Also by James H. Fetzer

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ASSASSINATION SCIENCE

Experts Speak Out on the Death of JFK

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Edited by James H. Fetzer, Ph.D.

CATFEET PRESS
Chicago

1995

FAX

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From: Robert B. Livingston, M.D.
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10 September 1993

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Dear Maynard:

I wouldn't bother you with this, but since the files on JFK's assassination have recently been opened, new interest is focussing on evidence which casts doubt on the "single assassin" conclusion of the Warren Commission.

I was Scientific Director of the National Institute for Mental Health and (concurrently) of the National Institute of Neurological Diseases and Blindness, at the time of the assassination. These two institutes are obviously relevant to interpretations of brain damage sustained by the president.

On the basis of November 22, 1963, broadcasts from Parkland Hospital, I felt obliged to call Commander James Humes, at the Bethesda Naval Hospital, who was about to perform the autopsy. Our telephone conversation was completed before the body arrived at Andrews AFB. I called to retail media reports from Parkland Hospital that there was a small wound in the front of his neck, just to the right of the trachea.

Humes said he hadn't been paying attention to the news, but was receptive to what I had to tell him. We had a cordial conversation about this. Based on my knowledge of medical and experimental analyses of bullet wounding, and personal experiences caring for numerous bullet and shrapnel wounds throughout the battle of Okinawa, I told him that a small wound, as described, would have to be a wound of entry. When a bullet

exits from flesh, it violently blows out a lot of tissue, usually making a conspicuous cruciate opening with tissue protruding. A wound of entry, however, just punctures as it penetrates. So I stressed the need for him to probe that wound to trace its course fully and to find the location of the bullet or fragments. I especially emphasized that such a wound had to be an entry wound. And since the president was facing forward the whole time, that meant that there had to be a conspiracy. As we talked about that, he interrupted the conversation momentarily. He came back on the line to say, "I'm sorry, Dr. Livingston, but the FBI won't let me talk any longer." Thus, the conversation ended.

Two important subsequent events are noteworthy: Commander Humes did not dissect that wound, and when asked why not, in the Warren Commission hearings, he said that he didn't know about the small wound in the neck until the following day when he had a conversation with Dr. Perry at Parkland Hospital.

A further issue concerns reports of the appearance of cerebellar tissue in the occipital wound. This was first reported "live" as observations by an orderly, and by a nurse, both of whom were in the surgery where attempts to resuscitate the president were conducted prior to his death. I didn't give any credibility to those stories and dismissed them from my focus at the time, attributing what I thought must be mistaken identification of cerebellum to a likely lack of familiarity with neuroanatomy by two non-medically trained individuals. It would be easy to assume cerebellum in looking at macerated cerebral tissue protruding from a bloody wound. But since then, around six reputable physicians who saw the president at that time have testified that cerebellum was extruding from the wound at the back of his head. That is an important clue, indicating that something must have burst into the posterior fossa with sufficient force to uproot the cerebellum and blow a substantial hole through the heavy, covering, well-anchored, tentorium, which separates cerebellum from the main chamber of the skull.

There is a third clue, relating to a probable hole in the

upper left corner of the limousine windshield, which I learned about on that day, or the next, from a reporter for the *St. Louis Post Dispatch*, my friend and Stanford classmate, Dick Dudman--whom you probably know. According to the spaling of the glass, Dick was convinced that it was a through-and-through penetration, but wasn't permitted to test that by putting his pen through the presumed hole.

Well, I have long been urged to document these experiences: I had correspondence with Peter Dale Scott, a Professor of English at UC Berkeley, David Lifton, author of *Best Evidence,* and, as well, and Harrison Edward Livingstone (no relative) somewhat over a year ago which I can transmit to you if you are interested. More recently, I have had numerous conversations and visits with Gary Aquilar, an ophthalmologist in San Francisco, and conversations with James Fetzer, a Professor of Philosophy at the University of Minnesota, in Duluth. I have made and distributed to family and friends copies of this correspondence, and also a 45-minute video-tape recording that recounts these experiences, including reading some of the correspondence. Such distribution was advised so that if anything untoward happened to me, the documents would speak for themselves.

