## Introduction

After the September 11, 2001 terrorists attacks on the United States, many Americans wondered why groups such as Al-Queda might hate America so much. Yet even violent and horrific acts often originate in real or perceived prior events which provide context, if certainly not justification. Certainly, American involvement in Middle Eastern politics has a long and often conflicted history. One such turning point in American foreign policy toward Arabic countries in the Middle East has received relatively little attention. Indeed, the opportunities that the United States squandered with Egyptian leader Gamal Abdel Nasser prior to the Suez Crisis in 1956 appear even more tragic because they resulted, at least in part, because President Eisenshower suffered a heart attack in September, 1955, and was forced to turn over much of the responsibility for policy in the region to Secretary of State John Foster Dulles, whose positions remained quite intransigent.

When the United Nations separated Palestine into two separate states, one Jewish and one Arab, in November of 1947, the Arab states remained antagonistic to the Zionists in their midst. On May 10, 1948, members of the Arab League, including Egypt, Jordan, Lebanon, Saudi Arabia and Syria, were crushed in their invasion of the Jewish state by the much smaller Israeli military. Nonetheless, this defeat did not force the Arab states to recognize Israel. The leader of Egypt, Nasser, believed he needed more arms in order to launch an effective assault on Israel. In order to obtain these weapons, he signed an arms deal with the Czechoslovakia in September of 1955. This raised a great deal of concern within the American government that Egypt was moving further under communist influence. This perception was strengthened when Nasser moved his recognition of China from the nationalist group of Chiang Kai-shek to the communist

government headed by Mao.[1]

But September of 1955 proved a tumultuous time for President Dwight Eisenhower as well. At this time, Eisenhower was ostensibly vacationing outside Denver, Colorado. On September 23, after a breakfast of ham, eggs and sausage, he had driven over eighty miles to do some work . Later, he played eighteen holes of golf, stopped for a hamburger lunch, and then played another nine holes of golf. During his golf, Eisenhower became quite angry over repeated interruptions from phone calls from John Foster Dulles that never seemed to go through properly. After eating lamb for dinner, he awoke in the middle of the night complaining of chest pains and his wife Mamie called Dr. Synder to come treat him. The following morning, a cardiologist from the local Fitzsimons Army Hospital, Dr. Pollock, arrived and diagnosed that Ike had suffered a heart attack. He was then taken to the hospital. While he continued to recover fairly well, Eisenhower did not return to Washington, D.C. until November 11, 1955. In the interim, various officials traveled to Colorado to keep him apprised of national policy.[2]

During this critical period of time, American policy toward the Middle East fell largely under the purview and control of Secretary Dulles. Following the Egyptian arms deal with Czechoslovakia, Dulles made an offer to help Nasser fund his project to build the Aswan Dam on the lower Nile River. Nasser considered this project critical for Egyptian economic development. Dulles offered this aid because he wanted to help prevent Nasser from falling under further communist influence. Dulles calculated that Nasser would have difficulty paying for both the arms and the dam, and had World Bank President Eugene Black go to Cairo to strike a deal for the Bank, the U.S., and Great Britain to help fund the $1.3 billion project. This offer was made on December 16, 1955. Nasser then wrote to the United States requesting certain

conditions for the plan to move forward. Some of these conditions proved unacceptable to the United States; in addition, the Egyptians continued to build up their military forces using Soviet equipment. The Americans believed that this action would make it difficult for the Egyptians to have sufficient resources left over to contribute their part to the construction of the Dam.

In addition, Dulles became embroiled in various debates on Capital Hill, buffeted by those who wanted the U.S. to supply arms to the Israelis to balance the Egyptian build-up of military forces, supporters of the nationalist Chinese, and southern congressman who did not want competition to American cotton coming from Egyptian fields. Dulles proved uninterested in surmounting this opposition to push forward with the plan to fund the Dam. While his reasons remain somewhat shrouded, it appears that Dulles did not like Nasser, and felt that the Egyptian leader was trying to blackmail the United States. He apparently believed that if American fell prey to such threats, it would send the wrong message to allies and enemies alike. Since Eisenhower left the choice to him, Dulles decided against helping Nasser. On July 19, 1956, the United States government summarily withdrew their offer for help. The following week, Nasser nationalized the Suez Canal, claiming he needed the proceeds to help fund the cost of the dam.

Dulles made three critical errors of judgment in this period that might have been at least somewhat ameliorated if he had not had such a free hand at this time. First, he believed that if he withdrew the offer to help fund the Dam, Nasser would lost ground politically in the region. To the contrary, when Nasser nationalized the Canal, he became a hero to the Arab nations. Second, Dulles believed that the Soviets would not be willing or able to supplant American support. When the Soviets sided with Arab nations against Israel, France and Britain in the ensuing Suez Crisis, their influence became heightened, not diminished. And finally, Dulles' announcement

could not have received worse timing. The withdrawal of support took place just as the Egyptian foreign minister came to the United States to talk about the project, and while Nasser remained in prominent public meetings with Yugoslavian leader Tito and Indian leader Nehru.[3]

Dulles' predispositions clearly had more impact than they might have otherwise because of Eisenhower's absence from the scene. Some scholars suggest that Eisenhower's heart attack was not as problematic as it might otherwise have been because there were no pressing crises.[4] Others note that Eisenhower's team approach to government similarly reduced the consequences of his absence from active participation.[5] But Eisenhower's military background, and skill with delegation of authority, which by and large worked well to allow his government to function in his absence, also allowed certain actors like Dulles to make important decisions largely independently. While Eisenhower remained convalescing in late 1955, Dulles took his place front and center in the construction of American Foreign Policy toward the Middle East. Further, his most powerful and ardent opponent within the administration, Special Assistant for Cold War Strategy, Nelson Rockefeller, who had been appointed by Eisenhower in 1954, resigned in December, 1955, after being unable to see the President between the time Ike was striken and early December.

