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# On the Rim of the Black Hole:

## Exploring the New Medical Evidence

### in the JFK Case

By Milicent Cranor

There are black holes in the history of our country and, at the core of one very large one, is the Kennedy assassination. A black hole is invisible, so dense that nothing escapes it, not even light. You know it is there by the way the light from a distant object curves around it. Light, which normally seems to travel in a straight line, is actually bent by the weight of the black hole. And the same thing happens to the reporting of certain facts. Some facts will never escape, but those that do are frequently bent. You can easily capture this distortion of history by documenting the contrast between (a) what someone says is on record, and (b) what is actually on record. Another way to obscure the truth is to simply give it competition.

#### A BLINDING DISTRACTION

One of the objects to disappear into the black hole was John Kennedy's brain. Was there a reason? The Parkland doctors who examined Kennedy shortly after he was shot said there was a large hole in the right rear of Kennedy's head, through which both cerebral and cerebellar tissue was lost. These doctors include the former chairman of the Department of Neurosurgery at Parkland Hospital, W. Kemp Clark, M.D. But all were qualified to distinguish cerebrum from cerebellum. No one at Bethesda, no one on the Clark Panel, no one on the HSCA Medical Panel, and no one the ARRB could have consulted is more qualified than Kemp Clark, a brain surgeon, to distinguish between these two parts of the brain. But then, perhaps, so could a medical student. The point is, whatever damage the Parkland doctors missed that was elsewhere on the head (they did not take the head apart), they are fully qualified to comment on what they did see.

Cerebellar tissue escaping from a large hole in the back of the head announces a shot from the front or from the side. Not even a tangential hit from behind could create the pattern of damage described by either Parkland or Bethesda.

The cerebellum is located low, in the back of the head. It is lower than the level of the official 1963 location of the entrance wound (which was "raised" about four inches to the level of the cowlick in 1968). More important, the structure of the cerebellum is very different from the cerebrum. The grooves (sulci) separating the convolutions (gyri) of the brain are much, much closer together. In two dimensions, the grooves on the cerebellum are only about one-sixteenth of an inch apart. On the cerebrum, they vary from one-fourth to one-half an inch or more. While damage can be so great as to obliterate that which distinguishes the two structures, specialists assure me it is highly unlikely damage could render cerebrum the appearance of cerebellum.

If even the smallest amount of cerebellum escaped the head, the area of remaining cerebellum from which it was torn would be characteristically and conspicuously affected. Parkland's Robert McClelland, M.D. told Gerald Posner that he "saw a piece of cerebellum fall out on the stretcher."

The Parkland description of the head damage—in contrast with the government version of the damage and how it came about—are all you really need to know to determine that (a) John Kennedy was killed by a conspiracy, and (b) the government is deeply involved in covering it up. The Parkland Hospital reports (especially Kemp Clark's) are, therefore, devastating.

In the ARRB Staff Report of July 31, 1998 that accompanied the release of medical records, there is not one word about how damaging this testimony continues to be—nor how it was confirmed by so many witnesses in so many ways from so many angles.

The ARRB Summary Report did, however, place great emphasis on the unreliability of witnesses. This was demonstrated at the end of the Report with an example that amounts to a blinding distraction, and damages the credibility of a class of witnesses whose statements support conspiracy: the Parkland doctors. In his May 1998 speech before the public at Stanford University, Jeremy Gunn, General Counsel for the ARRB, recounted this example that—despite the qualifier concerning its irrelevance—is likely to overshadow more telling evidence in the uninformed layman's mind:

There's one doctor—this'll be [in] the conclusion on the eye-witness testimony—there was one doctor who was one of the treating physicians of President Kennedy at Parkland Hospital, whom I interviewed... And he remembered seeing Jackie Kennedy walk in... He said, "This just burned in my memory. I remember Jackie being there in a white suit."

And here you had one of the treating physicians who remembers Jackie wearing a white suit. And I assume he wasn't lying to me...

Then he describes some other things about the autopsy, or about the treatment of President Kennedy. Let's suppose that I think he's wrong on what he says about something that happened in the treating room. What can I say? This guy is so wrong, he doesn't even remember what kind of suit Jackie Kennedy was wearing. You could dismiss his testimony. Just dismiss it.

Or suppose that I think what he said what happened at the treating room was what I think happened too. And I said, well, his memory of the suit, that's not relevant. What is relevant is his professional skill as a doctor. He's not into fashion. He's into being in medicine. So I can trust what he's saying there.

