

## *A Special Kind of Scandal: The Hidden Illnesses of the Presidents*

by

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On September 27<sup>th</sup>, 1955, Batavia's *Daily News* ran a front-page story entitled "Ike's Doctors Say He Spent 'Good Night.'" The article acknowledged that President Dwight D. Eisenhower had suffered a heart attack depicted as "moderate" only three days before. One of the attending physicians, Dr. Paul D. White, predicted at a subsequent press conference that Eisenhower could recover completely in two months and, as a result, "should be 'physically able' to serve a second term if he wants to."

But despite the upbeat optimism of the President's medical team in the fall of 1955 we know now that this was a heart attack far more serious than one portrayed as "moderate." Over the next several days electrocardiograms revealed a bulge in evidence suggestive of an aneurysm that could lead to congestive heart failure. Some research in 1955 concluded that ventricular aneurysms of this sort led to death within five years in almost ninety percent of the cases studied. Nonetheless, some of his physicians – along with some of the Eisenhower staff – would not accept this diagnosis, as the 1956 campaign for reelection was just around the corner. As it turned out, the autopsy conducted on Eisenhower after his death in 1969 revealed that there was indeed "a large, thick and calcified walled aneurysm . . . the highly calcified wall indicating (that) it had been present for years." The attending pathologist estimated that it most likely had existed since about 1955. While President Eisenhower believed that an open disclosure of his heart condition should be offered to the public, pressure from top aides and campaign strategists soon won the day, as they convinced the President that he was in fact recovering and should trust those physicians expressing a more optimistic view of his ability to recover. But in memoranda not reviewed by the President, those same people stressed the political instead of the medical issues at stake. One special assistant to Eisenhower, C.D. Jackson, warned against too

much candor about the President's cardiovascular fitness, as even what had been admitted to so far "actually played right into Democrat hands by giving the appearance that the President is permanently incapacitated. . ."

The efforts to put Eisenhower's medical condition in as positive a light as possible for political reasons in an upcoming election year are an effort not peculiar to 1956. Indeed, the recent discussion about the physical fitness of Hillary Clinton and Donald Trump is part of a long history of the effects of the Presidency on the health of those in the White House – and of those seeking to be there. While the concept of *political scandal* typically leads to rumination about such events as Watergate or Teapot Dome, it could just as logically lead to the numerous examples throughout American history in which the health of a President – or a presidential candidate – is kept from the public because of the political consequences of disclosure.

But why should the medical history of a presidential candidate be of such concern? Is there a *physical* dimension to the Presidency necessitating a consideration of a candidate's health? The answer to this question is a clear yes. Even a cursory examination of the physical consequences of one occupying the Oval Office reveals just how hazardous the office is to one's health. In the worst case scenario, the office has proven to be fatal. Four presidents have been murdered while in office – Abraham Lincoln (1865); James Garfield (1881); William McKinley (1901); and John F. Kennedy (1963), while an additional two presidents were injured as a result of attempted assassinations. These two were Theodore Roosevelt (1912, while campaigning as an ex-President on the Progressive Party ticket), and Ronald W. Reagan (1981). But outside of these dramatic examples of the potentially life-threatening nature of the presidency, it is worth noting that a majority of the men who have held the highest office in the federal government have died prematurely, given the average life expectancy of others their age at a comparable level of occupation, education, and background. The office takes its toll, as President Lyndon B. Johnson recalled:

. . . the work of the Presidency is demanding and unrelenting. It is

always there to be done. Of all the 1,886 nights I was President, there were not many when I didn't wake up by 6 or 6:30. It became a question of how much the physical constitution could take. I frankly did not believe in 1968 that I could survive another four years of the long hours and unrelenting tensions I had just gone through.

The public senses that the physical and emotional demands of the office are such that medical conditions are as relevant a factor in who one votes for as is a candidate's stand on the issues of the day. Accordingly, presidents and candidates have made great efforts to conceal those aspects of one's health that could adversely affect a voter's appraisal of fitness for the office – or even continuation in office. A few brief examples from the recent past illustrate the lengths to which an administration will go to hide the actual health of a person holding – or seeking to hold – the highest office in the land.

The first example that comes to mind is that of Franklin D. Roosevelt. While his affliction with polio is of course well-known, other aspects of his health were generally hidden from the public until his death at the age of sixty-three – when the average life expectancy of a man in the United States in 1945 was seventy-five. While conceding that Roosevelt was in fact stricken with polio, his aides nonetheless presented him as someone who had overcome the worst effects of the disease and that he could in fact walk. What was hidden was his utter dependence upon ten pounds of leg braces on each leg, the absence of which precluded him from standing at all. He spoke behind podiums bolted to the floor, and routinely used ramps fashioned with unique hand railings that enabled him to grip and pull himself upward, thus giving the appearance of actually walking. By 1943 his cardiologist had concluded that Roosevelt suffered from congestive heart failure and obstructive pulmonary disease. Fluid was already at this juncture entering his lungs, which translated into blood not properly oxygenated – circulation was being inhibited, and it explained a blue tinge in his fingernails and

lips. Despite a growing inability to concentrate for extended periods and to fall asleep at odd times, his increasingly obvious maladies were concealed by a staff worried about the effects of full disclosure in the midst of the titanic struggle of World War Two. To make matters worse, these afflictions were accompanied by such conditions as sinusitis, or an inflammation of the sinus membrane, yet another hardship kept out of public view as much as possible.

