Dr. Wells Interviews POTUS' Doctor, Rear Adm. Ronny Jackson, At The White House

By Jamie Wells, M.D. — February 5, 2018

As I watched, along with the rest of the world, the press conference on the results of President Trump’s routine physical exam, questions flooded my mind about the immense scope of Rear Adm. Ronny Jackson’s job as the White House Physician to the President.

So, I traveled to the White House and got answers which will be extensively addressed in this article. After all, Dr. Jackson is also a historical figure being the first physician to serve three administrations AND be the appointed Physician to the President for two presidents (currently President Trump and formerly President Obama).

Among them

- Are presidents and Cabinet members difficult patients? We doctors aren’t typically the best given that we know too much and have a propensity to want to retain control, but are our elected officials any better?

- Because Dr. Jackson has defused bombs with Explosive Ordnance Disposal Teams, led combat resuscitative teams in Iraq with the Marines, swam out of submarines with SEAL teams, and parachuted out of planes as a Navy deep sea diver, is the White House simply too tame for him?
Since he always travels with the President, are there medical teams and actual operating rooms on Air Force One, at Camp David etc? What equipment and global resources are within his command to remain a step ahead of any and all contingencies?

- What does he think about: the politicizing of candidates’ or a president’s health? that press conference and his SNL portrayal? medical practice today?

If I passed out over excitement at being invited to the White House, then where would I go after being resuscitated? Could they drill a burr hole to relieve the pressure on my brain if I hit my head? I discuss my afternoon at the White House in this introductory piece, Dr. Wells Goes To Washington [1].

The litany is endless.

Fortunately, I got the chance to sit down with him and ask in this Q&A: In Dr. Jackson’s Own Words...
On Being The President’s Physician

How do you like the job?

I love my job - been doing it for 12 years and it has evolved and changed along the way. It is still different every day. I have traveled to over 110 countries, some 4-5 times, flown all over the world on Air Force One and Marine One, and seen and done things I could have never otherwise been a part of (e.g. rode camels through Petra with the First Lady, traveled to the Galapagos Islands, and stayed as a guest of the Queen in Buckingham Palace). These are things that even money can’t buy.

How does it compare to being a deployed combat physician? Which is easier and is the White House too tame for you?

The jobs are totally different. What constitutes a crisis now as the President’s Physician is totally different than a crisis as the Emergency Medicine doctor in a combat zone or in a busy Emergency Department. Each provides its own type of excitement, stress, and occasional adrenaline rush. I can thrive in either environment, but I do miss doing trauma and the day-to-day adventure of Emergency Medicine. Many of the things you refer to in my earlier career were exciting as a younger man, but I think the White House has been a welcomed and natural transition for me as my career has progressed. I am too old for that now…

And, which is easier, these or the recent press conference over President Trump’s routine exam?

I wouldn’t say any of it has been without its challenges, but the recent press conference was definitely something I was not looking forward to. It wasn’t as bad as I thought it was going to be. I travel with the White House Press Corps and I have gotten to know a lot of them over the years. They have a job to do and I understand that. I have a lot of respect for them and knew they were going to come at me hard and pick apart every word that came out of my mouth. There is always a lot of tension between the administration and the press, it has always been that way, albeit maybe a little more now than normal.

Did you seek out this assignment?
No, I didn’t even know the job existed. It just so happened they were looking for an Emergency Medicine physician, with my particular level of experience. They wanted someone who had recently finished residency to be the junior White House Physician. It was thanks to my department head, Captain Joel Roos, that I was considered. He nominated me for the job while I was deployed in Iraq. I didn’t think I would be able to put together a very competitive application package while deployed to the middle of the desert, but it worked out and they asked me to come to the White House and interview. It is a long story, but I was able to make it to the White House for several days and actually got the job. I went back to Iraq for 4 months to finish my tour there and then reported directly to the White House.

What did you want to be when you grew up?

Growing up, I loved diving and anything involving the water, and eventually became a Dive Master and worked a summer in Australia on the Great Barrier Reef. This led me to become a marine biologist. While in college at Texas A&M University studying Marine Biology, I took a job to make some extra money for school as an autopsy assistant at the University of Texas Medical Branch. It was that experience that led me to want to become a physician. I didn’t have the money to pay for medical school, so I checked into military scholarships and found out that if I could get into medical school, the Navy would pay for it. I later found out about a program the Navy has where you can train as a Navy Deep-Sea Diver as a doctor. That was pretty much it…I was sold and soon became a Diving/Undersea Medical Officer.

