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Can the Nation Afford a Senior Citizen As President? The Age Factor in the 1996 Election and Beyond

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Executive Summary

Disabling illness has been widely observed among national leaders. This is hardly unexpected because many of them govern at an age when there is a high incidence of debilitating disease. Age became an important issue during the presidential campaign of 1996 because Senator Dole was the oldest candidate ever nominated for a first term. Polls demonstrated a substantial level of concern in the electorate, particularly among older Americans.

The heightened risk of disability or death from heart disease, stroke, and cancer at age 70 and over was one important consideration. It raised doubts as to whether a 73-year-old president would be able to fulfill his implicit contract to serve 208 weeks in office. A second related element was the profound change in cognitive capacities known to be associated with those diseases, even when the symptoms and physical impairment are stable or have improved. Finally, quite separate from the cognitive impairment of illness, age itself carries with it on average a decline in mental acuity, efficient information processing, memory, problem solving, and other requisites of effective decision making. Many older voters reacted to Dole as they did because of their awareness that their own memory, concentration, and energy levels had diminished over the years, sometimes drastically.

In spite of the national concern about job discrimination of any kind, including that based on age, it seems clear that mandatory retirement for chief executive officers at the age of 65 will continue to be an important tenet of our great corporations. Similarly, the most demanding job in the world—the U.S. presidency—need not be imposed on senior citizens. Congress should craft a resolution expressing its conviction that 65 should be the upper age limit for candidates running for a first term as president of the United States.

Can the Nation Afford a Senior Citizen as President? The Age Factor in the 1996 Elections and Beyond

There is a drumbeat of hype in the air on the pleasures of joining the ranks of the elderly.[1] It is a heady mix that goes well beyond longer life expectancy to include better health, more security, and the joys of the new passage. Ill health, disability, memory loss, poverty, and all of the afflictions of old age are somehow set aside in the thrust to paint a romantic picture of seniors that unfortunately corresponds to reality for only a fraction of the group.

It is true that the life span is steadily increasing. In 1900, life expectancy at birth was 47 years, while in 1997 it is 76. The proportion of the population 65 years of age or older will virtually double by 2030, to reach the staggering figure of 20 percent. But even while some enthusiastically herald the graying of America, the conversation of others focuses grimly on Social Security and Medicare, and how quickly or slowly they will drive us to bankruptcy. Somewhat less attention goes to the potential political impact, or the fact that even today seniors represent more than 20 percent of both the voting population and those who actually cast their ballots.

Was the power of this voting bloc reflected in the Republican nomination for president and in the election of 1996? After all, Senator Dole was the oldest man ever to seek a first term. The answer is a mixed one, compelling us to plunge into the issues of aging leaders and our choices in the years ahead.

Illness in Aging Leaders

When François Mitterrand died of carcinoma of the prostate at the age of 79, his achievements were generally acclaimed, but his health history also attracted worldwide attention. Here was a president who had criticized a predecessor, Pompidou, for the secrecy that surrounded his cancer and disability. He had pledged to convey to the public all aspects of

his health and well-being when he assumed the presidency. Nevertheless, when his physicians discovered late in 1981 that his prostate cancer was widespread, he demanded absolute confidentiality from them. His own doctor, Claude Gubler, believed that in the final years "Mitterrand was no longer capable of carrying out his duties . . . He no longer did any work, because nothing interested him except his illness."[2,3]

More recently, the health of Boris Yeltsin has captured the attention of the world, and properly so. He was first hospitalized for chest pain in November 1987 and subsequently had an episode of what his aides called "minor heart trouble."[4] In April 1995, in a rare statement detailing his health, Yeltsin's spokesman said that he suffered from high blood pressure.[5] In July, he was rushed to the Kremlin hospital with "acute heart problems," later refined to "coronary ischemia."[6] Three months later, he was again hospitalized, and it later became known that before the election, in the spring of 1996, he had another heart attack, which was kept secret.[7] The reassurance from his physicians both before and after quintuple coronary bypass surgery[8,9] meant only that if Yeltsin survived surgery, he would be able to return to his presidential desk sooner or later, but his effectiveness as a leader and decision maker would certainly be impaired for many months. As it turned out, during the six months following his election, he was able to work in his office only two weeks as the situation in Russia deteriorated. A motion to impeach him on the grounds of disability failed in the Duma, and a suggestion that he be examined by an impartial medical board went unheeded.[10] However, 70 percent of Russians polled in January 1997 believed that Yeltsin could no longer do his job well, and 69 percent were convinced that they were not receiving reliable information about his health.[11]

