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Formerly Suppressed JFK Autopsy Evidence Raises New Mysteries

Gary L. Aguilar – November 19, 1997

President John F. Kennedy was assassinated 34 years ago yesterday. When Oliver Stone's controversial film about his murder, *JFK*, debuted in 1991, an emotional debate erupted over whose history of Kennedy's slaying was right. Was the Warren Commission right in 1964 that a lone-nut assassin, Lee Harvey Oswald, single-handedly killed JFK? Or were the critics who believed in a conspiracy right? Intriguing new answers may lie in autopsy evidence that has recently surfaced after having been suppressed by the government for years.

At the center of the controversy are the stark differences between what the autopsy witnesses saw and what the autopsy photographs show. Formerly secret documents have revealed for the first time that JFK's fatal skull wound was probably not toward the right front of JFK's skull, which is where it appears in autopsy photographs today, and where it should be if Oswald was responsible for creating it. What accounts for the discrepancies? Several clues have emerged from previously hidden testimony that no one has yet investigated: all three of JFK's pathologists, and both autopsy photographers, have claimed under oath that they took photographs that can't be found now. Similarly, a White House photographer said he developed and examined autopsy images that don't now exist. The House Select Committee on Assassinations (HSCA), which reinvestigated JFK's death in 1978 to settle lingering doubts about the Warren Commission, falsified statements of JFK autopsy witnesses in its report, and so put a pro-Warren Commission spin on the prickly autopsy contradictions.

That the government was still slanting the evidence and suppressing it so many years after a supposedly open-and-shut murder case begs the question. Why? It is now evident the suppressed evidence posed no threat to our national security whatsoever. But it was threatening nonetheless. It would have given powerful ammunition to Warren critics who rightly viewed the government's excessive secrecy with skepticism. Had it not been for Oliver Stone's movie, and the document releases it provoked, we would have had to wait until 2028 to learn of the disturbing news.

When Stone's *JFK* premiered, almost 30 years after the murder, a mountain of official information was still being unjustifiably withheld from the public. It was the controversy surrounding that film that prompted a change. In 1992, the US Congress passed a little known statute, The JFK Records Act,¹ intended to lessen, wherever possible, the secrecy. The Act led, after lengthy procedural delays, to the creation of the Assassinations Records Review Board, a panel of civilian historians appointed by Bill Clinton. The Board members were finally sworn in on April 11, 1994, and set to work locating, reviewing and publicly releasing all possible documents relating to JFK's murder. With one year remaining before the Review Board's scheduled termination, it seems clear already that declassified documents from the Warren Commission and the HSCA may never fully satisfy either side of the debate, at least with regards to JFK's medical and autopsy evidence. It is also clear that the evidence will encourage further distrust of government investigations in general, and the Warren Commission's investigation in particular.

A sophomore in high school when Kennedy was shot on November 22, 1963, I had paid only a little attention to early Warren critics, possibly because I'd acquired my staunchly Republican parents' dislike of Kennedy. The discouraging revelations of official lies and cover-ups in Vietnam, Watergate and elsewhere, however, made me wonder if perhaps the American majority that distrusted the official verdict in the JFK case might not be entirely wrong. After seeing *JFK* I dusted off some of my old books on the subject, and delved back into it with renewed interest.

As a physician, I was naturally drawn to the JFK medical/autopsy evidence. I read with fascination the *Journal of the American Medical Association's (JAMA's)* May 27, 1992 interviews with JFK's autopsy physicians. In *JAMA* they hotly disputed Oliver Stone's depiction of them as being under intense pressure while performing a "controlled" autopsy.² I wrote a letter to *JAMA*'s editor asking questions of JFK's pathologists, which was selected by the editor and published alongside many other letters. But when JFK's pathologists refused to answer even a single colleague's question, including mine,³ I knew the medical/autopsy evidence was worth a closer look. Why were JFK's pathologists stonewalling colleagues in a medical/scientific journal so long after the assassination? I requested, and was granted, permission by the Kennedy family to see the still-restricted autopsy photographs and X-rays.⁴ Despite the fact bootleg copies of the real autopsy images had repeatedly been published, the originals were of far higher quality, and were just as baffling. As the Review Board's work progressed, and suppressed documents spilled out, my bafflement only grew.

