Dr. Gary Aguilar
909 Hyde St.,530
San Francisco, CA 94109

5/23/95

Dear Gary,

As I believe I told you I'm trying to get s much on paper as I can while I can. I think your going to Guatemala was great! Wish more took the time for there and elsewhere, especially where we are so responsible for their plight. And I hope that is the reason you did not respond to the several letters in which, because you have an office staff, I ask you to do a few simple things that are now beyond me. As an example, why I write this now rather than return to the writing I laid aside for some errands in town. When I left the newspaper office where there is one step to the sidewalk my right knee, which with that thigh has been bothersome for a year since an accident in which I was broadsided, gave way. I've got wraps 4" wide, wider than necessary but all they had, on my right wrist, knee and arm. With enough smaller ones elsewhere. I've about enough time for this before the family doctor will squeeze me in and and make things look less disasterous than the first aid at the newspaper office. Rendered by at least a half-dozen! So, I'm frail yet I ask little from others and I'm disappointed what I ask, not really for myself but for others, is ignored. So I'm glad to hear you were doing good things.

Hal and Paul have the index. I've not looked at it or at NEVER AGAIN! to keep going on my Mailer's Tales, now about 90,000 words and far from done. But the index was not proofread, if it was copy read. I've been told that there is a Kennedy omission and that the paging if off, by one page and then by two. The friend who told me that also said that knowing that he had no trouble using it.

As another of those ~~answers~~ letters told you I did not get enough books to send to all I intended, you and Anna Marie included. I've asked for more without even acknowledgement and there is nothing I can do about it.

We picked the mail up as we left and I read your enclosure at lunch. It does not encourage me to change a single thing I've said about this in the past and I hope you and Mantik will think of your professional reputations if you publish and this kicks back on you. You depend on interpretations that can as easily be interpreted as you do not, on sources of well-established undependability which you have always refused to recoghize and you ignore some of the most important of the evivence you pretend to be basing your belief on, those 40 dust-like fragments the X-rays show. Impossible, absolutely impossible for military ammo or a shot from the back.

Because there is no doubt at all that the autopsy film destroyed the official story, you and Mantik will be well advised to find something you find persuasive to explain to yourselves why anyone would go to the risk of faking that film only to have it destroy what it was faked to support. Gary, this makes no difference to me but I hate to see two well-intended and decent people hurt themselves professional.

Best, Harold

Th ings look more, not less disasterous. I've four four-inch Ace bandages, three atop gauze wrappings that are over large nonstick pads and one on the foot the doctor thought might have broken bones in it. He'll get the report on the X-rays this morning.

I take this time in your interest. It makes no difference to me or in my work.

There is a great danger in beginning with an idea and trying to prove it because, as you do, you ignore all that does not agree. It is important to be your own devil's advocate. No matter how attractive what you believe is to you, no matter how much you think you have mustered in support of it, what you sent me has too many flaws and weaknesses in it and persuasive as it is to you, in plain English it makes no sense at all.

People like Lifton can get away with such stuff, even prosper from it. But you and Mantik are doctors and your reputations can be hurt. I am sure you'll find doctors who do not agree with the official mythology also opposing you if and when you are published.

When I cautioned you that Lifton and his work are not to be trusted your reply was you had no other source on the medical evidence. Aside from the fact that was not true I see you in this paper depend on his stuff that just does not stack.

So I again urge you both to try to be your own devil's advocate, to ask yourselves if the observations you trust perhaps cannot be, if the interpretations you make of what you cite mean what you say it means and nothing else.

GARY L. AGUILAR, M.D.
909 HYDE STREET SUITE 530
SAN FRANCISCO, CALIFORNIA 94109

TELEPHONE 775-3392

5-19-95

DEAR HAROLD,

GREAT TO HEAR FROM YOU! JUST GOT BACK FROM CHARITY WORK IN A GUATEMALAN HOSPITAL.

I RAN ACROSS THIS & FOUND IT OF INTEREST. WROTE ANDY PURDY & M. FLANAGAN OVER A MONTH AGO & THEY'VE NOT ANSWERED. FASCINATIN'

BEST TO YOU!

Gary

The House Select Committee on Assassinations and JFK's skull wound evidence.

By

Gary L. Aguilar, MD - March 30, 1995

Parkland witnesses to JFK's skull wound virtually unanimously described a defect in the right rear of JFK's skull. For example, neurosurgery professor, Kemp Clark, MD, closely examined JFK skull and wrote on 11/22/63, "There was a **large wound beginning in the right occiput extending into the parietal region....Much of the skull appeared gone at the brief examination...**" (Emphasis added) (Exhibit #392: WC V17:9-10) Dr. Clark's claim of a rearward skull defect was also repeated by Parkland witnesses Drs. Marion Thomas Jenkins, Malcolm Perry, Robert McClelland, Charles Carrico, Ronald Coy Jones, Gene Aiken, Paul Peters, Charles Rufus Baxter, Robert Grossman, Richard Brooks Dulaney, Fouad Bashour, and others. A skull defect in the right rear seems incongrous with a bullet entering the rear of the skull and supposedly exiting the front, as is alleged to have resulted from Oswald's fatal shot. The autopsy photographs contradict the Parkland witnesses - they show an "anterolateral", defect, that is a defect on the right side toward the front. The inconsistencies have raised the question of possible photographic tampering.