Disabling illness has been widely observed among older national leaders, and its effects have been accorded substantial recognition.[12] In the final years of his leadership, while Hitler rearmed in violation of the Versailles treaty, the British Prime Minister Ramsey MacDonald suffered not only from depression but almost certainly from Alzheimer's disease.[13] Winston Churchill during his second term as prime minister suffered a series of cerebrovascular events—with a disabling stroke in 1953—that altered his leadership skills significantly.[14] In the late 1980s, at age 73, President Botha of South Africa resigned as leader of the National Party because of a stroke.[15] The 70-year-old Prime Minister Andreas Papandreou of Greece was incapacitated by his serious heart disease for a long period before he had open heart surgery in London.[16] The Ayatollah Khomeini's cancer in 1988[17] was publicized almost at the same time that we learned from El Salvador that President Duarte's stomach cancer had spread to his liver.[18]

U.S. Presidents

In the United States, fourteen of the eighteen presidents of this century have had significant and numerous illnesses while in office.[19] Franklin D. Roosevelt (63) and Harding (57) died; Wilson, FDR, Eisenhower, Johnson, and Reagan were incapacitated by illness and/or surgery. Nine presidents have suffered from heart disease, and five have had high blood pressure. Three experienced strokes (Wilson at age 62, FDR at 63, Eisenhower at 67), six had major surgery at least once, and two had cancer. Kidney disease (two), gastrointestinal disorders (seven), and respiratory illness (five) have been common. Other health problems included diabetes, adrenal insufficiency, hyperthyroidism, and prostate disease.[20] This wide-

ranging catalogue of illness should not be surprising: most of our presidents were 50 years old or more at the time of their first election, with an average age of 57 in this century.

Mitterrand, Yeltsin, MacDonald, Churchill, Brezhnev, Andropov, Wilson, FDR—all were major national figures suffering from serious illness, yet they remained in office during their seventh decade of life and beyond. The aging leader may have enormous reluctance to relinquish power and, if the institutions permit, he will frequently remain in office long after his capacity to function effectively has peaked.[21] In an analysis of this issue in China, Russia, and Indonesia last year, the *Economist* observed, "For the citizens of these three countries, which together account for over a quarter of the world's population, a sickly gerontocrat means perpetual speculation and uncertainty."[22]

Age and the Election of 1996

The issue of age and illness resonated throughout the U.S. presidential election of 1996. Senator Dole was four years older than Ronald Reagan was at the time of his first presidential campaign. If Dole had won the election, he would have been 77 years old at the end of his first term, 81 at the end of a second.

Was age a legitimate issue? After all, there are numerous examples of Supreme Court justices and legislators who have made major contributions when in their 80s. But they are seldom confronted with crisis situations demanding rapid decisions that may affect the outlook for the nation. The motif of age arose early in the primary campaign and Dole himself kept it on the front burner by repeatedly emphasizing the "maturity" that had provided him with the experience to lead.

Despite the gray-haired clients on exercycles who fill health clubs, age carries with it more baggage than "experience." The issue became so pervasive that a University of Maryland study during the primary found 884 news stories linking Dole with references to age, and 204 other articles calling him old. Age was virtually never mentioned in articles on the other candidates.[23]

In December 1995, voters were asked to convey their impressions about the various candidates. The most common comments about Dole were related to his age, and the reactions to his age were generally negative.[24] A nationwide survey in March 1996 requested a single-word description of Dole; 66 percent of those sampled replied "old," 22 percent "too old."[25] Among Connecticut voters who were asked to identify which candidates fit the description "he has the health and stamina we need in a president," 60 percent said that only Clinton had that quality. Nine percent cited Dole alone.[26]

