Introduction
Presidential disability and presidential succession

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ABSTRACT. **This introduction to the special issue on presidential disability and succession focuses on the distinctly positive contributions that invocations of the Twenty-Fifth Amendment have made to American political life since the Amendment's ratification in 1967. It also underlines the importance for Presidents, their family members and aides to understand the necessity for putting the welfare of the country first, above all else—even at times above the wishes of a disabled Chief Executive. As the articles in this special issue make clear, the Twenty-Fifth Amendment provides an effective constitutional mechanism by which the country's well-being can be maintained while simultaneously showing compassion and respect for a disabled leader. The idea for this issue emerged from a conference organized by Professor Robert E. Gilbert focusing on presidential disability and succession held on the campus of Northeastern University in April 2014. Papers from the conference assembled here clarify and add to the historical record about presidential inability while illuminating the many political, legal, and constitutional contingencies that future presidential administrators may face. Contributors to this issue have varied disciplinary and professional backgrounds, including expertise in American politics, constitutional law, the presidency and vice presidency, presidential impairment, and, of course, the Twenty-Fifth Amendment to the Constitution.**

Key words: Presidential disability, presidential succession, Twenty-Fifth Amendment, transfer of power, presidential powers and duties

On April 3, 2014, a day-long conference focusing on presidential disability and succession was held on the campus of Northeastern University in Boston, Massachusetts. The conference was sponsored by Northeastern's Department of Political Science and by the Edward W. Brooke Professorship held by Professor Robert E. Gilbert, who served as convener and coordinator. The purpose of this day-long event was to highlight the multifaceted problems surrounding the issue of presidential incapacity and the questions about executive decision-making (and potential succession) that it raises. At different times, such problems have seriously diminished both presidential power and presidential performance, as the articles

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in this special issue stemming from the conference make abundantly clear.

It is a little-known fact that a significant number of U.S. presidents have been seriously ill, and occasionally incapacitated, for some time during their terms in office.[1] These include George Washington, John Adams, James Madison, James Monroe, Andrew Jackson, William Henry Harrison, Zachary Taylor, Franklin Pierce, Abraham Lincoln, James Garfield, Chester Arthur, Grover Cleveland, William McKinley, Woodrow Wilson, Warren Harding, Calvin Coolidge, Franklin Roosevelt, Dwight Eisenhower, John Kennedy, Lyndon Johnson, Richard Nixon, Ronald Reagan, George H. W. Bush, and William Clinton. Illnesses have been, over time, both physiological and psychological in nature, and both types of illness have at times led to significant levels of presidential impairment. In some cases, inability arises at a particularly critical political or diplomatic juncture and the path of administration policy is adversely affected. Not wholly surprising, the very existence of some of these presidential illnesses was concealed by White House officials and by family members while the gravity of other illnesses was deliberately downplayed and diminished.

The reasons for such concealment and downplaying range from protecting the president's viability as a national and international political force, to lessening chances that the president would be denied a second term, to protecting his (and, in the future, her) "presidentiality." Presidentiality can be defined as a president's ability to use power and personal prestige to influence events both at home and abroad through reputation as a skillful and imaginative "player."[2] Since illness can well diminish a president's presidentiality, presidents are generally anxious to appear well, vigorous, and unimpeded by anyone or anything—and certainly not by any debilitating or image-destroying bout of ill-health.

In 1967, almost 200 years after the Constitution of the United States went into effect, it was amended in a very important way. During that year, the Twenty-Fifth Amendment, which Dwight D. Eisenhower had tried hard, but failed, to have added to the Constitution during his administration, was finally implemented. It has four highly significant provisions. *Section 1* specifies that, "in case of the removal of the President from office or his death or resignation, the Vice President shall become President." In other words, when a President *permanently* vacates the presidential office, the Vice President becomes President of the United States, not Acting President.

