

2006-0497-F

OPEN BOX 1 of 1

**Clinton Presidential Records**

Presidential Daily Diary

Ellen McCathran

March 13, 1997 [1]

[CF 1412]

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**Clinton Presidential Records**

Presidential Daily Diary

Ellen McCathran

March 14, 1997

[CF 1413]

**SCHEDULE OF THE PRESIDENT  
FOR  
THURSDAY, MARCH 13, 1997  
FINAL**

**NOTE:** Baggage call is 6:00 am. Please leave bags outside room 87 1/2. Staff vans depart from West Basement at 7:30 am.

8:20 am <sup>8:20 GREET GUESTS TIP ROOM</sup> <sup>8:25</sup> MORNING RUN > BRIEF  
EB, MMC,

8:20 am <sup>8:25</sup> THE PRESIDENT proceeds to the South Lawn

8:25 am <sup>8:31</sup> <sup>8:26</sup> DEP. STATEMENT RE: ISRAELI SCHOOLGIRLS MURDERED BY JORDANIAN

8:25 am <sup>8:40</sup> THE PRESIDENT departs the White House via Marine One en route Andrews Air Force Base  
[flight time: 10 minutes]

8:35 am <sup>8:5</sup> THE PRESIDENT arrives Andrews Air Force Base

8:50 am <sup>9:00</sup> THE PRESIDENT departs Andrews Air Force Base via Air Force One en route Raleigh-Durham International Airport, Raleigh, North Carolina  
[flight time: 55 minutes] 8:57 > GREET MEMBERS  
9:12

9:45 am <sup>9:50</sup> THE PRESIDENT arrives Raleigh-Durham International Airport, Raleigh, North Carolina  
OPEN PRESS  
CLOSED PUBLIC 7:12 PHONE CALL  
9:19 TO NETANYAHU

Greeters: Governor Jim Hunt  
Lt. Governor Dennis Wicker  
Secretary of State Elaine Marshall  
State Auditor Ralph Campbell  
Mayor Tom Fetzner, Raleigh, NC

**NOTE:** The President will do a group photo on the tarmac with students from Fort Bragg and Camp Lejeune, as well as military and civilian personnel from the Department of Defense Dependent Schools on the tarmac.

10:00 am <sup>10:10</sup> THE PRESIDENT departs Raleigh-Durham International Airport via motorcade en route the Legislative Chamber  
[drive time: 30 minutes]

I/C:  
GOV HUNT  
SEC RILEY  
SEC COWEN

GREET 150 GUESTS - Gov Hunt's SMART START

~~10:25~~ pm 10:50

**THE PRESIDENT** departs the Sheraton Bal Harbor Hotel via motorcade en route Turnberry Isle Resort Landing Zone [drive time: 15 minutes]

~~10:40~~ pm 11:00

**THE PRESIDENT** arrives Turnberry Isle Resort Landing Zone

~~10:50~~ pm 11:10

**THE PRESIDENT** departs Turnberry Isle Resort Landing Zone via Marine One en route Hobe Sound Landing Zone, Hobe Sound, Florida [flight time: 45 minutes]

~~11:35~~ pm 11:46

**THE PRESIDENT** arrives Hobe Sound Landing Zone, Hobe Sound, Florida

Greeter: Greg Norman

**NOTE:** There will be separate vehicles to transport those staff members not manifested for the residence to the Jupiter Beach Resort Hotel.

~~11:45~~ pm 11:50

**THE PRESIDENT** departs Hobe Sound Landing Zone via motorcade en route private residence [drive time: 10 minutes]

~~11:55~~ pm 12:03

**THE PRESIDENT** arrives private residence

BC RON

**PRIVATE RESIDENCE  
HOBE SOUND, FLORIDA  
THE WHITE HOUSE**

HRC RON

THE WHITE HOUSE  
WASHINGTON

PRESIDENTIAL CALL LOG

MARCH 14th

19 97

	TIME		NAME	ACTION
	PLACED	DISC		
OUT	AM		NO CALLS	
INC	PM			
OUT	AM			
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... compiled for law enforcement purposes (b)(7) of the FOIA

# Withdrawal/Redaction Marker Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
02. log	Presidential Call Log (1 page)	03/14/1997	P6/b(6)

## COLLECTION:

Clinton Presidential Records  
Presidential Diary  
Ellen McCathran (Presidential Diarist)  
OA/Box Number: CF 1413

## OLDER TITLE:

[Presidential Diary Box 148] March 14, 1997

2006-04

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## RESTRICTION CODES

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

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

National Security Classified Information [(a)(1) of the PRA]  
Relating to the appointment to Federal office [(a)(2) of the PRA]  
Release would violate a Federal statute [(a)(3) of the PRA]  
Release would disclose trade secrets or confidential commercial or  
financial information [(a)(4) of the PRA]  
Release would disclose confidential advice between the President  
and his advisors, or between such advisors [(a)(5) of the PRA]  
Release would constitute a clearly unwarranted invasion of  
personal privacy [(a)(6) of the PRA]

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

C. Closed in accordance with restrictions contained in donor's deed  
of gift.

RM. Personal record misfile defined in accordance with 44 U.S.C.  
2201(3).

RR. Document will be returned to donor.



Pool Report #1

March 14, 1997

Arrival at Andrews, Drive to Bethesda

Air Force One landed in a cold, driving rain at 11:08 am. Hillary Clinton and Erskine Bowles were among those who went up the stairs to meet POTUS. The plane was also met by a blue truck with an elevated platform and boxcar. After a few tries and scrapping the side of AF-1, the platform was lifted to doorway at the front of the plane.

A wheelchair was also taken up but wasn't used. After a few minutes, POTUS wincing, hobbled from the plane a few steps in to the boxcar. He was surrounded by agents and aides who helped to hold him up. One man supported POTUS' low right leg, which was in a splint and stuck out at an angle. His foot was in a white sock. Another man held an umbrella over POTUS' head. POTUS tried to smile at the cameras. He waved briefly. The boxcar was lowered to the ground and the entourage then helped him in to a black Chevy Suburban van. Hillary also got in.

The motorcade then proceeded to the National Naval Medical Center in Bethesda, via the Beltway which was cleared of traffic. At the hospital, POTUS was again surrounded by helpers and was taken into the building.

Marsha Mercer

Media General

HEADLINES: Clinton ripped his quadriceps tendon and his heading to Bethesda Naval Hospital for surgery today to have it reattached to his knee cap. Hospital stay at least until Monday. Mrs. Clinton not planning to change her trip. Helsinki is still on. Clinton will be on crutches and is in a loose cast.

I was alerted by Kris Enskov at 3:28 a.m. to come down to the lobby where we were told off the record that Clinton has sustain an unidentified injury at Greg Norman's ranch. We all gathered by 4 and, regretfully leaving our luggage behind, sped 80 mph to the hospital where Mary Ellen Glynn came out to brief in the doorway of the emergency room.

Glynn:

"At about 1:20 a.m. this morning the president was staying up with Greg Norman chatting a bit after we got in. He fell on the steps and twisted his knee slightly."

He was taken by ambulance to the hospital where the doctors took an X-ray. "It looks fine. It looks like there are no broken bones." At the time he was having an MRI when she spoke.

"That's the look to see if there are any torn muscles. It appears that the knee is OK the president is resting comfortably. He's joking and generally he's doing pretty well. He was visiting with Greg Norman. He was just staying up and chatting and as I understand it just as he was coming down the steps he fell and twisted his knee."

"It was a twisting motion apparently."

"He was in some pain and she thought it would be best of we got an X-ray."

"He came in part of a motorcade. He came in an ambulance. He came in an ambulance because that was the easiest way to transport him. His knee is straight out."

"He hasn't said anything about the golf game but I'm sure that is on his mind."

"He was in pain at the very beginning but he's OK."

"They wr

744 bed

Pat Bowers: "He insisted that we send him a full bill."

Later, at 6:30 in a waiting lounge, Miss Glynn, the president's personal doctor, Capt. Connie Mariano, and St. Mary's Medical Center orthopedic surgeon Joel Cohen, met with the pool to announce that Clinton really hurt himself in a freak accident and that he would immediately return to Bethesda Naval Hospital for major surgery.

Glynn: "Early this morning the president fell, he slipped coming down some steps at Greg Norman's residence and actually popped his knee, twisted his knee and he tore a tendon in his upper right thigh. He said it was an audible pop and it was kind of a strain situation, he did not fall

down. It appears that he tore a tendon in his knee."

"The president will be returning to Washington early this morning, he has canceled his events for today. He is going to have surgery at Bethesda Naval Hospital and will probably stay over the weekend."

"He would love to golf. The president I should say is up and alert and joking around and resting comfortably. He's sorry that he's going to miss the school construction event in Florida and he's sorry he's going to miss getting golf tips from Greg Norman."

Mariano:

"A bit after one o'clock this morning the president was walking out of the Norman residence, talking with Greg Norman, and he had gone down the steps and caught his heel on one of the steps and he remembers his right leg, his right knee buckling out, he heard a very loud pop and felt some pain in his right leg. At which point our duty physician at the time, Dr. Bill Lang, examined him and determined that he should be brought here to the hospital for evaluation. We brought him here by ambulance and upon arrival he had X-rays of his right knee performed. They were felt to be normal. We consulted Dr. Joel Cohen, who is the orthopedic [surgeon] who examined him as well and determined that it was wise to obtain an MRI of his right knee area and from the MRI obtained today found that he had a tear of the quadriceps tendon the tendon from the upper thigh that connects to the knee cap. The plan today is to bring him back to Washington, consult with the physicians of Bethesda Naval Hospital, where likely he will undergo surgery today and if all goes well anticipate being discharged this weekend."