And that's one of the problems that you have with the Kennedy assassination.

You have all this wealth of information, and people pick and choose... and you end up having all of this confusion.

Well, the public has a right to know that a Parkland doctor said Jackie's suit was white. A Commission to Investigate the White Suit Memory should be established. A White Paper on the White Suit Memory should be issued and studied in depth.

Why did Gunn use up time, space, and limited attention span on a remark that, despite its meaninglessness, creates such an indelible image? If members of the ARRB wanted to demonstrate confusion, they could have chosen a meaningful example. But the medical reports are noteworthy for their absence of confusion where it counts, and the consistent nature of the confusion documented. These reports suggest the witnesses, if anything, were confused by apparently falsified evidence from sources they trusted. Here is an example of some interesting confusion, from John Ebersole, M.D., Acting Chief of Radiology at the time, upon being shown autopsy photos of the head:

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 gaping wound here rather than more forward. (HSCA interview 3/11/78 pp. 62-3)

Elsewhere, Ebersole had said "the back of his head was missing." And he identified a large bone fragment—claimed by the pathologists to come from the front of the head—as "a large fragment of the occipital bone." (p. 5) Even more confusing is the fact that Ebersole identified the skull x-rays he was presented as the same ones he took. (p. 16) We do not know for a fact that he was shown the same x-rays we see, but we know the latter do not show "the back of the head missing." So Ebersole was confused by the evidence itself; some of which he had a hand in making.

The ARRB Summary Report might have mentioned the fact that at least three principal players flatly contradicted the official story about how the throat wound was perceived on the night of the autopsy. This is news. Commander Humes claimed they had no idea the throat wound was anything other than a tracheotomy incision until the next morning when it was too late to dissect the neck. So they never proved conclusively the existence of a connection between the wounds in the shoulder and throat. But there are several indications that they did indeed know about the throat wound. Here are some telling quotes from one of the three prosecutors, J. Thornton Boswell:

Saw "part of the perimeter of a bullet wound in the anterior neck." (HSCA, 8/17/77, p. 8)

Thought "a bullet may have fallen out the neck wound...prior to the time when they began to feel there was a very real possibility of an exit wound in the anterior neck." (HSCA 8/17/77, p. 12)

Said anterior neck damage was caused by tracheotomy, and "in the later courses of the autopsy thought it may have included the exit wound of a bullet." (HSCA 8/17/77, p. 12)

Did you reach the conclusion that there had been a transit wound through the neck during the course of the autopsy itself? Oh, yes. (ARRB, 2/26/97, p. 34)

[O]ur conclusions had been that night and then reinforced the next day that it was a tracheostomy through a bullet wound. (ARRB, 2/26/96, p. 45)

John Stringer, the autopsy photographer, said the doctors knew a bullet had passed through the throat and had actually put their fingers in it, "by feeling, to see if there was anything sharp." In addition, he said they placed a probe in the wound from the front, but did not see where it exited in the back.

The probe was inserted in the throat wound in the front of the neck...[it went]

straight in... I saw it in. I don't know whether it went up, down... sideways, or what." (ARRB, 7/16/96, pp. 191-192)

How does the above information—proof that the official story concerning the throat wound was false—compare with the false memory of Jackie in a white suit? And what about the sensational announcement by Douglas P. Horne, the ARRB's Chief Analyst for Military Records? There is nothing in the ARRB Summary Report on medical records about Horne's findings suggesting the brain in the archived photos is not Kennedy's. In his memorandum dated August 28, 1996 (revised June 1998) he concludes that the brain in the Archived photos is most likely not Kennedy's.

Horne notes that FBI agent Frank O'Neill testified to the ARRB that the brain in the Archives photos was not the one he saw at autopsy. The one he saw was more than half gone, he said, and heavily damaged in the right posterior part, unlike the brain in the Archives photographs. (Many other witnesses also described a completely different pattern of damage.)

Horne also notes that John Stringer, the autopsy photographer, disavowed the archived photographs of the brain. He said the film itself is not the kind he had used—nor is it what he would have used.

In addition to the existence of two brains (the real one versus a substitute), Horne believes there were two separate brain examinations. I am of two minds about two examinations, and may explore the indications for and against it in a future article.