The Amendment provides in *Section 2* that whenever the vice presidency is vacant, the President shall nominate a Vice President who shall take office upon majority confirmation vote of both Houses of Congress. This provision is designed to ensure that the vice presidency will not permanently be vacant—or vacant for a significant period of time—during a presidential administration. The hope is that there will likely be a Vice President in office who can succeed to the presidency, or acting presidency, if the need should arise.

Section 3 of the Twenty-Fifth Amendment allows the president to give up *voluntarily* the powers and duties of the presidency for any reason(s) he sees as significant and be replaced by the Vice President who then becomes Acting President. Section 3 also provides that, at any time after passing on the powers and duties of office to the Vice President, the President may transmit to Congress a written statement, indicating that he is now again able to discharge the powers and duties of the presidential office. At such time, the powers and duties of the presidential office revert to the President. This means, of course, that a President who experiences an illness that is debilitating now has a constitutional remedy at hand. He can transfer his powers to the Vice President on a temporary basis and then reclaim them whenever he sees fit to do so. He can, in fact, transfer his powers and duties to the Vice President for any reason that persuades him to do so. Throughout the period of transfer, he remains President of the United States while the Vice President serves only as Acting President.

Section 4 of the Twenty-Fifth Amendment is sometimes referred to as the "nightmare provision" because it conjures up images of presidential overthrow at the hands of the Vice President and members of the Cabinet. In other words, it provides for the *involuntary* separation of a President from the powers and duties of office. Section 4 states: "whenever the Vice President of the United States and a majority of either the principal officers of the executive departments or of such other body as Congress may by law provide, transmit to the President pro tempore of the Senate and the Speaker of the House of Representatives their

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written declaration that the President is unable to discharge the powers and duties of his office, the Vice President shall immediately assume the powers and duties of his office as Acting President." This means, of course, that the disabled President continues to be President of the United States but that the powers and responsibilities of office pass on to the Vice President who functions as Acting President during the period of the President's inability. Thereafter, the President may declare in writing that no inability exists and shall then resume the exercise of his powers and duties unless the Vice President and a majority of cabinet members (or members of some other body created by Congress for this purpose) protest. In such case, the matter is decided by Congress within a specified period of time. If a two-thirds majority of each House of Congress determines that the President is unable to discharge the powers and duties of office, then the Vice president shall continue to discharge those powers and duties as Acting President.

Only seven years after enactment of the Twenty-Fifth Amendment, Section 1 was invoked for the first time in August 1974 when Richard Nixon resigned the presidency in the midst of the Watergate scandal and was succeeded immediately by Vice President Gerald Ford. Ford became, under Section 1 of the Amendment, President of the United States—and not Acting President. This transfer of power, even though occurring under extremely unpleasant and awkward circumstances, was conducted peacefully, with great aplomb and in accordance with the language of the Constitution.

Section 2 of the Amendment was invoked in October 1973 for the first time when Spiro Agnew was forced to resign the vice presidency on account of serious financial "irregularities, " including bribery, in which he became involved during his tenure as Governor of Maryland and, before that, Baltimore County Executive.[3] After Agnew's resignation, President Nixon nominated Ford, then a Michigan congressman and House Minority Leader, to be the nation's new Vice President. After being confirmed by Congress 54 days later, Ford became Vice President of the United States.

Following Nixon's resignation and Ford's assumption of the presidency, President Ford in August 1974 nominated former New York Governor Nelson Rockefeller to be the nation's new Vice President. Congress finally confirmed Rockefeller's appointment after a delay of 121 days.[4] If the Twenty-Fifth Amendment had not existed at the time of Agnew's resignation, the vice presidency would have remained vacant until January 20, 1977, when a new President (Jimmy Carter) and Vice President (Walter Mondale) were inaugurated following the election of 1976. Without a Vice President in office, this would have meant that the person who succeeded Republican Richard Nixon in the White House in August 1974 would have been Speaker of the House of Representatives, Carl Albert of Oklahoma, a Democrat.