"He has a splint on him and he uses crutches right now."

Cohen:

"His injury he should fully recover from. It's not an uncommon injury. The repair is pretty straight forward and he's going to have to go through some rehabilitation but the expectation will be to return to full activity."

"After you have the surgery, you are held still for a while and your muscles weaken so you need to strengthen them back up."

"Everybody's different, but...the recovery could be as quick as six weeks or as long as three months."

"You need to protect the repair. They're going to sew the tendon back to his knee cap and in order to protect this we use lightweight braces to hold your leg still so you don't move it before we want you to."

Clinton will be on crutches for awhile.

"It's a deceleration injury. He was coming down some stairs, when you step down that's when

your quadriceps functions and he stumbled and his quadric contracted very hard and literally pulled the tendon off the bone. Very painful."

Clinton is on non-narcotic Toradol. Anti-inflammatory with pain relief.

Glynn:

"He's joking and laughing and he seems like he is in a pretty good humor. He had asked for a deck of cards so he could play hearts...with Bruce Lindsey."

Cohen:

"Generally these days we do the surgery under regional anesthesia or an epidermal block where his leg will go asleep but he himself will be wide awake."

"He gave a history of 17-plus years ago having a skiing injury where he had some ligament strain that he had no surgery and fully recovered from." Cohen said it wasn't related; "No way." Also no booze was involved.

Mariano:

"We had just arrived from Miami on helicopter and he was visiting with them and was going into the guest quarters when it happened."

Cohen on the injury:

"It's greater than 50 percent ... the tendon attaches right above the knee. It's called the quadriceps. There are four muscles in your upper thigh, quad, four muscles, they come together to form a tendon that envelops your knee cap and gives you the ability to straighten your leg and so it tears off the top of his knee cap."

Glynn: no plans to make Gore temporary president.

Mariano:

"He's in full control of his faculties, he will be alert should they decide to do the epidermal, he awake for the procedure.

Cohen:

"It's not a minor operation but it's not a major operation. It's technically not that difficult to do, you literally drill some holes in the knee cap put some sutures through the tendon and reattach it."

Mariano said Greg Norman was the first to come to Clinton's aid.

Cohen said the injury wasn't rare. "In our practice, we see a few every year."

Cohen

"When you step down, your quadriceps is contracting that's what controls your deceleration. And so if you were to stumble at that point, those muscles which are now pulling very hard, can have forces applied to them which are abnormal and as a result if there was a pull in the opposite

directing and something had to give and in this case the tendon [by knee cap] gave way."

Stepping down is three times your weight, he said.

"The area [of the tear] is probably the width of your knee cap."

Surgery="You're pulling the torn part down to the knee cap where it attached."

2-3 weeks on crutches

Clinton was "very nice, very cooperative. They are all patients."

Around 8:30 a.m, Clinton emerged from the hospital in a wheel chair and was hefted into a black Secret Service Suburban.

Once at the airport, we finally got a good look at the president, sometimes smiling and sometimes grimacing. Inside the Suburban were two new aluminum crutches which he didn't use but were apparently part of the insurance deal. From the right side of truck, Clinton's right foot - in a nice clean white sock - and his right leg emerged first, handled gently by aides. Eventually he was hauled out and put on a special stretcher chair that had a high back. Clinton smiled and gave the obligatory thumbs up and wave, but at other times winced in pain as he was moved. Clinton was dressed in a black sweat suit with white, Adidas-style stripes. We could not see the cast. On his feet were top of the line gray New Balance sneakers.

Asked what impact his injury would have on the Helsinki trip, the president said, "It will go on, you bet."

Then, two stewards pulled the top of the chair up and three agents picked it up at Clinton's fanny and hauled him into the belly cargo area. From there he took the elevator to his suite. Onboard he was to call the Lighthouse school to apologize for not being there. That was to be piped into the filing center.

90 minutes into the flight Miss Glynn came to our compartment to give us a little fill of the presidential words you all heard in Clinton's call to the elementary school.

She said that briefings and the like after the surgery will probably be at Bethesda.

She said that Greg Norman, his wife and two daughters saw Clinton off, giving him support during a short tour of the jumbo jet. On board, Clinton settled into reading Johnathan Kellerman's "The Clinic." Ironic, huh?

Mary Ellen said Clinton would not copter to Bethesda because getting in and out of the aircraft is too difficult. She said he would be met at airport by Hillary and Bowles.

Enter Bruce Lindsey, looking way too relaxed and rested for pulling an all-nighter like the rest of us. Lindsey said he was on the Norman complex but not near Clinton when the accident occurred.

He said that the president, after tripping, "sat down and his leg was spasming."

At the hospital, Lindsey said Clinton "was interested to know exactly how this happens, the science."

He said Clinton was sorry about missing out on the golf and said the president told Norman that "his handicap will be higher" on the next trip. Of the tendon "pop," Lindsey said the president "claims Greg Norman heard it." On golf, He said Clinton was upset that he won't be able to hit the links for months. "What he's really going to miss is not being able to play for 3 or four months." But this isn't a bad time to be laid up, Lindsey added. "If you have to be laid up, you might as well have March Madness."

All staff said the hospital was wonderful and we too give our kudos to the folks at St. Mary's, especially Pat Bowers, the PR director, who kept us informed and in coffee. Our praise also for Kris and Mary Ellen who didn't buckle under pressure, treated us professionally and made the trying circumstances of working in a hospital hallway pleasurable.

Bedard-Washington Times

THE WHITE HOUSE

Office of the Press Secretary  
(West Palm Beach, Florida)

For Immediate Release

March 14, 1997

PRESS CONFERENCE BY  
DR. JOEL COHEN

St. Mary's Hospital  
West Palm Beach, Florida

6:19 A.M. EST

MS. GLYNN: As we reported earlier today, early this morning the President fell. He slipped coming down some steps at Greg Norman's residence and actually popped his knee. He twisted his knee and he tore a tendon in his upper right thigh. He said it was an audible pop and it was kind of a strange situation. He did not fall down.

It appears that he has torn a tendon in his knee. And I've got Dr. Connie Mariano here, who is going to help him. She's his personal physician. Dr. Joel Cohen, who is an orthopedic surgeon here at St. Mary's, can answer some more of your technical questions.

The President will be returning to Washington early this morning. He's cancelled his events for today. He is going to have surgery at Bethesda Naval Hospital and will probably stay over the weekend.

Q Will he go to the summit this week, Mary Ellen?

MS. GLYNN: I think it's premature, but he would love to go. The President, I should say, is up and alert and joking around and resting comfortably. He was sorry that he's going to miss the school construction event here in Florida and very sorry he's going to miss getting golf tips from Greg Norman.

Q Is it possible he won't go to the summit?

MS. GLYNN: I would not speculate on that at this point in time. I think it's way too early to say.

Q Mary Ellen, tore a tendon in the knee or the thigh.

DR. MARIANO: Let me clarify a couple of things that she had mentioned. About a little after 1:00 a.m. this morning

MORE

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the President was walking out of the Norman residence talking with Greg Norman, and he had gone down the steps and had caught his heel on one of the steps. And he remembers his right leg, his right knee buckling out. He heard a very loud pop and felt some pain in his right leg -- at which point our duty physician at the time, Dr. Bill Lang, examined him and determined that he should be brought here to the hospital for evaluation.

We brought him here by ambulance. Upon arrival he had X rays of his right knee performed. They were felt to be normal. We consulted Dr. Joel Cohen, who is the orthopedic surgeon here, and he examined him as well, determined that it was wise to obtain an MRI of his right knee area, and from the MRI obtained today, found that he has a tear of the quadriceps tendon, the tendon from the upper thigh that connects to the kneecap.

And the plan today is to bring him back to Washington, consult with the physicians at Bethesda Naval Hospital where most likely he will undergo surgery today and if all goes well, anticipate being discharged this weekend.

Q What do you call that tendon?

DR. MARIANO: Quadriceps tendon.

Q Is the President able to walk?

DR. MARIANO: He has to have -- he has a splint, actually a posterior splint on him and he needs crutches right now.

Q Could you just summarize in terms of the average person who is hearing this now --

DR. MARIANO: Dr. Cohen, do you want to --

Q -- and, you know, how serious it is -- if you could also come to the mike -- how serious is this, and in terms of -- how basically serious is this for the future or for him walking around, et cetera.

DR. COHEN: His injury he should fully recover from. It's not an uncommon injury. The repair is pretty straightforward and he's going to have to go through some rehabilitation. But the expectation would be return to full activities.

Q What sort of rehabilitation?

DR. COHEN: After you have the surgery, you're held still for a while and your muscles weaken, so you need to strengthen them back up. So he'll have to go through some physical therapy and strengthen it.

MORE

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Q Could you give us a time line -- how long would the therapy be, how long before he's in A-1 condition?

