

THE WARREN COMMISSION REPORT AND ITS CRITICS

By Jacob Cohen

CAN WE agree, first of all, that one and only one set of events occurred that Friday in Dallas, Nov. 22, 1963, the day President Kennedy was shot? There may have been one and only one assassin behind the President, firing three times from the sixth floor of the Texas School Book Depository, as the Warren Commission contends, or there may, say, have been four and only four assassins (the lines of criticism opened by the principal critics of the Warren Report—Mark Lane, Vincent Salandria, Harold Weisberg, Edward Epstein, Richard H. Popkin—necessitate the presence of four widely separated assassins firing at least five shots), but there cannot have been, at one and the same time, one and only

one assassin, and four and only four assassins. Nov. 22, 1963, happened only once, and it happened exactly as it happened.

Now the reader may believe the point so obvious as to be beneath comment, though I think anyone who has read the principal critics of the Warren Commission Report and tried to piece together what they think happened on Dealey Plaza, about 12:30 p.m. the day of the assassination, may have shared with me the need to re-assert his grip on the world. It was the Warren Commission's job to tell the world what single set of events occurred in Dallas. As the Commission formed an idea of what happened, what plausibly could have happened,

JACOB COHEN, a history professor for seven years at Yale and at Brandeis University, is now devoting full time to writing. His book, *Honest Verdict*, which will be the first full-scale defense of the Warren Report, is scheduled to appear early next year. Mr. Cohen is not a blind defender of the Commission. In a *Nation* magazine article last summer, he criticized the Warren panel for not publishing the important X-rays and photographs of President Kennedy taken during the autopsy and brought this failure to national attention. Mr. Cohen writes: "I am still disturbed by the missing documents, and in other respects, too, I am critical of the way the Commission handled its job. But in the light of recent attacks on the Report, it now seems to me less important to give the Commission an 'A' or a 'B' on its inquiry, than it is to decide whether to accept the Commission's principal conclusion of a single assassin. If there was more than one assassin, then something sinister is afoot in this nation. I accept the Commission's conclusion that there was one assassin and mainly for the Commission's reasons. In this sense, I am a 'defender' of the Warren Report."

given the constellation of incontrovertible evidence, the Commission discounted apparent contradictions in the evidence which pointed in impossible or utterly unlikely directions. There is nothing sinister in this. Quite obviously the Commission could not have submitted a report which said in effect:

This is a fascinating subject full of awesome contradictions. We are of several minds on the number of assassins. There may have been one or there may have been four. Since we can't make up our minds, we thought we would just present the evidence in all its complexity and let the world decide for itself.

I believe it was the Commission's commitment to the singular actuality of the event which many critics have mistaken for an inflexible and closed-minded commitment to the theory of one assassin.

The critics, on the other hand, have been playing by different rules. Pursuing a strategy of pure attack, they have displayed a capacity to live with contradictions which would be the envy of any Zen Buddhist. They do not join the Commission in asking: What happened? Their controlling question seems to be: What's wrong with the Warren Report?—a method which has led them to some inspired kibitzing and implied accusations which are sinister beyond belief.

NOT JUST ATTACK, BUT WHY IS THAT WOUND
I MY ACCUSATIONS ARE SPECIFIC

The Wounds

BEFORE defending these opinions, some background material may be in order for readers who have not followed the controversy over the Report carefully.

Critics and defenders of the Warren Report agree on the following information concerning the wounds inflicted by the assassin or assassins: DEFENDERS - NECK

President Kennedy had (1) a wound of entry somewhere high in his back (how high is disputed); (2) a small neat wound in the lower third of his throat about neck-tie-knot high (whether an entry or exit wound is disputed); and (3) a massive wound in the right side of his head which killed him (again, whether a wound of exit or entry is disputed). NOT ALL - TEMPLE

Gov. John Connally, all agree, had (1) an entry wound on the right side of his back near the armpit; (2) a broken fifth rib; (3) an exit wound just below the right nipple 25° below the back wound, assuming that the Governor is standing erect; (4) an entry wound just above the wrist on the back of his arm; (5) an exit wound on the palm side of the wrist; (6) a shallow puncture in the thigh just above the knee caused by a fairly large missile traveling slowly. Governor Connally's wounds are not in dispute, and the critic of the Warren Report who has commented most authoritatively on them, Vincent Salandria, agrees with the Commission that they could have been caused by a single bullet fired from a point above and behind the Governor.