Other polling data demonstrated how the perception of Dole's age swirled around his candidacy. An exit poll in the New Hampshire primary found that 43 percent of Republican voters thought Dole was too old to be president. In most primaries, one in three GOP voters queried believed that Dole's age would hurt him as president.[27] Fewer than 2 percent of the public considered 70 and above the best age for a president.[28]

Older Americans, who might well have thought that someone their age could represent them best, instead had less confidence in Dole's abilities than did younger voters. Fewer than half of those in Dole's age group surmised that he would make a good president.[29] Two in five older Americans believed that because of his age, he would be less able to handle the

office.[30] In March, Clinton was leading 62 percent to 34 percent among all voters over the age of 60.[31]

What worried seniors was whether Dole had the mental and physical stamina to do the job. When asked to comment about his age, some said: "I think he's great. I like him a lot. But I'm afraid he won't make it the four years."[32] He was "past retirement age."[33] "I'm 73 years old . . . Anybody my age, you just can't do it."[34] He was too "chronologically challenged" to handle the presidency.[35]

Dole's age may have been a liability in part because of his bearing. Some considered him cantankerous or confused and unable to articulate clearly his program for the country. "When you're 72, voters tend to lump it all in with the age factor."[36]

In interviews conducted on election day, voters were as likely to cite Dole's age as they were the president's achievements as a reason for voting for Clinton.[37] Exit polling showed that only 39 percent of voters aged 65 or over voted for Dole, compared with 52 percent for Clinton.[38] An election postmortem by a Dole supporter concluded, "It all came down to two things . . . one was the economy, the other that Dole was too old."[39]

Clearly, the doubts and the questions remained to the end. But was there really sufficient reason to be concerned? If elected, could Dole have confronted the complex problems of this turbulent era, the pressure-cooker atmosphere of the White House? Would he have survived his term in good health? What were the probabilities?

The Likelihood of Organic Disease in the Elderly

The average man has a 13 percent chance of contracting a new cancer between the ages of 70 and 75; during the five years from 75 to 80, the figure rises to 16 percent.[40] In the 60 to 79 age group, 34 percent (or one in three) of all men will develop an invasive cancer.[41] A man aged 75 to 84 is 34 times more likely to die of stroke, seventeen times more likely to die of heart disease, and twelve times more likely to die of malignancy than one aged 45 to 54.[42] Although life expectancy has increased strikingly in this century, 19 percent of Americans will die between the ages of 70 and 74, and 26 percent of men aged 75 will die before they reach the age of 80.[43] One out of six men aged 45 to 64 has some form of heart disease or stroke; at age 65 and beyond, the ratio rises to one in three.[44] Each year, 71,000 men aged 45 to 64 have a stroke, as compared to 186,000 aged 65 to 74. After age 55, the incidence of stroke more than doubles in each successive decade.[45]

The rate of surgical procedures per 100,000 men, with all of their disabling complications and sometimes death as the outcome, is 60 percent higher in the 65- to 74-year-old group than among those aged 55 to 64.[46] More than twice as many coronary artery bypass grafts and more than three times as many open heart surgical procedures are performed in men during the decade after they reach 65 than in the preceding decade.[47] The mortality rate in the first month after surgery is twice as high for those over 65 as under,[48] and the complication rate is also much higher.[49, 50]

What about Alzheimer's disease? Coming on slowly at times, altering concentration, memory, and temperament, with a certain effect on decision making, it can readily be hidden from the public in the early stages. For the over-65 age group, its incidence doubles every five years. Among those who are 65 to 74 years old, Alzheimer's develops in 3 percent; it jumps to 19 percent in those aged 75 to 84.[51]

When voters choose a president over the age of 65, they must come to grips with the possibility that he will be unable to fulfill the 208-week contractual obligation to them that is implicit in his candidacy. Even if the senior-citizen president survives the first term, there is a heightened probability that illness may impair his intellectual powers and leadership ability.