In the end, Robert Gilbert provides the most eloquent summary of Dulles impact:

> The emergence of John Foster Dulles as essentially the sole architect of U.S. foreign policy during the President's convalescence had major ramifications. The most serious was that it contributed to a major upheaval in the Middle East and to a serious degeneration in the relationship between the United States and its allies—developments that might never have occurred if Eisenhower had not been ill at the time. [6]

Significantly, perhaps because of his military background which made death such a constant companion, perhaps because of his own personal battles with illness, Eisenhower was

the first President to push for a formal plan to handle instances of Presidential disability and impairment. In recognizing the reality this book seeks to detail, Eisenhower instigated work which resulted in the 25th Amendment to the United States constitution.

Illness and Rationality

Everyone gets sick. And everyone dies. Even powerful leaders suffer from physical limitations. But the consequences of their illnesses have an impact far beyond themselves; their limitations can compromise the health and welfare of all those under their leadership. Their mistakes, miscalculations or inactions can place more at risk than their own lives, and in this way their diseases matter more than those which afflict less influential individuals. Secrecy perpetuated in an attempt to hold onto political power can exacerbate this dynamic. This book seeks to examine, in depth, the impact of physical and psychological illness on the foreign policy decision making of several important American Presidents in the twentieth century as well as the impact of foreign leaders' health on the decision making of American Presidents.

When most people conjure up pictures in their minds of disabled or impaired leaders, the most evocative images remain quite dramatic: Adolph Hitler's hysterically tyrannical outrages; John Kennedy getting shot in the head while his wife attempted to climb out of the back of the car in her perfect pink suit; Reagan being shoved into his limousine by a secret service agent after being shot by John Hinckley in a perverted attempt to impress actress Jodie Foster. What connects these divergent images is not only their dramatic nature, but also the fact that they all seemed to have happened so long ago. Certainly no leader so unstable, or so ill, could reach the heights of power in this age of aggressive investigative journalism. Or could they? And how would we know? Even when impairments remain subtle, they can still exert a decisive effect on

decision-making. And when side effects result from treatment itself, they can alter judgment as well. In addition, the stress of a powerful leader's job alone can lead to self-induced, if transient, effects on judgment. Crisis can add time pressure to any underlying weaknesses. And the abuse of alcohol and other substances can exacerbate such effects. The important point, from the perspective of the public in a representative democracy, lies in transparency. It is one thing for voters to knowingly choose an ill candidate over one they dislike for other reasons; it is quite another to vote for an ill man believing he is well.

Many still dominant models in the political science and international relations scholarly literature continue to assume that individuals and their differences don't matter at all, because state-level behavior is really controlled by forces beyond the individual, such as the relative power of nations. Or even more common arguments suggest that all leaders act in similar ways to rationally maximize their interests.[7] Indeed, many leading models of rational choice decision making in political science argue that decisions are usually guided by the rationality and self-interest of leaders. These rational choice models revolve largely around notions of strategic leadership which is capable of engaging in sophisticated and prospective cost-benefit analysis. Most of these theories assume that leaders make rational decisions and actions based on their available choices in order to maximize the probability of achieving their most desired outcome. Such models have difficulty accounting for the behavior of individuals who appear to defy such calculated choice and action, whether motivated by emotion, illness, or some other factor. For example, someone who is ill, and thus has a foreshortened sense of their expected lifespan, may not discount the future in the same way as a healthy person might, and in this way may violate some of the maxims of standard rational choice assumptions and behaviors. As Crispell and

Gomez write, “the concept that an undetected sickness in a powerful man can alter the course of history falls within the realm of irrational politics.”[8] Certainly the more general aversion to seemingly irrational forces represents part of the reason that political science still lacks “a general theory relating health to political events.”[9]

But certainly this is not the only perspective that can be taken on understanding leadership and foreign policy decision making, and many others have long argued for the wisdom and viability of individual analysis. In examining the impact of illness on leadership, I will argue against a predominantly rational characterization of leadership under these circumstances. Most people close to decision makers readily realize that leaders are human and they are prone to suffer from physical and mental limitations and illnesses which can, at least on occasion, render their decisions seemingly irrational or sub-optimal. Leaders who are mentally or physically ill, old, or addicted to drugs or alcohol, can easily make bad decisions, even irrational ones whether intentionally or not. Strategic models of rational behavior thus fail to capture much of the complexity, nuance and reality of real world decision makers and their environments once leaders fall ill. A rational choice theorist might argue than an impaired leader would not gain power in a democracy, that his disabilities would prevent him from obtaining elective office in a competitive system. However, history obviously contests this assertion, as does the reality that some leaders achieve power by force, others do not become ill until after they have attained the highest office, and still others can afford to buy their way into power without having to be concerned about authentic competition.