DR. COHEN: You know, everybody's different, but usually you immobilize them for a few weeks after the surgery and start the physical therapy, and the recovery can be as quick as six weeks or as long as three months.

Q What do you mean "immobilize"?

DR. COHEN: In a brace.

Q I don't quite understand. So he will be wearing a brace for some period of time?

DR. COHEN: After the surgery, correct.

Q Could you elaborate on that again?

DR. COHEN: Well, you need to protect the repair. They're going to sew the tendon back to his kneecap and in order to protect it we use lightweight braces to hold your leg still so you don't move it before we want you to.

Q Will he be on crutches the whole time he's on a brace?

DR. COHEN: A fair amount of that time just to protect the repair.

Q So he'll be on crutches for weeks to come, possibly?

DR. COHEN: Possibly.

Q Doctor, this was caused by just taking a wrong step?

DR. COHEN: Yes, it's a deceleration injury. He was coming down some stairs; when you step down, that's when your quadriceps function, and he stumbled and his quadriceps contracted very hard and it literally pulled the tendon off the bone.

Q Is that painful?

DR. COHEN: Very painful.

Q Is he in pain now?

DR. COHEN: They gave him some non-narcotic pain medicine and he seemed to get a lot of relief.

MORE

Q What's the name of the medicine?

DR. MARIANO: Toradol.

Q And it does what?

DR. COHEN: It's an anti-inflammatory that has pain relief with it.

MS. GLYNN: I should add, too, he's, as I say, joking and laughing and he seems like he's in a pretty good humor. He had asked for a deck of cards so that he could play hearts.

Q Who is he playing with?

MS. GLYNN: He's playing hearts with Bruce Lindsey.

Q He will have to have a general anesthetic, will he not, at Bethesda for the operation?

DR. COHEN: No, sir. Generally, these days, we do that surgery under regional anesthesia or an epidural block, where his leg will go to sleep, but he himself is wide awake.

Q So he will have all of his faculties and so forth?

DR. COHEN: Absolutely.

Q Two questions. First of all, I remember that he had some troubles with a knee in the past -- it was reported in some of the past medical --

DR. COHEN: He gave a history of 17-plus years ago having a skiing injury where he had some ligamenta strain that he had no surgery and recovered fully from it.

Q Same knee, Doctor?

DR. COHEN: Correct.

Q Do you know wear the tear --

Q Wait, do you think it might have been related?

DR. COHEN: In no way.

Q And, secondly, this is kind of a delicate question, but had the President had anything to drink tonight --

DR. MARIANO: No. We had just arrived from Miami on the helicopter and he was visiting with them and was going into the guest quarters when that happened.

Q Are you able to say how big a tear it is in the tendon?

DR. COHEN: I mean, it's greater than 50 percent. That's about the characterization from the radiologist.

Q Can you show us on your leg where we're talking about?

DR. COHEN: It's the tendon that attaches right above your kneecap.

Q And it goes from where to where? I don't understand.

DR. COHEN: It's called the quadriceps. They're four muscles in your upper thigh -- quad, four muscles, that come together, form a tendon that envelops your kneecap and gives you the ability to straighten your leg out. And so it tears off the top of his kneecap.

Q Mary Ellen, given the fact that he'll probably just get a local anesthesia or an epidural, is there any reason why the Vice President might be called on to --

MS. GLYNN: I don't know of any plans to do that at this time.

DR. MARIANO: You're thinking the 25th. He's in full control of his faculties. He'll be alert. Should they decide to do the epidural, he's awake during the procedure. I would not --

Q Is it considered a major operation?

DR. COHEN: No. I mean, it's not a minor operation, but it's not a major operation. It's technically not that difficult to do. You literally drill some holes in your kneecap, put some suture through the tendon and reattach it.

Q That sounds pretty major.

DR. COHEN: Well, again, compared to having a knee replacement or something, it doesn't -- it's not that major.

Q Mary Ellen, who was the first person to come to his assistance? Do you know what --

MS. GLYNN: I believe it was Greg Norman. That's what the President told me.

DR. MARIANO: He helped him up -- held on to him.

MS. GLYNN: Grabbed him.

Q And then he went straight to an ambulance or he went back to the residence for a while?

DR. MARIANO: No, the Secret Service called. We have a duty physician on the compound, Dr. William Lang, who is a family physician.

Q Can you spell that?

DR. MARIANO: Lang. And he responded right away and examined him and determined that he needed to be brought here.

Q That's a military doctor or --

DR. MARIANO: Yes. He's our Army physician.

Q Other than just stumbling on the stairs, do we have any further reasons as to why he stumbled? Did he lose his balance --

DR. MARIANO: The steps were of an unusual nature. He says they were sort of irregularly shaped, and he caught his heel onto one of the --

Q Were these outside?

DR. MARIANO: Coming out of the house.

Q He was leaving the Norman residence when that happened?

DR. MARIANO: Yes.

Q Doctor, this is not -- I take it this is not like a microscopic or what they call -- you're going to have to cut into the knee?

DR. COHEN: Yes. You can't do it orthroscopically.

Q How common is this that just a missed step would result in an injury like this? Is this rare?

DR. COHEN: No. I mean, it's pure biomechanics. That is, if you're stepping down and you slip and that quadriceps retracts, then something's going to give. And in this case, it was that tendon.

Q But it's not unusual for somebody simply walking to have something this --

MORE

DR. COHEN: Well, it wasn't walking, it was coming down the stairs. That's where the forces were involved.

Q Right. I want to get a sense of how unusual is it for -- when coming down the stairs for something like that to happen.

DR. COHEN: You know, I would say in our practice we see a few every year.

Q Can you explain that once again? When he's stepping down the steps, what is his muscle doing and how do the muscles leave the kneecap?

DR. COHEN: Okay. When you step down your quadriceps is contracting. That's what controls your deceleration. And so if you were to stumble at that point, those muscles which are now pulling very hard can have forces applied to them that are abnormal. And as a result there was a pull in the opposite direction and something had to give, and in this case, the tendon right up here gave way.

Q And the pull is because he's falling and the knee is going down and --

DR. COHEN: It goes because he's stepping down. That's the initial -- the force -- and there's a tremendous, three times your body weight is transmitted across your knee as you step down, so tremendous force. And then with a little stumble it's just -- given enough circumstances, something gave.

Q And how big of an area is it that you're going to have to sew back in, or how big of an area is it that the muscle has pulled away from?

DR. COHEN: Well, you can feel your own kneecap. I mean, the area is probably the width there of your kneecap.

Q What was the President doing outside at that point?

DR. MARIANO: He was saying goodnight.

MS. GLYNN: He was going back to his own residence. He is staying with the Normans, in a different cottage. And so he was leaving Greg Norman's house, where he had been up chatting and talking to him and thanking him for his hospitality.

Q What time?

DR. MARIANO: A little bit after 1:00 a.m.

Q Is he going straight from here to the hospital?

MORE

MS. GLYNN: He's going to go straight from here to the airport, and from Andrews Airport, Andrews Air Force Base to Bethesda Naval Hospital.

Q And, Doctor, could you just summarize one more time --

Q Maybe you can explain how you literally fix this? I understand that you drill-hole the kneecap and then run sutures from the kneecap through the tendon?

DR. COHEN: Correct.

Q But the tendon is only a 50 percent tear, so are you, in effect -- you're not repairing the tendon, you're actually building a new tendon, in effect?

DR. COHEN: No, you're pulling the torn part down to the kneecap where it attached.

Q Will the suture be running through the tendon or --

DR. COHEN: Sure.

Q -- from the tendon to the kneecap?

DR. COHEN: Right.

Q And on the rehabilitation, again, you suspect he will be on crutches for how long?

DR. COHEN: Again, there's a variation. But, initially in the beginning period for a few weeks they're going to keep him on crutches to protect it.

Q Could you be more specific than the next few weeks?

DR. COHEN: Everyone is different. I would say two to three weeks.

Q Two to three weeks on crutches? And when does he begin rehabilitation and what does that entail -- is that weight lifting, is that running?

DR. COHEN: Initially you have him evaluated by a registered physical therapist who will start him on range of motion and then progress him to strengthening.

Q When does that start, the rehabilitation?

DR. COHEN: Again, the variation, I would say in the three to six-week period.

Q Doctor, could you just one more time take what you've said and summarize it for the average person who might be watching, just now tuning in -- just overall how serious it is. Just summarize it one more time.

DR. COHEN: Well, the seriousness, again, it's a torn tendon that needs to be repaired. It's technically not that difficult to repair it. It requires some immobilization after you have it repaired, and then some rehabilitation after that.

Q Doctor, what's it like to work on the President?

DR. COHEN: He was very nice, very cooperative.

Q Have you worked on people this important before?

DR. COHEN: I mean, they're all patients.

MS. GLYNN: All right. Thanks, everyone. We'll let the doctors go back, they have work to do and they've been up for a while.

Q Have you all consulted with each other before coming down --

Q Has the Vice President been informed?

MS. GLYNN: The Vice President has been informed. The Chief of Staff has been informed. The First Lady has been informed. At this point in time, there's no plans for her to change her trip -- at this point in time.

THE PRESS: Thank you.

