Behind the Curtain Reference Archive

September 9, 2026. 200 numbered notes. Source annotations preserve distinctions between reporting, interpretation and proposal.

1. Presidential media availability. Alex Thompson, “Biden’s Media Evasion,” *Axios*, July 3, 2024; and Alex Thompson, “Inside Biden’s Media Evasion,” *Axios*, July 4, 2024. Axios, using data from presidential scholar Martha Joynt Kumar, reported that Biden had conducted fewer press conferences and interviews than the six presidents immediately preceding him at comparable points, while also noting that he participated in many short informal reporter exchanges. Axios analysis (https://www.axios.com/2024/07/04/biden-media-interviews-press-data).

2. George Clooney’s public call for withdrawal. Will McDuffie, “George Clooney, Who Co-Hosted Recent Biden Fundraiser, Says President Should Step Aside,” *ABC News*, July 10, 2024, summarizing Clooney’s *New York Times* guest essay. The source supports that Clooney was a recent fundraiser co-host and publicly urged Biden to leave the race after describing concern about the president he observed. ABC News (https://abcnews.com/Politics/george-clooney-hosted-recent-biden-fundraiser-president-step/story?id=111813886).

3. Reported fundraiser-recognition anecdote. Alex Thompson, “Biden Didn’t Recognize George Clooney at Fundraiser: New Book,” *Axios*, May 13, 2025, reporting an account in Jake Tapper and Alex Thompson’s *Original Sin*. This source verifies that the allegation was published and attributed to the book; it does not independently establish that the event occurred exactly as described. Axios (https://www.axios.com/2025/05/13/biden-george-clooney-fundraiser-original-sin).

4. The 2024 presidential physical and cognitive testing. Kevin C. O’Connor, D.O., “President Biden’s Current Health Summary,” Physician to the President, February 28, 2024; Aamer Madhani and Darlene Superville, “Biden ‘Continues to Be Fit for Duty,’ His Doctor Says,” *Associated Press*, February 28, 2024; Deepa Shivaram, “Biden Just Got a Physical. But a Cognitive Test Was Not Part of the Assessment,” NPR/WBUR, February 28, 2024; and Meredith Deliso, “Biden Won’t Commit to Independent Cognitive Test,” *ABC News*, July 6, 2024. The official memorandum documented specialist review, including neurology, and a detailed neurologic examination; contemporaneous reporting stated that no separate formal cognitive screening test was included. Official 2024 health summary (https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/02/Health-Summary-2.28.pdf); AP (https://apnews.com/article/05668d241d1a67b51b2a91c302c38985); WBUR/NPR (https://www.wbur.org/npr/1234438761/biden-physical-report); ABC News (https://abcnews.com/Politics/biden-independent-cognitive-test-debate/story?id=111695187).

5. Autopen legality and the separate authorization question. U.S. Department of Justice, Office of Legal Counsel, “Whether the President May Sign a Bill by Directing That His Signature Be Affixed to It,” July 7, 2005; Lisa Mascaro, *Associated Press*, reporting on the House investigation, October 21, 2025; and Nik Popli, “How the Autopen Earned Trump’s Ire,” *TIME*, July 2025. The OLC opinion supports the legality of a president directing that a signature be affixed by autopen. It does not resolve whether a particular act was actually authorized—a separate factual question that remained contested in the Biden inquiry. DOJ OLC opinion (https://www.justice.gov/olc/opinion/whether-president-may-sign-bill-directing-his-signature-be-affixed-it); AP (https://apnews.com/article/34d14c02bd905b0021a546c24337106f); TIME (https://time.com/7302605/trump-biden-autopen/).

6. Biden's prostate-cancer diagnosis and PSA history. *Reuters*, "Former U.S. President Biden Diagnosed with 'Aggressive' Prostate Cancer," May 18–19, 2025; *Reuters*, "Biden Had Not Received Prostate Cancer Screening Since 2014, Spokesperson Says," May 20, 2025; and *Associated Press*, "Biden's Office Says His 'Last Known' Prostate Cancer Screening Was in 2014," May 20, 2025. These sources report an aggressive, hormone-sensitive prostate cancer with bone metastasis and the statement from Biden's office that his last known PSA screening was in 2014. They do not establish when the cancer began or that a particular earlier test would certainly have detected it. Reuters—diagnosis (https://www.reuters.com/world/us/former-us-president-biden-diagnosed-with-prostate-cancer-his-office-says-2025-05-18/); Reuters—PSA history (https://www.reuters.com/world/us/biden-had-not-received-prostate-cancer-screening-since-2014-spokesperson-says-2025-05-20/); AP (https://apnews.com/article/a052da2bb3b464bec670db97689e3688).

7. PSA-screening guidance for older men. See notes 46–47 for the USPSTF and AUA/SUO guidance used throughout the manuscript. The book's proposed presidential protocol is an original policy position, not current guideline-mandated care.

8. Dr. David Shusterman's public medical commentary. "Biden Likely Knew He Had Cancer for a Long Time: Urologist," *NewsNation Prime*, May 2025; "Doctor Talks Prostate Cancer, Free Blood Tests," Spectrum News NY1, May 28, 2025; and "Does Not Make Sense: Urologist Analyzes Biden's Cancer Diagnosis," *The Evening Edit*, May 2025. These appearances document Dr. Shusterman's public position that the advanced presentation raised questions about the disease timeline and the absence of a disclosed longitudinal PSA record. Those statements are expert interpretation, not proof that Biden or his physicians knew of the cancer earlier. NewsNation interview (https://www.youtube.com/watch?v=Pg5fetTXgZw); NY1 (https://ny1.com/nyc/all-boroughs/news-all-day/2025/05/28/doctor-talks-prostate-cancer--free-blood-tests-); The Evening Edit interview (https://www.youtube.com/watch?v=mwz9HZW0vRY).

9. Dr. Kevin O'Connor's congressional testimony. House Committee on Oversight and Government Reform, deposition transcript and released video, July 9, 2025; Lauren Peller, Katherine Faulders, and Alexandra Hutzler, "Oversight Committee Releases Video of Biden's Physician's Closed-Door Testimony," *ABC News*, July 9, 2025. O'Connor declined to answer committee questions and asserted both medical confidentiality or physician-patient privilege and the Fifth Amendment. His counsel identified a parallel criminal investigation as a basis for the Fifth Amendment invocation and stated that invocation is not an admission of wrongdoing. The invocation itself is not medical evidence of prior diagnosis, malpractice, concealment, or an adverse medical fact. Official transcript (https://oversight.house.gov/wp-content/uploads/2025/10/Oconnor-Transcript.pdf); official video release (https://oversight.house.gov/release/watch-oversight-committee-releases-dr-oconnors-deposition-video/); ABC News (https://abcnews.com/Politics/dr-kevin-oconnor-bidens-physician-sits-interview-gop/story?id=123606551).

10. Jill Biden's later account of the 2024 debate. "Jill Biden Says She Was 'Frightened' by Joe Biden's 2024 Debate Performance, Thought He Was Having a Stroke," *CBS News*, May 27, 2026; and "Jill Biden Says Joe Biden 'Was Slowing Down' but Wasn't in Cognitive Decline," *CBS News*, May 28, 2026. These reports support that she later described acute fear during the debate while also denying that she had observed cognitive decline. Her recollection is evidence of what she feared at the time, not clinical evidence that a stroke occurred. CBS News—debate recollection (https://www.cbsnews.com/news/jill-biden-interview-joe-biden-debate-frightened-stroke/); CBS News—cognitive-decline denial (https://www.cbsnews.com/news/jill-biden-says-joe-biden-was-slowing-down-but-wasnt-in-cognitive-decline-as-he-ran-for-reelection/).

11. Post-debate Democratic concern and withdrawal. “Increasing Numbers of Voters Don’t Think Biden Should Be Running After Debate,” *CBS News*, July 1, 2024; “Over Half of Dems Say Biden Should Drop Out After Debate,” *Politico*, July 11, 2024; and “Read Biden’s Full Letter Announcing the End of His 2024 Reelection Bid,” *PBS NewsHour*, July 21, 2024. These sources document increased concern within the Democratic electorate, mounting pressure, and Biden’s eventual withdrawal. They do not establish that every party leader possessed the same information or knowingly concealed incapacity. CBS News poll (https://www.cbsnews.com/news/poll-debate-should-biden-be-running-mental-abilities/); Politico (https://www.politico.com/news/2024/07/11/biden-polls-washington-post-abc-00167571); PBS NewsHour (https://www.pbs.org/newshour/politics/read-bidens-full-letter-announcing-the-end-of-his-2024-reelection-bid).

12. HIPAA and legally authorized disclosure. See notes 55 and 79–80 for the ethical, HIPAA, and Privacy Act framework. HIPAA is neither an absolute bar nor a general public-disclosure mandate; any presidential-health system requires specific lawful authority and safeguards.

13. The founding generation, illness, and retrospective diagnosis. National Park Service, “Disability History: Presidents and Disability”; George Washington’s Mount Vernon, historical material on Washington’s illnesses and death; and biographical records concerning Jefferson, Franklin, Madison, and Adams. These sources support that major founders lived with serious illness and disability. Retrospective labels—especially epilepsy, depression, hypertension, or psychosomatic illness—remain uncertain unless the historical record is explicit. NPS (https://www.nps.gov/articles/disabilityhistorypresidents.htm); Mount Vernon—Washington’s final illness (https://www.mountvernon.org/library/digitalhistory/digital-encyclopedia/article/the-death-of-george-washington).

14. Washington’s retirement and Farewell Address. George Washington, “Farewell Address,” September 19, 1796; National Constitution Center, “Farewell Address (1796).” Washington wrote that “choice and prudence” invited him to leave political life and that patriotism did not forbid it. The address supports voluntary retirement and peaceful transfer, but it does not say that declining medical capacity compelled his departure. Primary text (https://avalon.law.yale.edu/18th_century/washing.asp); National Constitution Center (https://constitutioncenter.org/the-constitution/historic-document-library/detail/george-washington-farewell-address-1796).

15. Jefferson’s public-trust and health statements. U.S. Department of the Interior, “Basic Obligation of Public Service”; Thomas Jefferson to Peter Carr, August 10, 1787, as reproduced by Encyclopedia Virginia; and Lyndon B. Johnson’s 1965 health message quoting Jefferson. The “public property” statement expresses public-service ethics but does not itself establish surrender of medical privacy. The health statement was personal advice, not a constitutional medical-disclosure rule. Interior Department (https://www.doi.gov/ethics/basic-obligations-of-public-service); Jefferson to Peter Carr (https://encyclopediavirginia.org/primary-documents/letter-from-thomas-jefferson-to-peter-carr-august-10-1787/); Presidency Project (https://www.presidency.ucsb.edu/documents/special-message-the-congress-advancing-the-nations-health).