I do not argue that medical and psychological factors are the <u>only</u> influences on decision making. Similarly, my discussion here is circumscribed to the impact of illness on decision

making; I do not systematically address the influence of other factions which may exert irrational forces on leaders. Certainly these factors are not deterministic in nature, and other political, material and structural forces are important in describing, explaining and predicting the outcome of decisions in international affairs. However, individual level factors, especially those related to illness, have received less attention than they perhaps deserve, given their prevalence, in the literature in political science, leadership, and foreign policy decision making. Obviously this topic can prove a challenging issue to examine, since most leaders possess clear incentives not to appear weak or ill for fear of exploitation or overthrow. And yet illness and disability appears to exert at least some influence on some leaders at critical junctions. In addition, having some knowledge of the medical and psychological strengths and weaknesses of foreign leaders might help American leaders anticipate and more readily and appropriately respond to leadership crises or transitions in other countries. Forewarning provides the best mechanism for America to protect its national security interests. For example, bin Laden reportedly suffers from kidney ailments. Ways to track him or undermine his strength might include following or interdicting shipments of expensive dialysis materials or kidney medicines in remote parts of Pakistan or Afghanistan.

My goal here is to systematically explore, in a detailed manner, some areas of decision making where possibilities for optimal rational decision making become restricted, almost by definition. In this effort, I hope to build on the path-breaking work of authors such as Hugh L'Etang, Jerrold Post & Robert Robins, Robert Gilbert, Bert Park and others who have previously noted the importance of illness in leadership analysis to specifically illustrate and illuminate its impact on seminal foreign policy decisions within specific Presidential contexts.[10]

Thus, this work applies and extends the discussion of leadership impairment to the realm of American foreign policy. In this way, I seek to extricate those aspects of human decision making behavior which might be idiosyncratically physical, emotional or psychological in origin. This facilitates subsequent investigation into those arenas of foreign policy making where political and psychological motives intertwine. By focusing on psychological and characterological factors in Presidential leadership, it becomes possible to examine political factors through a uniquely personal and physical lense.

Impairments, by their very definition and nature, often manifest in unpredictable, idiosyncratic and irrational ways. The impact of illness on decision making can appear similarly random, and yet are likely not. In human evolutionary history, people have encountered illness in many repeated iterations; as such, humans have developed strategies which help maximize the possibilities for survival in the face of this challenge. While such mechanisms may prove adaptive for successfully overcoming many illnesses, this does not necessarily mean that such procedures also facilitate high level decision making on unrelated matters while ill. And yet, by and large, specific illnesses present well-defined and predictable symptoms, pharmaceuticals produce predictable clusters of side effects, and age-related declines occur in certain progressive, if intermittent, domains. Recognizing the categories of impairment can allow individuals and institutions to begin to make structural accommodations for the detection, treatment, and succession problems involved when leadership impairments arises. Obviously, there can be many reasons and causes for sub-optimal decision making, including bad luck, bad timing, bad political skill, or plain stupidity.

## Theoretical Approaches to the Impact of Illness on Leadership

In the literature on the impact of illness on leadership, few generalities have emerged. Clearly, the difficulty in developing more systematic patterns of generalization has proved quite difficult because of the necessarily idiosyncratic nature of disease. Various syndromes affect different people at different and in diverse ways times, and the impact of these conditions on policy outcomes depends heavily on the political and historical contexts of the time, as well as on the institutions in place to handle such eventualities. Nonetheless, certain regularities have come to the fore, most notably presented in the work by Jerrold Post and Robert Robins.[11] These authors point to some important conclusions concerning the impact of illness on leadership. Their analysis suggests that illness can play a decisive role on policy outcomes, but these effects often remain subtle, intermittent, and hard to uncover at the time. They also note that a leader's advisors, supporters, and family members can make matters much worse through a variety of mechanisms designed to protect the leader and keep his illness secret. Advisors often want to retain their own personal political power, which is tied to that of the leader, and thus seek to protect and preserve the leader's image of health and power. Patients and family members may go doctor shopping, seeking the best in medical care for the ill leader while inadvertently precipitating wars of medical ego. In addition, the demands of secrecy may tie the hands of competent medical personnel and prevent them from offering the best care, which may require a team-based approach involving more people than the leader or his family will allow. In some regime types, advisors and physicians may fear for their lives if their leader is deposed as a result of weakness, either real or imagined.

Further, the leader's personality can decisively influence the impact of his illness on policy; leaders who espouse a more hands-on approach will expose a greater impact by their

absence than those who tend to delegate more power and authority to others. Finally, the specific disease itself can decisively determine the extent and nature of a leader's incapacitation. Some illnesses are easier to manage and hide than others. Some prove fatal sooner than others. Some require treatment which exerts a greater effect than others. And, importantly, some diseases, such as common cardiovascular disease which can slowly effect brain function over time, can manifest intermittently, allowing careful advisors to be able to show a leader only at his best. And under such conditions, a leader may appear fine, but only be able to keep up the appearance for a few hours a day.

These important theoretical insights provided by Post & Robins prove true in this current study as well. Their conclusions remain crucial to understanding and appreciating the impact of illness on political leadership. Importantly, the similarities they mention may vary with regime type as well. In democracies, for example, a greater degree of freedom of the press may make it harder for leaders to hide their illnesses, while simultaneously raising the stakes for keeping it secret. Certainly in politics, no one wants to present himself as a weak leader. However, in democracies it may be easier to delegate important decisions to other leaders and branches of government if tragedy occurs. In a more authoritarian structure, the impact of a leader's incapacity may prove more devastating for the day to day running of the government.