Was there a substitute brain, or was there "merely" a substitute set of photographs of someone else's brain obtained from perhaps the AFIP (Armed Forces Institute of Pathology) archives? The following story suggests an actual brain, apparently intact, was present on the night of the autopsy.

#### SAUNDRA SPENCER: AN UNDAMAGED BRAIN

Sandra Spencer, a photographer and photo lab technician working at the Naval Photographic Center at Anacostia, built by Eastman Kodak, was interviewed by Jeremy Gunn on June 5, 1997. She described developing a set of autopsy photographs that are significantly different from the official set. In the set she developed Kennedy's wounds appeared "pristine." There were no large holes oozing gore. In the front of the neck was a hole "about the size of like your thumb pressed in." which "had some cleaning done to it or something" (pp. 40-41). She described another photo showing the back of the head with a hole "two inches in diameter" in the "cowlick area" (pp. 50, 53). This was surrounded by a "ragged hole" in the scalp (p. 39). Ms. Spencer's comments about a brain lying outside the body are particularly relevant to this story:

In other autopsies, they have the opening of the cavity and the removing of vital organs for weighing and stuff of this nature. The only organ that I had seen was a brain that was laid beside the body.

... it didn't appear that the skull had been cut, peeled back and the brain removed. None of that was shown. As to whose brain it was, I cannot say. (pp. 35-36)

Later, Gunn questioned her again about the differences between the brain in the photographs she saw in 1963 and the official autopsy photos of the brain:

In the photograph that you saw in November of 1963, with the brain lying next to the body, were you able to observe whether there had been any damage to the brain?

No, it was not damaged as this brain, as the brain on these photographs were. (p. 59)

Details about the circumstances: She signed a "chain of evidence" *continued on page 16*

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form" for "a classified piece of material" (pp.31-32) for 4 x 5 inch color negatives. (p.16) They were delivered to the NPC by "a large man" (p. 21) apparently named Fox (p.22). She said the agent took away all evidence of those photos, including "any test scraps." (p. 25) She used a "C-22 process," on "original" negatives; they were not inter-negatives (p. 29). The official archived photos are not on the same kind of paper she used. (p. 45)

Ms. Spencer swore she developed these photos over the weekend, specifically, before the funeral. (pp. 42-43) This is interesting in view of the following exchange that concerns a memorandum signed by James Fox, dated February 16, 1967. Gunn had asked her to examine the document for accuracy:

Okay. During the time that I saw Agent Fox, he did not have any black and white films with him. The only thing he had in his possession was color film, and he remained with us while we processed it and printed it. It was not printed on different days.

Mr. Fox says that this happened on November 27th, 1963, which would be approximately five days after the assassination. Does that correspond with your recollection as to when he came to—or when an agent came to the NPC?

No. My recollection was before the burial of President Kennedy.

And in the statement by Agent Fox, he refers to color positives. From what you have said before, that would not be...

No.

... correspond with what you yourself observed, is that correct?

Right. The only thing that we processed was color negative material.

Mr. Fox also refers to going with Chief Robert Knudsen. You knew Mr. Knudsen, is that correct?

Yes. Chief Knudsen was our liaison boss between the White House and the Photographic Center. He was not with the agent when the agent came, and if he was in the building, he would have come up.

So to the extent that Mr. Fox is correct in what he makes on the statement, this is not the event that you yourself witnessed, would that be fair to say?

That is correct. (pp. 61-63)

Two separate brains, possibly two separate brain examinations, two sets of autopsy photograph negatives to the NPC on two separate trips by Agent James Fox. I am beginning to develop double vision.

### AUTOPSY REPORT: NO GROSS CEREBELLUM

Nowhere in the autopsy report is there a description of the gross appearance of this organ. A slice of it was acknowledged in the supplementary report; it is on the list of tissues examined microscopically that were found to have "extensive disruption... directly related to the recent trauma." This is the only place one finds a description of any kind of this organ, made famous by credible claims that the wound in the back of the head was so low that detached cerebellum came out of it. But even if nothing had been wrong with it, it is standard procedure to describe all normal tissue adjacent to damaged tissue. Certainly the left brain is grossly described. Why not the cerebellum?

### FINCK AND THE CEREBELLUM

In 1978, Pierre Finck was questioned by the HSCA about the appearance of the cerebellum in the archived color photographs, and how it simply could not look that way if a bullet went through it. Although they were talking about an entering bullet, the same could apply to an exiting bullet.