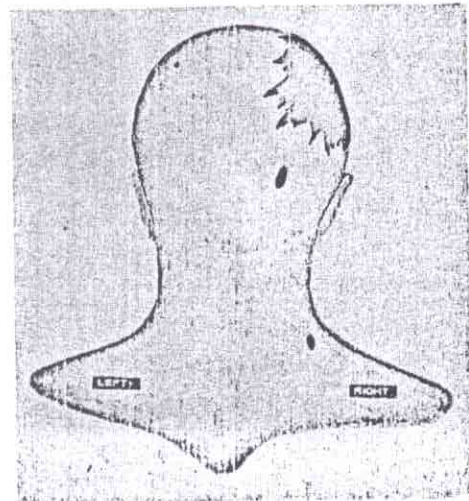
According to the Warren Commission, all of these wounds, Kennedy's and Connally's, were inflicted by two bullets. The first shot hit the President very high in the back at a point described by an eyewitness to the autopsy, Secret Service man Roy H. Kellerman, as "on the shoulder . . . in the large muscle between shoulder and the neck, just below it. . . ." (Vol. II, p. 81,*) Figure 1 is a drawing of this alleged wound prepared for the Commission by a Navy artist working under the direction of Commander, now Captain, James J. Humes, the chief autopsy surgeon. The autopsy itself places this wound at a point "14 centimeters from the tip of the right acromion process [near the tip of the shoulder] and 14 centimeters [5½ inches] below the tip of the

* Hearings Before the Warren Commission.

right mastoid process [which is behind the ear]," a measurement which fairly well coincides with the wound indicated in figure 1. Actually, we would have to know the length of Kennedy's neck to have a precise idea of where the autopsy measurements leave us. Now, according to the Commission, the bullet which caused this wound came from above and behind the President; it passed through his neck (figure 2) leaving internal damage which is described in considerable detail in the autopsy, then hit Connally, who was in a jump-seat in front of the President, causing the injuries to Connally's back, rib, chest, wrist, and thigh. This is the famous "double hit," one bullet striking both Kennedy and Connally, causing all of Connally's wounds; and all critics and most of the defenders of the Warren Report, including the present one, agree that the double hit is indispensable to the Commission's theory of a single assassin. As for the massive wound in Kennedy's skull, according to the Commission, it was caused by a second

BUT CANNOT SUSTAIN REPUTY IF TRUE

Figure 1



Commission Exhibit 386

CONTENT - MADE FOR WARD
NECK

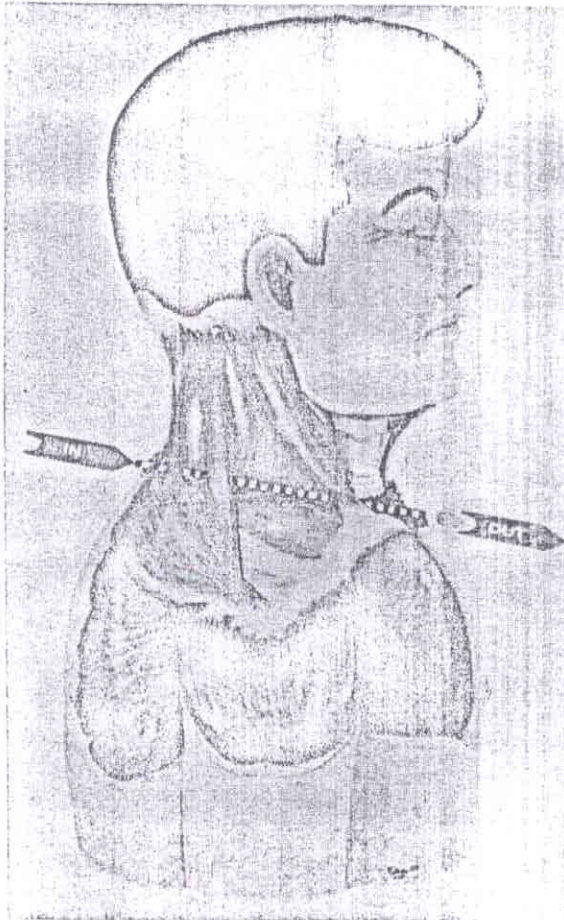
FROM FILE

not what Report says

bullet which struck the President at the base of the skull, leaving a small wound of entry, and then blasted out the side of his head (figure 3). The Commission claims that parts of only two bullets were recovered: one almost perfectly intact (Exhibit 399) was found in the Parkland Hospital in Dallas where Kennedy and Connally were treated immediately after the shooting. That bullet, says the Report, perpetrated the double hit. Additionally, fairly large fragments of a second bullet were found in the Presidential limousine. Ballistics tests performed in the FBI laboratories in Washington the day after the assassination showed that both bullets had been fired from the rifle (Oswald's) recovered from the sixth floor of the Texas School Book Depository. Two shots, then, two bullets, from the same source, caused all the damage. A third shot missed, and so is the bullet missing, according to the Warren Commission.