Today I received a three-page Draft Fax from Jim Fetzer which he was addressing to 60 MINUTES in New York, describing what I have described above. I told him to not send that fax, to which he agreed.

If the matter is to be considered "newsworthy" I would feel a great deal better if you would give me your advice as to how best to proceed. I would much prefer *NEWSWEEK* to handle the matter, with your shepherding, if you will, than a slam-bang program where one guy says he had an important telephone conversation with another guy, and the other guy says he doesn't remember any such conversation: End of dialogue. That kind of treatment seems to me to add more confusion rather than clarity to the situation.

I end this by expressing to you my personal dilemma over what might be best to do, if anything. You can appreciate that I am concerned that the assassination has not been been

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PAGE ONE OF FOUR PAGES

David Lifton
11500 West Olympic Boulevard
Los Angeles, California 90064

Dear David Lifton:

This is a copy of a letter I have sent by Fax to Harrison Edward Livingstone. I have also printed a copy to send to Peter Dale Scott for his information. I send this to you with the hope that you would be willing to respond by obliging me to do a better job of presenting the experiences herein related, experiences that concern the assassination of President Kennedy, the autopsy and the Lincoln limousine windshield, as per our discussion over the telephone today. I look forward with keenest anticipation to reading *Best Evidence.* Many thanks for the contact and your advice.

Your book, *High Treason 2: The Great Coverup: The Assassination of President John F. Kennedy*, has attracted my personal and professional interest. I write to contribute a couple of specific, although minor, experiences that may add to your avalanche of already compelling evidence that a conspiracy was involved in the assassination of President Kennedy.[1]

I was employed by the U.S. Public Health Service as Scientific Director of the two National Institutes of Health in 1963, when President Kennedy was assassinated. In that office I had witnessed the marvelous transition of government and public engagement from

[1] Please permit me to introduce pertinent information about myself by way of this footnote: I am a Professor of Neurosciences Emeritus at the University of California San Diego (UCSD) where I founded the world's first Department of Neurosciences--in 1964. Previously, I taught Pathology at Stanford, Physiology at Yale, Psychiatry at Harvard, Anatomy and Physiology at UCLA, and Neurosciences at UCSD, always trying to learn how the human brain works, structurally and functionally. This is an easy way to make a living--inasmuch as nobody knows how the brain works. In mid-career, I served as Scientific Director, combining direction of Basic Research for two of the National Institutes of Health: the National Institute for Mental Health, and the National Institute of Neurological Diseases and Blindness.

During World War II, I served as a Lieutenant (j.g.) to Lieutenant in the U.S. Navy Medical Corps (Reserve) in the Pacific Theater, including creating and directing the only hospital for wounded Okinawans and Japanese throughout the Battle of Okinawa. Medical and surgical responsibilities required my examination and treatment of a large number of bullet and shrapnel wounds.

At UCSD I produced a film, "*The Human Brain: A Dynamic View of its Structures and Organization,*" which you may have seen on BBC, NOVA, National Geographic Specials or otherwise. The film won numerous national and international documentary film awards. It is considered by practitioners of modern brain imaging, those engaged in Positron Emission Tomography and Magnetic Resonance Imaging, as a "gold standard of normal human gross neuroanatomy."

Eisenhower to Kennedy and was keenly interested in Kennedy as a human being, as a hope-inspiring national and global leader; and, abruptly--tragically--as a victim of a terrible human, national, and international tragedy--cut down by a fusillade of gunfire that made him promptly unconscious, catastrophically disabled, and within a few short hours, thoroughly dead. An important consciousness snuffed out before all our astonished eyes. My concern has grown almost to alarm, over the years, that the full information concerning his assassination has been denied public examination.