16. The Constitution and presidential inability. U.S. Constitution Annotated, Twenty-Fifth Amendment; Gerald R. Ford Presidential Library, “The Establishment and First Uses of the 25th Amendment.” The original Constitution left central disability questions unresolved. Congress proposed the Twenty-Fifth Amendment in 1965, and the states completed ratification in 1967. Constitution Annotated (https://constitution.congress.gov/constitution/amendment-25/); Ford Library (https://www.fordlibrarymuseum.gov/digital-research-room/topic-guides/establishment-and-first-uses-25th-amendment).

17. Biden's 1987 withdrawal and 1988 aneurysm sequence. Michael Kranish, "Biden Once Nearly Died of an Aneurysm," *The Washington Post*, May 14, 2024; Lois Romano, "The Second Life of Joe Biden," *The Washington Post*, January 11, 1989; and "Biden's Medical History Not Scrutinized," CBS News, October 18, 2008. Biden withdrew from the presidential race in September 1987. In February 1988, after a Rochester episode, he returned to Delaware, was evaluated at St. Francis Hospital, and was transferred to Walter Reed after bleeding and an aneurysm were identified. 2024 reconstruction (https://www.washingtonpost.com/politics/2024/05/14/biden-nearly-died-an-aneurysm-risky-surgery-changed-his-life/); 1989 profile (https://www.washingtonpost.com/archive/style/1989/01/12/the-second-life-of-joe-biden/wp00000020011117dl1c0006x/); CBS News (https://www.cbsnews.com/news/bidens-medical-history-not-scrutinized/).

18. Biden's operations, pulmonary embolism, and recovery. Contemporary and later accounts report clipping of a leaking or ruptured aneurysm, discovery and later clipping of a second unruptured aneurysm, a pulmonary embolism during recovery, and an absence from normal Senate work for roughly six months. Treating surgeon Neal Kassell has said the bleeding did not enter brain tissue and that Biden sustained no brain damage. The record supports a severe medical crisis and a reported successful recovery; it does not establish later cognitive impairment. Washington Post reconstruction (https://www.washingtonpost.com/politics/2024/05/14/biden-nearly-died-an-aneurysm-risky-surgery-changed-his-life/); Brain Aneurysm Foundation (https://www.bafound.org/news/what-joe-biden-learned-from-his-life-threatening-brain-aneurysms/).

19. Long-term outcomes after aneurysmal subarachnoid hemorrhage. Al-Khindi, Macdonald, and Schweizer, "Cognitive and Functional Outcome After Aneurysmal Subarachnoid Hemorrhage," *Stroke* (2010); and recent clinical reviews of cognitive outcomes after aneurysmal subarachnoid hemorrhage. Survivors may experience deficits involving memory, executive function, attention, language, fatigue, mood, or quality of life even after functional independence. Rates vary markedly by cohort, hemorrhage severity, treatment, complications, and assessment method. These population findings cannot be assigned to Biden without individual data. PubMed (https://pubmed.ncbi.nlm.nih.gov/20595669/); 2024 review (https://pmc.ncbi.nlm.nih.gov/articles/PMC10914592/).

20. Clipping, coiling, and cognitive outcomes. Scott et al., "Improved Cognitive Outcomes with Endovascular Coiling of Anterior Communicating Artery Aneurysms Compared with Neurosurgical Clipping," and related long-term studies. Some research identifies early or domain-specific differences, while other studies find minimal long-term cognitive differences after accounting for clinical factors. The literature does not support a categorical claim that clipping causes permanent cognitive impairment or that Biden developed postoperative neurocognitive disorder. PubMed (https://pubmed.ncbi.nlm.nih.gov/17327787/).

21. Pulmonary embolism and post-PE burden. European Society of Cardiology and peer-reviewed literature on post-pulmonary-embolism syndrome and chronic thromboembolic pulmonary hypertension. Survivors may report dyspnea, fatigue, anxiety, reduced exercise tolerance, or impaired quality of life; chronic thromboembolic pulmonary hypertension develops in a minority. These data do not establish that Biden had chronic hypoxia or later cognitive injury. ESC clinical overview (https://www.escardio.org/Journals/E-Journal-of-Cardiology-Practice/Volume-17/optimal-follow-up-after-acute-pulmonary-embolism-a-position-paper-of-the-european-society-of-cardiology-working-group-on-pulmonary-circulation-and-right-ventricular-function).

22. Roosevelt's disability and late cardiovascular disease. Franklin D. Roosevelt Presidential Library and National Park Service materials document Roosevelt's polio-related paralysis, the management of public images, and a 1944 evaluation showing severe hypertension, cardiomegaly, and congestive heart failure. Roosevelt's mobility disability did not itself establish incapacity; the separate heart-disease history raises the disclosure issue. FDR Library (https://www.fdrlibrary.org/polio); NPS—The Dying President

(https://www.nps.gov/hofr/blogs/the-dying-president.htm).

23. Kennedy's medical history and medications. Robert Dallek and later medical-record reviews document adrenal insufficiency/Addison's disease, hypothyroidism, chronic back pain, steroid treatment, pain medication, sedatives, stimulants, and injections from Max Jacobson. The records support extensive undisclosed illness and treatment burden. They do not prove that a specific drug determined a particular presidential decision. PBS NewsHour (https://www.pbs.org/newshour/health/john-f-kennedy-kept-these-medical-struggles-private); PubMed medical review (https://pubmed.ncbi.nlm.nih.gov/32341184/).

24. Reagan and the disputed onset of Alzheimer's disease. Ronald Reagan, public letter announcing Alzheimer's disease, November 5, 1994; Lawrence K. Altman's reporting on Reagan's doctors and aides; Berisha et al., "Tracking Discourse Complexity Preceding Alzheimer's Disease Diagnosis"; and Matthew Beckmann, "Did Reagan Decline?" Reagan's diagnosis is established. Whether clinically meaningful dementia affected his presidency remains disputed. Retrospective speech analysis can generate hypotheses but cannot establish an individual diagnosis or constitutional incapacity. Reagan Library letter (https://www.reaganlibrary.gov/reagans/ronald-reagan/reagans-letter-announcing-his-alzheimers-diagnosis); STAT (https://www.statnews.com/2024/02/16/trump-biden-dementia-cognitive-health-lawrence-altman-presidential-history/); PMC linguistic study (https://pmc.ncbi.nlm.nih.gov/articles/PMC6922000/).

25. Nixon, alcohol, and military-order precautions. National Security Archive, "Kissinger Told Soviet Envoy during 1973 Arab-Israeli War," including a telephone record in which Kissinger said Nixon was "loaded"; and historical reporting on James Schlesinger's alleged precautions during the final Watergate period. The Kissinger statement is documented. The broader Schlesinger account lacks complete corroborating documentation and should remain attributed. National Security Archive (https://nsarchive.gwu.edu/briefing-book/henry-kissinger/2019-08-09/kissinger-told-soviet-envoy-during-1973-arab-israeli-war-my-nightmare-victory-either-side-soviet); TIME historical analysis (https://time.com/5388648/watergate-nixon-anonymous-op-ed/).

26. Trump's health letters and 2020 COVID-19 hospitalization. Harold Bornstein later said Trump dictated the unusually laudatory 2015 health letter. During the October 2020 hospitalization, Trump's medical team acknowledged two episodes of low oxygen and treatment with oxygen, remdesivir, dexamethasone, and an investigational monoclonal antibody. Briefings were criticized for incomplete and changing accounts. These facts support a transparency critique, not an unsupported claim that Trump was near mechanical ventilation. Bornstein account (https://www.cnn.com/2018/05/01/politics/harold-bornstein-trump-letter/index.html); TIME medical briefing (https://time.com/5896203/trump-covid-19-physician-white-house-briefing-oxygen-dexamethasone/).

27. Biden, Hur, and the 2024 credibility dispute. Robert K. Hur, "Report on the Investigation Into Unauthorized Removal, Retention, and Disclosure of Classified Documents Discovered at Locations Including the Penn Biden Center and the Delaware Private Residence of President Joseph R. Biden, Jr.," February 2024; White House reporting on the 2024 physical; and Sanjay Gupta's post-debate call for detailed neurological and cognitive evaluation. Hur's language concerned prosecutorial judgment and anticipated jury perception, not a medical diagnosis. Hur report (https://www.justice.gov/storage/report-from-special-counsel-robert-k-hur-february-2024.pdf); 2024 health summary (https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/02/Health-Summary-2.28.pdf); CNN/Sanjay Gupta (https://www.cnn.com/2024/07/05/health/biden-neurological-testing-analysis/index.html).

28. Books and attributed allegations about Biden's decline. Franklin Foer, *The Last Politician* (2023), and Jake Tapper and Alex Thompson, *Original Sin* (2025). These works provide reported accounts from named and

unnamed sources. Claims about recognition failures, restricted access, discussion of wheelchair use, or staff management must remain explicitly attributed and should not be presented as independently established clinical facts.

29. Normal cognitive aging. Harada, Natelson Love, and Triebel, “Normal Cognitive Aging,” *Clinics in Geriatric Medicine* (2013); and National Institute on Aging, “How the Aging Brain Affects Thinking.” Average aging is associated with slower processing and changes in some memory and executive functions, but trajectories vary substantially and many abilities remain preserved. Age does not determine individual capacity. PubMed (https://pubmed.ncbi.nlm.nih.gov/24094294/); NIA (https://www.nia.nih.gov/health/brain-health/how-aging-brain-affects-thinking).

30. Executive-function constructs. Adele Diamond, “Executive Functions,” *Annual Review of Psychology* (2013). Executive function includes separable but related processes such as inhibitory control, working memory, and cognitive flexibility. The article supports the domain framework; it does not establish a validated presidential-fitness battery. PubMed (https://pubmed.ncbi.nlm.nih.gov/23020641/).

31. Acute stress and cognition. Shields, Sazma, and Yonelinas, “The Effects of Acute Stress on Core Executive Functions,” *Neuroscience & Biobehavioral Reviews* (2016). The meta-analysis found average impairment in working memory and cognitive flexibility, with more nuanced effects on inhibition. Stress effects vary by task and context; cortisol should not be treated as a universal one-direction explanation. PubMed (https://pubmed.ncbi.nlm.nih.gov/27371161/).

32. Decision fatigue. Pignatiello, Martin, and Hickman, “Decision Fatigue: A Conceptual Analysis” (2020), and Maier et al., systematic review (2025). The concept is plausible and used across health research, but definitions and consequences have been heterogeneous. The manuscript therefore uses broader terms—cognitive load, mental fatigue, stress, and sleep loss—rather than claiming a fixed number of decisions predictably causes poor judgment. PubMed (https://pubmed.ncbi.nlm.nih.gov/29569950/); Systematic review (https://pubmed.ncbi.nlm.nih.gov/40591577/).

33. Sleep loss and executive function. Killgore, “Effects of Sleep Deprivation on Cognition” (2010); and Cao, Xie, and Ma, meta-analysis of working memory, inhibition, and cognitive flexibility (2025). Sleep loss impairs multiple cognitive functions on average, but magnitude and presentation vary across people and tasks. PubMed (https://pubmed.ncbi.nlm.nih.gov/21075236/); 2025 meta-analysis (https://pubmed.ncbi.nlm.nih.gov/40946426/).