Illness as Adaptive Domain-Specific, Content-Laden Program

In this investigation, certain additional regularities arise. Taken as a collective, these modifications in functioning can be viewed as a kind of adaptive program which holds important consequences for judgment and decision making in leadership contexts. Illness presents a repeated evolutionary challenge for humans. As such, people have had many opportunities to

evolve strategies for maximizing their likelihood of survival under such circumstances. These strategies remain instinctual; the affected individual does not need to consciously engage these processes, and indeed is likely to remain unaware of their operation. Nonetheless, such dynamic processes work to ensure that sufficient energy and resources are devoted to healing, even at the cost of less immediately important threats to the organism, such as abstract decision making about non-illness related events and activities. The afflicted individual may not wish to be impaired in this way, but may not be able to help it; sick people may prove no more able to control their emotional responses than their immune system during times of illness, precisely because all necessary and available resources will be recruited by the physical body to promote healing, and maximize chances for the survival of the whole organism.

Evolutionary psychology provides an approach to human behavior and decision making which examines those functional, adaptive aspects of the human cognitive architecture which evolved in response to repeated problems encountered by hunter-gatherer ancestors. Designed by natural selection to address these repeated challenges, evolutionary approaches posit that the human mind contains numerous content-laden, domain-specific programs. In other words, humans are not born tabula rosa, subject to learning and socialization on a blank slate. Rather, humans are born with functionally specialized processes for handling specific problems encountered by their ancestors, including physical challenges such as vision stability across changing light conditions and regulation of bodily mechanisms such as breathing and respiration as well as more complex social behaviors such as foraging for food, avoiding predators, finding mates. As Cosmides and Tooby describe, these processes are brought to bear under:

> conditions, contingenices, situations or event types that recurred innumerable times in hominid evolutionary history. Repeated encounters with each type of situation selected

> for adaptations that guided information processing, behavior, and the body adaptively through a cluster of conditions, demands and contingencies that characterized that particular class of situation. This can be accomplished by engineering superordinate programs, each of which jointly mobilizes a subset of the psychological architecture's other programs in a particular configuration. Each configuration should be selected to deploy computational and physiological mechanisms in a way that, when averaged over individuals an generations, would have led to the most fitness-promoting subsequent lifetime outcome, given that ancestral situation type.
>
> This coordinated adjustment and entrainment of mechanisms constitute a *mode of operation for the entire psychological architecture.* [12]

In other words, the human cognitive architecture, here understood to incorporate not just thoughts, but also feelings and other physiological processes in an integrated manner, evolved to respond to challenges repeatedly faced by our ancestors. Illness certainly presented one of those repeated challenges whose successful resolution clearly affected survival and fitness in a critical manner.

As a result, illness can entrain a cluster of responses affecting the way sick leaders conduct their business. These syndromes coalesce to produce a notable, and predicable, impact on the manner in which an ill leader rules. The effects take place in a necessarily wide range of dimensions, since illness will necessarily and systematically affect many important aspects of human functioning. In particular, serious illness limits the attentional abilities, emotional resilience and cognitive capacities of any person. These restrictions in functioning produce particular biases in the focus a leader brings to his job. Specifically, illness works as a cognitive program which enhances internal focus, restricts time horizon, weakens cognitive capacity, affects perceptions of value and utility, restricts emotional resilience and induces emotional lability. Each of these factors will be discussed briefly in turn below. But what remains important in the following analysis is that all these factors work in concert to color the lense through which sick leaders see themselves, their work, and the external world.

**Internal Focus**

Most political leaders rose to their position of power because of their extensive focus on the external world of power and politics. They may have obtained specialized knowledge of particular areas of government or politics, or they may have garnered political favor through their personal charisma and skill, but rarely does someone reach the pinnacle of power without maintaining an extensive focus on the external world of politics and important political actors.

Illness breaks this set. Illness by definition forces a person to focus on his internal world in a way in which political leaders, in particular, may never have had to attend previously.[13] The illness itself, whether through pain, impairment, fatigue, nausea or simply the time involved in seeking help and obtaining treatment, demands that a leader's attention be drawn inward. A great deal of mental time, energy and attention must now be devoted to the illness, its symptoms, its prognosis, its treatment, and its political impact. If a leader wishes to keep the illness secret, additional time and energy must be spent on hiding the illness and its effects from others. If the illness is fatal, certainly existential and legacy concerns may preoccupy the person as well. They may become much more religious, for example.

Given that all humans have limited time, energy and emotional and physical reserves, resources devoted differentially to one cause will inevitably remain unavailable for other purposes, however important they may otherwise remain. But serious illness will not take second place; it demands primary focus. Therefore, however important particular projects or goals may have been to a leader before the illness took center stage, everything else reverts back stage in the wake of the entrance of serious disease. Some work may fall to the wayside; other work may get delegated to others. But the bottom line is that the leader will have less overall

resources available to devote to his job in the face of illness, pain and treatment.

**Foreshortened Time Horizon**

Some recent work in social psychology has emphasized the importance of an individual's sense of time on various aspects of her behavior. Time perspective represents an important variable in the way individuals relate to their sense of past, present and future. As such, time perspective constitutes a fundamental representation of the way individuals construct their sense of time, history and legacy. Some people remain preoccupied with the past, others manage to stay focused in the present, while still others concentrate on the future. This subjective focus in time can reliably exert a powerful influence on many aspects of human behavior, including educational achievement, risky driving, tendency for delinquency and substance abuse, various health dimensions such as likelihood to engage in preventive care, and mate choice.[14] Notably, many successful people tend to be future oriented, learning to plan and delay gratification in order to achieve their future goals. Certainly many leaders would fall into this future-oriented category. Although often stressed in time management and certain religious traditions such as Buddhism, shifting from a future to a more present oriented time perspective has been shown to encourage more risky behavior.

