

## CHAPTER FIVE

ACT OF DESPERATION: *Best Evidence* AND THE DECLINE OF PRE-PUBLICATION REVIEW

"I was particularly revulsed at [sic] what I thought were his totally unnecessarily [sic] gory treatment of the medical aspects."

(Lifton, David. Letter to Sylvia Meagher, February 13, 1968) (Re: Jim Bishop's book, *The Day Kennedy Was Shot*)

It is not a good enough conspiracy theory for David Lifton that President Kennedy might have been shot from two directions, or perhaps just from the rear, albeit not from Oswald's alleged perch in the south easternmost corner window of the sixth floor of the Texas School Book Depository building. In Lifton's view, Kennedy was shot from one direction only: the front of the limousine (BE, pp. 349-350) (all page references are to the original hard cover edition of *Best Evidence*).

Why this insistence upon rejecting any rear entry wounds? Lifton's "logic" is that there were no shots fired from the rear simply because the shots were fired from the front, and because it would be easier to fabricate downward slanting trajectories by adding rear wounds to the President's body later on. He never explains why the framing of Lee Harvey Oswald required that there be no rear shots, only front shots. (BE, see around page 363) He is, of course, impressed by the Zapruder film's depiction of a violent backward jerk of Kennedy's head and torso, but fails to explain how this justifies his assumption that there was no hit in the President's back below the neck.

The chief problem that Lifton encountered in attempting to prove his thesis was the apparent discrepancies between the accounts of the Parkland doctors, the accounts of the Bethesda doctors, and what the autopsy photos and X-rays allegedly show regarding the nature of the President's wounds. In Lifton's world, it is necessary that alteration was pre-planned.

A conspiracy to alter the President's body before autopsy would, almost by definition, seek to accomplish its ends covertly, and in a manner that did not call attention to itself. Such a scheme would anticipate that President Kennedy might not die immediately, and that he would be ministered by doctors and nurses—whether at Parkland Hospital or elsewhere—all potential witnesses to the conspiracy's effects. It simply would not do to have one set of medical witnesses available to testify at an inquest or trial, and explain how the wounds appeared to them, while another group of doctors from Bethesda gave a widely divergent description. Unless the Parkland witnesses were either killed or controlled, any such alteration scheme would necessarily attempt to achieve maximum congruity with their observations. Any changes made to the body would not fashion conflicts between the "Dallas evidence" and the autopsy evidence—only in the interpretation of that evidence as to the source and direction of the shots. The conspiracy would incorporate into its calculations that the Parkland doctors did not turn the President over on his back. Moreover, the Parkland doctors would have to be carefully questioned to test their observations—which, in fact, they were, both by the Secret Service, before it sent the "official" autopsy report to the FBI, and by Specter, before Humes and his colleagues testified.

Simple logic, as well as the indisputable history of the government's handling of the medical evidence, both militate against Lifton's before-the-fact, pre-planned scenario and in favor of an after-the-fact, ad hoc response to the developing situation. The necessity of any changes to the body therefore remains perplexing. To put the problem another way, was the conflict between Parkland and Bethesda a real conflict or a false conflict? If real, was it because the body was covertly altered before the autopsy?

Was the body altered? A more balanced view

A reasonable argument can be made that the discrepancies between the two versions of the wounds are not so clear cut. To the presumed chagrin of Mr. Lifton and the Liftonites, the Parkland doctors and nurses are not in unanimity about how the head wound looked. According to the *Boston Globe*, which interviewed many of them in 1981, six agreed with the so-called McClelland drawing of a large, gaping wound in the occiput (including McClelland himself) that was first published in Josiah Thompson's *Six Seconds in Dallas*. Six other doctors stated that the autopsy photo reproduced as a tracing in the House Committee on Assassinations volumes was consistent with their recollections. That photo showed no

gaping wound in the rear of the skull. ("Dispute on JFK Assassination Evidence Persists Eighteen Years Later", *Boston Globe*, June 21, 1981, Focus Section)

There was a Parkland doctor who saw something on the skull that Mr. Lifton and his fans erroneously insist no human eye has ever seen. Dr. Robert G. Grossman, a neurosurgeon, worked next to Dr. Kemp Clark at Kennedy's head. He told the *Boston Globe* that he saw two separate head wounds: a large defect in the parietal area above the right ear, and a second, smaller wound located squarely in the occiput. Grossman suggested that the confusion surrounding the location of the massive head wound could be the result of the imprecision with which the term "occipital" is used: "There is this ambiguity about what constitutes the occipital and parietal area...It's very imprecise." And, he said, it's possible that his colleagues loosely used the word "occipital" in describing a wound that extended to the back fifth of the head, or that they assumed, without lifting up the head, that the defect did reach the back. ("Dispute on JFK Assassination Evidence Persists Eighteen Years Later," *Boston Globe*, June 21, 1981, Focus Section)

Liftonites persistently ignore evidence discrepant with their claim that the Parkland witnesses are in unanimity on the appearance of the President's head. They are quick to argue that if "X" number of witnesses did not see a wound in the occipital region consistent with the Bethesda autopsy report, there really was no such wound. On the contrary, that several witnesses say they did not see a wound is evidence for nothing more than that they failed to notice it. One man says he saw it, and his testimony is competent and sufficient proof that it was there.

