much information should we expect candidates and presidents to share? The demand for health disclosure is relatively new. Until the 1990's the public and press were generally willing to let health issues remain private and health was rarely campaign fodder. And with no law mandating disclosure, politicians are free to release as much or as little as they please. But history reveals that presidents routinely and purposefully kept the public uninformed about serious illness and incapacity. And maybe for good reason. A 2006 Duke University study applied modern diagnosis criteria against the available historical record to evaluate the mental fitness of the first thirty-seven presidents, and found that eighteen met the criteria for a diagnosis of psychiatric disorders including depression, anxiety, bipolarism, social phobia, and alcohol dependence. Ten were judged to have had health issues, which could have potentially impaired their leadership ability.

Our first president set the precedent for health secrecy. In June 1789, just two months into his presidency, Washington developed a high fever and a large tumor on his left thigh, which was so painful he could not sit. Dr. Samuel Bard diagnosed it as a cutaneous form of anthrax, a potentially mortal illness which, needless to say,

was not disclosed. The doctor removed the mass, but the president remained bedridden for a month. In April 1790, Washington once again fell deathly ill with a high fever, labored breathing, sharp pain in his side, and a bloody cough. Four doctors tended to the president under the cloak of utter secrecy. All feared that he would not survive, but he rallied. There was no press mention of illness until a month later, and then it was merely noted that Washington had been ill, but was once again enjoying robust health.

James Madison suffered from sudden seizures similar to those of epilepsy that temporarily suspended intellectual function. In June 1813, in the midst of the War of 1812, Madison developed a raging fever. Those few who saw him were convinced that he was near death. In a rare report on presidential health, the Federalist Republican, an opposition newspaper, reported that he suffered “derangement of his mind.” However, he served out the remaining three years of his term.

John Quincy Adams’s poor health was relatively well known to those around him. He often complained of insomnia, indigestion, anxiety, and eye discomfort. Throughout his life he was plagued by depression, which he called, “uncontrollable dejection of spirits” and a “sluggish carelessness of life,” admitting that at times he thought about suicide. Yet as raucous as the election of 1828 was, I have not uncovered any use of poor health as a political weapon against Adams or his opponent, Andrew Jackson, who entered office as one of our least healthy presidents. Jackson suffered from chronic headaches and stomach pain, and often spit up blood. For many years he carried two bullets in his body; one, which greatly reduced the use of his left arm, was removed in 1833, the other, lodged near his

heart, he bore to his death. He also had to use a cane to steady his tottering shuffle. During his first year in office, his health rapidly declined. William Lewis, a member of Jackson's inner-circle, noted, "his whole physical system seemed to be totally deranged." Jackson's feet and legs swelled to the point that Lewis described, "his extreme debility [assumed] the character of a confirmed dropsy." Biographer, H. W. Brands, wrote, "no president had died in office or seriously threatened to, but Jackson looked as though he might." Of course, he didn't, and the larger public was none the wiser.

Abraham Lincoln, arguably our greatest president, complained to his confidants of fatigue, severe headaches, and cold hands and feet. In a 1964 article in the AMA journal, Dr. Harold Schwartz concluded that at the time of his death, Lincoln was dying of heart disease caused by Marfan's Syndrome, which is characterized by disproportionally long limbs and a sunken chest. Hotly debated, this assertion has now been largely debunked. Joshua Wolf Shenk in Lincoln's Melancholy (2006) documents Lincoln's lifetime of major depressive episodes, which doctors today would characterize as clinical depression. Lincoln had few illnesses while president, but for three weeks after his Gettysburg Address, he was confined in isolation with what doctors diagnosed as a mild form of smallpox. Lincoln, who was much more attuned to the power of the press than any of his predecessors, understood the role of public opinion in a democratic society and understood his role in controlling the narrative. In his first 1858 debate with Stephen Douglas, he had said, "public sentiment is everything. With public sentiment, nothing can fail. Without it, nothing can succeed." The press dutifully reported that during his quarantine, he was in

good spirits and even joked that now he had something to give to those who incessantly lined up at the White House to secure a government position.

On the other hand, Lincoln's bouts of depression were not reported. Not until 1881 did newspaper editor John W. Forney reveal that Lincoln, who he described as "ghastly pale" with "dark rings round his caverned eyes" sunk into an inconsolable darkness upon receiving reports of the carnage at the Battle of the Wilderness.