Finck had said the bullet entered where we see a little white object just above the hairline at the neck in photos that show the entire back of the head apparently intact. The object could be a little adherent brain tissue, as claimed by the HSCA, or a skin tag pulled outward by an exiting bullet (or perhaps it is merely the adherent price tag of a wig they bought to cover the defect.) In any case, here is a clue that the (nearly intact) cerebellum in the archived photographs was not the same cerebellum seen by the Dallas doctors.

Do you see any damage to the cerebellar hemispheres in these photographs that could have been caused by a missile?

I don't know.

[...]

I have pointed to color picture No.43 at the point... that Dr. Finck is saying the entrance is and I am referring to the four color photographs of the brain in which I see no subarachnoid hemorrhage... My question is, if this is the point of entrance, isn't that at the level of the posterior cranial vault where the cerebellar hemispheres lie and would we not see subarachnoid hemorrhage if a slug had torn through there?

Not necessarily, because you have wounds without subarachnoid hemorrhage.

You can have wounds in the brain without a missile track slug tearing through brain tissue?

I don't know. I cannot answer your question.

### BRAIN, BRAIN, WHO'S GOT THE BRAIN?

Here is another example of interesting confusion, this time from Jeremy Gunn's interview with James Humes:

You suggested earlier that... Dr. Burkley suggested to you that the Kennedy family wanted to inter the brain with the President.

He wasn't suggesting. He told me flat out that the decision has been made and that Robert Kennedy was their emissary and he was going to take the brain and deliver it to Robert Kennedy.

Did you ask or wonder who they would be able to inter the brain if the President had already been buried?

No. I didn't worry about it one way or the other. I would presume that they could devise a method of doing that without too much difficulty, however.

Gunn then reads to Humes from an August 17, 1977 memorandum from Andy Purdy on what George Burkley told him.

[Gunn quoting Purdy on Burkley] "Says he... was responsible for saving the brain after it was fixed in formalin. Burkley decided to keep the brain rather than put it back in the body, as Dr. Humes wanted to do." Is that accurate?

That's absolutely false. I don't know where he got these ideas. I never put a brain back in a body in my life... It's ridiculous... God, that really—I can't believe some of this stuff. George is a fine man. I have great respect for him as a physician. But this must have spun his wheels or something... (pp. 148-150)

[Gunn] In this statement, he does not make reference to wanting to inter it with the body of the President.

All I can tell you is that's what he told me... It didn't bother me one way or the other. It seemed to me that that was perfectly appropriate. And how they were going to do it, you know, that was no big problem. I don't think. (p. 151)

### A BIT OF BRAIN DOWN THE DRAIN

Excerpt from summary of Joan Zimmerman's 4/1/97 interview of James M. Mastrovito, Deputy, Intelligence Division (formerly PRS) of the Secret Service, in charge of the assassination file in 1975:

I asked Mastrovito if he had viewed or obtained any artifacts while he was in charge of the assassination file. Mastrovito replied that he had received a piece of President Kennedy's brain... in a vial with a label on it identifying its contents...

the size of a prescription bottle... "about 3 or 4 years later," i.e. after the assassination. (Then Mastrovito said it was about "1969 or 1970.") The label said the vial had been sent from the autopsy at Bethesda; there was no other explanation with it. Mastrovito could not see what was special about the portion in the vial... his supervisor, Walter Young... gave it to him when he (Young) resigned from the Secret Service. Young had apparently received it from someone at AFIP... Mastrovito said he destroyed the vial and its contents in a machine that destroys food.

### WHAT WAS REMOVED FROM THE BRAIN?

The HSCA grossly distorted what Chester Boyers said about the size and quantity of bullet fragments removed from Kennedy's head. We have no way of knowing how many fragments were actually removed and handed to FBI agents Sibert and O'Neill—but we can verify that the HSCA misstated what Boyers said.

#### Boyers Interview: "probably three or four" fragments

Mr. Boyers was the person who typed out the receipts for the missile fragments which the F.B.I. agents Sibert and O'Neil received. Mr. Boyers currently has a copy of this receipt. He stated that he submitted several missile fragments, probably three or four, all of which came from President Kennedy's head. He also stated that even though the receipt only stated that "a" missile was given to Sibert and O'Neill, several fragments of a missile were submitted and he only prepared one receipt. (HSCA Interview, 4/25/78, p. 3)

#### Boyers Affidavit: "several... the largest... 2mm"

I recall that in the course of the autopsy the pathologists recovered several minute missile fragments from the head of the President, the largest of which I recall being approximately 2 mm. I typed out a receipt for these fragments which acknowledged that the FBI men present at the autopsy had received and were in custody of them. The receipt went to the commanding Officer of the Naval Medical School, Captain John H. Stover.