Lifton alleges that, during the Bethesda autopsy, the rear head entry wound was not fully apparent at first, but was reconstructed in its circumference with the bone fragments received by the pathologists during the late stages of the autopsy. He himself concedes that, if his theory is correct, the X-rays showing the hole had to have been made after the reconstruction (BE, pp. 533-34), and probably after midnight (BE, p. 526), rather than before the start of the autopsy as Humes has insisted.

Mr. Lifton bases this aspect of his theory of reconstruction upon a tenuous interpretation of ambiguous remarks by Humes and Boswell during a colloquy with some members of the HSCA's forensic pathology panel while they were examining photographs. I have studied the transcript of that colloquy numerous times since its publication in 1979. It is unclear to me whether the pathologists were referring to piecing together the rear entrance wound, or to the wound that they maintain is an exit on the right-front of the head. At one point during the transcript, they state unequivocally that, apart from the entry wound, the occipital region was otherwise intact at the site of entry. The matter requires official clarification.

Mr. Lifton also generally argues that the main damage to the President's skull was in the occipital region, and some of the top-back was blown off, but the top front was intact. [E.g., radiologist John Ebersole quoted as saying the front of the body (viz., the head) was intact. (BE, p. 546)] He argues that the conspirators enlarged the head wound during their removal of the brain for the purpose of extracting bullets.

Unfortunately for Mr. Lifton, a number of his autopsy witnesses describe the large wound in the head as being in the same posterior location where some of the Parkland doctors placed it. This, after the head was supposedly altered to remove evidence of a front-to-back hit. For example, radiologist John Ebersole said that when the body was removed from the casket there was a gaping wound to the back of the head, (BE, p. 543) and photographer John Stringer told Lifton that the main damage to the skull was in the occipital region. [Stringer's account would appear to agree with both Godfrey McHugh (a "Bethesda witness" and the so-called "Parkland version", although it disagrees with the autopsy photos. (BE, pp. 515 ff.) If the body was altered before autopsy, how were Ebersole and Stringer able to view this damage?]

### The "Head Surgery" Thesis

In groping for the unifying theme in this fugue, Lifton found his key in the report of two FBI agents who attended the autopsy at Bethesda Naval Hospital, which became known as the Sibert-O'Neill Report. Lifton became unhinged by the "surgery to the head area" reference in Sibert-O'Neill, which may have been someone's mere offhand (i.e., eyeball) reaction to seeing the wrapping on JFK's head when his body was removed from its Dallas coffin.

Few of the hundreds of other researchers and writers who have pored over this document ever ascribed any greater significance to this language, but Lifton alleges that it signified to him (as early as 1966) a scheme to alter the President's wounds to conceal the facts of the assassination. He spent the next fifteen years reasoning from this conclusion, which he



dubs "trajectory reversal."

Lifton's reliance on the "head surgery" clause in the Sibert and O'Neill report rests on three implicit assumptions:

- a) an autopsy pathologist made the statement; and
- b) it was a diagnosis, not a question or an offhand response to some question; and
- c) it was made truthfully and accurately

What evidence does he cite that Humes made the surgery remark? Only J. Edgar Hoover's statement in November 1966 that the agents merely reported "oral statements" made by the autopsy physicians." (Hoover statement was published by *The New York Times* on November 26, 1966, at pages 1,25.) Lifton does not advise his readers that the entire thrust of Hoover's statement was a response to early books critical of the Warren Report in the nature of downplaying the significance of the Sibert and O'Neill report. Five years after Lifton's book was first published (but three years before he issued the Carroll & Graf edition), Jack Anderson reported an interesting revelation about the Hoover statement. Citing internal FBI memoranda, Anderson wrote that, contrary to the news media's understanding at the time, Hoover's statement was not prepared in response to press inquiries but at the specific request of President Johnson through Supreme Court Justice Abe Fortas. (*Washington Post*, April 1, 1985, page B13)

Furthermore, Lifton tells his readers that, "the only doctors present at the time the body was removed from the coffin were Humes and Boswell." (BE, Chap. 12) The Sibert and O'Neill report defeats him, however, as Lifton clearly proves in the same chapter. Admirals Kenney, Galloway and Burkley were in the morgue, as were Captains Canada and Stover, all doctors.