You have been the White House physician in multiple administrations. Are presidents and senior staff good patients?

The Administrations have all been very different, but they have all been great people and great patients. I have been very lucky and blessed to have had three outstanding groups of people to work with and take care of.

On What The White House Medical Unit Can Do

How would you define your job description and scope of responsibilities?

Many people think the Physician to the President only treats the President, but our
medical team provides urgent/emergent care and travel medicine for official travel, for all members of the Executive Office of the President. On a day-to-day basis this includes 5000 to 7000 employees with access to our clinics (e.g. those that work in the New Executive Office Building, the Old Executive Office Building, and the White House proper).

My team and I do a lot of urgent and primary care. Though I treat the President, First Family, Senior Staff, and Cabinet members, my job also entails tons of contingency planning for every possible bad day scenario. I am essentially the quarterback for all this care and planning-- I have 9 doctors, including myself, with a range of clinical expertise. Currently, I have 5 Emergency Medicine physicians, 3 Family Practice physicians, and 1 Internal Medicine physician. In addition to that we have about 16 physician assistants, 10 nurses, and multiple medics and corpsman (EMT and paramedic equivalents). We also have administrators, IT professionals, and others. In total, the White House Medical Unit team is composed of around 58 members, who are the cream of the crop from all branches of the military. All members of the unit are seasoned travelers with a background that focuses on emergency and critical care medicine and most have significant experience overseas in areas of combat.

What can the White House medical unit do on the premises, aboard Air Force One, traveling or at Camp David (e.g. intubate, emergency intervention for airway obstruction, minor surgery, deliver a baby, MRI (or other imaging), pharmacy)?

We are capable of doing all of that stuff. We are structured and trained to provide the best possible pre-hospital care available, anywhere and at any time. Our goal is to get any patient we have to the hospital level setting as soon as possible, but we do so with an understanding that depending on our location and other circumstances it might not be immediately possible. As such, we are prepared to manage any type of trauma or medical emergency for an extended period of time. This means if need be, we can perform surgical airways, place chest tubes, deliver a baby, or anything else that might be necessary. We have great medical facilities onboard Air Force One and anywhere else we operate around the world.

Dr. Jackson’s Experience and Views

You have been in charge of resuscitative medicine for a forward deployed Surgical Shock Trauma Platoon in Iraq - what has been the greatest medical innovation, in your opinion, in that arena?
I think three areas that have matured tremendously over the past two decades, in large part due to the military experience in Iraq and Afghanistan, are hemorrhage control, immediate transport of the critically injured patient, and telemedicine. These are areas of development that I follow closely in my current job, due to the global and remote nature of our mission and the fact that much of what we do focuses on the pre-hospital setting. There are places in the world, where the White House medical team walks off the plane and represents the highest level of care in the country.

I have written about the issues of fighter pilot hypoxia, altitude effects and G-Force induced loss of consciousness (click here [2]). You are an expert in hyperbaric and submarine medicine. What are the concerning health issues in this sphere and are they easily managed?

The two biggest issues specific to hyperbaric and diving medicine are Decompression Sickness and Arterial Gas Embolism. These are both things that can happen to divers if they dive too deep, stay down too long, or come up too fast. They can both be very serious and frequently deadly. For this reason, a large part of training in diving and submarine medicine focuses on prevention of these problems. They are not easy to treat and require the presence of a hyperbaric recompression chamber - not something that you find in most places.

You just came back from Davos and the occupation of president involves frequent travel to different time zones. What is your general recipe (for business travelers or presidents) for optimizing health under that type of schedule to reduce jet lag and its toll?
It comes with lots of travel experience. We encourage our travelers to get on the destination time zone as soon as possible. Sometimes that may entail going to sleep when your body thinks it is the middle of the day. We can help by strategically using sleep aids such as Ambien and Sonata to get people acclimated sooner than otherwise possible. I also encourage lots of bright light (preferably sunlight) exposure when it is time to get up and a dark and slightly cool room to sleep in when possible. One more thing that I believe makes a big difference is getting some level of exercise when you wake up. You don’t always feel like getting on the treadmill, but it makes a big difference in how you feel later in the day. When traveling to another time zone on the other side of the planet, the same strategy doesn’t work for everyone and sleep hygiene is as much an art as a science.