The Cognitive Impact of Illness

Dominating the template of organic disease that affects the elderly are heart disease, stroke, cancer, infection, and the complications of major surgery. All of these have both acute and chronic phases, with varying periods of convalescence or recuperation. Although the acute condition may be profoundly disabling, the cognitive effects in the short, intermediate, and longer term are pivotal. Heart attacks, for example, are accompanied by anxiety, depression, difficulty in concentration, and problems with sleep in a large percentage of patients.[52, 53] (In the depths of the depression that President Eisenhower experienced following his heart attack in 1955, he reflected that time had passed him by.)[54,55,56] Four months after a heart attack, over half the patients exhibit psychological disturbances[57] and depression persists.[58,59] One-third of patients are subject to fatigue, impaired memory, inability to concentrate, and emotional instability and irritability for six to twenty-six months afterwards.[60,61] The presence of heart disease by itself has been found to be a predictor of significant intellectual disability.[62]

Subsequent to a stroke, depression, anxiety, and emotional lability characterize many patients.[63] Forty to 60 percent are cognitively and emotionally impaired; 97 percent suffer from headaches, and there is memory loss in 28 percent.[64] Depression may remain severe six months to two years later.[65,66,67] Insomnia and feelings of hopelessness are often experienced.[68,69,70]

Major surgery, no matter how well it goes, is a traumatic assault on the organism. Afterwards, anxiety, difficulty in concentration, and memory impairment are frequently observed. Feelings of helplessness, excessive dependence, and loss of control may be intense.[71,72] A major sequel of surgery is confusion severe enough to impede the patient's ability to think clearly, at times associated with an altered perception of time and space. (President Reagan required chest surgery after John Hinckley's assassination attempt in 1981. On the second postoperative day, Mrs. Reagan noted, to her distress, that the president was disoriented as to time.)[73] Postsurgical patients may lose the ability to grasp concepts or to use deductive and inductive logic.[74] The elderly are especially susceptible to confusion. Among those aged 65 or older, over 50 percent experience disabling postoperative depression.[75,76,77,78] Even following so common a procedure as coronary artery bypass surgery, adverse effects on the brain are "common and serious" and a significant number of patients have neurologic deficits postoperatively.[79]

Expectedly, the most common emotional complication of cancer is depression.[80,81,82] It is accompanied by anxiety, regressive behavior, and anger in many patients.[83,84]

In patients with hypertension, depression, anxiety, irritability, and emotional instability may interfere with function.[85] Standard psychometric tests demonstrate slowness in comprehension, memory impairment, and delayed mental processing.[86,87] When on medication,

hypertensive patients perform significantly more slowly than do individuals with normal blood pressure.[88]

Drug Effects

Finally, the drugs that presidents and leaders receive for their illnesses are many and varied. If they undergo surgery, the anesthetics may produce sustained hangover effects and require many days to be eliminated from their bodies.[89,90,91] Such drugs as the opiates and many others are accompanied by drowsiness, mental clouding, and a sense of detachment, to which elderly patients are particularly sensitive.[92,93] Moving through time zones, confronted with jet lag, presidents—like George Bush—may have to rely on drugs like Halcion, with its rare but documented adverse psychological effects.[94,95]

Even the drugs administered to Bob Dole had their potential side effects. He received a daily dose of 20 milligrams of Pravachol to keep his cholesterol down.[96] Pravachol, although generally well tolerated, may cause headache, fatigue, dizziness, and blurred vision as well as chest pain, vomiting, diarrhea, heartburn, and liver dysfunction. The 500 mg of niacin in Dole's regimen may produce dizziness, transient headache, increased heart rate, flushing, warmth, burning, nausea, vomiting, and blurred vision.[97]

Zantac, a drug which Dole took for his esophagitis, is also capable of producing central nervous system and gastrointestinal (GI) effects such as nausea and abdominal pain. In some patients it may decrease the white and red blood cell counts, as well as the platelets. Ibuprofen (for his shoulder pain and rotator cuff injury) evokes a number of complications involving the central nervous system, GI tract, and genitourinary tract.[98,99] Patients over the age of 60 may be more susceptible to its toxic effects, especially the adverse GI reactions.[100]

While any patient receiving these drugs is at risk for their widely documented complications, the drugs are generally well tolerated, less so in the older age group.

If illness, surgery, and drugs produce cognitive changes, so what? Why worry about it?