How did Lifton decide that "surgery" really occurred? He read a passage of Humes' Warren Commission testimony to a neurosurgeon over the phone. Later, as recounted in Chapter 10, he visited in person with the pseudonymous UCLA neurosurgeon, "Dr. Morris Abrams". In assisting the doctor's understanding of the brain lacerations, Mr. Lifton supplied him with the knowledge that two metal fragments were recovered from the forward right side of the head. But he either omitted to tell "Abrams" or omits to tell us about the passage in Sibert and O'Neill's report pertaining to the extensive metallic fragmentation (estimated at 40 particles) dispersed throughout the brain. Furthermore, while he presents the neurosurgeon's comments as probative of surgery, Lifton was not dealing with a forensic specialist.

Lifton attempts to bolster his "surgery" thesis by arguing that Humes (to whom he attributes the surgery remark based on the hearsay public pronouncement of J. Edgar Hoover, see *New York Times*, November 26, 1966) was told a fragment of skull that had been brought into the autopsy room was "removed," another factoid gleaned from the Sibert and O'Neill report. Of course, the word "removed" might easily have been a euphemism connoting "blasted out during the shooting." Beyond Lifton's semantic foolery, however, this purported analysis was devious because Sibert and O'Neill reported that the skull fragment was delivered "during the latter stages of the autopsy," whereas someone reportedly made the surgery remark at the very beginning. Why wasn't there enough room in a 747-page hard cover book, or any of the subsequent paperback editions, to include the full five-page Sibert and O'Neill report upon which Lifton builds his empire? The only reasonable answer is that readers would then be able to see what deceptive use David Lifton makes of it.

Unquestionably, Lifton's chief witness in support of his "head surgery" theory is Paul K. O'Connor.

On the weekend of the assassination, O'Connor was a Navy 3rd Class Petty Officer attached to the National Naval Medical Center as a student medical technician. Before November 22, he had been working in the Bethesda morgue for six months on 24-hour duty. This meant that he was subject to call at any time.

O'Connor told me last year that, at approximately 2:00 p.m. on the afternoon of the assassination, he and his partner, James Curtis Jenkins, were in the morgue when the Commanding Officer of the National Naval Medical Center, Admiral Calvin Galloway, came in and told them that they would be getting "a very important visitor." They immediately understood this to mean that President Kennedy's remains were being brought to Bethesda for autopsy. Galloway also told them that they were confined to the morgue for the duration. This was O'Connor's first experience in working with a gunshot victim as a "Med Tech" student at Bethesda. (Author's Interview with Paul O'Connor, October 25, 1992)

Mr. Lifton's account of the same introduction to O'Connor's story omits his witness's mention of "2:00 p.m." Therein lies a

problem, since Bethesda, Maryland, was one hour behind Dallas, Texas. If O'Connor is correct, officials at Bethesda knew that the autopsy would be held there at nearly the same moment that Dr. Kemp Clark pronounced President Kennedy dead at Parkland Hospital. This is not beyond the realm of possibility, but it does contradict the widely held belief among students of the assassination that Bethesda did not become the site of the autopsy until Jacqueline Kennedy selected it while en route to Washington aboard Air Force One.

My overall impression of O'Connor was that he is sincere and truthful to the best of his ability; that he remembers vignettes or anecdotes about the autopsy, some of which he has obviously discussed with other participants; but that he has great difficulty placing the events of that night into temporal or sequential order and context. Considering the passage of years, this is hardly surprising, neither does it serve to completely discredit his recollections. It does mean, however, that his statements must be evaluated with great care and caution.

I asked him about the "head surgery" clause in the Sibert-O'Neill report that Lifton expanded into a book:

"You know something? That surgery of the head remark I think started with Sibert or O'Neill. Now what they meant by that, I don't know, but it seems like it's overridden everything else, and it gets involved—there was no surgery of any kind. And I know what surgery looks like.

Q.: Did you hear anyone ask a question like, "Did anyone do surgery to this head?" or was it a definite statement—

A.: There was a question asked somewhat to that effect, but I don't know who asked it, unless it was Humes. I don't know what he was referring to though."

O'Connor allegedly told Lifton there was no brain in the President's skull when the body arrived in the morgue; the cranium was empty. (BE, p. 601) What he told me, however, was that, "There was no brain, just brain tissue." The difference between no brain, some brain, or very little brain shatters Lifton's theory, which holds that the brain was surgically removed, then reimplanted, before the body reached the autopsy.

Mr. O'Connor's partner that day, James Curtis Jenkins, has said that there was a brain in the President's cranium when the body arrived. (Livingstone, Harrison. *High Treason 2*. Carroll & Graf, New York: 1991, p. 92 [and see, op. cit., at pp. 131-135, Livingstone's detailed discussion of the conflicts he found in the statements of Jenkins and O'Connor regarding the handling of the President's body prior to autopsy.]

[Note: Researcher and writer Jerry Policoff points out that, if Lifton's reliance on O'Connor for the allegation that there was no brain is well placed, then the autopsy doctors lied when they purported to conduct a supplemental autopsy on the President's brain two weeks after the assassination. Policoff maintains that Lifton cannot have it both ways, although that appears to be his frequent preference.]