The most confusing aspect of the autopsy evidence to me was the huge discrepancy between the witnesses' description of JFK's fatal wound and the autopsy photographs. Virtually every witness described JFK's fatal wound as a gaping skull wound toward the right rear of JFK's head. The autopsy photographs revealed a skull wound toward the right front of JFK's skull, with no damage at all behind his right ear. (Figure #1) There were, however, two groups of witnesses with ample opportunity to judge Kennedy's skull wound: the emergency medical team at Dallas' Parkland Hospital, where JFK underwent a valiant, though unsuccessful, resuscitation effort, and witnesses present during JFK's four hour autopsy, which was performed at Bethesda Naval Hospital, near Washington, D.C.

Parkland Hospital in Dallas, renowned for its experienced, and expert, trauma staff, was the best hospital the limousine driver could possibly have taken JFK after the shooting. Treating Parkland physicians described seeing a defect in the right rear of JFK's skull. For example, neurosurgery professor, Kemp Clark, MD, examined JFK's skull wound before pronouncing him dead. Later that same day, he wrote, in an official summary, "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..."⁵ (Emphasis added) Over twenty other Parkland witnesses, many of them physicians, repeated Dr. Clark's mention of a right-rearward, "occipital," skull defect.⁶ The "occipital" region of the skull overlies the occipital bone, a bone directly in the lower rear part of the back of the skull. When you lie down on a bed face up, your "occiput", or "occipital" scalp, touches the pillow. (Figure #2) Among over 20 Parkland witnesses who described JFK's skull defect as rearward, 8 participating physicians used the term "occipital" in documents available in the Warren Commission's volumes: Drs. Kemp Clark, Robert McClelland, Marion Thomas Jenkins, Charles J. Carrico, Malcolm Perry, Gene Aikin, Paul Peters, and Charles R. Baxter. Non-physician witnesses at Parkland described JFK's skull wound the same way.

But, I wondered, how could JFK's skull defect be in the right rear if the autopsy photographs, which show only a tiny hole in the rear, and a large exit defect toward the right front, are accurate?⁷ Besides, a gaping skull wound in the right rear seemed incompatible with the official version that had Oswald's bullet causing a small entrance wound on entering the back of JFK's skull, only to blow out a large exit wound toward the right front as it left the skull. There was another problem with the witnesses, too.

A frequently cited experiment reported in the *Harvard Law Review* had shown that when test subjects were asked about "salient" details of a scene they had witnessed, their accuracy rate was 78% to 98%. Even when a detail was *not* considered salient, witnesses still were accurate over 60% of the time.⁸ JFK's fatal skull wound would certainly have been a "salient detail" to experienced medical witnesses. But if JFK's autopsy photographs were right, they proved that over 90% of the witnesses were wrong! Only a few witnesses gave vague and useless descriptions, and it is only these that don't flatly contradict the photographs. Since error tends to be random, I couldn't fathom how so many Parkland witnesses could have made the exact same mistake by agreeing on the same wrong location in the rear. But were they really so unanimously in error? Perhaps not, though as I was to learn, the controversy over Parkland witnesses' descriptions of JFK's skull wound was twenty years old.

In fact, in the 1978 reinvestigation of JFK's death, although the HSCA concluded a murder conspiracy was "probable," it nevertheless went to great lengths to back up the Warren Commission's version of JFK's gaping skull wound by specifically refuting Parkland witnesses who described it in the rear. The HSCA reported, "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 ... 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."⁹ (emphasis added)

The HSCA's statement, supported, the HSCA said, by "Staff interviews with persons present at the autopsy," was devastating to critics who believed that Parkland witnesses proved a different wound, a different bullet trajectory, and, most importantly, a different gunman than Oswald. *JAMA* put the "mistake" in perspective, explaining that Parkland witnesses were more concerned with saving JFK's life in an emergency situation than with accurately observing his wounds.¹⁰ The refuting autopsy witnesses, which included other physicians besides the pathologists, calmly watched the pathologists explore JFK's wounds over a period of several hours. They were undeniably in a far better position than Parkland's witnesses to accurately describe JFK's wounds. But the proof - the autopsy witnesses' interviews before the HSCA - did not appear anywhere in the 12 volumes the HSCA published. They were suppressed, and perhaps for very good reasons.