34. MoCA and MMSE. Nasreddine et al., “The Montreal Cognitive Assessment, MoCA: A Brief Screening Tool for Mild Cognitive Impairment” (2005); Folstein, Folstein, and McHugh, “‘Mini-Mental State’: A Practical Method for Grading the Cognitive State of Patients for the Clinician” (1975). Both are brief screens. Neither was developed or validated as a complete occupational-capacity test for the presidency. MoCA (https://pubmed.ncbi.nlm.nih.gov/15817019/); MMSE (https://pubmed.ncbi.nlm.nih.gov/1202204/).

35. Population screening evidence. U.S. Preventive Services Task Force, “Cognitive Impairment in Older Adults: Screening” (2020). For asymptomatic community-dwelling adults sixty-five and older, the USPSTF concluded that evidence was insufficient to assess the balance of benefits and harms of routine screening. The proposed presidential protocol is an original high-consequence occupational policy, not current general-population guidance. USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cognitive-impairment-in-older-adults-screening).

36. Mild cognitive impairment. Petersen et al., American Academy of Neurology practice-guideline update (2018); National Institute on Aging, “What Is Mild Cognitive Impairment?” MCI is heterogeneous and does not equal dementia or presidential incapacity. Reversible contributors and longitudinal course matter. Guideline (https://pmc.ncbi.nlm.nih.gov/articles/PMC5772157/); NIA (https://www.nia.nih.gov/health/memory-loss-and-forgetfulness/what-mild-cognitive-impairment).

37. Cognitive reserve and exceptional aging. Tucker and Stern, “Cognitive Reserve in Aging” (2011); Powell et al., systematic review of cognitive super-aging (2023). Reserve is a probabilistic resilience construct, not a measurable fuel supply that predictably collapses. Some older adults retain exceptional cognitive performance. Reserve (https://pubmed.ncbi.nlm.nih.gov/21222591/); Super-aging (https://pubmed.ncbi.nlm.nih.gov/38078669/).

38. Medical decision-making capacity. Appelbaum and Grisso, “Assessing Patients’ Capacities to Consent to Treatment” (1988), and the MacCAT-T literature. Clinical capacity commonly examines the abilities to communicate a choice, understand information, appreciate consequences, and reason about options. The framework is task-specific but is not itself a presidential constitutional standard. PubMed (https://pubmed.ncbi.nlm.nih.gov/3200278/); MacCAT-T (https://pubmed.ncbi.nlm.nih.gov/9355168/).

39. Ecological validity of executive testing. Chaytor and Schmitter-Edgecombe, “The Ecological Validity of Neuropsychological Tests” (2003); Suchy, “Conceptualization of the Term Ecological Validity” (2024); and Suchy et al., systematic review of novel executive tests (2024). Traditional tests often predict real-world function only imperfectly, while a realistic-looking task is not automatically validated. 2003 review (https://pubmed.ncbi.nlm.nih.gov/15000225/); 2024 concept review (https://pubmed.ncbi.nlm.nih.gov/38251679/); 2024 systematic review (https://pubmed.ncbi.nlm.nih.gov/38421761/).

40. Longitudinal testing, practice effects, and reliable change. Duff, “Practice Effects: A Unique Cognitive Variable” (2012); Cooley et al., longitudinal MoCA study (2015); and Gavett et al., reliable-change methods (2015). Repeated testing can improve scores through familiarity, and apparent change should be interpreted using alternate forms, measurement error, and reliable-change methods. Practice effects (https://pubmed.ncbi.nlm.nih.gov/23020261/); MoCA longitudinal change (https://pubmed.ncbi.nlm.nih.gov/26373627/); Reliable change (https://pubmed.ncbi.nlm.nih.gov/26234918/).

41. Sensory access and cognitive testing. Nichols et al., “Assessing Bias in Cognitive Testing for Older Adults with Sensory Impairment” (2022); and Kim et al., test-modality study (2023). Hearing and vision limitations can alter access to test instructions and performance. Accommodations and documentation of test modality are required before interpreting a low score as cognitive decline. Bias review (https://pubmed.ncbi.nlm.nih.gov/33896441/); Test modality (https://pubmed.ncbi.nlm.nih.gov/36751924/).

42. Treatment burden and cognition. Evered et al., international nomenclature recommendations for perioperative neurocognitive disorders (2018); McGinty et al., systematic review of androgen-deprivation therapy and cognition (2014); and Ruxton et al., systematic review of anticholinergic drugs in older adults (2015). Treatment-related effects are variable, and association does not prove incapacity in an individual. Perioperative nomenclature (https://pubmed.ncbi.nlm.nih.gov/30325806/); ADT review (https://pubmed.ncbi.nlm.nih.gov/24859915/); Anticholinergic review (https://pubmed.ncbi.nlm.nih.gov/25735839/).

43. Delirium and reversible contributors. Inouye, Westendorp, and Saczynski, “Delirium in Elderly People” (2014); Oh et al., “Delirium in Older Persons” (2017). Delirium is an acute disorder of attention and cognition often precipitated by medical illness, surgery, medication, pain, sleep disruption, or metabolic disturbance. Causes may

be treatable, but recovery is not always immediate or complete. 2014 review (https://pubmed.ncbi.nlm.nih.gov/23992774/); 2017 review (https://pubmed.ncbi.nlm.nih.gov/28973626/).

44. Performance validity. Lippa, “Performance Validity Testing in Neuropsychology” (2018), and the American Academy of Clinical Neuropsychology consensus statement (2020). Valid interpretation requires consideration of engagement, performance validity, education, language, culture, neurological status, and the full clinical picture. Clinical review (https://pubmed.ncbi.nlm.nih.gov/29182444/); AACN consensus (https://pubmed.ncbi.nlm.nih.gov/32037942/).

45. PSA biology and test limitations. National Cancer Institute, “Prostate-Specific Antigen (PSA) Test,” updated January 31, 2025; and NCI, “Prostate Cancer Screening (PDQ®),” updated April 8, 2025. PSA is produced by normal and malignant prostate cells. Elevated results can arise without cancer, and cancer can be present despite a non-elevated result. False positives, biopsy, overdiagnosis, and overtreatment are central harms. NCI PSA fact sheet (https://www.cancer.gov/types/prostate/psa-fact-sheet); NCI screening PDQ (https://www.cancer.gov/types/prostate/hp/prostate-screening-pdq).

46. USPSTF screening recommendations. U.S. Preventive Services Task Force, “Prostate Cancer: Screening,” May 8, 2018. The USPSTF recommends individualized decision-making for men ages fifty-five through sixty-nine and recommends against routine PSA-based screening for men seventy and older. The recommendation applies to population screening and does not resolve the book’s proposed occupational policy for presidents. USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prostate-cancer-screening).

47. AUA/SUO risk-adapted screening. American Urological Association/Society of Urologic Oncology, “Early Detection of Prostate Cancer Guideline,” 2023, amended 2026. PSA is the primary screening modality. Shared decision-making, prior PSA, age, risk, health, and life expectancy inform intervals and discontinuation. The guideline does not require annual PSA testing for every older man. AUA/SUO 2026 guideline (https://www.auanet.org/documents/Guidelines/PDF/2026%20Guidelines/EDPC%202026%20Unabridged%20FINAL.pdf).

48. Biden diagnosis and last known PSA. See note 6 for the public diagnosis and PSA-history source set. AP and Reuters reported the office’s statements; those facts do not establish biological onset, earlier detectability, prior knowledge, or concealment.

49. Biden treatment update. Associated Press and Reuters, October 11, 2025. A spokesperson said Biden was receiving radiation therapy and hormone treatment. Public reporting did not disclose the complete regimen, radiation target, PSA response, imaging response, or treatment-related functional effects. AP (https://apnews.com/article/biden-cancer-prostate-radiation-hormone-therapy-c2544d00499ddd8d0de616426ce2471a); Reuters (https://www.reuters.com/world/us/former-us-president-biden-undergoing-radiation-therapy-cancer-nbc-news-reports-2025-10-11/).

50. Gleason grade, metastatic disease, and retrospective timing. Reuters, “Biden’s Aggressive Prostate Cancer: What You Need to Know,” May 19, 2025; and NCI prostate-cancer treatment resources. A Gleason score of 9 indicates high-grade disease, and bone metastasis establishes advanced cancer. Neither finding determines the date malignant cells first arose, when PSA became abnormal, when diagnosis became clinically possible, or when any person knew. Reuters (https://www.reuters.com/world/us/bidens-aggressive-prostate-cancer-what-you-need-know-about-disease-2025-05-19/); NCI treatment PDQ (https://www.cancer.gov/types/prostate/hp/prostate-treatment-pdq).

51. Advanced prostate-cancer treatment and monitoring. NCI, “Hormone Therapy for Prostate Cancer”; NCI, “Prostate Cancer Treatment (PDQ®)”; and AUA/SUO, “Advanced Prostate Cancer Guideline,” amended 2026. Metastatic hormone-sensitive disease is treated with systemic androgen suppression and case-specific intensification. PSA is useful for monitoring but cannot be interpreted alone, particularly because androgen suppression affects PSA expression. NCI hormone therapy (https://www.cancer.gov/types/prostate/prostate-hormone-therapy-fact-sheet); NCI treatment PDQ (https://www.cancer.gov/types/prostate/hp/prostate-treatment-pdq); AUA advanced guideline (https://www.auanet.org/guidelines-and-quality/guidelines/advanced-prostate-cancer).

52. ADT physical and metabolic effects. NCI, “Hormone Therapy for Prostate Cancer.” Documented potential effects include hot flashes, sexual dysfunction, bone-density loss, fractures, loss of muscle mass and strength, weight gain, insulin resistance, lipid changes, mood changes, and fatigue. Frequency and severity vary by regimen, duration, age, and comorbidity. NCI (https://www.cancer.gov/types/prostate/prostate-hormone-therapy-fact-sheet).

53. ADT and cognition. NCI, “Cognitive Impairment in Adults With Cancer (PDQ®)”; McGinty et al., systematic review and meta-analysis (2014); and Gonzalez et al., controlled longitudinal study (2015). Some studies identify group-level cognitive differences in men receiving ADT, but results vary by test, baseline method, domain, and study design. ADT exposure does not establish cognitive impairment in an individual. NCI PDQ (https://www.cancer.gov/about-cancer/treatment/side-effects/memory/cognitive-impairment-hp-pdq); McGinty review (https://pubmed.ncbi.nlm.nih.gov/24859915/); Gonzalez study (https://pubmed.ncbi.nlm.nih.gov/25964245/).