END

6:33 A.M. EST

PRESS BRIEFING  
BY MIKE MCCURRY  
AND DR. DAVID WADENational Naval Medical Center  
Bethesda, Maryland

1:44 P.M. EST

MR. MCCURRY: Good afternoon, everybody. I've got the paper on the school construction announcement that the Vice President made for the President today, and I'm sure you'll all want that.

Now, I'm happy to have with me Commander David Wade, who is the Chief of Clinical Services here at the National Medical Center -- National Naval Medical Center. He'll tell you a little bit about the procedure the President is just now going into. The President at 1:30 p.m. was scheduled to go into surgery and feeling very good about it and was anxious to get it done.

Let me tell you a little bit about what he has done since he arrived here at approximately 12:15 p.m. He went immediately to the Medical Evaluation Treatment Unit here, the METU as they call it, here at Bethesda. It is, in effect, the Presidential Suite here at the Naval Medical Center. And, as the President described it, America's nicest hospital room. He, as you might have guessed, immediately turned on the television, immediately tuned into Miami-Clemson and happily watched the game with the First Lady and Erskine Bowles while the doctors consulted and reviewed some of the MRI imagery that Dr. Mariano brought up from Florida.

While the doctors consulted, the President joked around with some staff and others. He said he was absolutely convinced that this was his good luck day because he was confident he was going to break 80. So he was disappointed that other events intervened.

The doctors and the surgical team that will treat the President, Dr. Wade can tell you more about -- but they went in to give the President a briefing, actually show him some of the pictures of the damage done to his knee. And the President asked questions that I imagine they consider pretty typical questions from most of their patients, like when is he going to be able to run again, when is he going to be able to play golf again. They chatted a bit about the procedure. The President then informed the doctors that he will be going to Helsinki on Tuesday. And they said, yes, sir, they understood that.

The President also -- the President and First Lady also chatted about her trip. The President considers that a very important trip and she fully intends to go ahead with her travels as well, although they'll consult on a schedule after the procedure.

Dr. Wade can tell you more about what we expect. I think it will be a while before we can report back to you on the results or outcome of the surgery. That probably won't be until maybe dinnertime tonight. So I would suspect maybe you'll have some time this afternoon.

Q Can you tell us how the President is feeling? Is he in any pain? Is he taking any mediation?

MR. MCCURRY: He's -- Dr. Wade can tell you about any painkillers he's taking. He's in a little bit of pain when the leg moves, but he's in very good spirits. He's joking around with a lot of us. He's anxious -- he kept saying, I got work to do, I want to get back to work. Clearly, that's his intent with respect to heading for the summit in Helsinki on Tuesday.

Some of you may know that, partly because of King Hussein's schedule and then, obviously, partly now because of the President's schedule, both the Jordanian side and the U.S. side felt it was better to postpone King Hussein's scheduled visit here to Washington on Monday. We'll advise you when that's rescheduled. But the President mostly is looking forward to watching a lot of basketball.

Q Mike, did the doctor find any other injuries or illnesses as a result of the --

MR. MCCURRY: I'll let Dr. Wade brief on that. Not that I am aware of. But he seems to be fit. They were doing all the normal workup for the procedures he's about to --

Q Did the President get his usual staff briefings?

MR. MCCURRY: The President had talked during the evening with the Chief of Staff, with the First Lady. We had several meetings this morning, directly with the Vice President's staff, and have been in close contact with them, although there has been nothing about our -- about the medical procedures today that have triggered anything related to the 25th Amendment. But we were prepared, and appropriately should have been prepared, to deal with that and had close coordination with the Vice President's staff.

The President has -- the only other phone call he's made that I'm aware of is he talked to Treasury Secretary Rubin because he had actually had an item of business that he wanted to follow up on with him. They talked a little bit about economic matters. And the President has been getting updates on the situation in Albania and work that's underway to try to evacuate U.S. personnel and dependents and other American citizens.

Q We were told earlier that the surgery might last one to two hours. When would you anticipate the surgery being over and you being able to come back to tell us more?

MR. MCCURRY: Well, as I say, my guess -- Dr. Wade knows this procedure, and he himself is a surgeon and has performed this surgery, this knee surgery himself, so he can tell you more and describe more of the procedure. But I suspect it will be 5:00 p.m. or so at the earliest before the President will be safely into post-op and we'll be able to come down and tell you how it went. And our intent is to make available some of the doctors who actually did the work. So I'd look maybe in the neighborhood of 5:00 p.m.

Q Mike, might the President's Helsinki schedule be altered in any way, depending on medical advice, assuming he goes ahead with the trip?

MR. MCCURRY: His schedule --

Q Might his Helsinki schedule be altered in any way?

MR. MCCURRY: The morning jog out in the beautiful Helsinki morning is probably going to have to be canceled, obviously, and we'll have to adjust the President's schedule to reflect the fact

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that he will not be quite as mobile as he otherwise would be. But most of the work that they were doing involved face-to-face conversations with President Yeltsin, and I don't think that will be affected at all.

Q Could Dr. Wade describe the procedure?

MR. MCCURRY: If you'll let me get him up here, yes.

Q If the President has to be on any kind of painkillers or any kind of drugs, might that change his mind about going forward with the summit?

MR. MCCURRY: I haven't heard anything from any of the doctors that have been describing procedures to me that would indicate that that would be a problem. I don't want to speculate on his medical workup post-surgery because that's better for the doctors to do later.

Q Can you describe what happened, how he fell, how he hurt himself?

MR. MCCURRY: Most of you have already heard what happened. He was saying farewell to Greg Norman last night and walked down a short flight of wooden stairs. There were four dark-colored wood stairs that led to a stone landing. The stone landing connected to a stone walkway. And it was late at night, obviously; there was some light, but in the shadows apparently the President thought he was on a walkway and, in fact, he had one more step to go. And so he lost his balance coming off that step and the leg decelerated.

Q He was actually outside the house?

MR. MCCURRY: Yes, he was on the way out the door.

All right, let me thank Dr. Wade for being here. He can tell you more about the medical procedure itself and take any questions you have.

DR. WADE: Yes, ma'am.

Q The procedure -- how long will it take, how complicated is it, and what will the President -- during the procedure?

DR. WADE: The operation will probably take about an hour to an hour and a half to perform. And it is anticipated at this time that he's going to have an epidural anesthetic to make him numb on the lower half of his body during the procedure so he will not be suffering pain when they are doing the actual incision and repair of the tendon.

Q And how long -- when will the procedure actually start, do you know?

DR. WADE: Well, they were planning to start around 2:00 p.m. I'm not up there right now, so I can't comment if that will happen or not.

Q Could you just describe the injury and what the procedure will be and just lay it all out for us?

DR. WADE: Yes, ma'am. What he had done was -- the insertion of the quadriceps tendon into the kneecap has been disrupted from the fall. And the operation will be intent on reattaching the tendon so that he can again extend his leg.

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Q How difficult a procedure is it? I understand in orthopedic terms it's not really a big deal. Is that true?

DR. WADE: Any operation is a moderate big deal, but this is not a terribly severe injury and not a terribly complicated operation to perform, no, sir.

Q How do they actually perform it? How do they go about reattaching it? Do they drill a hole or something?

DR. WADE: They will expose the disrupted tendon, which is disrupted very near the kneecap. And they will then drill holes in the kneecap and pass sutures through the tendon and through the kneecap, securing those sutures and then reattaching that. And then over the following weeks to months, that tendon will heal and he will regain the unlimited use of his leg.

Q Doctor, the doctor in West Palm Beach said that the tendon was at least 50 percent torn. Is that correct from your diagnosis? And is it possible that he may need a teflon graft, is it that serious?

DR. WADE: From the review that was going on upstairs prior to the President going to the operating room, they concurred with the findings of Dr. Cohen, I believe his name was, down in Florida, and felt that there was a greater than 50 percent disruption of the tendon, but it was not completely disrupted.

Q What can you say about the recovery period? Might that have some -- on the surgery itself?

DR. WADE: We would hope that this will be a very short operation with a short recovery period in the hospital. Lord willing, all things going well, he would hopefully be home tomorrow or Sunday morning.

Q But the long-term recovery once he leaves here.

DR. WADE: Long-term recovery, he should be able to be up and about at the time he leaves, as a matter of fact. In terms of when can he regain all of his normal activities, i.e. jogging, golfing, that sort of thing, that's going to be a little bit dependent on how he should recover. But if you take the average patient with this injury, it will be probably four or five months before he's on the golf range, and perhaps as long as six months before he's jogging again.

Q How about the cast? There will be a cast, sir, as I understand? How many weeks in a cast?

DR. WADE: There are actually, as I understand from Dr. Adkison, who is the primary surgeon, there probably will not be a cast. There will be a brace that allows the President to have some mobility of the knee, but guards it from reinjury.

Q What medications will he be on with the epidural? What other kinds of painkillers will he --

DR. WADE: I don't believe he plans to be under any other painkillers or sedatives, ma'am.

Q How about crutches -- will the President require crutches?

DR. WADE: He may have them for some short while, but that somewhat depends on how he feels he's able to get around with the brace and the degree of mobility he needs to have.

Q He'll be conscious during the whole procedure?

DR. WADE: That's anticipated; yes, sir.

Q What are the chances that he won't be? What are the chances that you will have to render him unconscious --

DR. WADE: I would say they're very slim. As a matter of fact, the President asked us this question when we were discussing that with him, and he voiced an opinion he would not like to be put to sleep if at all possible. And I think that they can probably say with 90, 95 percent surety that this can be completed without the need for general anesthetic.