Review Board-released documents have revealed for the first time that the HSCA misrepresented the statements of its own Bethesda autopsy witnesses on the location of JFK's skull defect. The HSCA also misrepresented the Warren Commission statements of the autopsy witnesses as well. It was not true, as per the HSCA, that the autopsy witnesses unanimously corroborated photographs showing JFK's gaping skull wound was toward the right front side of his head. On the contrary. Whereas over 20 witnesses at Parkland described JFK's skull defect as rearward, suppressed documents show that, similarly, over 20 autopsy witnesses said the same thing. In fact, not a single witness described what is visible in the photographs: a wound toward the right front of JFK's skull (Figure #1). Assuming the photographs were accurate representations of JFK's wounds, the mystery suddenly deepened. Not only were virtually all Parkland and Bethesda witnesses wrong to locate JFK's gaping skull wound toward the rear, not a single one of them - of over 40 - got it right!

For example, the Warren Commission reported that Secret Service agent, Clinton J. Hill, said, "I observed another wound (in addition to JFK's throat wound) on the right rear portion of the skull."¹¹ Hill's recollections, as well as other, similar autopsy witness descriptions of JFK's rearward skull wound, have been available in the Warren Commission volumes since 1964. But what of the HSCA's suppressed autopsy witnesses? Jan Gail Rudnicki, a lab assistant on the night of the autopsy, was interviewed on

5/2/78 by HSCA counsel, Mark Flanagan, JD. Flanagan reported Rudnicki told him, the "back-right quadrant of the head was missing."¹² Philip C. Wehle, Commanding officer of the military District of Washington, D. C., was interviewed by HSCA counsel, D. Andy Purdy, JD on 8-19-77. Purdy's formerly suppressed memo reported that, "(Wehle) noted that the wound was in the back of the head so he would not see it because the President was lying face up ..."¹³ JFK's wound in the autopsy images would be easy to see with JFK lying face up. Several of the autopsy witnesses, including two FBI agents, prepared diagrams for the HSCA that depicted JFK's skull with a right-rearward gaping skull wound. (Figure #3.) These diagrams were also suppressed. Thus in HSCA interviews, as well as in Warren Commission interviews and statements given to reporters and writers, JFK's autopsy witnesses reported - as overwhelmingly as Parkland witnesses had - that JFK's skull wound was in the right rear. The HSCA's report to the contrary simply muffed it.

But who wrote the HSCA's inaccurate summary, and who decided to keep the interviews and diagrams from the public? I wrote HSCA counsel, Mark Flanagan, JD, who conducted a number of the interviews. He never answered. I spoke with HSCA counsel, D. Andy Purdy, JD, who conducted many of the interviews, and I wrote the former chairman of the HSCA, Robert Blakey, now a Notre Dame law professor. Neither had any idea who had written the inaccurate passage, nor could either explain why the non-sensitive interviews were suppressed. Purdy did concede, however, that he was "not happy" with the way the misleading passage had been written.

But the public was not the only group that was kept in the dark about the HSCA's autopsy witnesses. The HSCA's own forensic experts, tasked with evaluating the autopsy evidence, were apparently not shown the autopsy witness interviews or diagrams either. In 1995 I spoke at a conference in Washington, D.C., hosted by the Coalition on Political Assassinations, on the subject of the JFK autopsy evidence. I showed both the former chairman of the HSCA's forensic panel, Michael Baden, MD, and one of the HSCA's panelists, Cyril Wecht, MD, JD, the current coroner of Pittsburgh, the suppressed autopsy interviews and diagrams.¹⁴ Both were also lecturing with me that day in Washington, and they were standing with me on the podium. Both admitted they had never seen the suppressed testimonies or diagrams, despite the fact it was their responsibility to assess this evidence for the HSCA. Had this knowledge been shared with the HSCA's forensics consultants, it might have led the HSCA investigators toward evidence finally being pursued today - 20 years later - by the Review Board: the possibility that the photographic inventory from JFK's autopsy has been compromised.

If it were true that the autopsy photographic record had been tampered with, an easy resolution would emerge to explain what would otherwise be an astounding improbability: that over 40 witnesses were unanimously wrong JFK had a gaping wound toward the rear of his skull. Intriguingly, formerly secret evidence has emerged supporting such a possibility, and there may be more to come.

