



PHYSICIAN TO THE PRESIDENT
THE WHITE HOUSE

19 November 2021

MEMORANDUM FOR: JENNIFER R. PSAKI
ASSISTANT TO THE PRESIDENT AND
WHITE HOUSE PRESS SECRETARY

FROM: KEVIN C. O'CONNOR, D.O., FAAFP
PHYSICIAN TO THE PRESIDENT

SUBJECT: President Biden's current health summary

As requested by the patient, the following is a summary of the current health status of President Joseph R. Biden. I have been his primary care physician for 13 years, since being assigned as Physician to the Vice President in 2009 while I was serving in the Army at the White House, then as Director of Executive Medicine at The GW Medical Faculty Associates, and in my capacity as Physician to the President since his inauguration in January of 2021.

I have conducted a comprehensive review of his medical history and a detailed physical examination. This physical has included specialty consultation with several of our Presidential Specialty Consultants from the Walter Reed National Military Medical Center. These specialties have included Optometry, Otolaryngology (ENT), Dentistry, Orthopedics (Foot and Ankle), Orthopedics (Spine), Physical Therapy, Neurology, Cardiology, Radiology, Dermatology, Anesthesiology and Gastroenterology. My conclusions have been further informed through discussions with several of my fellow professors from the George Washington University School of Medicine and Health Sciences.

This document updates my last statement, from 15 December 2019, which details his medical and surgical history more extensively. Today's letter speaks to his current health and fitness and addresses any interval change. The President remains fit for duty, and fully executes all of his responsibilities without any exemptions or accommodations.

Interval History:

Two specific observations which I have noted and the patient has affirmed are:

1. The President has experienced increasing frequency and severity of "throat clearing" and coughing during speaking engagements. He has exhibited such symptoms for as long as I have known him, but they certainly seem to be more frequent and more pronounced over the last few months. It is acknowledged that this perception may be artificially confounded by the

undeniable fact that, as President, a much greater attention is directed toward his public engagements as compared to that which he experienced in previous positions. Nevertheless, this symptom is clearly present, and warranted detailed investigation.

2. The President's ambulatory gait is perceptibly stiffer and less fluid than it was a year or so ago. He has several reasonable explanations for this in his orthopedic history, but again, a detailed investigation was appropriate.

Information on these workups are included in the next section, Current Health.

Current Health:

President Biden is an active 78-year-old white male who is currently being treated for the following:

1. Non-Valvular Atrial Fibrillation (A-fib), stable

- **Cardiology consultation** is reviewed and appreciated.
- Persistent a-fib, with a normal ventricular response. He remains completely asymptomatic.
- **Electrocardiogram (EKG)** confirms this rhythm, with a rate of 64 and no acute ST or T wave changes.
- **Echocardiogram** demonstrates normal ventricular contractility (function), with no signs of heart failure. Left ventricular Ejection Fraction was 55-60%.
- This patient has never required any medication or electrical treatments to address either his rate or his rhythm.
- He remains stable on apixaban (Eliquis) for standard anticoagulation.

2. Hyperlipidemia, stable

- **Cardiology consultation** is reviewed and appreciated.
- The President's **lipid levels** remain remarkably low on his current regimen of rosuvastatin (Crestor).
 - Lipid Panel: Total Cholesterol 100 mg/dL, Triglycerides 108 mg/dL, High Density Lipoprotein (HDL) 39 mg/dL, Low Density Lipoprotein (LDL) 46 mg/dL
 - Cardiac **C-Reactive Protein and homocysteine** levels were normal.

3. Gastroesophageal Reflux, stable

- **Gastroenterology, Otolaryngology (ENT) and Radiology consultations** are reviewed and appreciated.
- President Biden experiences occasional symptoms of gastroesophageal reflux, primarily having to clear his throat more often. This may also contribute to occasional cough and sinus congestion. His symptoms are typically exacerbated shortly after meals.
- As stated above, these symptoms have seemingly been more frequent and more pronounced. This being the case, I sought specialty consultation from both Otolaryngology and Gastroenterology.