Cognition is the sophisticated interaction of mental processes that produces human thought. Among the host of functions the term embodies are concentration, attention, inventiveness, intuition, memory, foresight, reflection, deliberation, and abstract and logical thought. All are applicable to meaningful decision making, and many are essential when the time for decision making is short. Under the pressure of time, there is a heightened need to make measured assessments, to weigh evidence, to be rational, to remember, and to organize and integrate information from disparate sources promptly and effectively.[101]

Age and Cognition

But illness and its effects are not the only concern. Cognitive psychologists have explored the degree to which mental acuity declines with increasing age, a change not always acknowledged in the testimonials to the blessings of aging.[102] Rybash has demonstrated that older adults "process less information in a progressively less efficient manner and become less adept at acquiring new information . . . . "[103] Tests measuring verbal memory and reasoning

ability reveal a significant decline with aging.[104,105,106,107,108,109] Powell compared the cognitive abilities of a group of doctors of different age groups using a comprehensive psychometric test. The average 60-year-old doctor scored only 8 percent lower on the test than a young doctor, but the score difference nearly doubled with each decade after 60. This change occurred regardless of the individual's physical health or whether he continued to work or retired.[110]

The changes observed in the normal elderly—the decline in their ability to learn and remember—have been variously labeled "benign senescent forgetfulness,"[111] "age-associated memory impairment,"[112] and "age-related cognitive decline."[113] The deficits have been carefully measured by objective tests that mimic real-life situations.[114] A finding that is highly germane to the presidency is that older individuals are more sluggish at processing and retrieving information from their short- and long-term memory.[115,116,117] There is a 60 percent slowing in the rate of memory search between the ages of 20 and 50.[118] Among the old, a longer exposure time is required to register a given amount of information and commit it to memory.[119]

Creativity, or the ability to think of alternative solutions to problems, reveals a similar pattern of decline.[120,121] Persistence, flexibility, and the capacity for abstract thought diminish,[122,123] as does organizational skill. Denney and Denney, using a quantitative test to measure organizational ability, found that the 70- to 79-year-old age group scored only 44 percent of the maximum score, compared to 74 percent of those aged 50-59, and 100 percent of those 30-39.[124]

The effects of reduced memory and creative and organizational capacities were apparent in the results of tests measuring logic and problem-solving skills, so important to effective leadership and decision making. The old consistently fared worse than younger adults. Arenberg found that 60 to 75-year-olds, asked to solve a series of logic or detailed word problems, had far more trouble than younger individuals in analyzing them efficiently and organizing their approach to the questions.[125,126] Difficulty separating irrelevant from relevant information[127,128] and deficiencies in attention or concentration were frequently observed.[129,130,131] In all of the so-called decision-making skills, age decrements have consistently been found.[132] Physical function also slows[133] and the stamina required to deal with a prolonged crisis situation may be lacking.

Aging is frequently accompanied by cerebral arteriosclerosis, of which strokes are one manifestation. In the absence of catastrophic events, a number of psychological changes occur that impinge on leadership and decision making. Rigidity of thought, impairment of intellect and judgment, emotional lability, exaggeration of earlier personality reactions, and denial of disability when it is present have been described as part of a pattern of functional disturbances. Such traits in leaders and their effects on behavior have been viewed as potential causes of precipitous political actions.[134,135]

Awareness of the changes associated with aging helps explain why older voters were concerned about Dole's ability to handle the presidency. While they were hardly conversant with the large body of research on aging and cognition, *they knew perfectly well that their own memory, concentration, and energy levels had changed, sometimes drastically*.

Dole's Health Risks

Beyond the likelihood of the disabling disorders associated with aging and their cognitive effects, beyond the impact of age itself on decision making, could we have been reassured by Dole's apparent good health? He seemed to be in excellent general condition, watched his diet and his weight, and exercised intelligently and systematically. But the oldest candidate ever to undertake a first run for the presidency was not exempt from the risk factors associated with aging. He released detailed records of his health status, and both he and his physicians responded to appropriate questions about his past history. Here is what we knew.[136,137]

His widely discussed war injuries left him with residual atrophy of the right arm and hand, which is virtually useless. During convalescence, he required the removal of his right kidney because of stones and infection. In 1981, he developed stones in the remaining left kidney, necessitating surgery to remove them. Twice subject to stones in the past, he may well form them in the future, particularly in light of his somewhat elevated uric acid levels.