Section 3 of the Twenty-Fifth Amendment has been invoked on three occasions since it went into effect in 1967. The first was in 1985 when Ronald Reagan invoked it shortly before undergoing surgery for colon cancer. Some commentators have argued, however, that the Amendment was not really invoked at that time. They point to Reagan's ambiguous and hesitant words about invocation of Section 3 in the letter that he signed while in the hospital and soon before undergoing abdominal surgery. But a closer analysis would indicate that Reagan did indeed invoke Section 3 of the Twenty-Fifth Amendment at that time. More specifically, although Reagan had indicated in the letter he signed prior to undergoing surgery that "I do not believe that the drafters of this Amendment intended its application to situations such as the instant one," he went on to state, "Nevertheless, consistent with my long-standing arrangement with Vice President George Bush and not intending to set a precedent binding anyone privileged to hold this office in the future, I have determined and it is my intention and direction that Vice President George Bush should discharge those powers and duties in my stead commencing with the administration of anesthesia to me in this instance."

Since Section 3 of the Twenty-Fifth Amendment is the only constitutional mechanism by which a President of the United States may voluntarily transfer his powers and duties temporarily to the Vice President and since Reagan clearly wanted to implement such a transfer, he must, by necessity, have invoked Section 3. Supporting this conclusion is the fact that some nine hours later, President Reagan signed a second letter, this one reclaiming presidential powers and duties. Again in this instance, Reagan was adhering to a procedure established directly by Section 3 of the Twenty-Fifth Amendment.

Indeed, if there were other constitutional mechanisms that would have achieved such a transfer of

presidential power, why would Section 3 of the Twenty-Fifth Amendment have been needed at all? Reagan himself seems to have taken a definitive step to end this debate over his intentions when he stated clearly and unequivocally in his autobiography, *An American Life,* that "Before they wheeled me into the operating room, I signed a letter invoking the Twenty-Fifth Amendment, making George Bush acting president during the time I was incapacitated under anesthesia."[5] It would certainly appear that Reagan himself is the best authority in determining whether or not he invoked Section 3 of the Twenty-Fifth Amendment—and Reagan himself has written explicitly that he did do so.

The two remaining instances when Section 3 was put into effect took place in 2002 and 2007, when President George W. Bush passed on his powers and duties to Vice President Dick Cheney for short periods of time as the President was about to undergo colonoscopies under general anesthesia. In each instance, Cheney became Acting President of the United States. Also in each instance, presidential powers and duties reverted to George W. Bush shortly after these medical procedures were completed.

It might be worth noting here that Section 3 was not invoked in at least one instance when it certainly should have been. This was on March 30, 1981, just two months after Ronald Reagan became President, when he came close to death at the hands of would-be assassin John Hinckley. When Hinckley opened fire that day with his .22 caliber handgun outside the Hilton Hotel in downtown Washington, DC where Reagan had just given a speech, the President's press secretary, James Brady, was struck in the head by a bullet, a secret service agent was shot in the stomach, and a Washington, DC policeman was wounded in the neck and shoulder. Although neither Reagan nor members of his Secret Service detail believed initially that the President had been struck by a bullet, they quickly learned that they were incorrect.[6] Suddenly, the President began coughing up blood and his limousine—at that moment speeding toward the White House—was redirected immediately to George Washington University Medical Center, a four-minute drive away. Upon arrival there, doctors quickly discovered that the President's left lung had collapsed, making it very difficult for him to breathe, that he had lost nearly half of his blood supply, and that he had no recordable blood pressure. Transfusions were begun at once and Reagan soon underwent surgery under general anesthesia for three hours so that his severe internal bleeding could be stopped. During this surgery and during the immediate recovery period that followed, the President was simply too incapacitated to have responded to any crisis that might then have beset the country. Yet the Twenty-Fifth Amendment was *not* invoked in this unsettling instance.