- Otolaryngology exam included **flexible fibroscopic rhinopharyngoscopy**, which revealed open sinuses (consistent with expected anatomic changes from previous surgeries). There were no tumors or polyps, and his vocal cord appearance and function were normal. Tracheal, esophageal and pharyngeal epithelium did show changes associated with persistent gastroesophageal reflux.
- Gastroenterology exam included **flexible fibroscopic esophagogastroduodenoscopy (EGD)**. This study directly confirmed esophageal reflux, possibly worsened by a mild hiatal hernia – which means that the opening as the esophagus (shaped like a tube) enters the stomach (shaped like a jug) is wider than usual, creating an “upside down funnel”, thus making it easier for the stomach acid to reflux (or “splash”) up into the esophagus, thus causing irritation, inflammation and most notably, mucus. There were no signs of ulcers, cancer or any other serious condition.
- **Lung examination, oxygen saturation and chest imaging** are entirely normal.
- Additionally, I’ve run a comprehensive PCR-based **respiratory panel** which assesses for the 19 most common respiratory pathogens. All were negative. These symptoms are not infection-based.
- My original assessment that gastroesophageal reflux is the source of the President’s throat clearing and coughing is supported by the findings and by expert consultation.
- Findings will require no change to his current regimen of the acid blocker, famotidine (Pepcid).

4. Seasonal Allergies, stable

- **Otolaryngology (ENT) consultation** is reviewed and appreciated.
- This patient has dealt with seasonal allergies and sinus congestion for most of his life.
- His sinus symptoms have improved after several sinus and nasal passage surgeries, but he still uses fluticasone/azelastine (Dymista) nasal spray and over-the-counter fexofenadine (Allegra) for these symptoms.
- Otolaryngology exam included **flexible fibroscopic rhinopharyngoscopy**, which demonstrated epithelial changes consistent with longstanding allergic rhinosinusitis.

5. Stiffened Gait (Moderate to Severe Degenerative Osteoarthritic Change/Spondylosis), newly significant

- **Orthopedics (Spine), Orthopedics (Foot & Ankle), Neurology, Radiology and Physical Therapy consultations** are reviewed and appreciated.
- As stated above, the President’s gait appears to be perceptibly stiffer and less fluid than it has been in the past. He does specifically acknowledge early morning stiffness that improves throughout the day. As previously reported, he has sustained a number of orthopedic and sports related injuries over the years, and is followed by Physical Therapy for ongoing wellness and fitness exercise prescription. It is also well known that approximately a year ago, he sustained a fracture in his right midfoot, which could certainly contribute to a gait abnormality. Still, the differential diagnosis for a gait disturbance can include a variety of neurologic pathologies which would be important to assess for. For this reason, I assembled a team comprised of spine, foot and ankle, radiology, physical therapy and movement disorder neurologic specialists to carefully examine and assess the President.
- After careful analysis of the patient’s history, findings on detailed physical exam and review of **radiologic imaging**, the team concluded that much of his stiffness is in fact a result of

degenerative (“wear and tear”) osteoarthritic changes (or spondylosis) of his spine. Moderate to severe spondylosis was demonstrated at multiple levels, but did not result in nerve root compression significant enough that they would warrant any specific treatment.

- His foot and ankle structural exam was unremarkable, though he will likely benefit from some shoe orthotics. His fracture has healed nicely.
- An extremely detailed neurologic exam was reassuring in that there were no findings which would be consistent with any cerebellar or other central neurological disorder, such as stroke, multiple sclerosis, Parkinson’s or ascending lateral sclerosis. This exam did, however, reveal a mild peripheral neuropathy in both feet. He did not demonstrate any motor weakness, but a subtle difference in heat/cold sensation and great toe proprioception could be elicited.
- A combination of significant spinal arthritis, post-fracture “limp and compensation” and a mild sensory peripheral neuropathy of the feet are the explanation for the subtle gait changes which I was investigating.
- Physical Therapy and exercise prescription will continue to focus on general flexibility and proprioceptive maintenance maneuvers.

6. Mild Sensory Peripheral Neuropathy of Feet, new finding

- **Neurology and Orthopedic (Foot & Ankle) consultations** are reviewed and appreciated.
- A new finding of mild peripheral neuropathy is noted as above.
- The most common cause of peripheral neuropathy is diabetes. The President does not have diabetes (**Hemoglobin A1C** and **fasting blood glucose** are both normal).
- Other common etiologies for this include alcoholism, vitamin B12 deficiency and thyroid disease. The President does not consume alcohol. His **B12** and **folate** levels are normal and his **thyroid function** also remains normal.
- In up to 46% of cases, especially when the symptoms are mild such as with this patient, specific causes are not identified.
- A trial of custom orthotics will be initiated to optimize foot biomechanics.