The critics have disputed this version of the assassination in several ways. First, they challenge the Commission's (and the autopsy's) claim that the throat wound was a wound of exit, claiming it was a wound of entrance caused by an assassin situated in front of the President; they deny, therefore, that the bullet, which indubitably

Figure 2

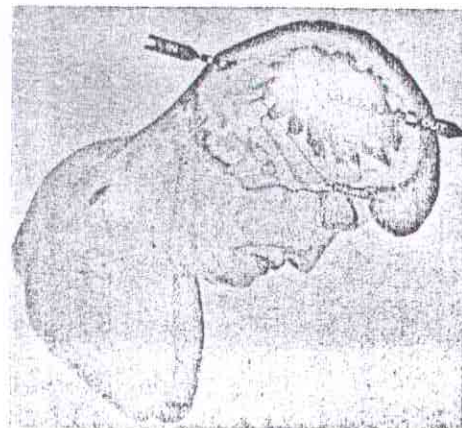


Commission Exhibit 385

struck Kennedy somewhere in the back, went on to exit from his throat and hit Connally. Accordingly, the critics must believe that this bullet lodged in Kennedy at least temporarily, and some critics have suggested that the nearly whole bullet recovered at the Parkland Hospital (Exhibit 399) was dislodged from Kennedy's back. Second, the critics claim that the actual wound in Kennedy's back was lower than is indicated in the autopsy, a point related to the first one, since a bullet which hit Kennedy lower on the back could not have exited from his throat at the required downward angle. Third, the critics, at least most of them, contend that the massive wound on the right side of Kennedy's head was an entry wound inflicted by an assassin somewhere to the right of the President; they therefore dispute the autopsy's contention that there was a small wound of entry in the base of Kennedy's skull and that the large defect in the right side of Kennedy's head was a wound of exit. Since the location of a wound in a man's back and the question of whether or not he has a small hole in the base of his skull are matters of the simplest fact, it follows that the critics who dispute the autopsy findings are claiming that the autopsy surgeons deliberately falsified their findings and, since the autopsy examination at the Naval Medical Center in Bethesda, Md., took place the night of the assassination, that this deception began the very night of the assassination. Fourth, the critics argue that the Parkland Hospital bullet (Exhibit 399) is too heavy and unutilated to have done the damage attributed to it by the double-hit theory.

One further piece of information: Among the really copious evidence on the assassination there is a film of the Presidential limousine taken during the shooting by one Abraham Zapruder. The Zapruder film shows clearly that the President has begun to reach for his throat by what is labelled frame 225 in the Commission's exhibits, that a second later (figuring at 18.3 frames a second) he was clutching at his throat with both hands, and that the strike on Kennedy's head occurs in frame 313. Critics and defenders of the report can agree, then, that the President's throat wound was inflicted at least 4.8 seconds before his head wound.

Figure 3



Commission Exhibit 388

FAVLE
FAVLE
FAVLE

The Developing Controversy

WITH these issues and data before us, we can proceed to compare the critics' implied version of the assassination with the Commission's.

What of the throat wound? In support of the critics' contention:

Many eyewitnesses, perhaps a majority, thought the shots came from a grassy knoll, which was in front of and to the right of the President when the throat wound occurred. Mark Lane cites seven persons who remember seeing smoke floating over the bushes and beneath the trees on the knoll. We know with certainty that many of the doctors and the nurses at Dallas' Parkland Hospital who tried vainly to save the President thought that the wound they saw in his throat was a wound of entry and several of these doctors had had considerable experience with gunshot wounds, apparently an occupational requirement when one practices medicine in Dallas. Indeed, four days after the assassination, reporters left a press conference with the Dallas doctors with the distinct impression that the throat wound was a wound of entry, and said so in their accounts. And, perhaps most significant to the critics, early FBI reports on the autopsy indicated that the bullet which hit Kennedy in the back did not exit from his throat. Since the throat wound could not have been caused by a sliver of bone or bullet set flying by the hit on Kennedy's head (the throat wound occurred five seconds before the other wounds), the throat wound must be a wound of entrance. Ergo: an assassin in front and to the right of the President. Why has the Commission evaded this evidence, ask the critics in various levels and styles of dudgeon?