Illness itself forces a more present time orientation on its victim. In the face of incipient illness, time is of the essence. Life seems shorter. There is too much to accomplish with too little time to do it. Sick people can't defer treatment if they want to have a chance of recovery. Moreover, treatment may at least delay the appearance of the ravages of illness, which may have important political implications. In the wake of illness, previously future oriented men are forced to focus on the present. No longer can they defer or avoid things they do not want to do

because of their power and influence. No longer can they overcome the effects of illness simply because they confront important and timely policy decisions simultaneously.

Further, Post & Robins note that many leaders develop a greater sense of urgency in the face of a diagnosis with a fatal illness. [15] This certainly proves true in this study as well. Rational decision makers often discount their sense of the future, such that the value of rewards which become available at different points of time in the future are denigrated. [16] Rewards in the future are typically deemed less attractive, so they need to be more desirable in order to overcome the natural preference for immediate, and thereby certain, rewards, over future, and thus less likely, awards.

But obviously a leader's sense of the future can change if he believes that his lifespan will be inadvertently and unexpectedly foreshortened. His sense of the future becomes more limited. The importance of his historical legacy becomes heightened and more salient, while simultaneously seeming more difficult to achieve in the remaining time in a weakened state. For example, when the Shah of Iran began his so-called White Revolution to bring about a long-term program in modernization, he believed that he had several decades to accomplish his goals. When he was diagnosed with cancer, his timetable noticeably quickened, and he forced much more rapid progress in modernization than he had originally planned; certainly at least some of the radical religious opposition he encountered in pursing this program resulted from the social dislocation and upheaval precipitated by a pattern of modernization and secularization which moved too quickly for the society. Ironically, the Shah had originally understood the importance of slow and steady change in order to achieve widespread societal acceptance, but his illness forced him to re-evaluate this plan, to his ultimate detriment.

**Lessened Capacity**

Illness diminishes a leader's sheer physical, psychological and often cognitive ability to work as hard as he might have been able to do previously. As a result, fewer resources remain available for processing information and making decisions. Optimal decision making requires full attention and the ability to bring to bear as much information about the situation as possible. Some people possess more inherent resources and abilities in this regard than others from the start, and thus can manage better in the face of diminished capacity than others. But regardless of skill and experience, sickness limits the previous ability of any leader to exert his full capacity in making important and influential decisions that can affect millions in both economic and military terms. The leader spends more time and energy dealing with the symptoms and consequences of his illness, undergoing treatment, and possibly ensuring secrecy. More time and energy must also be devoted to doctors and less, by consequence, to advisors and political demands. And more psychic energy becomes consumed with anxiety, depression, fatigue, and thoughts of death. Pain, in and of itself, can be incredibly draining and debilitating, even when the prospects for recovery appear positive overall.

In addition, many medications which are used in the treatment of various ailments can induce direct compromises in cognitive functioning, including sedation as well. A leader undergoing treatment may simply possesses fewer resources for handling the crises of the day. Equally significant, such an impaired person may find less importance and interest in such events relative to fighting for his life.

**Judgmental Alterations in Perceptions of Value and Utility**

Any serious illness will weaken a person's physical and cognitive resistance to stress.

Stress represents a complicated political and psychological phenomenon. Some leaders thrive on political crisis; others become paralyzed in the face of it. Stress and illness also exert a reciprocal and cyclical interrelationship. Stress causes illness, but illness itself also causes stress. It is not simply that a sick person may not be able to fight off other infections as quickly and easily as they might in a healthy state. An ill person also worries about his health, its impact on his family and job, and its likely course. All of a sudden, things that once seemed important appear trivial by comparison with the prospect of death. In the context of illness, other values shift as well. Events which may once have felt like a waste of time, such as spending time with loved ones, becomes a precious and crucial means of coping. Other events, previously viewed as crucial, lose their importance or interest for an ill leader.

In this way, illness mediates the interpretation of all other information, biasing the individual's sense of its value. In this way, Irving Janis referred to illness as an "interpreter" which translates and influences, for better or worse, the value and importance of all other information which a leader processes.[17] In this context, illness serves to shift judgment and perception in such a way as to affect the assessment of utility, the assignment of personal meaning, and the allocation of restricted time, energy and mental and physical resources.

**Emotional Liability**

Illness can affect emotional resiliency, both directly and indirectly. Directly, particular illnesses may cause emotional disturbances, either because of the symptoms they produce, or because of the effects of drugs that are used to treat them. But indirect effects remain equally significant, and often counterintuitive.

Most obviously, serious or fatal illnesses can often induce depression and other negative

psychological effects. Any person who feels ill may become scared about whether or not they will live or die. In addition, the person may be rendered tired and sick by the medication used to treat their condition. Such an individual will experience great difficulty summoning emotional resources beyond their immediate medical needs. It is not surprising when chronically ill people become depressed or anxious about their symptoms, their condition, their future, or their prospects for recovery. But the implications of such a mood shift can have profound political consequences. Depression itself, independent of the symptoms of any given illness, causes disturbances in sleep, appetite, energy, mood and motivation.[18] The professional and political consequences of such impairments remain myriad and transparent. Note that this psychically imposed paralysis can prove quite efficient because it does the most to maximize the person's chances of recovering by ensuring that all available resources are directed toward healing. Obviously, when this withdrawal persists after illness abates, or emerges in the absence of physical disease, the symptoms of depression can prove particularly debilitating on their own.