The John Ebersole situation is both analogous to the sensation that Lifton makes out of O'Connor's recollections, and illustrative of the perils and pitfalls in evaluating the accounts of witnesses who have come forward many years after the event. Ebersole was nominally the radiologist in charge of X-raying the President's body and reading those X-rays. He told researcher Art Smith in 1978 that the throat wound was sutured at the outset of the autopsy. Lifton repeated the suture story as he obtained it from Smith. (BE, pp. 541, 606) Ebersole also recalled that the autopsy began at 10:30 p.m. that night (BE, p. 519). This allegation of the autopsy's starting time was a clear error lacking any verification or corroboration, and it is universally contradicted by other available accounts. Lifton excuses Ebersole's mistake, concluding that the throat wound was sutured sometime before what Ebersole thought was the start of the autopsy.

Paul O'Connor, on the other hand, told Lifton that he saw an open tracheotomy wound, not a sutured one, in the anterior neck. (BE, pp. 601, 604) (O'Connor confirmed to me that he did not remember any sutures to the throat wound when the body arrived.) How does Lifton reconcile the divergent observations of O'Connor and Ebersole? He never satisfactorily resolves the problem in his book.

O'Connor explained to me, however, much more of the story than Lifton tells the readers of his book. O'Connor told me that the throat wound was sutured at the behest of the White House physician, Admiral Burkley:

"When he came in he was very upset, very agitated..."



Q.: When you say agitated, in what way? Do you mean grieving, or angry, or what?

A.: Well just about all those emotions, okay? Boiled into one. [He] paced back and forth, paced back and forth, walked back and forth. He'd go over to the phone and call the tower.

Q.: How do you know he was calling the tower?

A.: Well, later on we found out he was calling Bobby. Y'know, word gets around the hospital. So, he'd make his phone call and get back and say: 'The Kennedy family wants you to do this, that, but don't do this, that and the other.' So, he was talking to someone in the Kennedy family. We knew that because that's what his words were. 'The Kennedy family requests that you not do this, not do that, blah, blah, blah, blah.

Q.: Did you personally overhear any of what he was saying—

A.: Oh, yeah, sure.

Q.: —at the time?

A.: But I, verbatim? I couldn't really—I remember that one conversation involved the neck: To make sure the neck wound was sutured and cleaned up real nice, words to that effect—just leave it alone. We were prepared to dissect the neck, which meant we'd have to do more incisions."

When Ebersole's account is taken in conjunction with O'Connor's recollection of throat-wound suturing, it becomes more plausible that the throat wound was sutured that night, not when the body arrived but instead during the autopsy at the direction of Admiral Burkley. Ebersole, who was in and out of the room performing the tedious process of, first taking the X-rays in the morgue, and then leaving to develop them in another area of the hospital, therefore most likely did see a sutured throat wound that night, but is confused as to just when he saw it as the autopsy progressed. (At this writing, Ebersole is terminally ill. The author has been informed that Ebersole was recently interviewed by Dr. David Mantik, another researcher with impressive medical qualifications, and retracted the "suture statement.")

In similar fashion, O'Connor, who admits that he left the morgue during the taking of preliminary X-rays, and at other times to get supplies, may be confused as to just when he noticed the nearly empty cranium.

### The Absurdity of "Trajectory Reversal"

It is difficult to separate Lifton's theory of the assassination and his concomitant conclusions about the medical evidence from his reconstruction of what he believes was done to the body of the President and how it was accomplished. The two areas are inextricably bound together; one predicates the other. To afford Lifton the full justice he is due, and to illustrate the grand sweep of his design, some abbreviated treatment of this aspect of his book is warranted.

Lifton has always been an advocate of the grassy knoll assassin(s). His *Ramparts* piece in 1967 was one of the early "classics" of the genre. The dilemma that confronted him (and everyone else who has dealt with this evidence) is that, notwithstanding the Zapruder film, the Perry news conference, and abundant eye- and ear witness evidence, umpteen forensic specialists who examined the autopsy X-rays and photos before 1981 refused to lend their support to this theory.

Lifton's "solution" to the crime arose as the expedient method of overcoming the obstacle of the autopsy photography and concluding his personal odyssey.

The implication of Lifton's theory of the assassination is that the alteration and reconstruction of the wounds, and the concomitant planting of bullet shells at the scene of the crime (and of a bullet on a stretcher at Parkland Hospital, see BE, p. 345) were necessary. His conspirators had advance knowledge of how President Kennedy would actually be hit by their infallible marksmen, and of what alterations to the President's body would be required to conceal the facts of the crime. Lifton does not conceive of ad hoc improvisation (BE, pp. 362-64).