This led to an embarrassing episode in which Secretary of State Alexander Haig, believing erroneously that he was second in line (after Vice President George H. W. Bush) in succeeding to the presidency, announced during an impromptu news conference that "Constitutionally, gentlemen, you have the President, the Vice President, and the Secretary of State in that order. As of now, I am in control here, in the White House."[7] In making this unfortunate statement, Haig was publicly misinterpreting the line of presidential succession, apparently forgetting that in 1947 Congress had changed that line by inserting the Speaker of the House of Representatives and President pro tempore of the Senate before the Secretary of State and other members of the Cabinet. Haig's blunder frightened many people both in and outside of the United States because it appeared to be an awkward attempt to seize presidential power. The episode badly damaged Haig's standing in the Reagan administration, hastened his departure from the cabinet and effectively ended his chances to seek the presidency at a later date.

The important lesson that emerges from this episode is that Section 3 of the Twenty-Fifth Amendment should be invoked by presidents whenever they are medically incapacitated so that presidential powers and duties will devolve clearly and constitutionally on the Vice President, who stands first in the line of succession, or on to whichever official stands next in the line of succession if the vice presidency should be vacant or the Vice President unable, for whatever reason, to succeed. Ironically, in the instance of Reagan's attempted assassination, the possibility of invoking Section 3 was, in fact, briefly considered by Reagan's staff and then quickly rejected. Somewhat ironically, these staff members did not discuss the matter with the senior White House Physician, Dr. Daniel Ruge. This was unfortunate because Dr. Ruge was convinced that Section 3 of the Amendment *should certainly have been invoked* since the President was

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then too incapacitated to exercise the powers and duties of office.[8] This episode underlines the importance of Section 3 in allowing presidents to voluntarily transfer their powers and duties to the Vice President, as specified by law, until such time as they feel able to resume their powers and duties. Failure to do so may well put the country at risk and may also endanger the historical reputation of the President.

There were at least two additional instances when invocation of Section 3 might have emerged as necessary but, in both instances, the need seemed to disappear when the status of the presidential incapacity quickly changed or became clarified. The first was in 1991 when President George H. W. Bush suddenly began to experience a protracted episode of atrial fibrillation (irregular heart rhythm and increased heart beats per minute). The condition is normally not life-threatening in itself but if it continues for an extended period of time, it can lead to the formation of blood clots that may strike the brain. Bush was quickly transported to Bethesda Naval Hospital where he was given digoxin and then procainamide. Within a relatively short period of time, the President's heartbeat returned to a normal rhythm. Had his heartbeat not reverted to its prior rhythm, doctors might well have used electrical shocks to achieve this end result. If electrical shocks had been necessary to use, Bush would have had to undergo a general anesthetic—rendering him unconscious—for a short period of time and his Vice President, Dan Quayle, would have become Acting President of the United States. This assumes, of course, that Section 3 of the Twenty-Fifth Amendment would have been invoked by President Bush in this instance, as seems quite likely.

The second instance when invocation of Section 3 was at least contemplated occurred on March 14, 1997 when President Bill Clinton tripped and fell badly in Florida. As he fell, his leg snapped so loudly that it was heard clearly by those near him. Clinton sat on the ground in great pain until being taken by ambulance to a nearby hospital. There it was determined that the president should undergo immediate surgery on his injured leg. Mindful of the Twenty-Fifth Amendment, White House Physician, Dr. Connie Mariano, consulted with one of the hospital's orthopedic surgeons about the type of anesthesia that leg surgery of the President's sort would require. She was informed that the procedure is usually performed under epidural, and not general, anesthesia. In other words, the President would be fully awake throughout. Clinton then specifically instructed his medical team *not* to give him anything that would diminish his reasoning abilities. This meant again that the President would be fully conscious and mentally alert throughout the surgery and invocation of the Twenty-Fifth Amendment would not be necessary. The surgery lasted for two hours and four minutes and after its completion, Clinton was brought back to his hospital suite with the epidural still in place. Two days later, he returned to the White House seated in a wheelchair and on the following day, left for Helsinki for a summit meeting with Russian leader Boris Yeltzin. Therefore, Section 3 was *not* invoked in this case because the President remained fully alert—and able to respond to any crisis that might emerge—while undergoing surgery on his injured leg.[9]