Q -- what happens, or are we talking possibly 25th Amendment --

MR. MCCURRY: One reason that the Chief of Staff, Erskine Bowles accompanied the First Lady and came out here today is for precisely that reason. We have a procedure that is in place and a plan if anything about the 25th Amendment is indicated. And that's why I indicated earlier we've been in very close contact with the Vice President's staff. It's not anticipated now, but it would be irresponsible for us not to at least anticipate that situation. If that need arises, we can very quickly act -- deal with the situation, but that's not anticipated at this time.

Q -- the President at 1:30 p.m. -- the overall procedure started now --

MR. MCCURRY: Well, Dr. Wade can answer, too, but they were taking him into surgery at 1:30 p.m. and planning to start the anesthesia with the intent of beginning the surgical procedure itself at roughly 2:00 p.m.

Is that correct, Doctor?

DR. WADE: Yes.

Q Would there automatically be a transfer of power here if he did go --

MR. MCCURRY: There's a procedure in place, and if it becomes necessary to brief you on that, I will.

Q Where is the Vice President?

MR. MCCURRY: The Vice President was in California and I think was planning to return -- scheduled to return to Washington. I'll double-check that, but we have not seen any need to adjust his schedule because of this. He would have the capacity to do anything he needed to do, irrespective of where he was.

Q Would you be able to let us know when the surgery is over, even though you're not ready to come down and brief us about it?

MR. MCCURRY: We'll try to give you an update when we know it's been completed so you can at least report it's over with, given the breathlessness with which you're all reporting it.

Q Could you let us know when it begins?

MR. MCCURRY: Yes, we can try to find out. It's supposed to begin minutes from now.

Q Can you tell us about the doctors who are doing the surgery?

Q Doctor, how long is the incision estimated -- will there be lots of --

DR. WADE: Hopefully not. The incision will probably be on the order of four to five inches in length and will run longitudinally along the leg.

Q What about the rehab -- brace removed. That could be six weeks from now --

DR. WADE: They'll be starting rehab probably tomorrow, as a matter of fact. I can't -- don't quote that for certain, but very soon. It's a graduated response where you start very simply and progressively become more complicated in that, but they are going to be actively involved in that very soon after that. And as a matter of fact, the team that was up there prior to the operation included one of our physical therapists who will be working with the President.

Q -- the name and title of the lead surgeon, and how many people will he be assisted by?

DR. WADE: The primary surgeon is Commander David Adkison, who is the Chief of Orthopedics at this institution. He is a sports medicine-trained orthopedic surgeon.

MR. MCCURRY: We've got a copy of this that we'll make available to you.

DR. WADE: Yes. And the assistant surgeon is Lieutenant Commander Marlene De Maio (phonetic) and again, this is coming out, I believe, in print for your edification. She is also a sports medicine-trained orthopedic surgeon.

Q Dr. Wade, normally would it be advisable for a patient who just had this kind of operation to take a transatlantic flight two or three days later?

DR. WADE: The President was very firm that he was going to Helsinki, and while we probably say -- wouldn't necessarily always recommend that, certainly it can be done very safely, and those issues have been discussed prior to the surgery also in terms of thing that we can do to minimize risk of complications, et cetera.

Q Have you advised him -- has anybody here advised him that there could be complications and that it might not be a great idea?

DR. WADE: As part of informed consent that we always give the patients, yes, we covered the potential complications. The complications that he could develop from this surgery are really no different whether he's in Helsinki or whether he's right here in Washington, D.C.

Q But it's not so much being in Helsinki or being in Washington, but being on a long airplane flight which doesn't usually seem to be the kind of thing that's advised after surgery.

DR. WADE: I think that we have covered those with him. He is satisfied that we have mechanisms that we can minimize that risk related to that, and I certainly, as a surgeon myself, don't feel that that's an unrealistic thing to ask for. Certainly, we have transferred patients via air evacuation on very long flights soon after surgery is part of what we do in military medicine.

Q And will you be sending a team of doctors from here with the President?

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DR. WADE: That was also discussed. There will be some augmentation of the White House Medical Unit with some personnel from this command, I believe, including, potentially, a physician and a physical therapist.

Q How many patients undergoing this procedure have general anesthesia versus epidural? And to what extent was the epidural choice related to the question of the 25th amendment -- in other words, so he wouldn't have to go out completely?

DR. WADE: I would say that probably most patients that would have this operation would have it done under a regional anesthetic, of which an epidural is one of the various ways that can be delivered. It doesn't require that the person be insensate and totally unconscious to do the operation.

Q Doctor, would you walk us through that demonstration one more time, please, and show us the area that you've -- and outlined --

MR. MCCURRY: I'll narrate. (Laughter.) The doctor is reaching down, touching his knee, pointing to the area of the kneecap, just above the kneecap -- four or five inches above. There, you've got your photo for the evening news. Just what you need.

All right. Thank you very much, everyone.

END

2:02 P.M. EST

THE WHITE HOUSE  
Office of the Press Secretary

For Immediate Release

March 14, 1997

PRESS BRIEFING  
BY MIKE MCCURRY

National Naval Medical Center  
Bethesda, Maryland

2:55 P.M. EST

MR. MCCURRY: (In progress) -- that's what we're going to do to your knee. (Laughter.) Either one of the doctors or the nurses.

Q Can you say that again?

MR. MCCURRY: Lovett and Buffet, that's what we're doing to your knee. And they all cracked up at that. So they had a good laugh at that.

Q Which Lyle Lovett album?

MR. MCCURRY: I don't know the particulars. Okay. That ought to keep you entertained for a while. We'll give you a time when it's over.

Q Mike, can you explain to us -- although, I think you may not want to -- what the procedures have to be, what has to be in place if there were to be an exercise of the 25th Amendment, what would it be?

MR. MCCURRY: I don't have it here. I mean, there is a very formal procedure in place. One of the recommendations that came out of that 25th Amendment conference that was held recently is that every White House have a written plan in place, such as ours, that indicates what the procedures are. We've never made that public because, in fact, some aspects of that are classified. But it does require a written transmission of letters. You've seen that happen in the past and the procedure we have is similar.

Q Have those letters been drafted?

MR. MCCURRY: No, but we have, through counsel and through contacts with the Vice President's staff, we've made all the necessary arrangements just in case.

Q When you say, "made all the necessary arrangements," what do you mean?

MR. MCCURRY: Just that we've made sure we would be able to reach the people we needed to reach, have the people who would need to make the transfer, make sure that Gene Sperling was in place so that he could go in and announce that he was in control. (Laughter.)

Q Where's Mrs. Clinton?

MR. MCCURRY: Mrs. Clinton gave him a big hug and a kiss as he left, and she's remained in the quarters, in the President's quarters in the METU unit.

Q And is Chelsea up?

MR. MCCURRY: No, she's at school, but there was some discussion that she might want to come out here later today.

Q Is the President under any anesthesia besides the epidural?

MR. MCCURRY: No.

Q That's it, no tranquilizers, no --

MR. MCCURRY: That's correct.

Q But he will be on painkillers after?

MR. MCCURRY: Well, they had discussed prior they would not -- they were not going to prescribe any narcotic painkillers, but he might take some type of painkiller if it's required. And we'll let you know if that's prescribed.

Q Toradol was the one that was mentioned.

MR. MCCURRY: That's what was prescribed by Dr. Cohen and Dr. Mariano earlier. But I don't have information on his -- I don't have any information on --

Q Did he actually talk to the surgeon while --

MR. MCCURRY: Early and often, apparently.

Q What's the music? Does he wear headsets?

MR. MCCURRY: No, they just play it in the operating room.

Q In the operating room, make everybody have to.

Q So he was actually talking as they were working?

MR. MCCURRY: Well, they asked him if he would -- they said sometimes we play music and are you interested? And he said, it depends on what you have or something like that. (Laughter.) So they went through the whole list and they apparently spent some time debating what they were actually going to --

Q But he is actually talking to them?

MR. MCCURRY: Oh, yes. He's fully conscious, fully awake, and fully yakkable.

Q -- himself -- (inaudible.)

MR. MCCURRY: He probably would be willing to.

Q Can we request the orthopedic camera, orthoscopic camera video?

MR. MCCURRY: Actually, I don't think -- this is not a laproscopic program.

Q Is anybody photographing in there?

Q Are there agents --

Q -- straight up, across, exactly how the cut was made and how long it is or any of the details?

MR. MCCURRY: The doctor indicated they were going to do lateral -- no, wait a minute.

Q He said vertical.

Q Longitudinal.

MR. MCCURRY: Vertical, vertical. Longitudinal, right. In other words -- and he indicated it's like up -- from the kneecap up.

Q Mike, are there agents in the operating suite?

MR. MCCURRY: They've got -- one of the advantages of being here in Bethesda is they that have a secure facility, and they -- a pre-arranged secure facility for the President, which is why this is, in a sense, his hospital. So the Service has got what they need here.

Q Mike, can you say if the President was drinking prior to --

MR. MCCURRY: That was answered this morning by Dr. Mariano. She said no.

Q Did you say Mrs. Clinton was -- here, waiting for him?