I heard realtime broadcasts relating to the shots in Dallas while I was in the process of leaving the Massachusetts General Hospital, in Boston, to take an Eastern Shuttle to Washington, D.C., on the afternoon of November 22, 1963. I was thereafter riveted by taxi radio and later radio and television descriptions of the sequences of events following the shooting. I was carefully attentive to information from eye-witness reports: acoustic perceptions of gunfirings, visual perceptions of the physical and human layout and movements throughout the Plaza--to the front, to the sides, to the rear of the President's limousine--and possible sources of the shooting: from the overpass?--from the Grassy Knoll?--from the School Book Depository?

There were immediate arresting descriptions of the crowd's breathtaking, startled dismay, police motorcyclists' and Jackie Kennedy's responses, combined, after a longish latency, with limousine and cyclist accelerations, some protective Secret Service responses--and some prudent ducking and flattening of the crowd, prompted by those unexpected, sharp staccato bangs: --loud exhaust backfires? --firecrackers? --gunfire? --how many?

There were descriptions of President Kennedy leaning forward, reaching up for his throat, "as if to adjust his tie," Jackie Kennedy rising, turning, and climbing over the trunk to try to aid her husband and enlist Secret Service help, the President's head jerking backwards, and his body slowly toppling forward and to his left, while the motorcade accelerated, with his head coming to be cradled in Jackie Kennedy's lap. Eyewitness reporters seemed immediately convinced that President Kennedy had been hit and perhaps seriously wounded, while the parade turned into a flank route flight to the Parkland Hospital. Most of the prompt reporting of where the shots may have come from seemed to focus on the overpass, and less emphatically, the grassy knoll, as the most likely sources of the attack.

Reports from the Parkland Hospital described a massive wound to his head, the President being unconscious and completely paralyzed--physicians and nurses laboring to support his life. Then there was the detail of "a small wound in his neck, just to the right of his trachea." The doctors, while preparing an emergency tracheotomy, tried to establish whether whatever missile had entered the President's neck might have penetrated his lungs. He was, after an agonizing interval, pronounced dead.

The small neck wound, as has been repeatedly emphasized, must be a wound of entry. The President's head was described as having such a large defect of skull, and torn and macerated scalp, over the right side and back of his head [the mostly right, parieto-occipital region]. After reflecting the scalp further and looking into the cranial vault without having to rongeur or gigli-saw any stable bone--in order to open the skull for a preliminary look, someone reported that the brain was sufficiently exposed and torn apart in the right hemisphere that you could see down practically to the level of the thalamus.

I didn't hear anything from Parkland about the cerebellum being exposed or falling out. The cerebellum would likely have been spared direct damage, being protected by

the tough, well anchored, overlying tentorium which is not mentioned as having been breached in any of the documentation I have seen. I assumed from the outset that the occipito--parietal wound on the right side must be a blow-out wound of exit, and presumed that the left hemisphere may have remained largely intact.

* * *

Also relevant, I learned from a former classmate of mine from Stanford who was then a reporter for the *St. Louis Post-Dispatch,* Richard Dudman, that he was one of the White House press group that accompanied the President to Dallas. Not getting much information from the Parkland Hospital, Dick went out to inspect the Lincoln limousine in which the President and Connolly and their wives had been riding. He thought he saw, for certain, that there was a through-and-through hole in the upper left margin of the windshield. He described the spaling-splintering of glass at the margins as though the missile had entered from in front of the vehicle. When he reached over to pass his pencil or pen through the hole to test its patency, an FBI or Secret Service man roughly drew him away and shooed him off, instructing him that he wasn't allowed to come so close to that vehicle.

If there were a through-and-through windshield penetration, in that location, according to Dick, it had to come from in front. According to him, it would have been impossible to hit the windshield in that location from the overhead angle from the School Book Depository, nor would a through-and-through penetration have been likely to be caused by a ricochetting bullet bouncing up from the rear.