The Theory of the Frontal Hit

And the answer is that the Commission did consider these indications of a frontal hit and saw them dissolve under the weight of other evidence and the requirements of the total picture. Let us pursue the critics' theory of a frontal hit in the throat, as if it had really happened, and not simply to harass the Commission. Now most certainly if a bullet had hit Kennedy in the throat (from the front and to the right, if we seriously consider the "grassy knoll" to be the source of the shots) that bullet must have gone somewhere: Either it would have lodged in some manner in the President's body, whole or in some state of fragmentation or disintegration; or the bullet would have exited the body at some very easily discernible point; or both, partly lodged, partly exited. Under no conceivable circumstance could the evidence of that bullet's presence in, and/or point of exit from, the body have escaped the attention of the autopsy surgeons nor could the doctors (from observation of this and other damage done by the bullet) have failed to conclude that the President was hit frontally in the throat. Dubious readers can check this statement with a forensic pathologist or even their family doctor.

At this point, the suspicious reader may say: "Ah, but the autopsy findings have been challenged; what right have you to cite the autopsy to the critics?" Fair enough, I shall omit references to the autopsy, as well as to the testimony before the Commission of the three autopsy doctors—perhaps these men were lying—and instead I shall consider only evidence and witnesses which the critics find trustworthy, indeed the very evidence and witnesses the critics use to challenge the veracity of the autopsy and the integrity of the Warren Commission.

Was the Autopsy a Deception?

Let us consider, first, the now famous FBI report on the assassination, which was delivered to President Johnson on Dec. 9, 1963, and even more crucially, the account of the autopsy given by FBI agents James W. Sibert and Francis X. O'Neill, Jr., who were present during the autopsy examination at Bethesda, the night of the assassination, and reported in a statement dictated Nov. 27, 1963, only five days after the assassination, what they had heard and learned. Neither of these documents was included among the exhibits presented in the twenty-six volumes of evidence published by the Warren Commission in December, 1964. The Dec. 9 report was made available at the National Archives in December, 1965, and the Sibert and O'Neill report has only become available this past summer. They are prime exhibits in the critics' case.

Is there any mention in these documents of a frontal hit, and more to the point, is there any mention of a bullet found lodged in the body or of a possible wound of exit from a frontal hit? None whatsoever. Not even a slip of the tongue to indicate that any damage appropriate to a frontal hit was found. Indeed Sibert and O'Neill explicitly deny such a finding: "... No bullet could be found in the back or any other area of the body as determined by total body X-rays."

Nor is there even a glimmering mention of such a hit or such damage in the extensive testimony of the two Secret Service agents, Kellerman and William R. Greer, who also were present throughout the autopsy examination and testified on what they saw and overhead. (Vincent Salandria, a pioneer among the critics of the Report, was so impressed with Kellerman's testimony on other scores, which we shall tally below, that he "respectfully dedicated" a long article to "Roy H. Kellerman, whose truthfulness and loyalty to [his] dead chief was unshakable.") Considering how attentive Greer and Kellerman, and Sibert and O'Neill, were to what happened in the autopsy room the night of Nov. 22, it is hard to believe that the doctors could have kept from them what would have been the very obvious discovery of a frontal hit—unless, of course the autopsy doctors were shamming, deceiving even the eyewitnesses to their examination.

BASIC WOUND IN LINE

FALS

Nor is there even a jot in the extensive testimony of the doctors and nurses at Parkland Hospital who saw the President ~~but do not report on any wound of exit~~ conceivably related to an entrance wound in the neck, and this is significant. Testing the critics' repeated references to "the grassy knoll" (Mark Lane's early speculations about an assassin on the railroad bridge in front of the President are totally refuted by the Commission), we have an assassin in front of and considerably to the right of the President at the time we know he was struck in the throat. Given the feasible angles, and considering the construction of a human neck, such a hit would probably have exited from the left side of Kennedy's neck toward the back, a wound which could not have escaped the attention of the Dallas doctors and nurses, who never turned his body over in the thirty minutes they feverishly tried to revive him, but would certainly have seen a wound on the left side of Kennedy's neck. Dr. Kenneth E. Salyer, for example, testified:

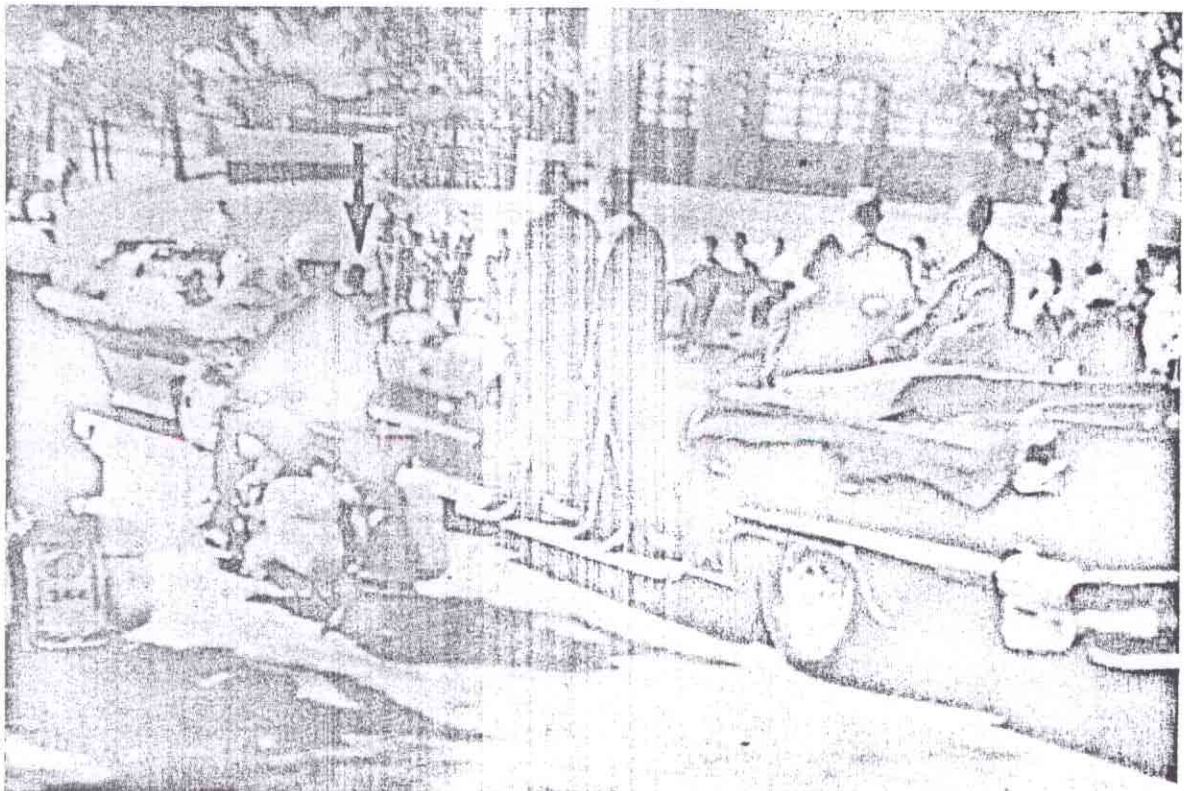
I came in on the left side of him and noticed that his major wound seemed to be in his right temporal area, at least from the point of view that I could see him, and other than that—nothing. . . . (VI, p. 81.)

Readers who have only read the critics and the Warren Report cannot begin to imagine how extensive are the observations on the President's body by persons in Dallas and Bethesda who saw it; much of this description

was written or dictated the day of the assassination, before what Edward Epstein calls the requirements of "political truth," by which he means fear and intimidation, could have induced these observers to alter their testimony. And in all of this material I have not found, and the critics have not cited, any mention of the wounds and damage which would necessarily have accompanied a frontal hit. *ONLY ALL DALLAS AREA + WALK*

But the critics never measure the angles required by their own criticism, or pursue leads into reality, at least not in print. Having raised the specter of a frontal hit, no critic has yet checked out the plausibility of such a hit. We hear about shots that came from the "grassy knoll" but are not told that the knoll is some 200 feet long and that eyewitnesses place the source of the shots from one end to the other; in other words, the "grassy knoll" is not one place, but many. A wooden fence ran across the top of the knoll and an assassin would have to have been behind that fence in order not to have been seen by at least one of the some 260 known eyewitnesses to the shooting. And from most of the points behind the fence on top of the knoll the President's car would have been obscured by the trees, bushes, cement structures and by persons we know to have been standing in the way. That is why the only likely point for an assassin to have hit the President in the throat would have placed the killer considerably to the right of the President. Figure 4 is a photo, snapped just

Figure 4



Hudson Exhibit No. 1

THEY WOULD NOT
 N. C. S. O. W. A. D. A. R. D. S.
 THIS IS NOT
 A W. A. S. T. W. A. R. D.
 A. L. R. I. H. N.

~~FALSE - VICTIM'S A. VERMIN'S INTENTIONS~~
before the first shot, looking over the President's shoulder toward the grassy knoll. (Hudson Exhibit No. 1; XX, p. 183.) And such a shot, if it occurred, would have come from a point about thirty feet from and directly behind several people who were standing on the grassy knoll. Photographs of these onlookers taken about three seconds after Kennedy's throat was creased show them looking straight ahead and not back toward an explosion.