In a secret memo, HSCA counsel, D. Andy Purdy, JD, reported that chief autopsy photographer, "(John) STRINGER (sic) said it was his recollection that all the photographs he had taken were not present in 1966 (when Stringer was first saw the photographs).¹⁵ There are no photographs of the interior of Kennedy's chest in the "complete" set of autopsy images at the National Archives. However every autopsy participant who was asked recalled that photographs were taken of the interior of JFK's body, as they should have been to document the passage of the non-fatal bullet through JFK's chest. Stringer told the HSCA he recalled taking "at least two exposures of the body cavity."¹⁶ An HSCA memo reported that James Humes, MD, JFK's chief autopsy pathologist, "... specifically recall(ed photographs) ... were taken of the President's chest ... (these photographs) do not exist."¹⁷ Regarding J. Thornton Boswell, MD, the pathologist who was second in command after Humes, the HSCA claimed "... he (Boswell) thought they photographed '... the exposed thoracic cavity and lung ...' but (he) doesn't remember ever seeing those photographs."¹⁸ Robert Karnai, MD, a physician witness who was not a member of the autopsy team, told the HSCA, "He (Karnai) recalls them putting the probe in and taking pictures (the body was on the side at the time) (sic)."¹⁹ Floyd Reibe, the assistant autopsy photographer, was reported to have told the HSCA, "he thought he took about six pictures--I think it was three film packs--of internal portions of the body."²⁰

The question naturally arises, did anyone ever see autopsy images that have since disappeared? The answer, apparently, is, Yes. In a previously suppressed interview, former White House photographer, Robert Knudsen, told the HSCA he developed negatives from JFK's autopsy, which he examined in the course of his work on November 23, 1963. During the HSCA's investigation, he was shown the complete photographic inventory. Knudsen repeatedly insisted, against pressure, that in 1963 he saw at least one image not in the inventory he was shown in 1978 - an image with a metal probe through JFK's body that entered the back at a lower position than it exited through the throat wound.²¹ Inasmuch as Oswald is supposed to have fired from above and behind JFK, if the back wound was indeed lower than the throat wound of exit in front, Oswald simply didn't to it.

Whether over forty witnesses from both Parkland and Bethesda miraculously made the identical error of describing a right-forward defect as being rearward is problematic, to say the least. That so many HSCA-gathered documents poking holes in the Warren Commission's version of events were suppressed by the very HSCA investigators charged with resolving Warren Commission doubts will hardly inspire anyone to suggest that a new government investigation is what is needed. Despite the passage of 34 years, our wait for the full truth is not yet over. We may have to await the efforts of historians who will pour over documents liberated

through the Assassinations Records Review Board's efforts. The Board's term expires in one year. No doubt there are more surprises to come.

While the document releases are unlikely to answer all remaining questions about JFK's death, the Review Board has done us a signal service lifting the cloak of secrecy that has fueled suspicion and mistrust, and spawned so many wild conspiracy theories over the past thirty years. Oliver Stone's shocking Kennedy movie may thus ironically have brought an unintended benefit to our democracy: the U.S. government has finally begun to do what it should have done long ago without Stone – be open and accountable to us citizens. And, who knows, when the Review Board's work is done, we may just even learn something about JFK's assassination, besides the fact the government doesn't always report accurately what it has found. More optimistically, if the Review Board initiates a trend toward greater government openness, we citizens may also learn to have more faith in it.

¹ Peterson RS. Declassified. *American History*. V. 31(3):22. August, 1996.

² Breo DL. JFK's death – the plain truth from the MDs who did the autopsy. *JAMA*. 1992; 267:2794-2803. May 27, 1992.

³ Letters to the editor. *JAMA*. 1992;268:1681-1685, October 7, 1992. JFK pathologists, James Humes, MD and J. Thornton Boswell, MD, responded to 8 *JAMA*-published letters to the editor from physician colleagues. One assumes the editors selected these letters, which included one I wrote, because it was believed the questions raised were worth answering. Humes and Boswell declined to answer a single colleague's question. Such a refusal in the peer-reviewed, scientific literature is peculiar to say the least. See enclosed.

Of further note. *JAMA* was successfully sued for libel by Parkland physician witness, and Warren Commission critic, Charles Crenshaw, MD. See enclosed, 2/5/95 article from *Physician's Weekly*. See also the unflattering review of *JAMA's* JFK articles published in *Columbia Journalism Review*, also enclosed.

⁴ See enclosed copy of letter from the Kennedy family attorney, Yale Law Professor, Burke Marshall. You may confirm that I have seen JFK's autopsy images by calling Mr. Steven Tilley at the National Archives, College Park, Maryland. Phone 301-713-6800.