One assumption implicit in this argument is that Lifton's conspirators were willing to gamble that a front shooter would hit his target, and that they never intended to shoot President Kennedy from other than in front. A further assumption is that the conspirators concluded it would be more desirable for them to fabricate downward trajectories than for a rear shooter to inflict them during the assassination.

### The Main Weaknesses of Lifton's Theory

Texas Governor John Connally was unquestionably struck from the rear. "Lifton makes no attempt to explain Connally's wounds within the terms of his theory. He does not seem to notice the problem at all." (Powers, Thomas and Alan Rich, "Robbing the Grave," *New York Magazine*, February 23, 1981, p. 46) Would Lifton have us presume that Governor Connally volunteered to take a near fatal shot from behind to assist the conspirators in persuading the world that someone was indeed firing from the rear? Or, perhaps the assassins, throwing caution to the winds, chose to shoot Connally from the rear, but not JFK, to that same end, supremely confident in their ability to hit one but not the other by mistake. What if whoever shot Connally (assuming as James Reston, Jr. does, that he was a deliberate target) had missed and instead shot Kennedy by mistake?

Another, even more pivotal weakness of Lifton's trajectory reversal idea (BE, p. 343) is that it rests upon the assumption that the three bullet shells which were found on the sixth floor of the Texas School Book Depository near the window from which the Warren Commission alleged that Oswald fired the shots were planted by conspirators, and upon the further assumption that the plan called for the number of wounds inflicted during the shooting to correlate perfectly with the number of allegedly planted bullet shells.

This, however, is not necessarily so: If a greater number of shells existed than wounds, it could be explained away that one or more of the shots fired had missed their target. If, however, fewer shells existed than wounds "attributable" to them, then the wounds would have to be correlated in such a way as to accommodate the number of shells. Moreover, Lifton makes no effort to address the weighty issue whether the three shells would have been planted before or after the shooting, let alone how or by whom.

Lifton acknowledges this problem:

"One fact of my hypothesis was that it demonstrated, in theory at least, that the plotters could know, once they saw the body, how much ammunition was needed, and so could coordinate the planting of bullets with the fabrication of trajectories." (BE, p. 359)

Really? How would they know how many bullet fragments to plant? Did they know how many times John Connally was struck? Could they plant fragments in Connally's chest, wrist and thigh?

Wasn't it necessary, in Lifton's world, to plant the three cartridge shells beforehand? Ignoring the faults implicit in his a priori reasoning, consider the consequences. I am grateful to researcher W. Anthony Marsh for pointing out that, if the conspirators had planted the three cartridge shells in the Book Depository, but "gotten lucky" and made the fatal hit with one shot from the knoll, the conspiracy would have been immediately exposed. As he further muses, the number of known or suspected separate and distinct shots far exceeded the three shells recovered (JFK's head and upper back/lower neck, Connally's chest and wrist, the limousine windshield and chrome topping, and bystander James Tague).

I agree with many students of the case that there are doubts about the legitimacy of CE 399. Looking at the totality of Lifton's ammunition-planting scheme, however, why plant a whole bullet on a stretcher, but only fragments in the car? What about the fragments that actually were found in the President's skull, or those that were too minute to recover? Were they planted (and perhaps "sprayed" through the brain) too?

How did the plotters know that a bullet fired from the front would not completely escape the limousine and later be recovered—maybe hours or days after the shooting?



Further weaknesses

Bullets make tracks through the body, not just holes on the skin surface. Conspirators would have to chance that the autopsy pathologists would not be curious why fake rear bullet entries on the right side of the President's body and head did not make exits on the left front side of the body and head.

One of the earliest seeds of doubt concerning the case was the eye- and ear witness testimony that sounds of gunshots attracted their attention to the knoll. Also, Lifton's conspirators would have had to consider the possibility that a grassy knoll assassin would be apprehended by police or aroused citizens before he could either conceal his weapon or escape or do both.

What if Kennedy had lived? What if he had miraculously escaped from Elm Street with only a non-life-threatening throat wound?

What if Jacqueline Kennedy or someone else in the limousine had been hit from the grassy knoll or front by mistake?

What if an innocent bystander had been accidentally hit by a grassy knoll bullet?

### The Back Wound

During the early days of the controversy surrounding President Kennedy's assassination, critics of the Warren Commission contested the single-bullet theory, that one shot traversed the bodies of both President Kennedy and Governor John Connally causing a total of seven wounds to both men, with evidence from the Commission's own investigation that the President's back wound was too low to have followed a trajectory consistent with the Commission's reconstruction. In *Best Evidence* David Lifton takes the same body of evidence and bends it to his own purposes, contending that it was fraudulent and, therefore, untrustworthy.