54. Cancer fatigue, radiation, and bone metastasis. NCI, “Fatigue and Cancer”; NCI, “Fatigue (PDQ®)”; and Reuters’ May 2025 disease summary. Cancer, radiation, systemic treatment, pain, anemia, sleep disruption, and emotional distress may contribute to fatigue. Bone metastases may be asymptomatic or cause pain, fracture, mobility limitation, or spinal-cord compression. These complications should not be presumed in Biden without specific evidence. NCI patient fatigue (https://www.cancer.gov/about-cancer/treatment/side-effects/fatigue); NCI professional PDQ (https://www.cancer.gov/about-cancer/treatment/side-effects/fatigue/fatigue-hp-pdq); Reuters (https://www.reuters.com/world/us/bidens-aggressive-prostate-cancer-what-you-need-know-about-disease-2025-05-19/).

55. Presidential privacy, physician duties, and lawful disclosure. AMA Journal of Ethics, “Health and Mental Competency of Presidents” (2000); The Hastings Center, “Clinical Ethics and a President’s Capacity” (2024); and HHS, “Summary of the HIPAA Privacy Rule.” These sources recognize tension between presidential privacy and public interest. HIPAA permits disclosure with authorization and in defined circumstances required or permitted by law; it does not itself create a public-disclosure mandate. AMA Journal of Ethics (https://journalofethics.ama-assn.org/article/health-and-mental-competency-presidents/2000-11); Hastings Center (https://www.thehastingscenter.org/clinical-ethics-and-a-presidents-capacity-balancing-privacy-and-public-interest/); HHS (https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html).

56. Biden’s reelection announcement. “Biden Touts Accomplishments and Vision as He Officially Launches Reelection Campaign,” *PBS NewsHour*, April 25, 2023; and Biden campaign announcement video. Biden framed the campaign around preserving democracy and finishing the administration’s work. These sources establish the public decision and rationale, not the private medical information available to advisers. PBS NewsHour (https://www.pbs.org/newshour/show/biden-touts-accomplishments-and-vision-as-he-officially-launches-reelection-campaign).

57. DNC rules and the absence of a medical-vetting requirement. Democratic National Committee delegate-selection and convention materials, including the 2024 permanent rules and official nominating-process releases. The reviewed rules govern delegates, petitions, convention procedure, and nomination. They do not establish a mandatory medical or cognitive certification for presidential candidates. This is an interpretation of the published rules, not proof that no individual party official ever discussed health privately. DNC permanent-rules release (https://democrats.org/news/dncc-rules-committee-passes-permanent-rules-for-2024-presidential-nomination/).

58. The planned virtual roll call. *Associated Press*, “Democrats to Nominate Biden by Virtual Roll Call to Meet Ohio Ballot Deadline,” May 28, 2024; DNC Rules Committee releases, July 24–August 6, 2024. The procedure was announced before the June debate in response to Ohio’s certification deadline. Biden withdrew before the presidential roll call; the later virtual process nominated Kamala Harris. AP (https://apnews.com/article/ohio-ballot-biden-access-3bf359cce8e73714be45cb99a6e31546); DNC (https://democrats.org/dncc-rules-committee-passes-permanent-rules-for-2024-presidential-nomination/).

59. Post-debate Democratic pressure and withdrawal. *Associated Press*, July 18–21, 2024; *Reuters*, July 11 and July 22, 2024; and Biden’s July 21 withdrawal letter. Reporting documented public calls to withdraw, private concern from senior Democrats, worsening polling, and Biden’s decision to end the campaign. These sources do not establish a medical diagnosis or prove that all party leaders possessed the same private information. AP—pressure (https://apnews.com/article/biden-democrats-drop-out-election-2024-3f9e3d15431fd4974771a54e1d0e4ea7); AP—withdrawal (https://apnews.com/article/biden-drops-out-2024-election-ddffde72838370032bdcff946cfc2ce6); Reuters (https://www.reuters.com/world/us/biden-quit-race-re-election-after-agonizing-over-poll-data-sources-say-2024-07-22/).

60. Democratic voter opinion after the debate. *Associated Press*-NORC Center for Public Affairs Research, July 17, 2024. Nearly two-thirds of Democrats in the poll said Biden should withdraw. Poll results measure opinion at the time; they are not evidence of medical impairment. AP-NORC (https://apnews.com/article/biden-trump-poll-drop-out-debate-democrats-59eebaca6989985c2bfbf4f72bdfa112).

61. Media availability. See note 1 for the Axios/Kumar data. The evidence supports fewer formal press conferences and interviews alongside numerous short informal exchanges; reduced access limits observation but does not prove impairment.

62. Reported access and staff management. *Wall Street Journal*, “Behind Closed Doors, Biden Shows Signs of Slipping,” June 4, 2024, and “How the White House Functioned With a Diminished Biden,” December 19, 2024; Jake Tapper and Alex Thompson, *Original Sin* (2025). These sources report restricted access, shorter or more controlled meetings, and staff intermediation. The White House and former aides disputed central characterizations. Person-specific claims must remain attributed. WSJ—June 2024 (https://www.wsj.com/politics/policy/joe-biden-age-election-2024-8ee15246); WSJ—December 2024 (https://www.wsj.com/politics/biden-white-house-age-function-diminished-3906a839).

63. Press access and the 2024 debate. White House Correspondents’ Association, statement of June 27, 2024; *Reuters*, June 27, 2024. The WHCA objected when CNN declined to place the White House travel pool inside the studio for the entire debate, arguing that direct observation provides context beyond the television production. The dispute concerned independent access, not proof of a medical condition. WHCA (https://whca.press/2024/06/27/whca-statement-on-press-access-for-cnn-hosted-presidential-debate/); Reuters

(https://www.reuters.com/world/us/cnn-bans-white-house-pool-reporters-debate-room-2024-06-27/).

64. White House and campaign pressure on coverage. *Associated Press*, “It’s an Election Year, and Biden’s Team Is Signaling a More Aggressive Posture Toward the Press,” February 21, 2024. The article documented official objections to coverage of the Hur report and Biden’s age and a WHCA response concerning use of internal press channels. Criticism of coverage is not itself censorship, but it is relevant to the access and accountability environment. AP (https://apnews.com/article/3bda702e68181e58ead973e7c8eae0c7).

65. Medical calls for cognitive evaluation. Sanjay Gupta, CNN analysis and transcript, July 5–11, 2024; Jeffrey Kuhlman interview reported by *The Washington Post*, June 7, 2025. Gupta called for detailed evaluation after the debate. Kuhlman’s criticism of the 2024 examination was made publicly in 2025, after Biden left office. Neither physician diagnosed Biden from public evidence. CNN transcript (https://transcripts.cnn.com/show/cnc?start_fileid=cnc_2024-07-11_02); Washington Post (https://www.washingtonpost.com/health/2025/06/07/biden-obama-trump-cognitive-test/).

66. The Goldwater Rule. American Psychiatric Association, “APA Reaffirms Support for Goldwater Rule,” March 16, 2017; APA Ethics Committee opinions updated through 2025. The rule governs APA member psychiatrists and bars a professional opinion about a public figure’s mental state without examination and authorization, while permitting general psychiatric education. Its broader caution is instructive but does not formally bind all physicians or journalists. APA (https://www.psychiatry.org/news-room/news-releases/apa-reaffirms-support-for-goldwater-rule); APA ethics opinions (https://www.psychiatry.org/getmedia/fdf4221c-2ccd-442e-b902-ddc666f5f2a9/Opinions-of-the-Ethics-Committee-June-2025.pdf).

67. Journalism ethics. Society of Professional Journalists, “SPJ Code of Ethics.” The code urges journalists to seek truth, minimize harm, act independently, and be accountable and transparent. It advises consideration of source motives, restraint in granting anonymity, explanation of anonymity, opportunity to respond, and prompt correction. The code is a professional framework rather than enforceable law. SPJ (https://www.spj.org/spj-code-of-ethics/).

68. Media postmortems and the cover-up claim. Columbia Journalism Review, “Unpleasant Stuff,” July 16, 2024; Jon Allsop, “Who’s to Blame for Missing Biden’s Decline?” *The New Yorker*, May 23, 2025. These analyses describe the difficulties of age reporting and challenge simplistic accounts of either complete press ignorance or a coordinated media cover-up. They are media criticism, not clinical evidence. CJR (https://www.cjr.org/analysis/unpleasant-stuff-schiller-old-age-semiotics-biden.php); The New Yorker (https://www.newyorker.com/news/fault-lines/whos-to-blame-for-missing-bidens-decline).

69. The compressed Harris campaign and election result. DNC releases on Harris’s August 2024 nomination; *Associated Press* post-election reporting. Harris consolidated delegates and built a campaign after Biden’s July withdrawal, but Donald Trump won the 2024 election. Claims that the timing caused the result remain political interpretation because many variables affected the election. DNC certification (https://democrats.org/news/democratic-party-announces-kamala-harris-and-tim-walz-officially-certified-as-democratic-nominees-for-president-and-vice-president/); AP post-election analysis (https://apnews.com/article/5588bafd05471d4c4fb0145db21291d2).

70. Twenty-Fifth Amendment text and overview. U.S. Constitution, Amendment XXV; Constitution Annotated, “Overview of Twenty-Fifth Amendment.” The amendment was proposed in 1965 and ratified in 1967. The text does not define inability or require clinical testing. Amendment text

(https://constitution.congress.gov/constitution/amendment-25/); Overview (https://constitution.congress.gov/browse/essay/amdt25-1/ALDE_00013871/).

71. Pre-amendment presidential inability. Constitution Annotated, “Presidential Inability Before the Twenty-Fifth Amendment’s Ratification.” Garfield’s prolonged incapacity and Wilson’s 1919 stroke exposed uncertainty over temporary exercise of presidential power. The source does not prove every later claim about Wilson’s cognition or Edith Wilson’s decision-making. Constitution Annotated (https://constitution.congress.gov/browse/essay/amdt25-2-7/ALDE_00013878/).

72. Section 3 implementation. Constitution Annotated, “Implementation of the Twenty-Fifth Amendment,” and presidential transfer letters. Reagan, George W. Bush, and Biden transferred authority during medical procedures; Biden’s 2021 transfer lasted approximately eighty-five minutes. Constitution Annotated (https://constitution.congress.gov/browse/essay/amdt25-S2-1/ALDE_00013884/); Biden letter (https://www.presidency.ucsb.edu/documents/letter-the-speaker-the-house-representatives-the-temporary-transfer-the-powers-and-duties); Acting-president list (https://www.presidency.ucsb.edu/statistics/data/list-vice-presidents-who-served-acting-president-under-the-25th-amendment).

73. Section 4 mechanics. U.S. Constitution, Amendment XXV, Section 4. The vice president and required majority may declare inability; a presidential challenge triggers the four-day response process and possible congressional decision. Congress must assemble within forty-eight hours if necessary, and two-thirds of both Houses is required for the vice president to continue as Acting President. Section 4 has never been invoked. Constitution Annotated (https://constitution.congress.gov/constitution/amendment-25/).

74. The Section 4 “other body.” Constitution Annotated, “Presidential Inability and the 89th Congress: Floor Debates.” Congress may create another body, but the vice president remains indispensable. The framing history indicates that at least some sponsors understood the other body as replacing the Cabinet for this function. Congress has never created it. Constitution Annotated (https://constitution.congress.gov/browse/essay/amdt25-S1-1-4/ALDE_00013882/).