Dole's cholesterol level was as high as 288, but became normal after ten years of Pravachol and niacin treatment. His triglyceride level, another risk factor, has been slightly elevated. In fact, his cardiac status has been clouded by some ambiguity. During the 1980 presidential campaign, Dr. Freeman H. Cary, the attending physician for the Congress, reported that Dole's electrocardiogram showed changes suggestive of an old inferior myocardial infarction.[138] In 1981, the electrocardiogram again showed abnormalities suggestive of a heart attack; after a transfusion it reverted to normal. At Duke University, a series of tests in July 1982 was thought to be negative, but in November an isotope scan at Walter Reed was considered positive once more. Apparently because of the uncertainty, Dole underwent coronary arteriography in December 1982, which was said to be normal.[139] Unfortunately, the arteriogram was no longer available for independent review.

Prostate cancer was diagnosed by biopsy in 1991 following the detection of a high prostate specific antigen (PSA) level. No evidence of spread to bone or other organs was found, and total radical prostatectomy was performed in December 1991. Follow-up PSA tests have been normal, with no indication of recurrence. By December 1996, he became a "five year survival," and there is a reasonable likelihood that it will trouble him no more. Nevertheless, prostate cancer may recur in unpredictable fashion long after a symptom-free interval and years of apparent absence of disease.

In 1985, adenomatous polyps were found in his colon and removed. Although these had low-grade dysplasia, they are always potentially pre-malignant. Periodic surveillance colonoscopy has been performed, the most recent one showing a single benign hyperplastic polyp.[140]

Smoking? It is not clear how many pack-years Dole smoked. He stopped in 1982 after about forty years, and has no residual respiratory symptoms. But smoking is always a risk factor for lung cancer, bronchitis, and emphysema. (His brother, a lifelong smoker, died of emphysema at age 68.)

His mother died at age 80 of a heart attack and is known to have been troubled with coronary disease in the period before her death.[141] According to the Framingham Study, this would increase his risk of having coronary disease by 37 percent.[142] His father died of a ruptured aortic aneurysm at the age of 75. Statistically, this heightens the likelihood of his having an abdominal aortic aneurysm.[143,144] And his sister, 75, has a lymphoma, now in

remission after chemotherapy. Siblings of those with a history of lymphoma have an increased risk of developing a number of different cancers.[145]

Those are the specifics, many of them related to age and justifying serious concern. In 1944, a man ten years younger than Dole, and ambitious to continue serving the country, ran for a fourth term at the age of 63, in spite of malignant hypertension and known congestive heart failure. It was predictable that he would not survive his term. Harry Truman knew when he ran for vice president that he was really running for the presidency, according to his daughter.[146] Truman moved to the White House thirteen weeks after the inauguration, when FDR died from his massive stroke.

Concluding Comments

If the leader becomes ill, camouflage or denial is too often the pattern. It has been true not only of Mitterrand, Yeltsin, Papandreou, and other modern heads of state. In this country, Cleveland, Wilson, Harding, Roosevelt, Eisenhower (at the time of his stroke), Kennedy, and Reagan all had serious illnesses that were either kept secret or underreported. Years after the assassination attempt on President Reagan, Mrs. Reagan acknowledged that "There was kind of an unspoken agreement that none of us would let the public know how serious it was and how close we came to losing him."[147] President Jimmy Carter has pointed out that there is a reluctance in any case to reveal facts, an inclination on the part of the president's intimates not to be frank about the seriousness of his difficulties, whether it is the loss of mental capability, a heart condition, or perhaps a stroke.[148] If history is any guide, when future presidents suffer from strokes, heart attacks, cancer, or Alzheimer's disease, there may well be concerted efforts to conceal the facts.

Why take a chance? Why did Bob Dole push the odds and run for the most demanding job in the Western hemisphere at an age when illness abounds, memory suffers, and energy flags? This is the period when the elderly need their afternoon nap, and the absent-minded become more so. Although he appeared to be in fine shape, the job is daunting, stress runs high, and the risk was significant.