Lifton argues that the wound in President Kennedy's back was shallow and had no exit because it was artificially made by the conspirators during the alteration of Kennedy's body. He reminds us that Sibert and O'Neill's account of the unsuccessful probing of that wound at autopsy is "inconsistent with the subsequent autopsy conclusion that the bullet passed all the way through..." (BE, p. 344). (Here, Lifton overstates his case. The inconsistency was only with a downward trajectory from back-to-front.) Distracting his readers with autobiographical musings, Lifton does not detain us with an explanation of why he relies on the Secret Service description of the head wound, while rejecting their description of the back wound as a sham. (BE, pp. 311-312)

How does Lifton account for the fact that the President's back wound was too low to support a downward trajectory from the sixth floor of the Depository? How could such a crucial mistake arise in such an elaborate scheme? Lifton theorizes that back wound was fabricated before anyone knew of the throat wound. (See BE, p. 347 fn.) The mistake in placing the fake back wound too low was due to his conspirators' ignorance. (BE, p. 374) It may be asked why, if the conspirators were ignorant of the throat wound, which could later be termed the exit for a bullet, they found it necessary to create the back wound at all? In other words, why deliberately create a wound for which there would be no apparent exit? Naturally, Lifton has an answer for this. He theorizes that the conspirators meant for the so-called "stretcher bullet" (CE 399) discovered at Parkland Hospital to be "paired" with the false back wound that they would create, so they planted the bullet at Parkland Hospital. (BE, p. 345) Further, according to Lifton, this was the only purpose of the wound—to link it to an "Oswald bullet", not to conceal the true nature of the wounds on the front of the body. (See BE, page 347 fn., and pages 372-374)

Weighing the weaknesses and the risks inherent in such a scheme, the argument appears preposterous:

It commits the conspirators to using up one whole bullet out of three (i.e., the shells found in the depository).

(Would not Lifton's conspirators have had to make absolutely sure, before planting the bullet, of how Kennedy indeed was hit? Wouldn't it be careless of them not to? In other words, Lifton wants it both ways: a careful, pre-planned scheme to

alter the body, but with no immediate reconnaissance to determine what alterations were necessary or tolerable.)

It assumes that no Parkland doctor, nurse or orderly would even have the opportunity to observe the President's back;

It assumes the bullet would indeed be found and turned over to the Secret Service, not lost or pocketed by a souvenir hunter;

It assumes Jacqueline Kennedy would be silent as to whatever she observed.

A more elegant and obvious solution, it seems, would have been simply to embed a slug in the back wound and have it found at autopsy. Would this not have provided the strongest possible case against Oswald?

Lifton's thesis that the back wound was fake, and any evidence that it was real was invented for corroboration, labors under a weighty burden of evidence.

#### Secret Service Agent Glen Bennett

Secret Service Agent Glen Bennett was riding in the right rear seat of the Secret Service follow-up car behind the presidential limousine. Bennett saw a shot hit the President in the back, probably the second shot fired in the assassination. During the return trip to Washington aboard Air Force One on the afternoon of the assassination, Bennett wrote the following notes in hand

"The President's auto moved down a slight grade and the crowd was very sparse. At this point I heard a noise that immediately reminded me of a firecracker. I immediately, upon hearing the supposed firecracker, looked at the Boss's car. At this exact time I saw a shot that hit the Boss about 4 inches down from the right shoulder; a second shot followed immediately and hit the right rear high of the Boss's head." (CE2112 at 24H 542)

But see Bennett's formal typed report, in which he differs on sequence.

"I heard what sounded like a fire-cracker. I immediately looked from the right/crowd/physical area/and looked towards the President who was seated in the right rear seat of his limousine open convertible. At the moment I looked at the back of the President, I heard another fire-cracker noise and saw the shot hit the President about four inches down from the right shoulder. A second shot followed immediately and hit the right rear high of the President's head." (CE1024; 18H760) (dated 11-23-63)

Since David Lifton's theory requires that President Kennedy was not shot in the back, because he alleges that shots were fired only from in front, Lifton is forced to insinuate that Bennett was in on the plot, and that his reports of what he observed were intended to provide a "cover story" for the plotters. In Chapter 11 of *Best Evidence*, Lifton asks why else the Director of the Secret Service, James Rowley, would have sent Bennett's reports to the Warren Commission. Lifton fails to mention, of course, that by providing Bennett's reports, Rowley was offering eyewitness evidence that the location of the back wound was far below where the official autopsy results placed it.

If Rowley intended to prove either the existence or the location of the back wound to the Warren Commission, his effort was certainly redundant. The Commission both received and ignored abundant evidence in this regard. Lifton did not consider an equally plausible motive: Secret Service Agent Kellerman testified that no one was aware of the wound in President Kennedy's back until his body was lifted up from the autopsy table by one of the pathologists, Lt. Col. Pierre Finck. As I discussed in Chapter Four, Kellerman's testimony directly contradicted a field memorandum filed by the FBI's Sibert and O'Neill as an adjunct to their narrative report on the autopsy. There, the FBI agents reported that, during a conversation that included Kellerman, Dr. Burkley referred to the back wound before the start of the autopsy. Rowley's transmittal of the Bennett reports to the Commission contradicted the sworn testimony of another of his agents, Roy Kellerman. Rowley may have meant to alert the Commission that Kellerman's testimony was erroneous, perhaps even deliberately untruthful, by providing them with the Bennett statements. This could have been a bureaucrat's canny ploy to wash his hands clean of a possibly deliberate effort by the Secret Service to discredit the FBI's reporting of the autopsy.