75. Principal officers under Section 4. U.S. Department of Justice, Office of Legal Counsel, “Operation of the Twenty-Fifth Amendment Respecting Presidential Succession,” June 14, 1985. OLC concluded that the principal officers are the heads of departments listed in 5 U.S.C. § 101. The manuscript therefore avoids hard-coding a fixed Cabinet number. DOJ OLC (https://www.justice.gov/olc/opinion/operation-twenty-fifth-amendment-respecting-presidential-succession).

76. Appointments Clause limits. Constitution Annotated, “Overview of Appointments Clause” and “Officer and Non-Officer Appointments.” Persons exercising significant federal authority are Officers of the United States and must be appointed through constitutionally permitted methods. Investigative or advisory functions may be treated differently from binding executive power. Appointments overview (https://constitution.congress.gov/browse/essay/artII-S2-C2-3-1/ALDE_00013092/); Officer analysis (https://constitution.congress.gov/browse/essay/artII-S2-C2-3-10/ALDE_00013100/).

77. Congressional control restrictions. Constitution Annotated, “Restrictions on Congress’s Authority.” Congress may not retain appointment or removal control inconsistent with separation of powers. The validity of fixed terms and removal-for-cause protection depends on the board’s powers and location. Constitution Annotated (https://constitution.congress.gov/browse/essay/artII-S2-C2-3-9/ALDE_00013099/).

78. Congressional oversight of the White House. Department of Justice, Office of Legal Counsel, “Congressional Oversight of the White House,” January 8, 2021. OLC states that White House oversight presents greater constitutional constraints than ordinary agency oversight. The opinion reflects the Executive Branch position and is not a Supreme Court holding. DOJ OLC (https://www.justice.gov/olc/file/1355831/dl).

79. HIPAA scope. U.S. Department of Health and Human Services, “Covered Entities and Business Associates” and “Summary of the HIPAA Privacy Rule.” HIPAA applies to specified regulated entities, not automatically to every federal body possessing medical information. Covered entities (https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html); Privacy Rule (https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html).

80. Privacy Act. U.S. Department of Justice, Office of Privacy and Civil Liberties, “Privacy Act of 1974” and “Disclosures to Third Parties.” A federal agency system of records may be subject to consent, access, amendment, and disclosure rules. Applicability depends on the board’s structure and record system. Privacy Act (https://www.justice.gov/opcl/privacy-act-1974); Disclosure overview (https://www.justice.gov/opcl/overview-privacy-act-1974-2020-edition/disclosures-third-parties).

81. Federal Advisory Committee Act. General Services Administration, “Federal Advisory Committee Act Management Overview” and “When Is FACA Applicable?” Advisory committees generally face public-notice, open-meeting, and records requirements, subject to lawful closure. A medical board may require express statutory treatment. GSA overview (https://www.gsa.gov/policy-regulations/policy/faca-overview); Applicability (https://www.gsa.gov/policy-regulations/policy/faca-overview/advice-and-guidance/when-is-faca-applicable).

82. Temporary disability and delegation. U.S. Department of Justice, Office of Legal Counsel, “Presidential Succession and Delegation in Case of Disability,” April 3, 1981. The memorandum addresses acting-presidential authority and the difference between constitutional transfer and ordinary delegation. DOJ OLC (https://www.justice.gov/olc/opinion/presidential-succession-and-delegation-case-disability).

83. Presidential qualifications and ballot access. Constitution Annotated, “Qualifications for the Presidency,” “Election Laws,” and “Ballot Access.” Article II identifies citizenship, age, and residency qualifications. State ballot rules and party associational rights operate under separate constitutional constraints. A medical-certification proposal should not be described as an automatically valid new constitutional qualification. Presidential qualifications (https://constitution.congress.gov/browse/essay/artII-S1-C5-1/ALDE_00013692/); Election laws (https://constitution.congress.gov/browse/essay/amdt1-8-2-2/ALDE_00013141/); Ballot access (https://constitution.congress.gov/browse/essay/amdt14-S1-8-6-7/ALDE_00013631/).

84. National-party nomination rules. Democratic National Committee, 2024 Rules Committee Unity Resolution and permanent-rules materials; Republican National Committee, *Rules of the Republican Party* and 2024 convention call. These documents demonstrate extensive party authority over delegates, conventions, petitions, binding, and nomination procedures. They do not resolve every proposed medical condition on participation or ballot access. DNC resolution (https://democrats.org/wp-content/uploads/2024/07/2024-Rules-Committee-Unity-Resolution-.docx.pdf); RNC rules (https://prod-static.gop.com/media/Rules_Of_The_Republican_Party.pdf); RNC convention call (https://prod-static.gop.com/media/documents/2024_Call_of_the_Convention_as_adopted_11.20.23_1700517775.pdf).

85. Conventions and delegate activity under federal election law. Federal Election Commission, “Raising and Spending Funds for the National Party’s Nominating Convention” and “Candidate—Raising and Spending Funds

for Delegate Activity.” The FEC treats conventions and delegate activity as regulated federal election activity. The FEC is not a medical adjudicator. Convention financing (https://www.fec.gov/help-candidates-and-committees/taking-receipts-political-party/national-nominating-convention/); Delegate activity (https://www.fec.gov/help-candidates-and-committees/candidate-taking-receipts/delegate-activity/).

86. The 2028 election cycle. Federal Election Commission, “2028 Election—United States President.” The page confirms an active federal campaign-finance cycle. It does not establish one nationwide primary calendar; timing depends on state law and party procedure. FEC (https://www.fec.gov/data/elections/president/2028/).

87. NIST Cybersecurity Framework 2.0. National Institute of Standards and Technology, *Cybersecurity Framework 2.0*, February 26, 2024. CSF 2.0 organizes risk management around Govern, Identify, Protect, Detect, Respond, and Recover. It is guidance, not a guarantee of security. NIST CSF 2.0 (https://nvlpubs.nist.gov/nistpubs/CSWP/NIST.CSWP.29.pdf).

88. Federal security and privacy controls. NIST SP 800-53 Rev. 5 and SP 800-66 Rev. 2 support risk-based access, audit, privacy, incident, and system controls. Controls require tailoring, implementation, testing, and monitoring. SP 800-53 (https://csrc.nist.gov/pubs/sp/800/53/r5/upd1/final); SP 800-66 (https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-66r2.pdf).

89. Incident response. NIST SP 800-61 Rev. 3, April 2025. Incident response should integrate governance, detection, response, recovery, exercises, and improvement rather than begin after a breach. NIST (https://csrc.nist.gov/Projects/incident-response/publications).

90. Federal advisory committees. See note 81 for the governing GSA/FACA sources. Chapters 9–10 apply that framework to the proposed board and note that express statutory treatment or lawful closure may be required.

91. Evidence-building and evaluation planning. OMB M-21-27 and GAO’s *Designing Evaluations* support predefined questions, appropriate methods, scientific integrity, measurable objectives, data planning, and learning-oriented revision. OMB (https://www.whitehouse.gov/wp-content/uploads/2021/06/M-21-27.pdf); GAO (https://www.gao.gov/assets/gao-12-208g.pdf).

92. Federal digital public experience. OMB M-23-22 states that federal digital services should address accessibility, usability, privacy, security, and trust. It supports dashboard design but does not authorize disclosure of protected medical information. OMB (https://www.whitehouse.gov/wp-content/uploads/2023/09/M-23-22-Delivering-a-Digital-First-Public-Experience.pdf).

93. Federal AI governance. OMB M-25-21 emphasizes risk-proportionate governance, privacy, civil rights, and safeguards in federal AI use. It does not justify delegating presidential-capacity determinations to AI. OMB (https://www.whitehouse.gov/wp-content/uploads/2025/02/M-25-21-Accelerating-Federal-Use-of-AI-through-Innovation-Governance-and-Public-Trust.pdf).

94. Post-presidency reporting in *Original Sin*. Jake Tapper and Alex Thompson, *Original Sin: President Biden’s Decline, Its Cover-Up, and His Disastrous Choice to Run Again* (2025); NPR and PBS interviews with the authors. The book reports allegations based on approximately two hundred interviews, including restricted access, declining function, and management by a protective inner circle. It is a major journalistic source, not a clinical examination, and its person-specific claims remain attributed. Biden’s spokesperson disputed that the reporting

proved a cover-up or inability to perform the job. NPR interview (https://www.npr.org/2025/05/20/nx-s1-5398050/joe-bidens-decline-jake-tapper-original-sin); PBS interview (https://www.pbs.org/weta/washingtonweek/video/2025/05/protective-politburo-hid-bidens-decline-tapper-and-thompson-say); Biden response reported by ABC News (https://abcnews.go.com/Politics/new-book-original-sin-alleges-joe-biden-hid/story?id=121991358).

95. House Oversight majority report and witness record. House Committee on Oversight and Government Reform, majority staff report, *The Biden Autopen Presidency: Decline, Delusion, and Deception in the White House*, October 28, 2025, and committee witness-video and transcript collection. The Republican majority concluded that senior aides concealed decline, influenced medical messaging, and left unresolved questions about decision-making and autopen use. Those are majority findings and allegations, not judicial findings or a neutral clinical determination. Majority report release (https://oversight.house.gov/release/oversight-committee-releases-report-on-the-biden-autopen-presidency/); witness record (https://oversight.house.gov/landing/the-biden-autopen-presidency/).

96. House Oversight Democratic minority response. Democratic staff of the House Committee on Oversight and Government Reform, memorandum, October 28, 2025. The minority said approximately sixty hours of testimony from fourteen aides portrayed Biden as engaged and capable and contradicted the majority's cover-up and unauthorized-autopen theory. The memorandum is the partisan counter-analysis of much of the same evidentiary record. Minority memorandum (https://oversightdemocrats.house.gov/sites/evo-subsites/democrats-oversight.house.gov/files/evo-media-document/10.28.25-biden-memo_final.pdf).

97. Article III and advisory opinions. Constitution Annotated, "Advisory Opinion Doctrine" and the Article III case-or-controversy discussion. Federal courts generally may not issue advisory opinions outside concrete disputes. A health-review commission should therefore not be constituted as the Supreme Court exercising judicial power. Constitution Annotated (https://constitution.congress.gov/browse/essay/artIII-S2-C1-4-2/ALDE_00013564/).

98. Extrajudicial service by individual judges. *Mistretta v. United States*, 488 U.S. 361 (1989), discusses historical extrajudicial service by individual federal judges, including commissions, while preserving separation-of-powers limits; *In re Pacific Railway Commission*, discussed in *Interstate Commerce Commission v. Brimson*, 154 U.S. 447 (1894), distinguishes nonjudicial commissioner work from duties assigned to a federal court. This history supports only a carefully limited individual role, not medical jurisdiction for the Supreme Court. *Mistretta* (https://www.law.cornell.edu/supremecourt/text/488/361); *Brimson* (https://www.law.cornell.edu/supremecourt/text/154/447).