* * *

What is *most* relevant from my personal experience is that on that same evening, before the President's body on Air Force One had arrived at Andrews AFB, I telephoned the Bethesda Navy Hospital. I believe that the call was made before the plane arrived because I recollect that it was following that call that I watched Robert S. McNamara (Bob McNamara, is a long-standing, since 1952, mountain-climbing and hiking companion of mine) receive the Kennedy entourage and the casket being lowered on a fork life from the rear of the Air Force One onto the field tarmac.

Inasmuch as I was Scientific Director of two of the institutes at the NIH--and both institutes were pertinent to the matter of the President's assassination and brain injury--the Navy Hospital operator and the Officer on Duty put me through to speak directly with Dr. Humes who was waiting to perform the autopsy. After introductions, we began a pleasant conversation. He told me that he had not heard much about the reporting from Dallas and from the Parkland Hospital. I told him that the reason for my making such an importuning call was to stress that the Parkland Hospital physicians' examination of President Kennedy revealed what they reported to be a small wound in the neck, closely adjacent to and to the right of the trachea. I explained that I had knowledge from the literature on high-velocity wound ballistics research, in addition to considerable personal combat experience examining and repairing bullet and shrapnel wounds. I was confident that a small wound of that sort had to be a wound of entrance and that if it were a wound of exit, it would almost certainly be widely blown out, with cruciate or otherwise wide, tearing outward ruptures of the underlying tissues and skin.

I stressed to Dr. Humes how important it was that the autopsy pathologists carefully examine the President's neck to characterize that particular wound and to distinguish it from the neighboring tracheotomy wound.

I went on to presume, further, that the neck wound would probably not have anything to do with the main cause of death--massive, disruptive, brain injury--because of the angle of bullet trajectory and the generally upright position of the President's body, sitting up in the limousine. Yet, I said, carefully, *if that wound were confirmed as a wound of entry,* it would prove beyond peradventure of doubt that that shot had been fired from in front--hence *that if there were shots from behind, there had to have been more than one gunman.*. Just at that moment, there was an interruption in our conversation. Dr. Humes returned after a pause of a few seconds to say that "the FBI will not let me talk any further." I wished him good luck, and the conversation was ended. My wife can be good witness to that conversation because we shared our mutual distress over the terrible events, and she shared with me my considerations weighing the decision to call over to the Bethesda Navy Hospital. The call originated in the kitchen of our home on Burning Tree Road in Bethesda, with her being present throughout. After the telephone call, I exclaimed to her my dismay over the abrupt termination of my conversation with Dr. Humes, through the intervention of the FBI. I wondered aloud why they would want to interfere with a discussion between physicians relative to the problem of how best to investigate and interpret the autopsy. Now, with knowledge of the apparently prompt and massive control of information that was imposed on assignment of responsibility for the assassination of President Kennedy, I can appreciate that the interruption may have been far more pointed than I had presumed at that time.

I conclude, therefore, on the basis of personal experience, that Dr. Humes did have his attention drawn to the specifics and significance of President Kennedy's neck wound prior to his beginning the autopsy. His testimony that he only learned about the neck wound *on the day after* completion of the autopsy, after he had communicated with Doctor Perry In Dallas by telephone, means that he either forgot what I told him [although he appeared to be interested and attentive at the time] or that the autopsy was already under explicit non-medical control.

That event, coupled with Dick Dudman's report to me around the same time, of what appeared to him to be a penetrating hole through the Lincoln windshield, seems to me to add two grains of confirming evidence to the conspiracy interpretation. Incidently, sometime later, I learned that the Secret Service had ordered from the Ford Motor Company a number of identical Lincoln limousine windshields--"for target practice". It seems to me that they might have wanted to learn how much protection could be expected from such a windshield. Alternatively, they might have wanted to produce an inside nick in a windshield, without through-and-through penetration, so that they could substitute that nicked windshield for the other one, if it were needed for corroborative evidence relating to the Warren Commission's investigative interpretation and thesis.

I hope that this information may be helpful in some measure. With every good wish,

Yours sincerely,

Robert B. Livingston, M.D.
Professor of Neurosciences Emeritus, UCSD