MR. MCCURRY: Yes. They have kind of a suite. They have a -- it's really a very nice suite where they can take care of the President and his family members if they need to here.

Q King-size, double?

MR. MCCURRY: Yes, there's a kind of master bedroom suite with a hospital bed and a large-screen television which I think is going to get a real workout. Then normal -- the kind of -- and it's nice, got a desk and a phone. In fact, Mrs. Clinton was actually working at the desk and making some phone calls. And then in the next two are the normal things you have in a hospital room, sink and stuff for doctors to wash up, an extra-large bathroom with extra-large doors. There are two guest rooms in the hallway across, a conference room for the doctors to meet, and a little lounge area that has also got a television and books.

Q Is there a possibility that we're going to be able to get a still this afternoon in the room?

MR. MCCURRY: We'll see.

Q The accident itself -- did the President actually fall? Did he describe a flash of pain, or what did he --

MR. MCCURRY: That all has been briefed and we can give you the transcript from earlier today. But I wasn't there for that, but Dr. Mariano briefed on that and Mary Ellen Glynn briefed on that.

Q What happens to the government -- even though the President is conscious, certain things --

MR. MCCURRY: We have a full crew of people working at the White House today and the President gets updated like he would any other day, as leader.

Q But not during.

MR. MCCURRY: If we needed to ask him something or get some decision from him, he would be available for that.

Q Will the First Lady spend the night here tonight?

MR. MCCURRY: I don't have information on that.

Q When will the President decide when he gets out of here?

MR. MCCURRY: After they talk to the doctors, later on.

Q Could they decide today rather than tomorrow?

MR. MCCURRY: I don't think they'll decide today. I think they will probably see what's going on tomorrow.

Q Are you still looking at 5:00 p.m. --

MR. MCCURRY: If I can do it around then. That might be a little optimistic. It is probably going to be a little later than that.

Q Would the surgeons come up, too?

MR. MCCURRY: Yes. My intent is to provide the surgical team that did it, yes.

Q So when do you think -- what are you looking at for time?

MR. MCCURRY: I have no way of knowing. They just started.

Q I assume it's safe to assume he's not planning to do any -- (laughter.)

MR. MCCURRY: No, he's not.

Q Was it the front door of the house or the back door?

MR. MCCURRY: I don't know. You should have asked folks who were down there.

Q -- videotape --

MR. MCCURRY: I don't know the answer.

Q Is a Navy film crew in there and we're not?

Q Does the President have health insurance?

MR. MCCURRY: He's covered by an act of Congress. His medical care and the medical care of the First Family and the Vice President and the Second Family are prearranged by act of Congress. I'm trying to get more information on that. But, for example, when they do the annual physical or when they're treated here, and I believe that when they are treated at a remote site like St. Mary's, they work out the arrangement through the Medical Unit to reimburse for the cost, pursuant to the authority they've got under the law.

Q But it's not a health insurance policy, it's the government assuming the --

MR. MCCURRY: No, it's not like -- I think the government assumes the direct cost of the health care because they provide health care for the President and his family and the Vice President and his family.

Q Is Dr. Mariano in there?

MR. MCCURRY: Yes.

Q She's observing?

MR. MCCURRY: She's there and has supervised the consultations with the President. She knows all these docs herself, being a Navy doctor herself. In fact, she interned and has served with virtually all the members of this team, so she was very happy to be introducing all of her friends to the President and told little stories.

Q She knows them?

MR. MCCURRY: Yes, she knows most of them quite well, personally.

Q How many doctors are there?

MR. MCCURRY: Everyone that can be in on it, is in on it. (Laughter.) The Chief of Cardiology came running over and said, we're happy to hook up an EKG, because our unit would like to be in on it. They wanted to see if they needed blood workups or anything like that.

Q No dermatologist there? (Laughter.)

MR. MCCURRY: Dr. -- I think it's Corbett already got his moment in the sun. Remember he came and did the little inclusion cyst.

Q Someone will have to check out the scar on the knee, though.

Q How close was Dr. Mariano -- pretty quickly.

MR. MCCURRY: She was in, I think, another one of the guest cottages nearby. Yes, she wouldn't always be in the vicinity. Now, they had a doctor on duty who was with them, because there would be a doctor on duty with him right up until he goes out, yes.

Q So there's always one physician or more than physician?

MR. MCCURRY: Well, traveling -- when the President's traveling away from Washington, they always have a number of physicians. They have someone who's on the ground who does the specific site, who's familiar with the local hospitals -- for example, St. Mary's had already been designated as the hospital that they would use in the event the President needed medical care. So they do -- a lot of work goes into contingency planning for that.

Q -- have liability insurance?

MR. MCCURRY: That's a very good question, but he won't need it.

Q The meeting with King Hussein that has been cancelled Monday -- is that just because the President's accident, or other reasons?

MR. MCCURRY: Well, both the King's schedule and the President's schedule have had some matters affect it in the last 24 hours obviously. So I think it was mutually agreed that it would be better to postpone. They'll try to meet in the next two to three weeks.

Q Is there any indication that the ski accident he had a while ago made this any worse?

MR. MCCURRY: I'm not even --

Q Mary Ellen said this morning -- it's in the transcript.

MR. MCCURRY: Yes. I don't know.

Q There was no history of --

MR. MCCURRY: Not that I'm aware of. I mean, I don't have the President's medical history. I don't think in his medical records that we released that there was anything to indicate that. He had a prior injury -- I think a ski injury or -- nothing indicated that that was a factor.

Q How much will this affect his personal -- program will be conducted?

MR. MCCURRY: Yes, at great length. No, I mean -- that's -- John, two of the questions he asked almost immediately of the doctors was when would he be able to work out and run again and when would he be able to play golf again. And we're probably months, several months away.

Q Was he disappointed about that?

MR. MCCURRY: Yes, he was, but he was interested in hearing a description of what kind of therapy program they would have for him and what he would be able to do and --

Q Did he discuss this with --

MR. MCCURRY: I don't know the answer to that. They may have.

Q Will there be a therapist who comes out every day --

MR. MCCURRY: There will be a therapist assigned to this case by the hospital, by the command here, and they will augment the Medical Unit staff.

Q And a therapist will come to the White House, or he'll come here?

MR. MCCURRY: Probably both. I mean, conceivably both. They've got the capacity to do a lot of in-patient stuff at the White House. So mostly it will be at the White House.

Q Is he going to be -- he's not going to be in a cast, but will he be walking with a cane or crutches?

MR. MCCURRY: They'll have a restraining -- I mean, not a cast, as a plaster cast, if you mean, but they've got the kind of brace device that you can put on and wrap around the leg. Very similar in some ways to what the Vice President had for a while after his Achilles tendon injury, which was also treated here, by the way.

Q Did the President opine to the Vice President about this and did he tease him?

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MR. MCCURRY: No, he said it's one more thing that Al Gore was trying to get ahead of me on. (Laughter.) He cracked a joke to someone else -- or something to that effect, that's a paraphrase.

Q -- crutches or with a cane?

MR. MCCURRY: The Vice President's experience, when he had his tendon operation was that he was on crutches for a while and then switched to a cane and then was able to walk without either. So that's just whatever the normal convalescence is.

Okay, that's all for now.

Q And you'll let us know somehow that the surgery is actually over?

DR. WADE: We're running about 40 minutes behind.

THE PRESS: Thank you.

END

3:08 P.M. EST

THE WHITE HOUSE  
Office of the Press Secretary

For Immediate Release

March 14, 1997

PRESS BRIEFING BY  
MIKE MCCURRY

National Naval Medical Center  
Bethesda, Maryland

4:37 P.M. EST

MR. MCCURRY: All right, everyone. I just want to gaggle quickly and give you an update.

Q Did they Lovett and Buffet?

MR. MCCURRY: He loved it and buffed it. Dr. Mariano called me a couple of minutes ago, said that they are closing up the cut that they made in the President, so they're very near completion. She estimates they should be done with the surgery in about 10 minutes or so. They will then put -- measure him and adjust him for his brace that he will wear, and take him back up to his suite for post-operation recovery.

Chelsea arrived around 3:30 p.m. after school and is going to be there with her Mom to greet her Dad when he arrives. The doctors report to Dr. Mariano that they were very pleased with the surgery and with the outcome.

So they're closing up now. And our plan is -- the doctors, as soon as they're satisfied that the President is in his suite and recovering, they're going to get changed and I'll bring them down here and they can walk you through exactly what they did and what they found and the outcome. But they report they're pleased with the outcome. They're probably going to be done in about 10-15 minutes. And we'll try to be down here by around 5:30 p.m.

Q Mike, any word on why it took longer than the projected time?

MR. MCCURRY: I'll leave that to the doctors. I don't think it was because of any complication. There were no complications that were reported to me.

Q Are they going to brief the First Lady before they come down?

MR. MCCURRY: They probably will talk to the patient and the family further. He remained alert throughout it, although, apparently, he dozed off once or twice during the procedure. But at one point he asked if he could have a book, and they said no because --

Q He asked if he could what?

MR. MCCURRY: If he could read a book. And they said no. He also took -- had a lot of fun, joking about the surgeons wear different kinds of caps or insignias of their colleges, so he was bantering a lot with some of them. At one point they actually took him to the X ray machine to X-ray the knee and they called out, "making a picture," and the President smiled and said, "cheese." (Laughter.) So he continued to banter away with them. Very talkative and cheerful during the procedure, Dr. Mariano said.