Less obviously, leaders who suffer from serious physical and psychological impairments often manifest remarkable and unusual compassion for others who suffer from ill health or its economic consequences. In this study, both Franklin Roosevelt and John Kennedy remain quite notable in this regard. Franklin Roosevelt's affliction with polio, in particular, lessened his tendency toward arrogance, and produced a remarkable empathy for those who suffered from a wide variety of economic and physical perils. Even his wife commented on the importance of his limitation for his understanding of those in need. Certainly the initiation of many of his New Deal programs can be viewed in this light. In addition to supporting small, local programs designed to help others with polio, such as his own spa at Warm Springs, GA, Roosevelt created

a vast governmental safety net for those who fell on hard times for a variety of reasons as a result of the Great Depression. John Kennedy did not create the same extent of social programs that Roosevelt did, but his example served to start a entire emphasis on physical fitness in schools, among other places, and the death of his young son, Patrick, really inspired the subsequent development of the entire medical discipline of neonatalogy, a creation responsible for saving the lives of countless premature infants.

*Summary*

Because serious illness can exert such a profound influence on so many areas of human functioning, it should not be surprising that it can similarly impact political leadership abilities as well. Serious disease, and the treatment often required to manage it, can affect a leader's attention span, emotional stability and cognitive abilities in major ways. The demands of illness allow no other possibility. Sometimes these limitations will be evident, but more often than not, many effects are successfully hidden from public view by advisors and family members.

The impact of illness on leadership can thus influence a leader's decision making abilities in decisive and at least somewhat predictable ways. Attention becomes focused inward. Time horizons shorten, urgency increases, and a sense of the importance of historical legacy heightens. Cognitive and physical capacities diminish. Perceptions of value shift and relocate. And, importantly, leaders may become both more depressed personally, and more aware of the influence of their social, and especially health policies, on those who suffer. Taken together, this syndrome of illness functions as a kind of physical and psychological bias which influences the style and effectiveness of political leadership.

In this book, I explore the extent to which particular leaders' political performances were

or were not impacted by their health problems. Specifically, I argue that health issues present one of many inputs that go into assessing leadership performance and quality. Other inputs, such as the extent, quality and kind of political support, intelligence, motivation and goals, and worldview, provide similar factors by which it might be possible to measure leadership performance and skill.[19] In the health domain, clearly there are some medical issues and concerns which will exert more of an impact than others. Obviously, mental or neurological illness presents a much greater threat to reasonable decision making than a broken leg or an infection might. In this book, I argue that health issues interact with particular other political concerns to produce especially bad outcomes under specific circumstances.

At the extreme, impairment proves largely uninteresting politically because an exceptional limitation would be widely acknowledged and accepted, as when a leader lies on his deathbed following an assassination attempt. However, subtle impacts of health on cognitive performance can emerge as more nuanced and influential than expected, and thus more interesting than might appear obvious at first glance. When do health constraints begin to cause problems, and when do they pass unnoticed? Decisions where health problems may limit performance in unexpected or unacknowledged, but nonetheless powerful ways, include situations where a leader must make a choice between equally bad or unattractive options, cases where premature cognitive closure can precipitate unnecessary conflict or intransigence, examples where mental or physical resources and endurance are over-taxed, and instances where powerful social or emotional forces pull for consensus in order to demonstrate loyalty, solidarity, or commitment to an important value. In addition, even subtle impairments can affect attention, memory or judgment, affecting such things as what a leader perceives to constitute an important

problem, how he allocates his mental and physical resources, which events in memory remain salient as relevant and instructive analogies for current problems, and how choices are made. Impaired leaders may have less resilience and shorter attention spans than their unimpaired peers and these limitations might encourage the systematic biases in performance noted above under specific political conditions.[20] These situations are most likely when the leader has a wide range of freedom of action with a great deal of power, as is often the case during foreign policy crises in particular.

Because an impaired leader, by definition, suffers from a medical or psychological problem in a political context, the decision to remove such a person from office must remain both a political and a medical issue. A leader should be well and competent enough to make reasonable decisions. However, it often requires a medical doctor to diagnose illness, and political actors to determine if the impairment is great enough to prohibit service. Neither doctors nor politicians are themselves sufficiently skilled to render such a determination alone. As Post & Robins insightfully note in arguing that leadership can prove harmful to a leader's health, "to submit to optimal medical treatment could be politically fatal, but not to submit to optimal medical treatment could be personally fatal."[21]

Political Ramifications

While any discussion of the impact of medical and psychological illness on foreign policy decision making must revolve around medical information, diagnosis and treatment in exploring impairment, similarly any examination of its impact on policy must evaluate the political context within which impaired leaders operate. Leaders do not operate in isolation. Their abilities and limitations interact with specific political environments which can either

exacerbate or ameliorate the effect of their disability on policy decisions and outcomes.

Post & Robins provide the most comprehensive outline of the ways in which personality, politics and illness can interact in systematic ways.[22] First, they note the importance of the nature of the illness and how it manifests. So, for example, a broken leg will not impair a leader's decision making capacity in the way that a stroke would. Similarly, sudden changes in behavior following a stroke, for example, might prove much more dramatic and difficult to conceal than the slow, insidious, intermittent onset of Alzheimer's disease.