Given the California fires, recent hurricanes and various natural disasters, what are the most important steps in disaster relief and recovery to minimize death and long-term disability?

I don’t get involved with that a lot now. For us, we make sure we don’t go into an area too soon as we take away a lot of resources (e.g. police and fire). Everyone is anxious to get there and help, but we have to be careful about going too early. We need to wait a few days until the need for those critical resources is less.

What are your thoughts about medical practice today, private sector vs military? Would you encourage your kids to go into medicine?

None of my kids are interested in it (one is getting her MBA, another is going to become a Navy SEAL, and one wants to be a pilot). I am not the best person to answer such a question, since I have been involved in mostly military medicine for the past 22 years. But, I know in speaking to friends in medicine that it is not near as lucrative as many think and most are burned out after 10-15 years. Despite that, I would still encourage my kids or anyone else who is interested in medicine to consider a career in Military Medicine. Specifically Navy medicine. Many of the burdens and stressors that drag down physicians in the private practice of medicine don’t exist in military medicine and there are endless cool opportunities to do other things as part of your practice. I have really enjoyed my 22 years as a doctor in the Navy.

Thoughts On Being A Historical Figure

What does it mean to you to be a physician who will make the history books - especially after that first of its kind transparent press conference?
It’s an honor and a privilege to be here and have this unique experience. I did not set out on this path and sometimes still can’t believe I ended up here, but I am a firm believer that if you do the job before you and do it to the best of your ability, other opportunities will come your way. I also believe that you can only be successful if you surround yourself with hard workers who don’t care who gets the credit as long as the job gets done and the mission gets completed. I have been the lucky recipient of that here at the White House Medical Unit. It is made up of the best medical and military professionals in the world.

To that end, any thoughts on being added to pop culture by being portrayed on Saturday Night Live (SNL)?

I thought it was funny. It is SNL, their job is to make fun of the people and the situation, so I didn’t expect to come out smelling like a rose. My kids and some of my friends thought it was pretty cool. Hopefully, I won’t make another appearance until next year!

As a pediatrician, I always find a person’s childhood influences of interest. What do you attribute your success to in terms of what your parents prioritized?

A strong work ethic. I have had essentially a full-time job since the age of 13. Even though my parents could have paid for everything for me along the way, they didn’t. They made it clear early on that you only get what you work for. They instilled a good work ethic and also encouraged me to consider the situation of others and always put myself in their place when possible and as a result, do unto others as I would have them do to me. Those two principles alone will carry you a long way.

On Efforts To Make Presidential Health Political

The 2016 presidential campaign, election and beyond involved a lot of weaponizing of health in the public sphere whether it be Sec. Hillary Clinton’s coughing or near collapse or this narrative of President Trump’s mental fitness. How do you feel about someone’s health status being used as public fodder?
Not a big fan of it. My approach is “no policy, no politics, just trusted medical advice”, so I try not to add to the drama that comes with using this as a political tool.

What did you think of the recent press conference where you released President Trump’s routine physical results?

I am okay with it. I knew they had a job to do. I understand the press and I think they understand me. I tried to focus on being objective and forthcoming. I feel like I provided everything that was expected, and then some. I did not exclude or eliminate anything from my report and everything was on the table. It was my first one, but overall I thought it went pretty well.

You termed the armchair television diagnosing “tabloid psychiatry.” How do you feel about those health professionals who speculate on a candidate or president’s health having never met or treated the patient?

I don’t think it is good medicine, but I understand it is a reality in the world that we live in, in which people sometimes can’t separate their political opinions and issues from their professional lives and opinions. I don’t take it too seriously and I don’t let it interfere with my practice or dictate what I do. I know that I have a responsibility to myself, my patient, and my country, and I know where those lines are.

What is the biggest misperception in the public realm about presidential health?

That all we do is take care of the President if he gets sick. The truth is we are responsible for a large medical practice that is very unique in nature. We provide medical care and medical contingency planning all over the world for travel of the President and his team. We have a very busy urgent/emergent medicine practice, as well as one of the busiest travel medicine practices in the world. In addition to all that, we do it under a big microscope of public scrutiny. Things like the recent physical and primary care for the President actually represent a small percentage of what I am responsible for on a day-to-day basis. I could go on, but won’t.
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