99. Chief Justice designation and judicial ethics. 50 U.S.C. § 1803 authorizes the Chief Justice to designate district judges for the Foreign Intelligence Surveillance Court. The Supreme Court's 2023 Code of Conduct permits limited extrajudicial activity subject to impartiality, dignity, political-activity, and prestige constraints. These sources illustrate possible mechanisms and risks; they do not authorize a presidential-health commission. 50 U.S.C. § 1803 (https://uscode.house.gov/view.xhtml?req=%28title%3A50+section%3A1803+edition%3Aprelim%29); Supreme Court Code of Conduct (https://www.supremecourt.gov/about/Code-of-Conduct-for-Justices_November_13_2023.pdf).

100. The Twenty-Fifth Amendment's named actors. Amendment XXV, Section 4, and the congressional floor-debate history establish that any "other body" created by Congress still acts with the vice president, while Congress decides a contested transfer by two-thirds of each chamber. A judicial integrity panel cannot replace

that constitutional chain without amendment. Amendment text (https://constitution.congress.gov/constitution/amendment-25/); floor-debate history (https://constitution.congress.gov/browse/essay/amdt25-S1-1-4/ALDE_00013882/).

101. June 2025 executive-branch investigation. White House, “Fact Sheet: President Donald J. Trump Directs Review of Certain Presidential Actions,” June 4, 2025. The memorandum directed investigation of alleged deception concerning Biden’s mental state and potentially unauthorized exercise of presidential authority or autopen use. The directive established an investigation; it did not establish that O’Connor or any other named person committed a crime. White House fact sheet (https://www.whitehouse.gov/fact-sheets/2025/06/fact-sheet-president-donald-j-trump-directs-review-of-certain-presidential-actions/).

102. Reported 2026 status of the autopen investigation. CBS News, March 5, 2026, reported that the D.C. U.S. attorney’s office had closed its autopen probe; other contemporaneous reporting quoted a Justice Department official saying a narrower review of pardons and commutations remained open. The public reporting was therefore inconsistent about scope and status. No public indictment of Kevin O’Connor was identified in the sources reviewed through August 9, 2026. CBS News (https://www.cbsnews.com/news/biden-autopen-probe-dc-us-attorneys-office/).

103. The Fifth Amendment in congressional investigations. Constitution Annotated, “Constitutional Limits of Congress’s Investigation and Oversight Powers.” A properly invoked privilege protects a congressional witness from compelled statements that may furnish evidence for a criminal prosecution. A patient’s medical authorization does not waive a physician-witness’s personal constitutional privilege. Constitution Annotated (https://constitution.congress.gov/browse/essay/artI-S8-C18-7-3-5/ALDE_00013663/).

104. Use and derivative-use immunity. 18 U.S.C. §§ 6002 and 6005 authorize compelled congressional testimony after specified procedures. The compelled testimony and information derived from it may not be used against the witness in a criminal case, except for perjury, false statements, or noncompliance. A committee request generally requires approval by two-thirds of the full committee and notice to the attorney general. 18 U.S.C. § 6002 (https://uscode.house.gov/view.xhtml?edition=prelim&num=0&req=granuleid%3AUSC-prelim-title18-section6002); 18 U.S.C. § 6005 (https://uscode.house.gov/view.xhtml?req=%28title%3A18+section%3A6005+edition%3Aprelim%29).

105. Constitutional sufficiency of use immunity. *Kastigar v. United States*, 406 U.S. 441 (1972), held that use and derivative-use immunity is coextensive with the Fifth Amendment privilege and can support compelled testimony. In a later prosecution, the government bears the burden of proving an independent source for its evidence. *Kastigar* (https://www.law.cornell.edu/supremecourt/text/406/441).

106. Fauci’s July 2026 testimony. Senate Committee on Homeland Security and Governmental Affairs, “Testimony of Anthony Fauci,” July 29, 2026. The official hearing page establishes the date, forum, and witness role. Fauci invoked the Fifth Amendment repeatedly during the hearing. Official hearing page (https://www.hsgac.senate.gov/hearings/testimony-of-anthony-fauci/).

107. Fauci pardon and disputed privilege. Associated Press, August 5, 2026. Biden’s pardon covered specified federal conduct from 2014 through January 19, 2025. Committee Republicans argued that it removed federal criminal exposure for covered conduct; Fauci’s side cited possible state exposure, new-statement liability, threats of prosecution, and administration challenges to the pardons. The validity and scope of the privilege were contested, not resolved by the hearing itself. Associated Press legal analysis (https://apnews.com/article/fauci-fifth

-amendment-congress-justice-department-paul-868a0dfcf016d830571fb6a78afae4f9).

108. Fauci contempt referral. Associated Press, August 6, 2026. The Senate Homeland Security and Governmental Affairs Committee voted along party lines to hold Fauci in contempt and refer the matter to the Justice Department. The referral did not itself adjudicate the privilege or compel prosecution. Associated Press (https://apnews.com/article/fauci-congress-justice-department-c068561f3d2adddd0a659e099c212c49).

109. Media-review principles. See notes 22–28 and 61–69 for the presidential-health history, access record, Goldwater Rule, journalism ethics, and media postmortems. Chapter 11's access ledger, evidence ladder, two-direction audit, and mandatory postmortem are the author's policy proposals rather than existing newsroom mandates.

110. Judicial commission legal boundary. See notes 74 and 97–100. Article III's case-or-controversy requirement, the history of extrajudicial service by individual judges, the Supreme Court Code of Conduct, and the Twenty-Fifth Amendment's named actors create important limits. The sitting-Justice and retired-judge alternatives both require constitutional counsel and legislation; neither is current law.

111. Roosevelt's cardiovascular decline. National Park Service, Home of Franklin D. Roosevelt National Historic Site, "The Dying President." The chronology describes the March 1944 specialist examination, cardiomegaly, congestive heart failure, murmur, severe hypertension, exertional dyspnea, treatment, later deterioration, and the secrecy surrounding the diagnosis. It also presents conflicting contemporary assessments of Roosevelt's performance at Yalta. National Park Service (https://www.nps.gov/hofr/blogs/the-dying-president.htm).

112. The historical debate over Roosevelt at Yalta. Franklin D. Roosevelt Presidential Library and Museum, "FDR at Yalta: Confront the Issue." The educational source acknowledges severe illness and limited endurance while rejecting claims that mental impairment determined Roosevelt's diplomacy. It documents the competing goals, military constraints, Poland dispute, Soviet position, and subsequent historical controversy. FDR Presidential Library (https://www.fdrlibrary.org/documents/356632/390886/7.4%2BFDR%2Bat%2BYalta%2BFINAL%2B3.18.14.pdf/23bff8f2-dd7c-4e2b-a435-24a279d6a9e2).

113. Cold War origins and the limits of monocausal claims. National Park Service, "Zones of Contention." The overview describes Yalta, Potsdam, Poland, Germany, Soviet control in Eastern Europe, and the developing disputes among former allies. It supports treating the Cold War as a sequence of geopolitical conflicts rather than attributing it to one leader's illness. National Park Service (https://www.nps.gov/articles/cworigins-zonesofcontention.htm).

114. Reagan's 1981 gunshot and surgery. Ronald Reagan Presidential Library, "Assassination Attempt on Reagan." The official account states that Reagan was shot on March 30, 1981, taken to George Washington University Hospital, and underwent surgery to remove a bullet from his left lung. Reagan Presidential Library (https://www.reaganlibrary.gov/reagans/reagan-administration/assassination-attempt-reagan).

115. Continuity discussions and hospital operations. Ronald Reagan Presidential Library, Richard V. Allen Papers scope note, contemporaneous White House briefing transcript, and *1981 Public Papers of the President*, Appendix A. The Allen collection states that the Situation Room monitored Reagan's condition, the vice president's whereabouts, and whether to invoke the Twenty-Fifth Amendment. The White House briefing states that the Cabinet was gathered in case it was needed for Twenty-Fifth Amendment action. The official diary records Reagan receiving a briefing in his hospital room on April 1 and Vice President Bush presiding over an NSC

meeting on Reagan's behalf. Allen Papers (https://www.reaganlibrary.gov/research/finding-aids/allen-richard-v-papers-1981); White House briefing transcript (https://www.reaganlibrary.gov/sites/default/files/digitallibrary/smof/intergovernmentalaffairs/williamson/cfoa46/40-610-12010041-CFOA46-003-2017.pdf); 1981 Public Papers, Appendix A (https://www.reaganlibrary.gov/1981-public-papers-president-appendix).

116. Temporary presidential inability. Twenty-Fifth Amendment, Section 3, and Congressional Research Service, *The Twenty-Fifth Amendment: Sections 3 and 4—Presidential Disability*. Section 3 provides for a temporary written transfer and resumption of authority. CRS identifies sudden injury, illness, and general anesthesia as possible applications and reviews later uses, including Reagan's 1985 transfer. Constitution Annotated (https://constitution.congress.gov/constitution/amendment-25/); Congressional Research Service (https://www.congress.gov/crs-product/IF11756).

117. Fatigue as a disputed factor at Yalta. The Department of State's Office of the Historian describes the military, territorial, and diplomatic constraints at Yalta and notes both later criticism and substantial Soviet concessions. A History News Network essay presents the narrower retrospective argument that Roosevelt's exhaustion may have affected particular late-conference bargaining. The second source is an interpretation in a continuing historical dispute, not a clinical finding. Office of the Historian (https://history.state.gov/milestones/1937-1945/yalta-conf); History News Network (https://www.historynewsnetwork.org/article/the-truth-about-the-sick-man-at-yalta).

118. Term limits after Roosevelt. Constitution Annotated explains that the Twenty-Second Amendment was adopted largely in response to Roosevelt's third and fourth terms and was ratified in 1951. The amendment limits election to the presidency; it does not create an annual medical-capacity review. Constitution Annotated (https://constitution.congress.gov/browse/essay/artII-S1-C1-9/ALDE_00013597/); Twenty-Second Amendment (https://constitution.congress.gov/browse/amendment-22/).

119. Biden's announced diagnosis and PSA statement. Associated Press, May 18 and May 20, 2025. Biden's office announced Gleason 9 prostate cancer metastatic to bone after urinary symptoms and a prostate nodule. It later said his "last known" PSA was in 2014 and that he had not previously been diagnosed. The 2014 result and a longitudinal PSA record were not disclosed in the statement. Diagnosis (https://apnews.com/article/be18c98abe341cd91277e1d3b75d5cd5); PSA statement (https://apnews.com/article/a052da2bb3b464bec670db97689e3688).

120. Post-diagnosis radiation and hormone treatment. Associated Press, October 11 and October 20, 2025. A spokesperson said Biden was receiving radiation and hormone treatment and later announced completion of a radiation course. The public reports did not identify the complete hormonal regimen or establish that treatment began while Biden was president. Treatment announcement (https://apnews.com/article/c2544d00499ddd8d0de616426ce2471a); Radiation completion (https://apnews.com/article/8fd045dc0d91def64c37a6b857b1d4d3).

