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

5/27/95

Dear Gary,

I've read your 5/22 and your 3/30/95 paper with it. Neither addeesses the question I believe you and Mantik should address before risking your reputations.

In law schools there is sometimes a moot court in which during a class someone in a strange getup enters, walks through the room doing strange things, leaves and the class is asked to describe what it just saw. There is wide disagreement in the papers turned in. They all saw the same thing but they do not by any means all describe the same thing. It is to teach lawyers how undependable eyewitness recollection of observations can be. Or as Godfrey Saxe put it in his poem about the three wise and blind "industanki men who were taken to an elepant. One felt the tail and desribed it as a rope. Another the side, and described it as a wall, The leg begame a tree, the tunk a snake, etc. Aside from which many of those medical people were influenced by very pointed questioning and you still give meanings to words that do not necessarily support the meaning you give them. Some are too indefinite to be given the meaning you give them like "back" and "rear." Some of those ypu quote even contradict themselves in what you quote.

You are grasping in an effort to validate a preconception and that is the wrong way to work and think.

In your paper you say that "these inconsistencies" raies "the question of possible photographic tampering. Aside from this not addressing what I think you should, whether or not there are photographic tampering is a question of fact, not of theory or belief or suspicion. There remains the question, why would anyone tamper with film to evolve what destroys the alleged purpose of that tampering, to evolve what destroys the official mythology the tampering is supposed to support.

You also say, "If an occipital bone did arrive..." Suppose instead that it was not that part if the head instead of assuming that it was? There are those who say it was not from that part.

In turning the pages I see you quote Robinson as saying the skull wound was "Directly behind the back of thehead. Is that not in space?

If you value your reputation I think you should think this through other than you have. I repeat it makes no difference to me. I'm past that in my work and will not return to it. It also has no influence on what I have published.

Having the best intentions is no substitute for proof and having biased, at the very least sources, those with the same or similar preconcpetions, more one who had been proven grossly and consciously wrong, is another liability as long ago I cautioned you.

I hope you can bring yourself to be your own devil's advocate and also ask yourself if there can be anything relevant you do not know. Best, Harold Weisberg

Harold

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5-22-95

DEAR HAROLD,

THO IT IS A TOPIC I KNOW YOU DISLIKE, HERE IT IS ANYHOW.

HOW DOES ONE HONESTLY REACT TO THE PECULIARITY THAT NOT A SINGLE WITNESS, OF 44, ACCURATELY DESCRIBED

WHAT WE SEE

IN THE IMAGES -

NOT EVEN THE

AUTOPSISTS WHO,

PRESUMABLY, DESCRIBED

THE TRUE, ANTERO-

LATERAL DEFECT, AS

"PARIETO-TEMPORAL-

OCCIPITAL".

WHY DIDN'T A

SINGLE WITNESS

GET IT RIGHT? CAN'T

GIVE YA AN ANSWER

BUT IF ANYONE CAN

YOU CAN.

BEST WARMREGARDS, Jay

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. Such a defect is not inconsistent with the autopsy report's description of a parietal-temporal-occipital skull defect. However, a defect in the right rear quadrant 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, with no defect behind the ear. 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 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. 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.

Whether over forty witnesses at both Parkland and Bethesda miraculously made the identical error in describing a right-rear defect, rather than an antero-lateral defect, is problematic to say the least. Whatever the truth, the HSCA apparently misrepresented Warren Commission testimony, as well as its own witnesses' descriptions, to give false assurances the question was nonconspiratorially laid to rest. The interviews themselves will now unavoidably heighten the controversy of where JFK's skull defect truly was, and public confidence in the HSCA's work will inevitably suffer.