There is a corollary question that merits serious and continuing debate. In Australia, all recent prime ministers have taken office well below the age of 60. We have a lower limit on age for our presidents; given our knowledge of the changes that generally accompany aging, why not set an upper limit of 65 on candidates for a first term?[149] This is, after all, the culturally accepted retirement age, the moment when Social Security begins. Such a constraint need not be embodied in a constitutional amendment: a "sense of the Congress" resolution would have a powerful impact on the political parties and their nominating process.

One of the best known twentieth-century journalists, James Reston of the *New York Times*, addressed this issue on at least three occasions. Writing about the Nixon presidency in 1975, he suggested that younger presidents might be more resistant to the stresses of the job, and that presidential and vice-presidential candidates should be screened more carefully.[150] Later that year, he focused on the problem once more. "What is needed is a review and certification by a panel of outside medical experts of the candidate's medical records before the nominating conventions . . . It is not responsible in this violent age to pick candidates for the presidency from men in their 60s."[151] Ten years later, discussing the Iran-

Contra controversy, Reston indicated that North and Poindexter might be correct in their belief that Reagan had agreed to the transfer of money and arms to the Contras, but that Reagan simply did not remember it. He quoted at length from the letter of a physician who had written to him:

> I think . . . that what the President is doing may be the result of the aging process . . . When he says he did not hear or know what Donald Regan said about the sale of arms, he may not really remember. When he says that Israel did not send arms and that he never condoned such a thing, he is telling the truth as he remembers it . . . In the elderly, recent memory begins to fail. His staff may brief him immediately before a press conference, but in a few minutes he could honestly forget almost everything that had been prepared.[152]

In spite of the general understanding that normal aging processes as well as the illnesses of the elderly have a major impact, objections to an upper age limit may be voiced on a number of grounds:

1. One of our great newspapers has proclaimed that there "is no intrinsic reason why a 73-year-old cannot be President."[153] The issue is not whether he *can*, but whether he *should*. With every year that passes, his chances of experiencing a disabling illness or of dying increase. Although 57 percent of those born seventy-three years ago are still alive, four years from now the percentage will drop to 46.[154] What seems incontrovertible is that age affects everyone in similar fashion, if not to the same degree, and that those changes increase the probability either of a less effective presidency or even one in which the vice president may have to assume power. When it is said that he whom we choose will surely be one of the "young-old" rather than the "old-old," that cannot be taken to embrace the years in office that follow election. Even among the healthy and active "young-old," psychologists have found slowing in the speed of cognitive processes when physical and physiologic parameters appeared normal.[155]

2. The health effects and the cognitive changes and memory lapses in those over age 65 are unevenly distributed. We know that old people, compared to young adults, "are less likely to produce unusual solutions to problems; experience more difficulty in shifting from one type of problem to another; are less systematic in their progress towards a solution; and require more information to make logical deductions."[156] But it is certainly true that there are large variations in performance and cognition at a given age.[157] The deterioration of *average* scores on psychometric tests should not be taken to imply that every old person declines equally. Even if the percentage of decline were equal, the starting point is not the same.[158] The intersecting line between degraded cognitive capacity and the benefits of experience requires consideration. There may be an enormous compensating effect from the kind of wisdom sometimes apparent in elder statesmen. Surely, we want to recognize it and take advantage of it.

3. An upper age limit, it is held, would deprive us of the Adenauers and De Gaulles. Leadership is not simply about cognitive ability, resilience, and stamina, the argument continues. Experience, insight, intuition, judgment, and inner strength are dimensions that are not necessarily diminished by age.