MORE

Confidential Records

- 2 -

Okay. See you later on.

Q But you said he did doze off, though?

MR. MCCURRY: Yes.

Q And was Al Gore in charge then? (Laughter.)

THE PRESS: Thank you.

END

4:40 P.M. EST

# FOIA MARKER

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**Subgroup/Office of Origin:** Records Management - SUBJECT FILE

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Jean Houston, Ph.D.

b(6)

May 27th, 1996

Dear President Clinton,

THE PRESIDENT HAS SEEN

6-12-96

You asked Catherine Bateson and me to send you ideas that seemed important. Well, sir, here is a major-one that has enormous consequences for our technology, our economy, our world. Let me preface by telling you that I am something of a computer nerd. In fact, if I were 15 years younger, I would probably weigh 300 pounds, wear bottle glasses and peer endlessly into my computer monitor, while continuously stuffing Twinkies into my mouth. I have stayed reasonably abreast of many developments in the field, and because of this am convinced of the critical importance of what follows.

You may have heard about the specter of mainframe computers failing the world over by 2000 because each contains an inability to recognize certain digits encoded in all current programs. Bernadette Reiter, who is herself one of the world's leading experts in computer programming blew the whistle on this terrible problem, and there have been a number of prime time reports on the news concerning this. Unfortunately, the issue is so huge, that most agencies are taking an ostrich head-in-the sand approach, hoping that some miraculous solution will appear. Sadly, this is not the case, and we are rushing towards technological holocaust if the problem is not addressed broadly starting immediately. Therefore, I have asked Ms. Reiter to prepare for you and your staff a brief report on the problem and suggestions as to what can be done. I've asked her to keep it simple, graphic, and without the esoteric language which would obfuscate the very real problem. The report, The Present: Look Inside is enclosed. I think you will find it to be fascinating as well as disturbing, as well as deserving of immediate attention. X

Good luck on your campaign. I realize that what with media mania and the acceleration of news, there has to be a tennis match approach to charges and counter-charges, but I know that you will find a way to give the American people the deeper vision they deserve and you so richly possess. As one who travels constantly and gets to talk to everybody I find that what Americans are looking towards in the man who will be the millennial President is the one who holds the dream of American renewal, as well as the practical ways of accomplishing that dream. They are tired of the toxic tenor of political campaigns which leave us in a wasteland,

when they could have been in a green land of hope and promise. The savagery of current Republican strategy has turned off millions for we are basically a nation of compassionate, caring folk, and ultimately we give our vote and trust to the man who represents that compassion, that caring. I believe that the best way of handling Mr. Dole in the ads is not to trash him or call him a "quitter", but rather to honor him as an elder, and then move on to speak of the youthful vision of the incumbent that can handle the demands of a new millennium. The ads would engage the best in the public mind and not pander to the worst. This is not to make the Dukakis mistake, but rather to raise the public dialogue and bring a higher virtue into the notion of governance, and he who governs.

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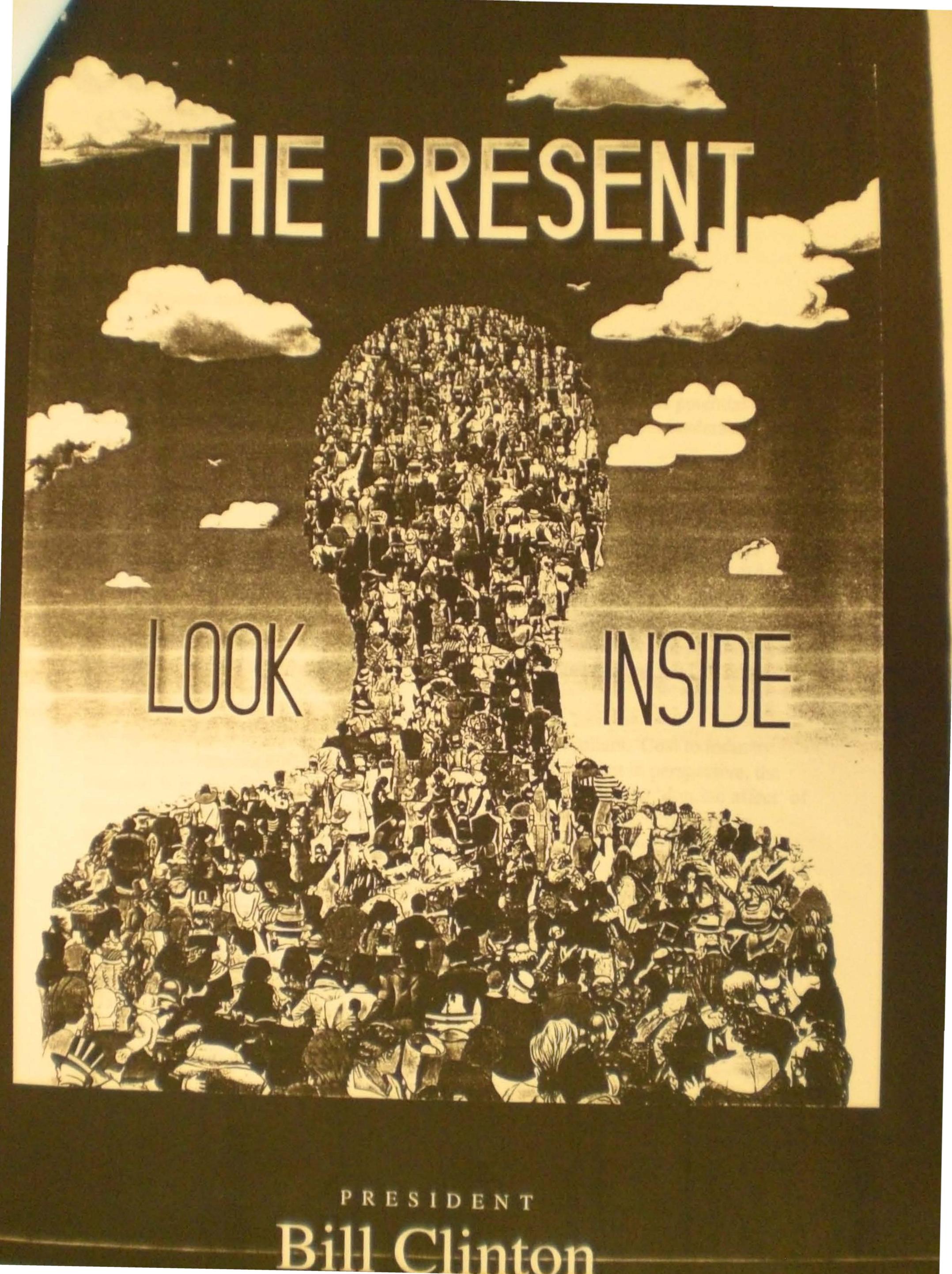
*Jean Houston*  
Jean Houston

6/13/96  
book given to  
VP

*c c wood*

*On computers  
giving in year  
2000. Signes  
fund to VP to  
analyze - yes  
Pb' do B'*

# THE PRESENT

A large crowd of people, seen from behind, forms a path that leads into the distance. The crowd is dense and diverse, with many individuals visible. The path is set against a dark sky with several scattered, light-colored clouds. The overall tone is somber and contemplative.

LOOK

INSIDE

PRESIDENT

Bill Clinton



2545 Central Avenue  
Boulder, Colorado 80301  
(303) 442-2200  
(303) 442-3000 fax  
info@objinc.com  
<http://www.objinc.com>

May 16, 1996

The President  
The White House  
Washington, DC 20500

Mr. President and Mrs. Clinton,

As briefly as possible, I would like to draw your attention to what will be one of the largest issues you will face, and one which will define your Presidency in your second term. Most importantly, I can offer your staff a plan that will avert this potential crisis and help transform our society as we enter the next Millennium. Your leadership, by necessity, will be a major component in any solution.

What is the problem?

The problem itself is simple: 90% of all computer programs throughout the world currently use six-digits to calculate dates. May 1, 1996 is entered as 05-01-96. When the year turns 2000 there simply will not be space for the program to do the math. To the software, 2000 is 00. The programs will read 00 as 1900 and begin to miscalculate, or refuse to acknowledge, Social Security checks, weapon systems, payroll, pension funds, insurance premiums, bank interest, stock market transactions, savings, and all other data that has to do with time.

The estimated cost to the US government is over 30 billion dollars. Cost to industry worldwide is between 400 and 600 billion dollars. To put the cost in perspective, the Vietnam War was 430 billion dollars and also failed. If not fixed, the 'domino affect' of this event will collapse our banking and manufacturing industries, destroy faith in governments, and beggar most of the general public throughout the world.

If you are like most people, right about now you need to take a breath. It sounds like science fiction. Unfortunately, it is not. I am sure that most of your advisors are becoming aware of the problem and its magnitude. What they may not be aware of is that virtually all the currently proposed 'fixes' will not, in fact cannot, work. One of the reasons for this is that there is just not enough time. Firstly, whatever has been said or wished for, the problem is so complex that there are no 'tools' to fix this automatically. Also, there are now only about 1200 days before the Millennium *in total* - less than 900 working days.