Critics' Theories Lack Substance

My point is that the critics never seem to check out their own hypotheses. Mark Lane announces that he has been to Dallas six times; that he has photographed the assassination scene from a helicopter; and has re-interviewed, for a movie he made, the witnesses who remember seeing smoke on the grassy knoll just after the shooting. (Not a single witness claims to have seen a gun, or a gunman, other than in the Book Depository Building.) Considering his interest in the assassination site, one would think that at some point Mr. Lane would have taken his camera to the spot where the smoke was reportedly seen and have checked out the location as a possible perch for the assassin. But, of course, Mr. Lane would then have to say in some systematic manner what he thinks happened in Dallas, and this he seems disinclined to do.

One further comment on the problem of earwitness testimony. It is undeniable that many earwitnesses, a slight majority of those whose opinions are recorded, thought that the shots came from the vicinity of the "grassy knoll." To be precise, most of these people did not report that they *heard* the shots from there but said that their *attention* was immediately attracted to the knoll. Since we know that policemen went scurrying up the side of the knoll just after the shooting, apparently in search of an assassin, one can surmise that a chain reaction of sorts took place and that the horrified attention of the onlookers was directed, memorably, to the knoll. Still, many people, including those policemen apparently, thought the shots, per se, came from the knoll, and defenders of the Warren Report must make some sense of this.

Assuming there really was a shot from the knoll, the critics must believe that shots came from at least two very different directions (actually four as I shall demonstrate). For it is almost certain that at least one or two shots came from the Book Depository: Two eyewitnesses actually saw shots being fired from a rifle in the window of the sixth floor of the Depository and said as much to police immediately thereafter; three persons saw a gun in the window and exclaimed so to companions who recall their exclamations; a rifle and three shells were found on the same sixth floor and ballistics tests performed the next day in Washington showed that this rifle had fired a bullet which was found near Governor Connally's stretcher at the Parkland Hospital and the two large fragments of a bullet found in the Presidential limousine; three men on the fifth floor, just under the murder window, heard what may have been the shells hitting the floor, and report other impressions which

confirm the presence of an assassin above them; at least one of Kennedy's wounds, and Connally's, were inflicted from a shot above and behind; and many earwitnesses thought shots came from the Book Depository. So it is not exactly controversial to suggest that at least one gunman was up there firing away.* If we suppose, then, that shots came from at least two directions, the question arises as to how many earwitnesses heard shots coming from both the grassy knoll and the Book Depository. In other words, how many people heard the event, as it must have occurred, if the critics are correct? And the answer is: not one. But many eye- and earwitnesses, not quite a majority, heard and saw the assassination essentially as the Commission reconstructed it, in terms of the source and number of shots, and almost every witness indicated that he thought the shots came from *one* direction. Earwitness testimony, of course, is notoriously muddled; contradictions cling to the remains of every human event. But if one were to take the Commission's version of what happened and then force the critics to say what they think happened, placing the two versions side by side, one would conclude, I believe, that the Commission had somewhat the better of it on the score of eyewitness testimony.

Nor can the critics stop at two assassins. Recall that both critics and defenders of the Warren Report agree that the President was hit in the back from the back, that he had a wound in his throat, and on the right side of his head, and that Governor Connally was also struck by a shot fired from behind him. Analysis of the Zapruder films further shows that Governor Connally could not have been hit from the Book Depository after frame 235 of the Zapruder films because at that point he turned out of range. Students of the assassination will here recall that the critics have proved conclusively that one assassin could not have hit Connally and Kennedy separately because one rifleman would not have had time to refire before Connally turned away. Were we to feed all this data into a fairly simple computer, a card would come out entitled "Number of Assassins," saying: One assassin in front of President causing throat wound; second assassin behind President administering back wound; third assassin behind Governor Connally probably causing all of his wounds with one shot; and (if one believes that the massive wound in Kennedy's skull was administered from the right as all the leading critics except Edward Epstein contend) a fourth assassin to the right.** Of Edward Epstein's implied theory that there were only two assassins, both in the Book Depository, one shooting Connally in the back, the other shooting Kennedy in the back and head, we must conclude that

* Mark Lane, who has spent a good part of his recent career denying that any shots come from the Depository, and who, as a rule, concedes nothing, almost but not quite concedes the point in *Rush to Judgement*: "There is some evidence to suggest that one or more shots may have been fired from the Book Depository, as the Warren Commission maintained. It is considerably less compelling than the evidence suggesting that shots came from behind the fence." Note Lane avoiding the one conclusion which is most strongly suggested by his own analysis: that shots came from both directions.