7. Colon Cancer Screening, routine

- **Gastroenterology consultation** is reviewed and appreciated.
- During routine screening colonoscopy many years ago, patient was found to have mild diverticulosis. During a subsequent screening colonoscopy in 2008, he was found to have a single, non-cancerous tubular adenoma. Subsequent colonoscopies since then have demonstrated no recurrence. Regularly scheduled **screening colonoscopy** this morning was similarly reassuring.
- Several small diverticula were noted, as anticipated. Additionally, a single, 3 mm, benign-appearing polyp was identified in the ascending colon. The polyp was removed without difficulty. Histologic evaluation is anticipated to be completed early next week. The President has never had colon cancer.
- During the course of this procedure, consistent with carefully planned and well-established practices, presidential powers were temporarily transferred to Vice President Harris, in accordance with the 25th amendment. This transfer of authorities occurred at 1010 hours this morning. President Biden re-assumed presidential authority at 1135 hours.

8. Skin Cancer Surveillance, routine

- **Dermatology consultation** is reviewed and appreciated.
- It is well-established that President Biden did spend a good deal of time in the sun in his youth. He has had several localized, non-melanoma skin cancers removed with Mohs surgery before he started his presidency. These lesions were completely excised, with clear margins. Total body skin exam was performed for dermatologic surveillance. Several small areas of actinic change were treated with **liquid nitrogen cryotherapy**, but there are no areas suspicious for skin cancer at this time. No biopsies were required.

9. Optometry Surveillance, routine

- **Optometry consult** is reviewed and appreciated.
- The President underwent **routine cycloplegic (dilated) eye examination**. His overall eye health is reassuring. There were no signs of glaucoma, retinopathy, macular degeneration or significant cataracts. Current optometric refraction was obtained and contact lens prescriptions were updated.

10. Dental Surveillance, routine

- **Dental consult** is reviewed and appreciated.
- Routine dental exam, with **X-rays**, revealed no dental issues requiring any interventions.

Medications/Allergies:

Apixaban (Eliquis)
Rosuvastatin (Crestor)
Fluticasone/azelastine (Dymista) nasal spray
Fexofenadine (Allegra) (over-the-counter)
Famotidine (Pepcid) (over-the-counter)

Patient has no known medication allergies.

Social History:

The President does not use any tobacco products, does not drink alcohol, and he works out at least five days per week.

Physical Exam:

Height: 5 feet, 11.65 inches, Weight: 184 lbs, Body Mass Index (BMI): 25.0
Blood Pressure: 120/70, Pulse: 72, Respiratory Rate: 14, Temperature: 98.6 F, Pulse oximetry: 98%

Physical exam is fundamentally unchanged from baseline, with the notable exception of newly apparent findings consistent with mild peripheral neuropathy.

Head, ears, eyes, nose and throat are normal. He has no enlarged lymph nodes or goiter. Lungs are clear. Heart demonstrates a regular pulse rate and characteristically “irregularly irregular” rhythm. I heard no murmurs, gallops or rubs. Abdomen is soft, non-distended. Liver and spleen are normal size. Patient has no external hernias. Extremities have a full range of motion. Strength and reflexes are all normal and symmetrical. Cranial nerves and vestibular function are normal. No bradykinesia or start hesitation. No resting tremor. No rigidity. Mildly decreased heat/cold sensation in both feet. Patient does have several areas of lentigo and actinic changes.

Labs not specifically mentioned above:

Comprehensive metabolic panel (CMP) was normal, to include electrolytes, creatinine, blood urea nitrogen, protein, estimated glomerular filtration rate and liver enzymes. **Urinalysis** was normal, no glucose, protein or blood. **Complete blood count (CBC)** was normal. **Vitamin D** level was normal.

Summary

This patient’s current medical considerations are detailed as above. They include a-fib with normal ventricular response, hyperlipidemia, gastroesophageal reflux, seasonal allergies, spinal arthritis and mild sensory peripheral neuropathy of both feet. For these, he takes three common prescription medications and two common over-the-counter medications.

President Biden remains a healthy, vigorous, 78-year-old male, who is fit to successfully execute the duties of the Presidency, to include those as Chief Executive, Head of State and Commander in Chief.

Respectfully submitted,



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