⁵ Warren Commission Exhibit #392. In: Warren Commission Hearings. V17:9-10, hereafter cited as, for example in this case, 17H9-10. Dr. Clark's contemporaneous statement is supported by his subsequent claims: KEMP CLARK, MD, Professor and Director of Neurological Surgery at Parkland, in an undated note apparently written contemporaneously at Parkland described the President's skull wound as, "...in the occipital region of the skull...Through the head wound, blood and brain were extruding...There was a large wound in the right occipitoparietal region, from which profuse bleeding was occurring...There was considerable loss of scalp and bone tissue. Both cerebral and cerebellar tissue were extruding from the wound." (Emphasis added-throughout) (WC--CE#392)

In a hand written note dated 11-22-63, Dr. Clark wrote, "a large 3 x3 cm remnant of cerebral tissue present....there was a smaller amount of cerebellar tissue present also....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)

In a typed summary submitted to Rear Admiral Burkley on 11-23-63, Clark described the head wound as, "a large wound in the right occipito-parietal region...Both cerebral and cerebellar tissue were extruding from the wound. (Warren Report, p.518, Warren Commission Exhibit #392, Lifton D. Best Evidence, 322)

Under oath and to the Warren Commission's Arlen Specter, Clark described his findings upon arrival to the emergency room, "I then examined the wound in the back of the President's head. This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed." (Warren Commission, 6H20) Later, Clark testified, "...in the right occipital region of the President's skull, from which considerable blood loss had occurred which stained the back of his head, neck and upper shoulders." (Emphasis added) (Warren Commission, 6H29)

In answer to a question from Warren Commission's Arlen Specter about the survivability of Kennedy's head wounding, Clark said: "...the loss of cerebellar (sic) tissue would probably have been of minimal consequence in the performance of his duties. The loss of the right occipital and probably part of the right parietal lobes would have been of specific importance..." (Warren Commission, 6H26). That Clark, a neurosurgeon, specified that the occipital lobe of the brain was missing cannot suggest anything but a very posterior defect.

⁶ Including 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. References available by request.

⁷ See enclosed diagram prepared from an autopsy photograph for the HSCA. This diagram appears on page 234 of Volume I of the Hearings before the Select Committee on Assassinations of the U.S. House of Representatives, Ninety Fifth Congress – enclosed.

⁸ Loftus, Elizabeth F. Eyewitness Testimony. Cambridge. Harvard University Press, 1996. p. 25 – 26. "Items that were highest of all in salience ("salience" being determined by the witnesses themselves) received accuracy and completeness scores of 98. Those

that were lowest in salience received scores below 70." Please note that an item judged not to be salient at all, i.e. "Salience category 0.00," was still accurately recounted 61% of the time. See enclosed.

See also the study to which Loftus refers, Marshall, J, Marquis, KH, Oskamp, S. Effects of kind of question and atmosphere of interrogation on accuracy and completeness of testimony. *Harvard Law Review*, Vol.84:1620 - 1643, 1971.

⁹ Select Committee on Assassinations of the U.S. House of Representatives, Ninety-fifth Congress, Second Session. V.VII:37 - 39. (Enclosed)

¹⁰ Breo, Dennis. JFK Part II. *JAMA*. 5/27/92.

¹¹ Warren Commission Exhibit, CE#1024, V.18:744 (18H744).

¹² HSCA record # 180-10105-10397, agency file number # 014461, p.2.

¹³ HSCA record # 10010042, agency file # 002086, p. 2

¹⁴ Michael Baden, MD, may be reached at 518-457-8678, FAX - 457-4220. Cyril Wecht, MD, JD, may be reached at 412-281-9090., FAX - 261-3650.

¹⁵ HSCA rec. # 180-10093-10429. Agency file # 002070, p. 11. Stringer apparently was not satisfied with the explanation given him for the missing photos, for the HSCA reported. "He (Stringer) noted that the receipt he had said some of the film holders (sic) had no film in one side of the cassettes. He said the receipt said this happened in two or three of the film holders where one side only was allegedly loaded. He said he could understand it if the film holders were reported to have poorly exposed or defective film but could not believe that there were any sides on the film holders which were not loaded with film...."

¹⁶ A. Purdy. HSCA rec. # 180-10093-10429. Agency file # 002070, p. 2.

¹⁷ HSCA record # 180-10093-10429), Agency file # 002070, p. 17.

¹⁸ A. Purdy. HSCA rec# 180-10093-10430. Agency file # 002071-p. 6

¹⁹ A. Purdy. HSCA, JFK Collection. RG #233, file #002198, p.5.

²⁰ David Lifton, *Best Evidence*, p.638.

²¹ HSCA Agency File # 014028, and HSCA Agency File # 002198, p. 5.