121. What grade, stage, and PSA can establish. National Cancer Institute, prostate-cancer treatment and PSA resources. Gleason grading describes microscopic aggressiveness; staging describes extent of disease; PSA can support screening, diagnostic evaluation, and monitoring. None supplies an exact biological onset date or proves when a patient or physician first knew of the disease. Prostate cancer treatment (https://www.cancer.gov/types/prostate/patient/prostate-treatment-pdq); PSA fact sheet (https://www.cancer.gov/types/prostate/psa-fact-sheet).

122. Older-patient PSA decisions. American Urological Association/Society of Urologic Oncology, *Early Detection of Prostate Cancer: AUA/SUO Guideline* (2023). The guideline emphasizes shared decision-making and individualized screening in older patients; it discusses discontinuing or lengthening screening for some patients age seventy-five or older with PSA below 3 ng/mL. It does not establish a presidential occupational standard, which is the author's policy proposal. AUA/SUO guideline (https://www.auanet.org/documents/Guidelines/PDF/2023%20Guidelines/EDPC%20Unabridged%20FINAL%20090523%20%2814%29.pdf).

123. Androgen-deprivation treatment effects. National Cancer Institute, "Hormone Therapy for Prostate Cancer." The fact sheet describes common effects including fatigue, muscle and bone loss, reduced strength, weight and metabolic change, hot flashes, and mood effects. Individual experience varies; a side-effect profile cannot establish that a specific person experienced a particular cognitive or physical limitation. National Cancer Institute (https://www.cancer.gov/types/prostate/prostate-hormone-therapy-fact-sheet).

124. Whole-body CT screening. Food and Drug Administration, "Full-Body CT Scans—What You Need to Know." FDA states that evidence has not shown more benefit than harm for whole-body CT screening of asymptomatic people and identifies incidental findings, additional testing, false reassurance, and radiation exposure as concerns. FDA (https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/full-body-ct-scans-what-you-need-know).

125. Health data and foreign leverage. National Counterintelligence and Security Center, *National Counterintelligence Strategy* (2024) and "Protecting Personal Health Data from Foreign Exploitation" (2022). The sources warn that hostile intelligence services can use vulnerabilities derived from health and other personal data for targeting, coercion, manipulation, or blackmail. They support a general security-risk analysis, not a person-specific allegation concerning Biden. Counterintelligence strategy (https://www.dni.gov/files/NCSC/documents/features/NCSC_CI_Strategy-pages-20240730.pdf); Health-data warning (https://www.dni.gov/files/NCSC/documents/SafeguardingOurFuture/Final_Jan-31-2022_Protecting_Personal_Health_Data.pdf).

126. Clooney's public warning and the later recognition allegation. Axios, July 10, 2024, reported George Clooney's public call for Biden to leave the race after seeing him at a June fundraiser. Axios, May 13, 2025, summarized the later *Original Sin* allegation that Biden did not initially recognize Clooney at that event. The recognition claim is attributed post-presidency reporting, not a medical diagnosis or a statement included in Clooney's original essay. Contemporaneous public warning (https://www.axios.com/2024/07/10/george-clooney-biden-campaign-2024-democrats); Later book account (https://www.axios.com/2025/05/13/biden-george-clooney-fundraiser-original-sin).

127. The 2024 replacement nomination process. Democratic National Committee releases, July 30 and August 6, 2024. Harris was the only candidate to qualify for the virtual-roll-call ballot; the party reported support from 99 percent of participating delegates and later certified Harris and Tim Walz. The process was a delegate nomination under party rules, not a new state voter primary. Roll-call process (https://democrats.org/news/dnc-and-dncc-chairs-announce-results-of-presidential-nominating-petition-process-and-opening-of-virtual-roll-call-on-august-1/); Certification (https://democrats.org/democratic-party-announces-kamala-harris-and-tim-walz-officially-certified-as-democratic-nominees-for-president-and-vice-president/).

128. Autopen and decision authentication. Department of Justice, Office of Legal Counsel, "Whether the President May Sign a Bill by Directing That His Signature Be Affixed to It," July 7, 2005. The opinion concludes that a president who has approved and decided to sign a bill may direct a subordinate to affix the signature, including by

autopen; it does not permit delegation of the underlying presidential decision. See also notes 95–96 for the competing 2025 House committee interpretations of Biden-era authorization. DOJ Office of Legal Counsel (https://www.justice.gov/olc/opinion/whether-president-may-sign-bill-directing-his-signature-be-affixed-it).

129. Presidential MRI, executive physicals, and tumor-marker limits. The Food and Drug Administration states that MRI does not use ionizing radiation and can image nearly any part of the body, while identifying magnetic-field, implant, heating, noise, claustrophobia, and contrast-related safety considerations. The American College of Radiology states that evidence is insufficient to recommend total-body MRI screening for asymptomatic people without risk factors and warns about nonspecific findings and unnecessary follow-up. Cleveland Clinic's Executive Health program lists total-body MRI or CT among additional scans that may be offered, while Mayo Clinic describes individualized executive examinations based on age, sex, risk, and preventive guidance. The National Cancer Institute explains that most circulating tumor markers lack sufficient sensitivity or specificity for general asymptomatic screening and that false-positive and false-negative results require confirmatory pathways. These sources establish the technical distinction, feasibility, and limitations; the mandatory presidential occupational protocol proposed in this chapter is the author's policy recommendation, not a current professional guideline. FDA MRI benefits and risks (https://www.fda.gov/radiation-emitting-products/mri-magnetic-resonance-imaging/benefits-and-risks); American College of Radiology (https://www.acr.org/News-and-Publications/Media-Center/2023/ACR-Statement-on-Screening-Total-Body-MRI); Cleveland Clinic Executive Health (https://my.clevelandclinic.org/services/executive-health-exams); Mayo Clinic Executive Health (https://www.mayoclinic.org/executive-health/faq); NCI tumor markers (https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis/tumor-markers-fact-sheet); NCI screening tests (https://www.cancer.gov/about-cancer/screening/screening-tests).

130. The 2025 campaign-book record. Jonathan Allen and Amie Parnes, *Fight: Inside the Wildest Battle for the White House* (William Morrow, April 2025); Chris Whipple, *Uncharted: How Trump Beat Biden, Harris, and the Odds in the Wildest Campaign in History* (Harper Influence, April 2025); Jake Tapper and Alex Thompson, *Original Sin: President Biden's Decline, Its Cover-Up, and His Disastrous Choice to Run Again* (Penguin Press, May 2025); and Josh Dawsey, Tyler Pager, and Isaac Arnsdorf, *2024: How Trump Retook the White House and the Democrats Lost America* (Penguin Press, July 2025). These books are journalistic reconstructions, not medical records. Their claims are attributed in the text and weighed by sourcing, timing, corroboration, and contrary evidence. *Original Sin*—official publisher (https://www.penguinrandomhouse.com/books/799924/original-sin-by-jake-tapper-and-alex-thompson/); *2024*—official publisher (https://penguinrandomhouselibrary.com/book/?isbn=9780593832530); *Fight* reporting (https://www.theguardian.com/books/2025/mar/26/democrats-biden-withdraw); *Uncharted* excerpt reporting (https://www.theguardian.com/books/2025/apr/02/biden-ron-klain-trump-debate-prep-book-chris-whipple).

131. Scope and limits of *Original Sin*. The publisher identifies a May 20, 2025 publication date and describes reporting on efforts to hide decline. Tapper and Thompson stated in interviews that they conducted more than two hundred interviews, largely with Democrats; many key sources remained anonymous and most interviews occurred after the election. The reporting supports a substantial pattern allegation, not a clinical diagnosis or judicial finding. Publisher (https://www.penguinrandomhouse.com/books/799924/original-sin-by-jake-tapper-and-alex-thompson/); PBS NewsHour interview (https://www.pbs.org/newshour/show/tapper-and-thompson-discuss-book-claiming-bidens-inner-circle-hid-signs-of-decline); NPR interview (https://www.npr.org/2025/05/20/nx-s1-5398050/joe-bidens-decline-jake-tapper-original-sin); TIME interview (https://time.com/7286591/biden-cancer-original-sin-alex-thompson/).

132. Cognitive-test discussion and campaign access. *2024* is described by its publisher as drawing on extraordinary access to the Trump, Biden, and Harris teams; Axios reported that the authors conducted more than three hundred interviews. Reporting on the book stated that aides considered a cognitive examination in early 2024 but decided the political optics could worsen age concerns even if Biden passed. The book report establishes an attributed internal discussion, not the content of a medical recommendation. Official publisher (https://penguinrandomhouselibrary.com/book/?isbn=9780593832530); Axios (https://www.axios.com/2025/07/08/campaign-book-2024-josh-dawsey-tyler-pager-isaac-arnsdorf-behind-scenes); contemporaneous summary (https://www.kirkusreviews.com/news-and-features/articles/book-aides-considered-cognitive-test-for-biden/).

133. Harris, Jean-Pierre, and competing insider interpretations. Kamala Harris, *107 Days* (Simon & Schuster, September 2025), called deference to Joe and Jill Biden on the reelection decision “recklessness” while defending his substantive judgment and distinguishing presidential performance from campaign fatigue. Karine Jean-Pierre, *Independent* (Legacy Lit, October 2025), defended Biden and criticized the party’s response. These are named insider accounts with different loyalties and interpretations. Harris—official publisher (https://www.simonandschuster.com/books/107-Days/Kamala-Harris/9781668211656); Associated Press on Harris excerpt (https://apnews.com/article/473ca75fb9fb5fa157a788bcf3ecc941); Jean-Pierre—official publisher (https://www.hachettebookgroup.com/titles/karine-jean-pierre/independent/9781538777084/).

134. Competing House committee conclusions. House Committee on Oversight and Government Reform, Republican majority report, *The Biden Autopen Presidency: Decline, Delusion, and Deception in the White House* (October 28, 2025); and Democratic committee staff memorandum responding to the investigation (October 28, 2025). The majority alleged concealment and unauthorized-action risk. The minority said witnesses consistently described Biden as capable and did not corroborate unauthorized autopen acts. The Associated Press reported that the majority report offered no concrete evidence that aides enacted policies without Biden’s knowledge. These are competing partisan analyses of testimony, not neutral medical or judicial findings. Majority report (https://oversight.house.gov/report/the-biden-autopen-presidency-decline-delusion-and-deception-in-the-white-house/); minority memorandum (https://oversightdemocrats.house.gov/sites/evo-subsites/democrats-oversight.house.gov/files/evo-media-document/10.28.25-biden-memo_final.pdf); Associated Press (https://apnews.com/article/dfee07747d5b3e81417f6416c771d833).