Section 4 of the Twenty-Fifth Amendment is the one section that has yet to be invoked. Although it surely raises the unpleasant specter of presidential "overthrow," some attention should be focused on the benefits of this provision. Simply, it offers a constitutional remedy for any instances in which a President refuses—or is for whatever reason unable—to acknowledge severe inabilities. It also inserts into the decision-making process the Vice President, the person selected by the President as a running mate and potential successor, whether because of geographical balance, shared political perspectives, or some other factor. Then too, it involves the members of the Cabinet, all of whom were appointed by the President for specific reasons and subsequently confirmed by the Senate. In other words, at least some members of the Cabinet are likely to be close associates, and even close friends, of the President as well as having influence in the executive branch. These individuals are likely to be very careful and solicitous of the President's status as chief executive and hesitant in separating him from the powers and duties of the presidency. Perhaps these considerations should have a calming effect when one contemplates possible invocations of Section 4 of the Twenty-Fifth Amendment. The greater problem, in fact, might be that the closeness of Cabinet members to the President could render them very reluctant to vote to relieve him of his powers and duties, even when the need seems present.

Special issue contributors

Contributors to the Northeastern University Conference on Presidential Disability and Succession presented a series of papers that touched directly or indirectly on various aspects of these complex topics. Their papers are assembled here in this special issue of *Politics and the Life Sciences* not only to clarify and add to the historical record about presidential inability but also to illuminate the many political, legal, medical, and constitutional contingencies that future presidential administrators may face. Although the contributors to this issue have different disciplinary and professional backgrounds, they have significant and somewhat overlapping credentials and interests—in American politics, constitutional law, the presidency and vice presidency, presidential impairment, and, of course, the Twenty-Fifth Amendment to the Constitution. Below, biographical sketches of each contributor are listed in the order in which their papers appear in the issue, along with a brief summary of their primary focus and findings.

John D. Feerick, LL.B., Fordham University, writes here about the Constitution's Twenty-Fifth Amendment, a topic of enduring interest. Professor Feerick served as Dean of the Fordham Law School from 1982 to 2002. Currently, he is the Sidney C. Morris Professor of Law in Public Service and Founder and Director of the Feerick Center for Social Justice. His experience in the public sector is extensive. He chaired the New York State Ethics Commission, Commission on Public Integrity, Commission to Promote Public Confidence in Judicial Elections, and served as President of the New York City Bar Association (1992-1994). In 1964, he was a member of the American Bar Association's Conference on Presidential Disability and Vice Presidential Vacancy, the recommendations of which contributed greatly to shaping the final version of the Twenty-Fifth Amendment. He is the author of numerous articles on topics of constitutional and ethics reform and his Pulitzer-prize nominated book, *The Twenty-Fifth Amendment (*Fordham University Press, 2014*)*, is now in its third edition. In his article for this special issue, Professor Feerick offers a perceptive analysis of the Twenty-Fifth Amendment's development and its role in resolving various issues associated with presidential disability. The first of these is that, under the Twenty-Fifth Amendment, the President now has the opportunity to declare his own inability and may do so unilaterally for whatever reason(s) seem appropriate. He may also determine when the inability ends. This two-way, entirely peaceful and entirely constitutional transfer of power, initiated personally by the President, is now one of the most impressive features of our constitutional system and the envy of much of the world. There remain notable gaps in succession procedures, however, and Feerick urges the policy-making community to resolve these discrepancies proactively rather than risk facing a future constitutional crisis.