To a small extent I feel personally responsible for this current grave situation; 20 years ago as one of thousands of programmers, I helped to write some of the software which is about to be found unusable. More importantly, for a very long time, and with little

success, I have been carrying out a lone crusade to alert the World to the seriousness of the problem. General Doyle, now retired, remembers my efforts at the Pentagon over a decade ago. The reaction then was "someone will fix it".

Unfortunately, no one has.

Because of my early involvement and subsequent, perhaps unique experience in computing systems, I believe that I do have a practical solution which could be implemented in time, given the right focus and mobilization of resources. I use the word 'mobilization' deliberately. The problem is worldwide and although apparently in the domain of large corporations, governments and the military, its negative impact will be greatest on the private individual everywhere.

Essentially, given the extreme, global inter-connectivity of all computer systems - particularly financial, security and military ones - unless 100% of all these systems work properly, none will. This is not a situation where even 99% 'will be OK'. Currently, no one is even forecasting that 90% will be ready on time.

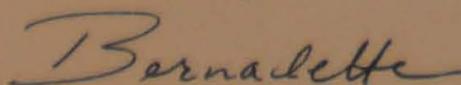
The solution we have come up with can fix the problem 100%, well before the next Millennium arrives, for a fraction of current identified budget requirements. We would like to share this idea with you because we think this solution should be shared with all who need it, and become a universal standard. The next step would be grounded on a unique sense of cooperation among governments, industries, and software developers, all capable of contributing to 'the solution'.

Amazingly, the world is still largely uncomprehending of the Armageddon rushing upon it. I believe that it now urgently needs the energy of America to lead its awakening, not merely to the problems, but to the practical solutions which are still available within the collapsing time-frames left to us.

Mr. President, I ask you sincerely and fervently, to initiate this mobilization. I am prepared to give my utmost, and to put the, albeit slim, resources of my international corporation at the service of any staff you assign to this crucial issue. It is, as I said at the start of this letter, perhaps the most important issue in what I hope will be your next term as President.

If you find that your immediate staff is not sufficiently briefed in the esoteric details of this situation, I will naturally be more than happy to take a call from you at any time to provide you with whatever information or understanding you need.

Most sincerely,



Bernadette Reiter

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**OA/ID Number:** 21747  
**Scan ID:** 121198  
**Document Number:**

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THE WHITE HOUSE

WASHINGTON

9/12

Mickey →

Jean Houston is an interesting woman whose life work is studying different cultures →

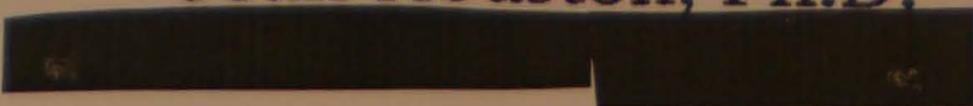
I thought you might find this interesting and perhaps helpful →

Bin

950717

Ambassador Michael Kantor  
United States Trade Representative  
Room 209-A Winder Building

# Jean Houston, Ph.D.



b(6) [001]

June 21, 1995

Dear President Clinton,

Last week, during our brief chat you invited Catherine Bateson and me to continue to send you ideas and information. This puts us on our mettle, for given the demands you face minute by minute, we only want to select for you the gold out of the detritus. So, here, I believe, are a few grains of gold for improving the alchemy of American-Japanese trade relations.

In May I was talking with a Japanese student of mine, Yoshio Soma, who is a high level executive with Fuji. I asked him why American trade negotiators seemed to be faring so poorly with their Japanese counterparts. He replied, "Why, Jean, don't you know that we have a code we follow in our negotiations. You Americans don't believe it, Mr. Kantor doesn't believe it, but it's there, and it's based on a combination of Oriental martial arts, Asian game strategy, and military tactics originating in the 13th century with Sun Tzu's *The Art of War* applied to negotiation. It is very effective as you have seen, and we are always at least five moves ahead of the Americans at any given time." Mr. Soma went on to tell me how he had been highly trained in the strategy, as had many Japanese negotiators. Many Japanese themselves are unaware of it, in fact it has been used against them by their own people, and yet for many the process is so ingrained as to be an unconscious process. And unless Americans learned the code and its strategies, we would continue to come up losers. After hearing this, and wanting to be useful to you in this matter, I put out among my American and Japanese friends in international trade relations a request for more information. The enclosed paper that I received this morning from Julian Gresser, who has studied and participated in Japanese negotiations for many years, gives the finest summary of the code as well as suggested solutions.

Briefly stated, the purpose of the Japanese negotiating style is to create havoc with the U.S. government's decision-making process by compromising their integrity, by which they mean the sense of connectedness, coherence, wholeness, and creative vitality of the key players.

1. To begin with, it is seen as a game of undermining the opponent, and doing this by causing a gradual attrition through causing them to waste time and money and effort and reserves and natural vitality. Have them negotiate with the wrong people and hide the real decision makers.
2. The Japanese approach to negotiation is ongoing. When an agreement is seemingly reached, and the expectation of victory is declared by the Americans, the Japanese continue the negotiations undercover. Meanwhile the American objective and mission is defocused by the expectation of success, and as the game strategy changes on the part of the very focussed Japanese, there follows on our part the inevitable frustration, ineffectiveness and disappointment. Thus destabilized, we tend to compromise our vision and objectives and become chaotic in our dealings. Since, unlike the Japanese negotiators, few of us are trained to hold on to the integrity of self, purpose and mission we become chaotic while they accomplish their goals with a steely precision. The Japanese are in the game all of the time, continue to train, reflect, and have complete dossiers on their American or European counterparts, continuously targeting and planning strategy for exhausting and undermining the key decision makers. (Interestingly, Reich has always stressed the importance of the development and training of human resources in the national economy. Why then, in something of the greatest importance as Japanese trade negotiation does there seem to be a bias against training?)
3. I, and people like Gresser believe that the only way to really turn this around is to understand the code and be trained to deal with it. This means knowing the points and procedures of the attack game that is based on raising false assumptions and expectations so that focus is lost and the Japanese trade negotiator can move freely into orchestrating the process and owning the outcome. This means that the basic step has to be one of getting clear on what the mission is and what is really wanted. Know what is possible and what is not. Also, most importantly, learn to better manage ourselves, focussing on actions we can take and qualities of behavior that restore integrity and cohesiveness. Give up the widespread idea that one cannot make progress with the Japanese. But at the same time, never undervalue the negotiator. Understand where we went wrong, and how we can change. This takes modesty and humility, which may be hard to come by on the part of some of the negotiators.

Also realize that the Japanese culture is also in turmoil what with weakness in their economy, widespread disaffection with their political process, a huge bank crisis that exceeds our S and L disaster. The well known Japanese psychiatrist, Miyamoto Masao has recently written a book "Straitjacket" in which he points out the nature and consequences of this disaffection. This can be used honorably to our benefit.

4. Our task is regain integrity in our negotiatory style and then we can create openings with people of conscience and good will. There are many in both Japanese business and government who will come forth, and this in the long run will enhance a strong relationship with Japan. I realize that here we are caught in a dilemma, since for years the State Department and related economic agencies have thought that to say "boo" to the Japanese is to destroy our relation-ship.. On the other side, getting tough and bullying without a real mission to develop trained negotiating teams can and will only result in more frustration and ultimate failure. This, the Japanese will exploit, and the President will take a lot of political heat for it. A high level Japan policy with high level training to mandate and carry out this policy seems critical. Thus I suggest that key players go through systematic training on an ongoing basis so as to monitor and assess how their performance can be enhanced. (This can not be an afternoon seminar, but requires long term skill building and the learning of the nature and subtleties of another culture.)

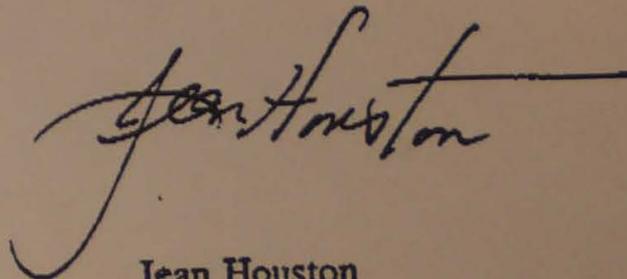
We must remember that the Japanese are a very sophisticated people and train all the time; thus, as many have told me, they see us as basically winging it in the meetings. They have told me also that if we on our part get trained and mobilized they will respect us more rather than less. They admire effectiveness and when we start to get effective and focused, they will more readily bond with us and be the first to applaud. Now, as we are, we seem to them petulant and bullying and shooting ourselves in the foot.

5. If anything things will get worse, but they can be turned around. My final suggestion, Mr. President, is that you read the enclosed paper "Understanding the Japanese Negotiating Code: The Virtual Dojo and Other Critical Capabilities for the late 1990s" by Julian Gresser. He himself offers a fine and extremely effective training seminar for negotiators, and you may wish to contact him to explore the possibility of his working with our negotiators. Also Glen Fukushima, a Japanese-American who is Vice

President of the American Chamber of Commerce and an executive with AT and T is also extremely effective in applying this knowledge.

I hope this will be of some help in this most critical time of international trade agreements.

With warm regards,

A handwritten signature in cursive script that reads "Jean Houston". The signature is fluid and elegant, with a long horizontal stroke extending to the right from the end of the name.

Jean Houston