** For the reader who is now wondering why the same assassin who hit the President in the throat from the right front could not have shot him in the head from the right, reducing the number of assassins to three, discussion follows.

NOT I

NOT ONLY BEAT IN

I DO NOT COUNT!

it is impossible because it cannot explain how Kennedy could have been wounded in the throat four seconds before he was struck in the head.

The critic who has written most forthrightly on the assassination, Vincent Salandria, now believes that Governor Connally was not hit until Zapruder frame 292, by which time the Governor had turned sharply to his right, virtually facing the grassy knoll, so that his back was exposed only to the south side of Dealey Plaza. If things happened that way, we now have a fourth assassin at a point diametrically opposite the knoll and about a block away from the Book Depository. (See *Minority of One*, March, April, 1966.) If Salandria is right concerning what is required of an alternative theory of the assassination, and I think he is, four widely separated assassins fired five times almost simultaneously: Kennedy back; Kennedy head; Connally back; Kennedy throat; and the shot that, all agree, missed. And, if Connally was struck more than once, there were six shots or more. That is a lot of missing bullets. And remember, none of these assassins was seen coming, going, or killing. Small wonder that the critics, except Salandria, have little inclination to pursue their own theories to their logical conclusions.

But what of the doctors at Parkland who said that the wound in Kennedy's throat looked like an entrance wound? And at this point one must say, as the Warren Commission said, that they were simply mistaken. It looked to them like an entry wound, but it wasn't. And the mistake is certainly easy to understand to anyone who accepts the possibility of human error. We know that the people at Parkland had only a moment with the neck wound before it was widened to perform a tracheotomy and that the doctors at Dallas never even turned the President over, and therefore did not know about the wound in his back. In speculating on the source of a wound simply by its external appearance they broke a cardinal rule of their craft, for the forensic pathologist's essential technique is to interpret wounds according to the whole configuration of damage. "Amateurish" is the way one world-renowned forensic pathologist described to me the performance of doctors who would speculate on the source of a wound without relating the wound to the accompanying data. And by the time the doctors testified before the Commission, in March, 1964, they were saying as much about themselves:

Mr. Arlen Specter [Commission counsel].
Based on your observations on the neck wound alone did you have a sufficient basis to form an opinion as to whether it was an entrance or an exit wound?

Dr. Charles J. Carrico. No, sir; we did not. Not having completely evaluated all the wounds, traced out the course of the bullets, this wound would have been compatible with either entrance or exit wound depending upon the size, the velocity, the tissue structure and so forth.

Other doctors testifying before the Commission repeated that the wound had looked much like an entrance wound, but all agreed that they had not had enough information to judge and that the presence of a back wound, and damage in the neck, in perfect alignment, was conclusive. In the passion of those dreadful days many people rushed to offer their expertise to posterity; it was a problem that continually plagued a Commission which did not have the leisure to play with contradictions as the critics do, and had to go about the business of discarding mistakes.

Therefore, to support the Commission on the question of the throat wound one need only believe that some doctors in Dallas misinterpreted the nature of a wound they saw fleetingly. Since the doctors themselves freely admitted their error before the Commission, it does not seem extreme to take them at their considered word. On the other hand, if one is to support the critics on the question of the throat wound, one must be prepared to accept the notion of massive duplicity: an autopsy examination rigged from the first moment; a deliberately inaccurate autopsy report; lying testimony on the part of the autopsy doctors (the interested reader is directed to Volume II of Warren Commission testimony where the doctors testify in great detail concerning their medical findings). Understand that if the critics are correct, these doctors are fabricating nearly everything they say. If the doctors were deceiving all and sundry the night of the assassination, then they must have been ordered to do so that day or before. By whom? Why? Merely to frame one and only one man? Let some critic deny that these questions are inescapably implied in his analysis.

Nor can the critics simply concede the argument over the throat wound and go on to other encounters. If, in fact, the throat wound was *not* a wound of entry, then the supposition is strongly enforced that it was the wound of exit the Commission said it was; and if a bullet did exit from the throat in the way described by the Commission, then it could not easily have missed the Governor, who was seated directly in front of Kennedy. And if the Governor was indeed hit by that bullet, the double hit is confirmed. With each concession from the critics, the Commission's case is re-constituted. Such is the interlocking character of reality.

III

The Zapruder Film and Other Evidence

WHAT of the head wound? According to the Commission, the massive wound in Kennedy's skull was caused by a bullet fired

from above and behind the President which entered the base of the skull, leaving a small, neat wound of entry, and then blasted out of the side of the head.

ONLY ENDS
WHO SAW
IT.

no!