Second, how difficult a disease is to hide can affect the extent to which it is disclosed. Obviously, in earlier days the press was more restrained in reporting certain conditions; few reporters ever photographed Roosevelt in his wheelchair for example. However, even now some diseases would be easier to conceal than others. Clearly, any illness which presented obvious cognitive effects and limitations would be more difficult to conceal from the public than illnesses with less obvious, if no less serious, mental limitations, such as creeping senility or progressive substance abuse.

Third, the effect of drugs, either illicit or not, and alcohol can exert particular effects on leadership performance as well. While a little alcohol may be required for many diplomatic social exchanges, too much can severely impair decision making abilities. Fourth, the medical and ethical challenges of providing medical care to important leaders can compromise the quality of their care, as well as affect the political consequences of it.

Fifth, both age and illness can affect leadership performance and success. Post & Robins note that this reality interacts with the personality and style of the leader to either potentiate or circumvent the impact of these factors on political decisions and behavior. For example, a leader

who accepts his increasing infirmity or limitations with equanimity can make reasonable accommodations and still remain effective while in office. On the other hand, a leader who refuses to accept such realities may rail against them in ways that precipitate international conflict. This can happen, for instance, if a leader feels that his time is limited, and he has not accomplished everything he wanted to achieve, and therefore takes tremendous risks in order to meet this own goals before he is deposed or dies.

Finally, the relationship between the nature of the illness and the kind of political system in which it occurs can influence the quality of treatment, the outcome of policy, and the issue of succession. Illness in a democracy may be hidden as in an autocracy, but the impact of this illness on policy outcomes can change depending on how much control a leader has over policy, what rules for succession exist in a particular political context, and how much the illness and its treatment distract the leader from his professional responsibilities.

Several implications of these interactions deserve consideration. First, medical information on leaders remains important not just for those suffering and those under their influence. Medical information and intelligence also matters greatly as an important part of foreign policy intelligence. Carter's policy toward the Shah of Iran certainly would most likely have been altered had he had timely and accurate information on the true state of the Shah's health. Because he did not find out until very late that the Shah was ill, and because the information about the necessary treatment the Shah required was incorrect, whether by accident or design, Carter felt pushed by humanitarian concerns to admit the Shah into the country in 1979. This act lead directly to the seizure of the American embassy and American hostages in Tehran. Needless to say, seeking to obtain accurate and adequate medical information on foreign

leaders should become a priority in military and defense intelligence communities.

Second, the interaction of personality, illness and politics can exert a profound effect on the nature of foreign policy decisions and actions. Impaired leaders, at least under certain circumstances, may make different and more sub-optimal choices than their unimpaired peers, or than they might have made when well. Also impaired leaders may still make better choices than their unimpaired peers. Coming face to face with illness and death may give such individuals a particular sensitivity for the suffering of others which their unimpaired brethren do not share. In addition, an impaired leader may simply remain a superior politician to whatever healthy alternatives may be available.

Conclusion

This introduction has attempted to outline some of the major issues and controversies surrounding presidential health and impairment. With this background, this project proceeds as follows. The next chapter discusses the specific impact of aging, physical and psychological illness and addiction, including prescriptions, illicit drugs and alcohol, on decision making. Specifically, this discussion will center on what is known about the common effects of certain illness, such as heart disease, on cognitive capacity. Secondly, that chapter will outline the most common side effects of typical drug treatments for common ailments. This knowledge will then be used to investigate the likely implications for such conditions and treatments on the specific decisions and actions of particular leaders.

The bulk of the book will provide a detailed analysis of four American presidents who were impaired, and the impact of their conditions on specific foreign policy decisions during their tenure. Specifically, the impact of Wilson's psychological intransigence and October 1919

stroke on his behavior during the Senate fight over the consent to ratify the League of Nations will be examined. Some of Wilson's psychological as well as neurological limitations will be examined. Second, the impact of Roosevelt's severe coronary artery disease on his decisions and actions during the last two and a half years of the Second World War will be addressed. Particular attention will be paid to his decisions surrounding the conduct of the war in the Pacific. Many observers have argued that Roosevelt gave away too much to Stalin at the Yalta conference in 1945 as a result of his illness, while others claim that even Roosevelt at his best would have been too constrained by the political and military situation to have been able to wrest any more from Stalin than he was able to do at the time. The contrast in Roosevelt's decision making skills and abilities and actions at various times illustrates nicely the intermittent nature of cognitive impairment in cases of coronary artery disease. Next, the impact of John Kennedy's various drugs treatments, including the use of steroids for treatment of his Addison's disease, and narcotics and amphetamines for back pain, on his behavior with Khrushchev during the Vienna conference in 1961 will be analyzed. A fourth chapter examines Richard Nixon's psychological character and how it may have affected his conduct in the Vietnam war, especially his decisions regarding the covert bombing of Cambodia in 1969-1970. The next chapter will discuss the implications of these issues and findings for determinations of presidential competence and disability. In particular, the 25$^{th}$ Amendment and other suggestions for ensuring presidential competence will be discussed. Some concluding thoughts on the care of presidents complete this book. In addition, an appendix on the use and misuse of medical intelligence in assessing foreign leadership provides an extensive examination of the case of the Shah of Iran and the impact of his hidden illness on U.S. foreign policy decision making during the Carter

administration. This appendix focuses on the importance of medical intelligence for purposes of foreign policy decision making. This appendix emphasizes the importance of collecting accurate medical intelligence on foreign leaders to more effectively support American presidential foreign policy decision making.