135. Former-aide testimony. House interview and deposition transcripts include Ron Klain, Jeff Zients, Mike Donilon, Anita Dunn, and other senior officials. The testimony contains both reassurance and acknowledgment of age, fatigue, physical accommodations, reduced schedule burden, or changed recall and communication. The book treats direct testimony as stronger than anonymous summary but distinguishes witness observation from standardized clinical evaluation. Ron Klain transcript (https://oversight.house.gov/wp-content/uploads/2025/10/Klain-Transcript.pdf); committee report and transcript index (https://oversight.house.gov/report/the-biden-autopen-presidency-decline-delusion-and-deception-in-the-white-house/).

136. O’Connor deposition and privilege. See notes 9 and 101–105. O’Connor’s transcript shows broad assertions of medical confidentiality and the Fifth Amendment. Counsel cited potential federal criminal exposure in the context of an executive-branch investigation and expressly stated that invocation was not an admission. The transcript does not prove false certification, a concealed diagnosis, or incapacity. It does demonstrate why a public certification should be independently auditable. Official transcript (https://oversight.house.gov/wp-content/uploads/2025/10/Oconnor-Transcript.pdf); Fifth Amendment overview (https://constitution.congress.gov/browse/essay/artI-S8-C18-7-3-5/ALDE_00013663/); congressional immunity statutes

(https://uscode.house.gov/view.xhtml?edition=prelim&num=0&req=granuleid%3AUSC-prelim-title18-section6002).

137. Hur report and released audio. Special Counsel Robert Hur declined to charge Biden and discussed memory in the context of proving willfulness and anticipated jury perception. The report did not make a medical diagnosis or a judicial finding of incompetence. Audio released in 2025 showed pauses and recall difficulty as well as substantive recollection. DOJ report (https://www.justice.gov/storage/report-from-special-counsel-robert-k-hur-february-2024.pdf); Axios audio and transcript presentation (https://www.axios.com/2025/05/17/biden-hur-listen-full-interview-special-counsel); Associated Press (https://apnews.com/article/6738bf46f73c06c70015e4b1abe43df7).

138. Ghostwriter recordings released in 2026. After Biden ended litigation challenging disclosure, approximately three hours of audio and 117 pages of redacted transcripts from 2016–2017 interviews with ghostwriter Mark Zwonitzer were released by the Oversight Project, an arm of the Heritage Foundation. Associated Press reporting identified both memory lapses and detailed recall and noted separate classified-information issues. The recordings predate Biden's presidency and do not establish his later functional state. Litigation withdrawal (https://apnews.com/article/841a4834bbc044e156fa334b55666827); release and content (https://apnews.com/article/joe-biden-interview-tapes-justice-department-57b53f0dd5a3cd31dbdea811a815756f).

139. Trump investigation, cancer remarks, and contrary observation. Trump's June 4, 2025 fact sheet ordered review of alleged concealment and unauthorized presidential action; the order initiated an investigation rather than proving the allegations. Trump's May 2025 cancer comments confused Gleason grade with stage. On June 4, 2026, Trump said he had not detected cognitive decline during the nearly two-hour November 2024 transition meeting and repeatedly described Biden as "fine." White House fact sheet (https://www.whitehouse.gov/fact-sheets/2025/06/fact-sheet-president-donald-j-trump-directs-review-of-certain-presidential-actions/); May 2025 remarks (https://www.govinfo.gov/content/pkg/DCPD-202500615/pdf/DCPD-202500615.pdf); June 2026 transcript (https://www.presidency.ucsb.edu/documents/remarks-coal-and-exchange-with-reporters).

140. Press postmortem. At the April 2025 White House Correspondents' Association dinner, Axios reporter Alex Thompson said that the press corps, himself included, had missed much of the story and connected the failure to declining trust. The statement supports institutional self-criticism; it is not evidence that every journalist knowingly concealed impairment. Associated Press (https://apnews.com/article/fa0b133b6be665b9b957e38c233020ce); PBS NewsHour interview (https://www.pbs.org/newshour/show/tapper-and-thompson-discuss-book-claiming-bidens-inner-circle-hid-signs-of-decline).

141. Jill Biden's 2026 memoir and symptom account. Jill Biden, *View from the East Wing* (Simon & Schuster, June 2026), described fear that Biden was having a stroke during the debate, later acknowledged that he was slowing while denying cognitive decline, and wrote that repeated nighttime urination during the final White House year led her to alert doctors and urge a urology visit. She also described post-diagnosis radiation and hormone pills associated with fatigue and mood changes. Her account is named evidence of symptoms and her perceptions, not a medical chart or proof of in-office cancer knowledge. Associated Press memoir summary (https://apnews.com/article/jill-biden-memoir-white-house-debate-trump-5e91d44b20ec8b365bde33e7c47990ea); CBS News interview (https://www.cbsnews.com/news/jill-biden-says-joe-biden-was-slowing-down-but-wasnt-in-cognitive-decline-as-he-ran-for-reelection/); official publisher (https://www.simonandschuster.com/books/View-from-the-East-Wing/Jill-Biden/9781668222881).

142. August 2026 cancer update. Hunter Biden told the BBC that his father's cancer had spread further, was painful, and was debilitating in many respects, while also describing him as continuing public engagement. This

family statement concerns the post-presidential disease course and cannot establish when the disease was diagnosed or treated during office. Associated Press (https://apnews.com/article/hunter-biden-joe-biden-cancer-bbc-6223999c596e517b488970d394bb5f2e).

143. Biden's forthcoming memoir. Little, Brown announced that Joe Biden's *Promise Me, America* is scheduled for November 17, 2026 and is expected to address the reelection and withdrawal decisions. The book had not been published by this edition's August 9, 2026 research cutoff and is not treated as evidence. Associated Press (https://apnews.com/article/joe-biden-memoir-promise-me-america-fc71dd2c1da239995f606b968c7eaac4).

144. Research cutoff and open record. This edition incorporates public material identified through August 9, 2026. The record remains open: litigation, congressional releases, medical disclosures, witness interviews, and future memoirs may add or contradict evidence. Later material should be inserted according to the same hierarchy—authenticated records first, then sworn testimony, named contemporaneous accounts, named retrospective accounts, confidential-source reporting, political allegation, and medical inference.

145. Executive-health benefits and insurance underwriting. Mayo Clinic states that more than 1,400 companies offer its Executive Health Program as a leadership benefit and describes recurring, individualized evaluations using a standard protocol plus physician-ordered and optional services. Cleveland Clinic describes corporate executive examinations and identifies total-body MRI as an additional scan that may be arranged; it also states that substantial portions of executive-health services may not be covered by insurance. MassMutual says traditional life underwriting typically involves a physical examination and laboratory testing, while some algorithmic pathways omit them. Guardian identifies blood, urine, vital signs, and possible ECG, x-ray, stress, or cognitive testing. Mutual of Omaha materials describe recent annual or executive physicals and laboratory/cardiac requirements for some high-value underwriting pathways. Principal advertises some executive and key-person products with no medical requirements. Together these sources support the proposition that corporations and insurers use medical verification and executive-health benefits to manage concentrated leadership risk. They do not establish that executive insurers generally require whole-body MRI. The mandatory presidential MRI protocol remains the author's proposed occupational standard. Mayo Clinic Executive Health (https://www.mayoclinic.org/executive-health/next-steps); Mayo Clinic program FAQ (https://www.mayoclinic.org/executive-health/faq); Cleveland Clinic Executive Health (https://my.clevelandclinic.org/services/executive-health-exams); Cleveland Clinic exam and insurance information (https://my.clevelandclinic.org/departments/executive-health/exam); MassMutual underwriting practices (https://www.massmutual.com/legal/underwriting-practices); Guardian underwriting (https://www.guardianlife.com/life-insurance/underwriting); Mutual of Omaha underwriting checklist (https://producer.mutualofomaha.com/enterprise/wcm/connect/producer.mutualofomaha.com-9968/9f7c62ab-cbe8-4a15-a2ef-cf730089aed5/625565_Fluidless%2BUW%2Bprogram%2Bparameter%2Bchecklist.pdf?CVID=oRsoKTP&MOD=AJPERES); Principal key-person insurance (https://www.principal.com/finpro/key-person-combo).

146. Neely Tucker, Library of Congress, "Garfield Shooting: July 2, 1881, and the Medical Disaster That Ensued," July 1, 2019. Source (https://blogs.loc.gov/loc/2019/07/garfield-shooting-july-2-1881-and-the-medical-disaster-that-ensued/). Institutional archival account; public bulletins and disclosure context, not a private clinical chart.

147. Theodore N. Pappas, "Bright's Disease, Malaria, and Machine Politics," 2017. DOI: 10.1055/s-0037-1612632. Source (https://pmc.ncbi.nlm.nih.gov/articles/PMC5736392/). Historical medical research tracing contemporary reporting; exact renal etiology remains unresolved.

148. College of Physicians of Philadelphia, “William W. Keen’s material related to the operation of President Cleveland,” archival finding aid, hosted by Penn. Source (https://findingaids.library.upenn.edu/records/CPP_MSS2076-07). Collection description establishes correspondence provenance and the 1893/1917 chronology; individual letters are not reproduced here.

149. Theodore Roosevelt, An Autobiography, Macmillan, 1913, printed p. 48; Library of Congress digital image 68. Source (https://www.loc.gov/resource/gdcmassbookdig.theodoreroosevel05roos/?sp=68). Primary autobiographical account of persistent left-eye visual impairment; not a contemporaneous ophthalmology examination.

150. Robin von Seldeneck, Woodrow Wilson Presidential Library, “That Veto,” October 31, 2019. Source (https://www.woodrowwilson.org/blog-podcast/2019/10/31/that-veto). Institutional interpretation with links to physician reports and correspondence; retained function and filtered information both matter.

151. Theodore N. Pappas, “President Warren G. Harding and the 5 Doctors Who Managed His Final Illness,” Annals of Surgery Open 1(2):e006, 2020. DOI: 10.1097/AS9.0000000000000006. Source (https://pmc.ncbi.nlm.nih.gov/articles/PMC10455054/). Records-based retrospective medical analysis; no autopsy confirmed the terminal mechanism. Publication year is 2020, not the later PMC deposit year.

152. Franklin D. Roosevelt Presidential Library, FDR’s Health: Confront the Issue, documentary exhibit, 2014. Source (https://www.fdrlibrary.org/documents/356632/390886/7.5%2BFDRs%2BHealth%2BFINAL%2B3-18-14.pdf/45d212ee-677a-46a3-a52e-78c2caec213b). Clinical and scheduling documents with collection locators; prescribed routine is not proof of daily adherence.

153. Howard G. Bruenn, “Clinical Notes on the Illness and Death of President Franklin D. Roosevelt,” Annals of Internal Medicine 72(4):579–591, April 1970. DOI: 10.7326/0003-4819-72-4-579. Source (https://pubmed.ncbi.nlm.nih.gov/4908628/). Original physician account; bibliographic record and excerpts reproduced in the FDR Library exhibit.

154. Samuel W. Rushay Jr., National Archives, “The President Is Very Acutely Ill,” Prologue, Fall 2012. Source (https://www.archives.gov/publications/prologue/2012/fall/truman-ill.html). Archival comparison of Graham’s report and press briefings; retained presidential work prevents inference of established incapacity.

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