Whatever Rowley's motivation may have been, however, there are certainly less sinister possibilities than the one that Lifton proposes.

### The President's Clothing

Lifton alleges that the plotters created fake holes in the rear of the President's clothing. The holes in the clothing were artificially inflicted in the wrong locations, however, because the conspirators, not realizing the existence of the throat wound at the time, had committed the mistake of making the back wound too low. (*Best Evidence*, Chapter 9) How does he dismiss the discrepancy in the holes' sizes? The conspirators made another mistake. If that is the case, however, their "mistake" was most fortuitous. For one thing, it left minute traces of copper embedded in the margins of the "fake" bullet holes: "Minute traces of copper" were found around the edges of the holes in the back of the jacket and shirt. (FBI, Memo of Jevons to Conran, November 26, 1963, #62-109060-1086). Also, Lifton's conspirators "mistakenly" made one hole higher on the back than the other.

Consider the testimony of FBI Special Agent Robert Frazier, who was assigned to the FBI laboratory's firearms identification unit in Washington, D.C.:

"Mr. Frazier. There was located on the rear of the coat 5-3/8 inches below the top of the collar, a hole, further located as 1-3/4 inches to the right of the midline or the seam down the center of the coat; all of these being as you look at the back of the coat." (5H 59)

"Mr. Specter. Did any tests conducted on the coat disclose any metallic substance on that area of that hole?"

Mr. Frazier. Yes, sir. I had a spectrographer run an analysis of a portion of the hole which accounts for its being slightly enlarged at the present time. He took a sample of cloth and made an analysis of it....Traces of copper were found around the margins of the hole in the back of the coat, and as a control, a very small section under the collar was taken, and no copper being found there, it was concluded that the copper was foreign to the coat itself." (5H59)

"Mr. Frazier. I found on the back of the shirt a hole, 5-3/4 inches below the top of the collar, and as you look at the back of the shirt, 1-1/8 inch to the right of the midline of the shirt, which is this hole I am indicating." (5H 60)

"Mr. Dulles. Is the hole in the shirt and the hole in the coat you have just described in a position that indicates that the same instrument, whatever it was, or the same bullet, made the two?"

Mr. Frazier. Yes; they are. They are both--the coat hole is 5-3/8 inches below the top of the collar. The shirt hole is 5-3/4 inches, which could be accounted for by a portion of the collar sticking up above the coat about a half inch.

Mr. Dulles. I see.

Mr. Frazier. And they are both located approximately the same distance to the right of the midline of both garments.

Now, on the front of the shirt, I found what amounts to one hole. Actually, it is a hole through both the button line of the shirt and the buttonhole line which overlap down the front of the shirt when it is buttoned.

Mr. Specter. Proceed.

Mr. Frazier. This hole is located immediately below the button being centered seven-eighths of an inch below the button on the shirt, and similarly seven-eighths of an inch below the button hole on the opposite side.

The Chairman. You are speaking of the collar button itself, aren't you?

Mr. Frazier. The collar button.

The Chairman. Yes.

Mr. Frazier. In each instance for these holes, the one through the button line and the one through the buttonhole line, the hole amounts to a ragged slit approximately one-half inch in height. It is oriented vertically, and the fibers of the cloth are protruding outward, that is, have been pushed from the inside out. I could not actually determine from the characteristics of the hole whether or not it was caused by a bullet. However, I can say that it was caused by a projectile of some type which exited from the shirt at that point and that is again assuming that when I first examined the shirt it was—it had not been altered from the condition it was in at the time the hole was made.

Mr. Specter. What characteristics differ between the hole in the rear of the shirt and the holes in the front of the shirt which lead you to conclude that the hole in the rear of the shirt was caused by a bullet but which are absent as to the holes in the front of the shirt?

Mr. Frazier. The hole in the front of the shirt does not have the round characteristic shape caused by a round bullet entering cloth. It is an irregular slit. It could have been caused by a round bullet, however, since the cloth could have torn in a long slitlike way as the bullet passed through it. But that is not specifically characteristic of a bullet hole to the extent that you could say it was to the exclusion of being a piece of bone or some other type of projectile." (5H60–61)

FBI photos taken of the President's jacket and shirt are part of the Warren Commission exhibits in the National Archives and have been published in numerous books about the assassination. Lifton's imagined conspirators had such a hot streak that day that they made it appear as though a bullet entering the President's back would have had to turn upward to exit his neck.