Regarding this dilemma, The House Select Committee on Assassinations (HSCA) wrote, "Critics of the Warren Commission's medical evidence findings have found (sic) on the observations recorded by the Parkland Hospital doctors. They believe it is unlikely that trained medical personnel could be so consistently in error regarding the nature of the wound, even though their recollections were not based on careful examinations of the wounds... In disagreement with the observations of the Parkland doctors are the 26 people present at the autopsy. All of those interviewed who attended the autopsy corroborated the general location of the wounds as depicted in the photographs; none had differing accounts...it appears more probable that the observations of the Parkland doctors are incorrect." (Emphasis added. HSCA, Vol. 7:37-39) The statement is supported by reference to "Staff interviews with persons present at the autopsy."

Recently released documents reveal for the first time that the HSCA misrepresented the both the Warren Commission statements of the Bethesda witnesses, as well as its own "staff interviews", on the location of JFK's skull defect. Rather than contradicting Parkland witnesses that there was a rear defect in JFK's skull, Bethesda witnesses corroborated them. Bethesda witnesses not only described a rear defect to HSCA, they also drew diagrams that overwhelmingly showed a defect at the rear, or right rear of JFK's skull. By falsely representing the data, including its own, HSCA writers inaccurately portrayed Bethesda witnesses as contesting the observations of Parkland witnesses who in fact they supported. They apparently also sought to quell the controversy regarding the autopsy images which show no defect where Parkland, and now incontestably Bethesda, witnesses all saw it. Discouragingly public access to these inconvenient interviews and diagrams, which were of no national security value whatsoever, was to have been restricted for 50 years.

In preparing its report, the HSCA failed to acknowledge the Warren Commission testimonies of credible Bethesda witnesses who described a rear defect. Secret Service agent, Clinton Hill reported a wound on "**the right rear portion of the skull**." (WC--CE#1024, V18:744 - emphasis added). Secret Service agent, Roy Kellerman, told the Warren Commission's Arlan Specter, that JFK's skull defect was "**To the left of the (right) ear, sir, and a little high; yes...("Indicating the rear portion of the head.") was absent when I saw him**." (WC-V2:80-81)(emphasis added). After Secret Service agent William Greer manually demonstrated the defect's location to the Commission, Arlan Specter asked, "**Upper right side, going toward the rear. and what was the condition of the**

skull at that point?" Greer: "The skull was completely--this part was completely gone." (Warren Comm--V2:127 - emphasis added) Moreover, other Bethesda witnesses interviewed by authors David Lifton, Harrison Livingstone and Robert Groden, as well as others, also described a rear defect in the skull much like that given to the Warren Commission and the HSCA by its Bethesda witnesses. (Available by request. Space constraints prevent a complete listing.)

The HSCA's interviews demonstrated a remarkable consistency between the Bethesda witnesses' claims to the Warren Commission, to authors, and to the HSCA - as well as the recollections of Parkland witnesses. James Curtis Jenkins, in a Pathology Ph.D. program at the time of the autopsy, was a laboratory technologist who worked with the autopsy team on JFK. The HSCA's Jim Kelly and Andy Purdy reported that Jenkins "said he saw a head wound in the '...**middle temporal region back to the occipital;**." (HSCA interview with Curtis Jenkins, Jim Kelly and Andy Purdy, 8-29-77. JFK Collection, RG 233, Document #002193, p.4 - emphasis added.) Jenkins prepared a diagram for the HSCA that was only recently released. It confirms his verbal description of a defect in the right rear of the skull.

FBI agent James Sibert was interviewed by the HSCA's Jim Kelly and Andy Purdy who reported, "Regarding the head wound, Sibert said it was in the "...**Upper back of the head**." (sic) In an affadavit prepared for the HSCA Sibert claimed, "The head wound was in the **upper back of the head**.", and "...a large head wound in the **upper back of the head** with a section of the scull (sic) bone missing..." Sibert sketched a drawing of the skull wound and traced a small wound square in the central rear portion of the skull, slightly above the level depicted for the ears but well below the level depicted for the top of the skull. (HSCA REC # 002191 - Emphasis added.)