During the hot summer of 1882, those who could, left Washington. Chester A. Arthur, vacationing in Rhode Island, committed a social faux pas when he declined to partake of a Newport society clambake. No one but he and his doctor knew that he was suffering from a severe form of Bright's disease, which disrupted the kidney's ability to rid the body of toxins and was characterized by headaches, puffiness, chronic fever, and fatigue. On a trip to Florida in 1883 he became so ill that doctors feared he would not live. The press speculated that he was ill, but was informed only that the president was "slightly indisposed." Having recovered, Arthur deflected questions about his illness, denying that he had been sick. Arthur stormed, "I may be President of the United States, but my private life is nobody's damned business."

Only two months after his 1893 inauguration, Grover Cleveland, whose health was generally good, developed a cancerous lesion in his mouth. Determined not to allow the press or public to know, his emergency surgery and recovery was disguised as a vacation. The hour-long surgery was performed aboard a friend's yacht, slowly cruising up the East River. Surgeons removed his upper left jaw and part of his palate and fitted him with a rubber prosthesis, which left his appearance

and speech unaffected. The press speculated that he was seriously ill, but the White House emphatically denied it. A close confidant blatantly lied to the Philadelphia Public Ledger, claiming “[he is] the healthiest man I know.” The affair remained a secret until ten years after his death, when in 1917, one of the doctors described the incident for the Saturday Evening Post.

Woodrow Wilson’s health issues first arose in 1896 while he was a faculty member at Princeton. Sudden severe pain and numbness left his right hand semi-paralyzed. Doctors had no explanation and he gradually recovered. Ten years later he suddenly went blind in his left eye and only partially recovered sight. The diagnosis was an eye hemorrhage caused by arteriosclerosis. Elected in 1912, Wilson’s greatest challenge was guiding the nation through World War I. By 1918, his closest advisor, Edward M. House, became alarmed about his failing health, especially since the president confided that his mind was getting “leaky.” During the 1919 Paris Peace Conference, Wilson developed a facial tic, complained of chronic fatigue, uncharacteristically forgot the substance of discussions, and rambled. Once back home, faced with Republican opposition to the Treaty of Versailles, Wilson decided to embark on a national speaking tour to drum up public support. On September 25, he suffered a debilitating stroke. The remainder of the trip was abruptly cancelled. Dr. Cary Grayson informed the press that the president had a “nervous reaction in his digestive organs.” For the next seventeen months, Grayson and Wilson’s wife, Edith, conspired to keep the true nature of the president’s illness from the American people. One of the few permitted to see the ailing president was Ike Hoover, the chief usher of the White House, who later wrote, “There was never a

moment during all that time when he was more than a shadow of his former self. He had changed from a giant to a pygmy in every wise. He was physically almost incapacitated; he could articulate but indistinctly and think but feebly." A month into the ordeal, Attorney General, A. Mitchell Palmer, told the press that Wilson was alert and attentive. In a wire to the Japanese ambassador, he said rumors about the president's health were unfounded and that the president was in splendid shape. Gradually Wilson recovered and the press was fed the official line that Wilson's mind was sound and physically he continued to improve.

Warren Harding at age twenty-four suffered a nervous breakdown and spent several weeks in a Michigan sanitarium, which he would revisit at least five times over a ten-year period. Three years after Harding's 1920 election, Hopkinsville's own Edmund Starling, while serving on Harding's secret service detail, observed that the president could not finish eighteen holes of golf without fatigue and dragging his feet. He recounted in his memoirs that Arthur Brooks, Harding's valet, expressed fear that Harding was seriously ill. In Seattle on July 27, 1923, Harding suffered a massive heart attack, which was at first described to the press as an "acute gastrointestinal attack." The White House finally produced a more truthful account, but while he lingered, doctors continued to insist he was improving. He died on August 2<sup>nd</sup>.

Health became an election issue for the first time in 1932. Time magazine questioned if Franklin Roosevelt was physically fit for the rigors of the presidency. FDR complained to a friend, "... there is a deliberate attempt to create the impression that my health is such as would make it impossible for me to fulfill the

duties of president.” Earle Looker, a prominent Republican journalist, challenged the candidate to submit to an independent medical examination. FDR immediately accepted. A team of doctors concluded that “. . . his health and powers of endurance are such as to allow him to meet any demand of private and public life.”

In the early months of 1944 the deterioration of FDR’s health was evident to those around him. His daughter, Anna, demanded that her father’s doctor, Vice-Admiral Ross McIntire, schedule a full physical at Bethesda. Cardiologist, Lt. Commander Howard Bruenn, conducted the exam, but was ordered by McIntire to report directly to him and tell the president nothing. In an interview decades later with Doris Kearns Goodwin, Dr. Bruenn revealed he immediately knew that FDR was suffering from congestive heart failure, but that McIntire not only kept the president in the dark, but also intentionally misled the public.