Joel K. Goldstein, J.D., Harvard University, D. Phil. (Politics), Oxford University, is the Vincent C. Immel Professor of Law at St. Louis University School of Law. In addition to his reputation in the field of law, Professor Goldstein is a preeminent scholar of the American vice presidency. He has published *The Modern American Vice President* (Princeton University Press, 1982) and his chapter on the vice presidency of Al Gore is included in Rosanna Perotti's *The Clinton Presidency and the Constitutional System* (Texas A&M University Press, 2012). His articles have appeared in such journals as the *University of Pennsylvania Journal of Constitutional Law, Fordham Law Review, Houston Law Review, Wake Forest Law Review*, and *Presidential Studies Quarterly*. In his contribution to this special issue, Professor Goldstein explores one of the most challenging, and interesting, cases of presidential *illness*—and also one of the most challenging, and interesting, cases of presidential *disability*—in American history. In 1919, Woodrow Wilson suffered debilitating strokes that prevented him from exercising presidential powers and serving fully as President of the United States. In fact, Wilson was so withdrawn from events that rumors circulated that he had died. Yet when the Secretary of State convened cabinet meetings in Wilson's absence, the ailing President summarily removed him from office. Understandably, Vice President Thomas Marshall, reluctant to overstep "proper" bounds, was largely invisible during this protracted crisis. As presented here so well, the Wilson case should serve as a useful and important reminder of the grave impacts of

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presidential disability and the many challenges such disability can pose for the political system and the nation.

Robert E. Gilbert, Ph.D., University of Massachusetts, Amherst, is the Edward W. Brooke Professor of Political Science at Northeastern University and a former long-time Chair of Northeastern's Political Science Department. He has published three books and many articles that focus on the issue of presidential disability. His book *The Tormented President: Calvin Coolidge, Death and Clinical Depression* (Praeger, 2003), along with his articles in such journals as *Political Psychology*, *Presidential Studies Quarterly*, *Journal of American Studies*, *Congress and the Presidency*, *White House Studies*, and *Fordham Law Review* changed the way many people view the Coolidge presidency. Rather than seeing Coolidge as an inept and weak president, Professor Gilbert made a strong case that Coolidge was incapacitated by unrelenting grief over the unexpected death of his favorite son, 16-year-old Calvin, Jr. In this special issue, Gilbert focuses on another President who suffered a serious illness during his presidency and who, soon after, became involved in a debilitating political scandal. In 1985, Ronald Reagan underwent surgery for colon cancer and then, some nine hours later, unwisely reclaimed the powers and duties he had passed on to Vice President Bush under the Twenty-Fifth Amendment. Shortly thereafter, Reagan, still heavily incapacitated because of the medical procedures he had undergone, apparently made decisions that contributed directly to the development of the Iran-Contra scandal, one of the most serious and devastating scandals in modern American political history. Although some believe that President Reagan surely lied about his recollection of his own involvement in the arms-for-hostages (and funding of the Nicaraguan rebels) deal, Professor Gilbert offers a different, more medically informed explanation in this article.

Rose McDermott, Ph.D., Stanford University, is Professor of Political Science at Brown University and former President of the International Society for Political Psychology. She has authored or co-authored five books, including *Presidential Leadership: Illness and Decision-Making* (Cambridge University Press, 2007) and her articles have appeared in such journals as the *American Journal of Political Science*, *Political Psychology*, *Journal of Politics*, *Emory Law Journal*, *International Studies Quarterly*, and *Politics and Gender*. Professor McDermott's contribution to this special issue focuses on a very important, and generally overlooked, topic. Presidential physicians are usually exceptionally trained and highly accomplished in their fields of medical expertise. But even White House medical staff might occasionally be focused more on their own ambitions than on providing the President with the best medical care possible. Additionally, we see in Professor McDermott's analysis that some presidential physicians have been skillful infighters who have used their political "smarts" to protect their role and status in the President's inner circle. In this article, McDermott focuses on just such a scenario, one that showed itself with force during the presidency of John F. Kennedy. A President with multiple illnesses, Kennedy's medical care was arguably compromised by the explosive and unsettling problems that, as McDemott documents, were associated with various medications and drug treatments prescribed by physicians who were not working as a team. When disruptive power struggles erupt over presidential care, these political machinations themselves become threats to the President's health and well-being. Yet problems involving presidential medical care can be difficult to resolve because the President and family members close to the President might not be aware that they exist.