Maybe the most ironic illustration of hidden illness is that of President Kennedy. So young at the time of his death, and to this day the symbol of presidential vigor, Kennedy's poor health was extensive and effectively shielded from public view – a pattern that could still be seen today. While his famous bad back was largely depicted as a consequence of his naval service in World War Two, the medical history is far more complicated. While his courageous exploits as the skipper of PT-109 certainly worsened his back problems, the fact remains that the medical issues connected to his back were actually there from birth. One physician had privately commented that his back was “unstable,” an instability rooted in a malformed physiology. The left side of his body was smaller than the right, and his left shoulder was lower, while his left leg was in fact shorter than the right. His spinal disc was ruptured when his PT boat was rammed by a Japanese destroyer, and he spent many hours in the water, holding a wounded shipmate in his arms to prevent the sailor from drowning – straining back muscles already malfunctioning since infancy.

But the presence of Addison's Disease was an even greater threat to his political career than his back. A public entranced by his tan could not discern that such a discoloration of the skin is a common symptom of a disease in which the adrenal glands do not function properly. Its effects are numerous, and it includes immune deficiencies making one more liable to infections and often acute gastrointestinal disorder. As a result, he was very dependent upon regular cortisone therapy. We know now that the Kennedy staff and family kept cortisone treatments in safety deposit boxes around the country, providing ready access in the event of needing higher dosages. One aide has written that Kennedy “used more pills, potions, poultices, and other paraphernalia than would be found in a small dispensary.”

The impact of such medications was profound, and yet, one not disclosed to the public. The image projected of the youngest man ever elected to the presidency was one of radiant health and fitness. Witness this description of Kennedy appearing on the front page of the *Daily News* on Inauguration Day, January 20<sup>th</sup>, 1961:

The untiring Kennedy bounced out of bed this morning after only four hours sleep and went to Mass at Holy Trinity church, where he has worshipped for the last eight years.

Further down in that same article, Kennedy's fitness was stressed in a reference to the "man-sized" breakfast he enjoyed that morning and in the inability of reporters to keep up with him:

He (Kennedy) smilingly assured reporters, already bushed from trying to keep up with the furious Kennedy pace, that he felt fine.

What was not disclosed was the regular dosage of cortisone he received as a treatment for Addison's Disease. While such a young president hid a multitude of illnesses via an image of energy and stamina, the oldest man ever inaugurated as President – Ronald W. Reagan, projected a similar kind of image *despite* his age. Three weeks short of seventy when sworn into office in January of 1981, he cultivated the image of youth despite his age. A thick head of dark hair, a strong walk, and a robust and purposeful posture made him appear years younger than he in fact was. But like Presidents Kennedy and Franklin Roosevelt, he too took great care to obscure his medical realities behind a façade of youthful vigor carefully cultivated by his aides.

Ironically, his recovery from an attempt on his life in March of 1981 only served to strengthen the depiction of an older man who had maintained a fit and resilient body. But behind the scenes a different sort of reality played itself out.

Indeed, some of the media, notably the conservative *Wall Street Journal*, came out and questioned his age and medical suitability for office during his 1984 reelection bid. Nonetheless, such public questioning of the carefully constructed healthy image proved to be ineffective, despite questioning in some quarters to the contrary – especially after colon surgery designed to remove a polyp. Leaving office in 1989 with a relatively unchanged appearance, the aides who had worked so hard to shield Reagan’s medical realities from public view had accomplished their task – and with it, the tradition of obscuring a president’s or a presidential candidate’s real health from close public scrutiny.

It is natural – especially in such a heated election season as 2016 – to focus almost exclusively on policy issues and moral – not to mention legal – suitability for the presidency. But it should also be borne in mind that this is an office placing extreme physical and psychological pressures on those who occupy it. Indeed, the very act of campaigning for the presidency imposes those same pressures. Coupled with a long history of efforts designed to conceal the true medical condition of those occupying a position in which decisions affect countless people here and abroad, it is not unreasonable to demand a full and open description of the true physical suitability for those holding this all too important position.

The history of the presidency has all too often been shaken by scandals of a nature captured succinctly by the phrase *corruption*. But the hidden medical realities evident in the White House – with all of their obvious political implications – are no less scandalous – and no less dangerous. The republic rests upon the full and optimum powers of all three branches. When one of them is sickly, the nation as a whole is placed in danger. It is only since 1967 that the Constitution acknowledges the issue of presidential disability and the legal mechanisms to address it (the Twenty-Fifth Amendment). But even that late appearing legal remedy is based upon a premise that has not been lived up to – an admission that the President “is unable to discharge the powers and duties of his office. . .” Ultimately, then, it is up to the public to demand of its presidential candidates – and sitting presidents – that they be candid about their physical suitability for this office. Given the work a president is called upon to do, the responsibilities that are borne, and the intensity of the pressure felt around the

clock nothing less should be expected.