Unlike many other areas of life, wealth, power and status cannot mitigate the occurrence or ravages of disease on those afflicted. Powerful leaders are not exempted from illness by virtue of their position or its influence. But unlike the impact of personal illness and death on a less powerful or influential individual, a leader's illness and demise can affect the lives of many others in decisive ways. Understanding the cluster or effects which afflicts such leadership provides one step in the direction of encouraging an informed and attentive citizenry which, in a democracy, can seek to institutionally minimize the negative impacts of illness on foreign policy.

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[1] For good brief coverage of this history, see Steven Hook & John Spanier, *American Foreign Policy Since World War II* 17th edition (Washington, D.C, CQ Press, 2007).
[2] For an excellent discussion, see Robert Gilbert, *The Mortal Presidency* (New York: Fordham University Press, 1998).
[3] For excellent coverage, see Walter LaFeber, *America, Russia and the Cold War, 1945-2001, 10th Ed.* (Boston:McGraw-Hill, 2008).
[4] See Clarence Lasby, *Eisenhower's Heart Attack* (Lawrence, KS: University of Kansas Press, 1997) and Jerrold Post and Jerome Robins, *When Illness Strikes the Leader* (New Haven, CT: Yale University Press, 1993).
[5] See Gilbert, Chapter 4 and Post & Robins, 14-17.
[6] Gilbert, pg. 127.
7. Kenneth Waltz, *Theory of International Relations* (Reading: MA: Addison Wesley, 1979); and Bruce Bueno de Mesquita, *Principles of International Politics: People's Power, Preferences and Perceptions* (CQ Press: Washington, DC, 2000).
8. Kenneth Crispell and Carlos Gomez, *Hidden Illness in the White House* (Durham, NC: Duke University Press, 1988).
9. Post & Robins.
10. Hugh L'Etang, *The Pathology of Leadership*: *A History of the Effects of Disease on 20th Century Leaders* (New York: Hawthorn, 1970); Hugh L'Etang, *Fit to Lead?* (London: William Heineman Medical Books, 1980); Post & Robins, *When Illness Strikes the Leader*; Gilbert, *The*

*Mortal Presidency*; and Bert Park, *The Impact of Illness on World Leaders* (Philadelphia: University of Pennsylvania Press, 1988), and *Aging, Ailing and Addicted: Studies in Compromised Leadership* (Lexington, KY: University of Kentucky Press, 1993).
11. Post & Robins *When Illness Strikes the Leader.*
[12] Leda Cosmides and John Tooby, " Evolutionary Psychology and the Emotions," in M. Lewis & J. Haviland-Jones (Eds), *Handbook of Emotions, 2nd Ed.* (New York: The Guilford Press, 2000), p. 92
13. D. Swanson, "Clinical Psychiatric Problems Associated with General Surgery," In H. Abrams (Ed.), *Psychologic Aspects of Surgery, International Psychiatry Clinics* (Boston: Little, Brown & Co., 1967: 105-113).
14. A great deal of work in psychology has focused on time perspective, mostly under the direction of Philip Zimbardo. See Illona Boniwell and Philip Zimbardo, "Time to Find the Right Balance," *Psychologist*, 16(3), 2003, 129-131 and "Balancing Time Perspective in Pursuit of Optimal Functioning," In Alex Linley & Stephen Joseph (Eds.), *Positive Psychology in Practice* (New York: John Wiley & Sons, 2004), pp. 165-178; for the measure, see Philip Zimbardo and John Boyd, "Putting Time in Perspective: A Valid, Reliable Individual-Difference Metric," *Journal of Personality and Social Psychology*, 77 (6), December 1999, pp, 1271-1288.
15. Post & Robins, *When Illness Strikes the Leader.*
16. Samuel McLure, David Laibson, George Loewenstein and Jonathan Cohen, "Separate Neural Systems Value Immediate and Delayed Monetary Rewards," *Science* 306 (5695), October 2004, pp. 503-507. For a presentation of the discounted utility model and an interesting and important critique of it, see Shane Frederick, George Loewenstein, and Ted O'Donoghue, "Time Discounting and Time Preference: A Critical Review," In George Loewenstein, Daniel Read et al. (Eds.), *Time and Decision: Economic and Psychological Perspectives on Intertemporal Choice* (pp. 13-86) (New York: Russell Sage, 2003).
17. Irving Janis, "Decision Making Under Stress," In L. Goldberger and S. Breznitz (Eds.), *Handbook of Stress: Theoretical and Clinical Aspects* (New York: Free Press, 1982), pp. 69-87.
18. See H. Goldman, *Review of General Psychiatry, 2nd ed.* (Norwalk, CT: Appleton & Lange, 1988), chapter 30 for diagnostic criteria and discussion.
19. Several previous works which provide exemplary examples of such analysis include: James David Barber, *The Presidential Difference* (Englewood Cliffs, NJ: Prentice-Hall, 1972); Fred Greenstein, "The Impact of Personality and Politics: An Attempt to Clear Away the Underbrush," *American Political Science Review* 61: 629-41; Stanley Renshon, *The Psychological Assessment of Presidential Candidates* (New York: Routledge, 1998); and Jerrold Post, *The Psychological Assessment of Political Leaders* (Ann Arbor, MI: University of Michigan Press, 2003).
20.I am grateful to Stephen Biddle for helpful discussion on this point.
21. Jerrold Post and Robert Robins, "The Captive King and His Captive Court: The Psychopolitical Dynamics of the Disabled Leader and His inner Circle," *Political Psychology* 11, no. 2, (1990): 346.
22. Post and Robins, *When Illness Strikes the Leader: The Dilemma of the Captive King*.