#### Boyers per HSCA: "two fragments" implied size: 7 x 2mm and 1 x 3mm

Sibert and O'Neill observed that Dr. Humes removed two fragments from the right side of the skull; one 7 by 2 millimeters in size, the other 1 by 3 millimeters. (67) Special Agents Sibert and O'Neill signed a receipt for custody of these fragments and immediately following the autopsy transported them to Special Agent Kurt Frazier (sic) at the FBI Laboratory. (68)

The receipt for the fragments has been a continuing source of controversy. It states that Bureau agents received a "missile," (69) as opposed to two fragments. Chester H. Boyers, the corpsman who typed the receipt, (70) submitted an affidavit to the committee which stated that the receipt was for *two fragments* that Dr. Humes removed from the skull, despite the receipt's caption of "a missile."

Reference #70: Boyers affidavit, p. 3. See also staff interview of Chester H. Boyers, April 25, 1978, House Select Committee on Assassinations (JFK Documents Nos. 013614 and 014462).

#### Undertaker: "About 10 Fragments"

Tom Robinson said he saw the pathologists remove about 10 fragments from "all over his head" and placed in a "little vile." (sic) (MD 63, p 4-5) Largest fragment he could see (vision obscured) was 1/4 inch. (MD, p. 9)

#### More Fragments, But From Where?

According to Douglas Home's interview of First Class Petty Officer Dennis David:

Late on the evening of November 22, Mr. David said he was in the vicinity of the morgue, when the ad-

ministrative watch officer for the Bethesda Naval Hospital asked him if he knew anyone with a clearance who could type. He answered, "I have a Secret clearance, and I can type." He said he was asked to type a Memorandum for the Record for a Federal agent wearing a suit...name might have been "Sibert"... He said the agent dictated a receipt describing in some detail the gross physical characteristics of four bullet fragments which had been removed from the President's body at the post mortem examination. He said that in his estimation there was more metal than would be contained in one bullet, but probably less than would be contained in two bullets. He said the fragments were contained in a round pill vial with a plastic top (a snap-on cap). After typing the memo, he said the agent allowed him to handle the fragments, but then admonished him about security concerns and said that this was all to be treated as if it were classified information. He said the agent (who was wearing a blue suit, but otherwise seemed non-descript in appearance) then confiscated all copies of the memo, including the pieces of carbon paper, and even took the ribbon... (ARRB Call Report, 2/14/97)

Where did these fragments come from? Where did they go? Why didn't the ARRB Summary Report on medical evidence include any of these intriguing examples? Douglas Home had this to offer:

Jeremy and I had quite a battle over the drafting of the Staff Report that accompanied the release of our medical evidence on July 31, 1998. Initially, he wanted to write that product in conjunction with me as a team effort. For purposes of balance, he said that during the drafting phase he would adopt the mind-set of a Warren Commission supporter (even though he said he was very critical of the Warren Commission), and he said I would adopt the mind-set of a Warren Commission and HSCA critic.

He said our goal would be to write an honest account of what we did and did not do on the ARRB, and why. But we would ALSO be very critical of the failures of the Warren Commission and the HSCA in their investigations of the medical evidence. In my initial drafts of this staff memo, I was indeed very critical of the key errors of both the Warren Commission and the HSCA, in just the ways that Jeremy and I had often discussed. (These drafts of mine are in the Archives today, in my personal papers in the JFK Collection.) After he read these drafts, he removed me from the staff medical memo project, saying I was incapable of writing a balanced product. He said I had written a prosecutorial brief. From my standpoint, I was only doing what he had told me to do, and so I was understandably confused...even angry. Later, when I found out that the Review Board had insisted upon reviewing and approving the "staff" memo prior to its release to the public, I felt I understood what had happened. . . . So the final product was Jeremy's alone, but was reviewed by the five Board Members, and I suspect the knowledge that it had to pass their muster, and reflect their collective, anti-conspiracy mind-set, caused him to water it down, and turn it into the kind of 'we'll never figure out what happened' apologia that it is. (Personal communication, 12/13/98) ♦

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