Manifestly, there are great leaders who have functioned well beyond the age of 70. The nation could benefit from their wisdom in the kind of consultative role that would allow

them to consider and reflect, unencumbered by the stressful demands of office. That is precisely the pattern followed by some chief executive officers of the great corporations, who continue to advise and consult after their mandated retirement at age 65. But the presidency of the United States is a position that is uniquely demanding. The president's role is not confined to thoughtful, meditative policy decisions. Instead, it embodies a large and pressing operational component, interacting with the White House staff, the Cabinet, the Congress, the media, the public, the international community, and many elements of his political party. It is a stressful, power-packed, exhausting job, requiring not only cognitive competence but also stamina and energy during long days, weeks, and months. The president must respond quickly to emergencies and make decisions that are based on a level of accelerated information retrieval and processing that the elderly may lack. In a crisis, we want a cool head, a clear mind, and an ability to integrate expeditiously the huge number of inputs to which the president is exposed.

4. If the president is ill, or cognitively impaired, or unable for any reason to process and sort through the information and options before him in a crisis, surely, it is said, the structural and institutional constraints that bind him will preclude a catastrophic decision. That is what his staff and the Cabinet are all about, so why concern ourselves about the power of the office and its potential abuse by a sick leader? Because it is simplistic to believe that anyone but the president, in the final analysis, can make and assume the responsibility for the great decisions that confront the country. In the small hours of the night, it was John Kennedy alone who determined the course we ultimately pursued in the Cuban Missile Crisis.

5. Age discrimination is illegal in the workplace; why introduce it into the highest office in the land? The answer lies in the question: precisely because it is at the very center of governance and national authority. No one suggests that such a limit be placed on the Congress—although it might be salutary—or on the Supreme Court. Senescence in Congress may be balanced and moderated by sheer numbers; in the Supreme Court it may be compensated for by bright young clerks who contribute so much to the ultimate judicial decisions. Why use age as the marker for competence, rather than intelligence, disposition, values, past achievements, and a host of other factors? The anwer is that no criterion other than age is so directly linked to a heightened probability of disability and cognitive decline and hence of a potential failure of leadership at a moment of national need.

6. An upper limit on age represents "age prejudice" or discrimination, as well as a violation of the Constitution, which contains no such limit. Change would require a constitutional amendment in order to be enforceable. This argument may seem like a meaningful one, but in fact it establishes a straw man. A "sense of the Congress" resolution would leave the Constitution intact, and of course is not legally binding. As an expression of a better understanding of the effects of aging on national leaders, it would serve as a strong deterrent to seniors wishing to run and politicians who would like to nominate them. Nor is the factor of age as a determinant of presidential eligibility foreign to the Constitution. The young men who labored over these issues in 1787—Madison, Hamilton—may now be accused of age discrimination because they understood that below age 35 (as both were at the time), the candidate might be lacking in the experience and maturity required for strong and wise leadership. Aldrich has pointed out that having set a lower limit, the founding fathers may not have thought "to set an upper limit, since two hundred years ago not many people survived to old age. Furthermore there was little need for emergency decisions in those days because of the slowness of communication."[159]

It is true that only William Henry Harrison (68) (who died one month after his inauguration), Ronald Reagan (69), and Robert Dole (73) were over the age of 65 when they ran for a first term. But the population is growing older, and if 1996 is any precedent, we may soon again confront a candidate whose age might interfere with his capacity to respond to crisis.

It seems reasonable and prudent to grapple with the reality of aging and do what is best for the nation. L'Etang has summarized it in the most straightforward fashion: "Experience suggests that it should be made impossible for Presidents and Premiers to remain in office after the age of 65."[160] A less confining resolution expressing the "sense of the Congress," setting the upper age of first-time candidates at 65, would be forcefully binding on our political parties. It would recognize that the presidency is too demanding—physically, psychologically, emotionally—to place the burden on the shoulders of a senior citizen.

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the question? I asked my visitor. He had done a detailed study—video, audio, transcripts, etc.—of Reagan's interactions as governor of California with the media, students, the legislature, the public. He was deeply impressed with his skill, facility, deftness of response, and state of preparedness for the exchanges. A similar exhaustive analysis of his comportment as president was so sharply different that he wondered if it could be traced to the event of March 1981. I did my best to remind him that Reagan was older and exhibiting, I believed, the effects of age. Ronald Reagan as president was clearly not the man he had been as governor. Seventy-four years old when he began his second term, he almost certainly had cerebral arteriosclerosis and its signs: distractibility, memory change, and impaired concentration.

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