Michael S. Dukakis, J.D., Harvard University, is Distinguished Professor of Political Science at Northeastern University and Visiting Professor of Political Science at the University of California, Los Angeles. Earlier, he served as Governor of Massachusetts for 12 years and remains the longest serving Governor in the history of the Commonwealth. His final gubernatorial election in 1986 saw him capture almost 70 percent of the vote. After defeating other prominent Democrats, including Al Gore, Gary Hart, Joseph Biden, and Jesse Jackson during the 1988 primaries, Governor Dukakis became the Democratic presidential nominee. As a presidential candidate, Dukakis experienced the frustrating reputational harm that can be inflicted when untrue,

inflammatory, and inaccurate accusations of ill-health were leveled against him during the course of the campaign. In this instance, Dukakis' image was tarnished by one particularly high-placed surrogate, the President of the United States. Ronald Reagan's seemingly benign intervention in the campaign, combined with media coverage of the health issue being raised against Dukakis, contributed to an 8-point drop in support for his candidacy. Interestingly, this drop was identical to the 8 percentage points by which Dukakis lost the 1988 presidential election. In his unique contribution to this special issue, former Governor Dukakis chronicles the frustrations and disappointments he experienced during this episode and offers a candidate post-mortem of his unsuccessful election bid. His observations are an important addition to the historical record and should prove instructive for future candidates, for public discourse, and for scholars interested in the political damage that health-related accusations can cause.

Mark J. Fisher, M.D., University of Cincinnati College of Medicine, J.D., Loyola Law School, is Professor of Neurology, Anatomy and Neurobiology and also Professor of Political Science at the University of California, Irvine. His publications include articles in *Clinical Neurophysiology*, *Journal of Cerebrovascular Disease*, *Journal of Emergency Medicine*, *Journal of Neuroimmunology*, *Journal of Cerebrovascular Disease,* the *European Journal of Neurology*, and the *Journal of Neurological Sciences*. **David L. Franklin**, Psy.D., Alliant International University, is Associate Clinical Professor in the School of Medicine at the University of California, Riverside, where he studies severe mental illness and neurodegenerative processes. Dr. Franklin's articles have appeared in the *American Journal of Psychiatry*, *Annals of Clinical Psychiatry, Current Psychiatry*, and *Comprehensive Psychiatry*, and other journals. **Jerrold M. Post**, M.D., Yale University, is Professor of Psychiatry, Political Psychology, and International Affairs at George Washington University. Prior to George Washington, he founded and directed the Center for the Analysis of Personality and Political Behavior, which provided assessments of foreign leadership for presidents and other senior government officials. Dr. Post played the leading role in developing the "Camp David Profiles" on Menachem Begin and Anwar Sadat for President Carter prior to the Camp David meetings. His books include *The Mind of the Terrorist* (Palgrave Macmillan, 2007), *The Psychological Assessment of Political Leaders* (University of Michigan Press, 2005) and *When Illness Strikes the Leader* (co-authored with Robert Robins, Yale University Press, 1993). In their paper for this special issue, Drs. Fisher, Franklin, and Post offer a compelling, research-based analysis of severe medical problems that might afflict older individuals who occupy high-level governmental positions in the United States and elsewhere.

Note

As the convenor of the April 3, 2014 Conference on Presidential Disability and Succession at Northeastern University, I would like to express my gratitude to those who presented papers at this day-long event. More specifically, I thank Michael Dukakis, John Feerick, Mark Fisher, John Fortier, Joel Goldstein, Rose McDermott, and Lawrence Mohr. I particularly thank those speakers who subsequently refined their papers and submitted them for review and publication in this special issue of *Politics and the Life Sciences*.

I also wish to express my gratitude to Erik Bucy, the journal's editor, for attending the April 3 conference and, of course, for agreeing to devote an entire issue of *Politics and the Life Sciences* to papers presented at this event. In particular, I am especially grateful to him for the time expended and expertise lent in bringing this special issue to fruition.

—Robert E. Gilbert

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