In 1955 Dwight Eisenhower had what was described as a “slightly more than moderate heart attack.” Rather than attempting to conceal his condition, he instructed his press secretary, James Hagerty, to conduct regular press briefings, which no doubt heightened the public’s interest in presidential health.

Nevertheless, Eisenhower’s successor, John F. Kennedy, willfully deceived the public about his very serious medical problems. The day after his inauguration, The New York Times ran a story based on a press release reporting that a new physical examination showed that Kennedy’s health was excellent. Nothing could have been further from the truth. He suffered from Addison’s disease, a life threatening adrenal gland insufficiency. Symptoms include extreme fatigue, darkening of the skin, low blood pressure, low blood sugar, nausea, diarrhea or vomiting, abdominal

pain, muscle or joint pain, irritability, and depression. The treatment consisted of pills, cortisone injections, and pellets implanted in his thighs. Since 1947 his father had stocked supplies of cortisone and other medicines in safety deposit boxes around the world for his son's emergency use. JFK pulled off the hoax of the century, convincing the press and public of his vim and vigor. Actually, he was in constant pain, used crutches or a cane in private, was chronically fatigued, and spent half of most days in bed. He had persistent venereal disease, a tricky stomach, which restricted him to a bland diet, a debilitating back problem, and recurrent fevers as high as 106 degrees. For public consumption his back problems became old football or war injuries and his fevers became malaria from the war. He was treated by several doctors who prescribed cocktails of painkillers and a host of other drugs, in addition to vitamins and even human placenta. But he made sure that Dr. Max Jacobson, who supplied him with amphetamines several times a day, was unknown to the other physicians. A reporter once asked JFK if rumors were true that he had Addison's disease. Kennedy flatly denied it and proclaimed that his health was excellent. This from a man, who according to biographer Richard Reeves, had received last rites at least four times prior to his election. Even after JFK's death, Attorney General Robert Kennedy continued the cover up of his brother's appalling medical condition by ruling that any files regarding personal medical matters should be regarded as privileged communication.

After press reports in 1972 that vice-presidential candidate Thomas Eagleton had been treated for depression forced him to quit the race, the media began to view health records as fair game. In 1984 Massachusetts Senator, Paul Tsongas,

announced that he would not pursue a second term because he was being treated for non-Hodgkin's lymphoma. However, in 1992 he ran as an unsuccessful presidential candidate in the democrat primaries, assuring voters that he was cancer free. Just after the general election, cancer reappeared and he was in and out of the hospital for the next four years, dying in 1997, two days before he would have ended his first term had he been elected. In 1994 Ronald Reagan announced that he had been diagnosed with Alzheimer's, which led to rampant speculation about the true nature of his health during his last term. That announcement and Tsongas's case played a role in the 1996 election. Under intense pressure from the media, both Bob Dole, who had undergone surgery for prostate cancer in 1991, and Bill Clinton were forced to discuss their health. In an interview, Clinton even agreed that the public had the right to know about a president's health. Since then, due to 24/7 cable news and social media, which consider no topics off limits, medical disclosure to some degree has become routine for both candidates and presidents.

Even so, there is no legal basis for demanding health records, and health records cannot predict the future. Being healthy at one time does not guarantee continued good health. Dr. Lawrence C. Mohr, a former White House doctor, notes that illnesses can be effectively treated and are not disqualifying factors. Drew Altman of the Kaiser Family Foundation warns that "serving up certain details of any candidate's health . . . in a voracious social-media environment in which some elements of the media focus on 'got cha' journalism and opponents leap to make attack ads has the potential to focus disproportionate attention on a candidate's health." Dr. Robert Streiffer, a professor of bioethics at the University of Wisconsin,

argues that disclosure should only be an issue if a condition could prevent a person from performing the core competencies of the job, defined by Dr. Mohr as thinking clearly, acting appropriately, and communicating effectively—rather subjective criteria to be judged by whom? Can we trust candidates and presidents to tell the truth? Probably not. Which is why in 2008 a group of doctors suggested that Congress should establish an independent panel of physicians who would examine presidential and vice-presidential candidates, just as pilots and military personnel are screened before being cleared for the job. But, medical records for those groups are not publicly available, so should candidates and presidents have the same right to privacy as the rest of America's citizens?

On September 18<sup>th</sup> of this year, ABC News released results of a poll asking voters to rate the importance of candidates' disclosure of medical records. Sixty-one percent said it was very or somewhat important. Thirty-six percent said candidates' general health and fitness would have a major impact on their vote. And sixty-one percent supported a mandatory independent health assessment of candidates. So why do some candidates open up while others do not? I'll let Dr. George Annas of Boston University have the last word. He suggests, "... the ones who talk believe they are better off with the information out there. They must think speculation is worse than the reality."