Tom Robinson was the mortician who prepared John Kennedy's remains for ~~his coffin~~ BURIAL. Robinson assisted with the preparations for an open casket funeral so preparation of the skull was especially meticulous. Robertson described the skull wound in a 1/12/77 HSCA interview with Andy Purdy and Jim Conzelman:
Purdy asked Robinson: "Approximately where was this wound (the skull wound) located?"
Robinson: "**Directly behind the back of his head**."
Purdy: "Approximately between the ears or higher up?"
Robinson, "No, I would say pretty much between them." (HSCA rec # 189-10089-10178, agency file # 000661, p.3 - emphasis added. On the day of their interview Purdy and Conzelman signed a diagram prepared and also signed by Robinson. The sketch depicts a defect directly in the central, lower rear portion of the skull. (HSCA doc # 180-10089-10179, agency file # 000662)

Jan Gail Rudnicki was Dr. Boswell's lab assistant on the night of the autopsy. Rudnicki was interviewed by HSCA's Mark Flanagan on 5/2/78. Flanagan reported Rudnicki said, the "**back-right quadrant of the head was missing**." (Emphasis added. HSCA rec # 180-10105-10397, agency file number # 014461, p.2.) The author is unaware of any diagram Rudnicki might have prepared.).

John Ebersole, MD, was the attending radiologist at JFK's autopsy. In HSCA testimony recently released, Ebersole claimed, "The back of the head was missing..."(HSCA interview with Ebersole, 3-11-78, p.3), and when shown the autopsy photograph with the back of the scalp intact, Ebersole commented, "You know, my recollection is more of a **gaping occipital wound** than this but I can certainly not state that this is the way it looked. Again we are relying on a 15 year old recollection. But had you asked me without seeing these or seeing the pictures, you know, I would have put the wound here rather than more foreward." (HSCA interview with Ebersole, 3-11-78, p. 62). Yet

Ebersole claimed that "I had the opportunity (to examine the back of JFK's head while positioning the head for X-rays) (HSCA Ebersole interview, 3-11-78, p. 64). Later Ebersole said, "...perhaps about 12:30 (AM) a large fragment of the occipital bone was received from Dallas and at Dr. Finck's request I X-rayed these (sic)...". If an occipital bone fragment did arrive late for the autopsy, the defect must indeed have been posterior. The occipital bone is at the base of the rear of the skull. No diagram from Dr. Ebersole has been released by the HSCA and none may have been prepared by him.

Philip C. Wehle- then Commanding officer of the military District of Washington, D. C., described the head wound to the HSCA's Andy Purdy on 8-19-77, who reported, "(Wehle) noticed a slight bruise over the right temple of the President but did not see any significant damage to any other part of the head. He noted that the wound was in the **back of the head so he would not see it because the President was lying face up**; he also said he did not see any damage to the top of the head, but said the President had a lot of hair which could have hidden that...." (Emphasis added. HSCA record # 10010042, agency file # 002086, p. 2) The author is unaware of any diagram Wehle might have prepared for the HSCA. If the photographs depicting a skull defect anterolaterally are accurate, it is hard to imagine how such a defect would have been invisible to Wehle with JFK lying face up.

Chester H. Boyers "was stationed at Bethesda naval hospital and was the chief Petty Officer in charge of the Pathology Department in November 1963." (HSCA Telephone contact--Mark Flanagan, 4/25/78, rec #? 13614). Flanagan reported, "In regard to the wounds Boyers recalls an entrance wound in the rear of the head to the right of the external occipital protuberance which **exited along the top, right side of the head towards the rear** and just above the right eyebrow." (Emphasis added. HSCA Telephone contact--Mark Flanagan, 4/25/78, rec #? 13614, p. 2.).

FBI agent Francis X. O'Neill prepared a diagram for the HSCA showing a defect in the right rear quadrant of JFK's skull. The author is unaware of a report of an interview with O'Neill among the files released by the HSCA.

The only statement I found in HSCA interviews that is not frankly incompatible with the photographic images, which only imperfectly suggest an anterolateral defect (personal opinion having seen the original images at the National Acrhives by permission of the JFK family), is that attributed to Captain John Stover, then Commanding Officer of the National Naval Medical School. The HSCA's Mark Flanagan reported, "Stover observed...a wound on the top of the head..." Stover's description is so ambiguous to be of no use to either side of the debate.

That the HSCA's summary of its own interveiws with Bethesda witnesses is so at variance with what these people actually said suggests there may have been another reason the HSCA wished the documents to be publicly unavailable for 50 years. Whether Parkland and Bethesda witnesses both miraculously made the identical error in describing a right-rear defect, rather than an antero-lateral defect, is problematic to say the least, but besides the point. The HSCA did no service to the truth by misrepresenting Warren Commission testimony and its own interviews (if this data was the basis for the summary) to settle the still simmering controversy of where JFK's skull defect was.