#### The Parkland Nurses

Sylvia Meagher, in a note to page 140 of her treatise, *Accessories After The Fact*, called attention to another of Arlen Specter's shenanigans in the development of the medical evidence:

Two nurses who had assisted the team of doctors in the emergency room remained there with the President's body after he was pronounced dead. Both nurses testified that they undressed the body, cleaned it, and wrapped it in sheets. The natural question for counsel to pose was whether either of the nurses had seen a wound in the President's back while performing these procedures, but this was not asked. (6H136–137,141)

Harrison E. Livingstone will reveal in a book soon to be published that one of the Parkland nurses, Diana Bowron, who was within close proximity to the President at all times, has been located. She was one of those who washed and cleaned the body after death to prepare it for transport. She has been interviewed and has made a signed statement. She has also examined the purported photograph of the back wound. She says there was a bullet wound in Kennedy's back at Parkland, approximately six inches below the juncture of the neck and shoulder.

#### The Throat Wound

Lifton suggests an attempt to hide the throat wound from the autopsy pathologists (BE, p. 545), but he does not explain why his conspirators would not likewise have attempted to conceal the holes in the President's shirt collar, and the nick in the tie.

About the throat wound. If it was an entrance, as the Liftonites contend, then why would the entering bullet make such a neat round hole in the throat yet only a small tear in the right lateral wall of the trachea? And, where would that bullet have gone? In the nearly twenty-nine years since the Warren Commission's evidentiary appendices were published, no one has yet proposed a persuasive answer to either of these questions.



## The Windshield

Mr. Lifton has alleged that damage sustained to the windshield of the presidential limousine during the assassination was also faked to support the illusion of shots fired from the rear. Lifton got a copy of former Dallas Police Chief Jesse Curry's book, *JFK Assassination File*, in December 1969. (Lifton, David. Postcard to Sylvia Meagher, December 13, 1969). Had he studied the clear photographs in Curry's book, as researcher W. Anthony Marsh has done, he would have found a nice one of the limousine at Parkland Hospital's emergency room loading dock, taken moments after the assassination. The photo shows damage to the windshield and its chrome trim.

## Hedging the Bet: Photo and X-ray Alteration

How does David Lifton deal with the fact that the medical technicians say the autopsy photos are fake? For example, X-ray technician Jerroll Custer has said that the autopsy X-rays now in the National Archives are not the ones that he took during the autopsy, and are not of President Kennedy. (Livingstone, Harrison E., *High Treason 2*. Carroll & Graf, New York: 1991, p. 130) While it is difficult at times to tell, it appears that David Lifton argues for either one of two propositions: Either the alteration of the President's body that he terms a "medical forgery" was so skillful that it fooled the pathologists at the autopsy bench, or else it was bungled and the pathologists were fully aware of the scheme.

Lifton theorizes that the rear head wound that he believes was seen in Dallas was "erased" by restoring the back of the head, at least on the autopsy photos and X-rays (BE, pages 505–506) He suggests that the false photographic and X-ray record was created after midnight.

Was President Kennedy's body altered to deceive the autopsy surgeons, or to deceive the camera? Was there no alteration to the body, but falsification of the photographic record? These questions are central to the conspiracy question, yet after leading his readers through several hundred pages of endless speculation before raising them, Lifton does nothing more than to fudge his answers.

If the "medical forgery" of wounds on the President's body that Lifton has imagined was so good, why substitute faked photos and X-rays? Lifton replies:

"The plot was elegant in conception but bungled in execution," he is reported to have explained. "What was supposed to happen isn't what did happen...and that's why what did happen looked so chaotic and blundering." ("His J.F.K. Obsession: For David Lifton, The Assassination is a Labyrinth Without End," *Los Angeles Times*, November 20, 1988, Id.)

In other words, Lifton's bogeymen, though unknown and invisible, are subject to Murphy's Law.

## Recapitulation

Lifton's conspiracy theory, which earns a new definition for "internal logic", requires assassins firing frangible bullets only from somewhere in front of Kennedy for the purpose of leaving the rear of his body unmarked, and for leaving only shallow entrance wounds later to be enlarged to appear as exits, and further calls for post hoc accessories to the crime manually creating rear entrance wounds to mislead the autopsy surgeons.

His assassins could not risk firing from behind Kennedy for fear of creating undesired trajectories, although rear-to-front trajectories are exactly what they wanted!

In Lifton's arcane world, everyone purposefully acts in a certain way to achieve diametrically opposite results. He claims to enjoy a profound psycho linguistic empathy and rapport with Dr. Humes, the chief autopsy pathologist. As I discussed in Chapter Three, no matter what Humes has said in his testimony, Lifton always seems to know what he really means.

Lifton ignores that the autopsy X-rays and photos were secreted away; that physical specimens from the autopsy are still

missing; and, that the chain of possession of all these items is muddled. Why would these events have occurred if, as Lifton asserts, a perfectly planned medical forgery framing Lee Harvey Oswald went undetected?

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