The critics suggest a hit from the right. This would mean that the gaping wound in Kennedy's head becomes a wound of entry and the small wound of entry at the base of the skull is eliminated. Vincent Salandria has suggested the use of dum-dum bullets to explain how an entry wound could have had such shattering effect.

Was This Evidence Ignored?

Unquestionably, the critics have something to go on: There are the sounds earwitnesses thought came from the knoll. Persons to the left and somewhat behind the President were sprayed with particles of brain and flesh suggesting a hit whose impetus was from front right to back left. Also, Mrs. Kennedy went scrambling toward the back of the car, in order to retrieve the President's skull, some critics have delicately suggested. A priest who performed last rites for the President in Dallas was reported in a Philadelphia newspaper to have seen "a terrible wound over his left eye," and a medical report by one of the Parkland doctors, dated Nov. 22, 1963, 4:30 p.m., cited the cause of death as "a massive head and brain injury from a gunshot wound of the left temple." (The reasoning of the critics here seems to be that a wound inflicted directly from the right would have exited from or caused some physical damage on the left side of Kennedy's head.) The critics also note that none of the doctors at Parkland saw the small hole at the base of Kennedy's skull, which is described in the autopsy, or, as Mark Lane states the matter, with characteristic precision of expression, "... Eight doctors were unable to locate a smaller hole. . . ." Most persuasive is the fact that the Zapruder films show Kennedy falling and turning sharply to his left just after he is hit in the skull, suggesting a blow from the right. Why has the Commission "declined" to face this evidence? ask Lane and the other critics.*

But there is every indication that the Commission did face this evidence and either discarded it or interpreted it in a very different way. Again I must stress that the answer to the question of whether the large head wound was a wound of exit or entry would have been obvious to the autopsy surgeons the night of the assassination, but discounting the autopsy report itself and the testimony of the autopsy doctors, and just considering testimony and evidence in which the critics have invested their trust, there is still every reason to accept the Commission's version.

Consider the important Exhibit 397 (figure 5), an autopsy fact sheet which was prepared some time the weekend of the assassination. This document (from the handwriting, it seems to have been drawn up by Commander J. Thornton Boswell, one of the autopsy physicians, and not Commander James V. Humes as several critics have speculated) presents difficulties to the Commission in the manner in which it locates the back wound (the matter is discussed below), but on the question of whether there was a small wound in the back of the head, it conforms with the autopsy findings.

* In Mr. Lane's usage, the Commission never "fails" to look at some item or other. Commission members always "decline" as if Lane had been there begging them to look, and the Commission had said, "No!"

Then there is the FBI report of Dec. 9, and the report of agents Sibert and O'Neill, dated Nov. 27, 1963, upon which it is based. The two FBI agents summarize the autopsy findings this way: "X-rays of the brain area which were developed and returned to the autopsy room disclosed the path of a missile which appeared to enter the back of the skull and the path of the disintegrated fragments could be observed along the right side of the skull."

The testimony of agents Kellerman and Greer (the former so much admired by Mr. Salandria) lends further support to the Commission theory. Both men refer to the small hole at the base of Kennedy's skull to which the critics deny existence:

Mr. Specter. Was there any conversation of any sort between you and Colonel [Pierre A.] Finck [the third autopsy doctor] which would be helpful to us here?

Mr. Kellerman. Well from Humes [chief autopsy surgeon] who was the other gentleman out there, from the entry of the skull, from this hole here.

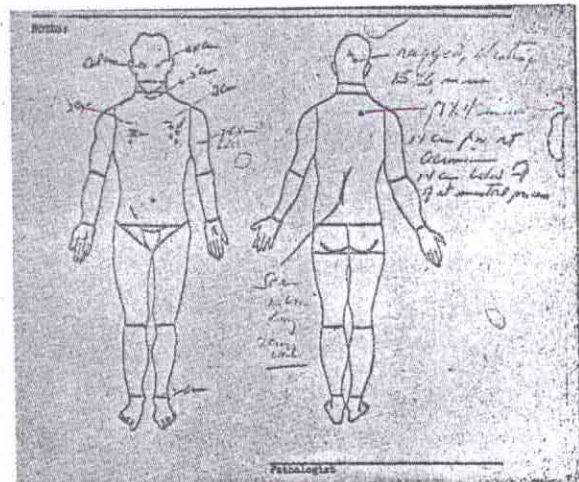
Mr. Specter. You are now referring to the hole which you describe being below the missing part of the skull. (II, p. 93.)

Mr. Specter. During the course of the autopsy did you hear any doctor say anything about the wound on the right side of Mr. Kennedy's back?

Mr. Greer. That was the first time that I had ever seen it, when the doctors were performing the autopsy, they saw this hole in the right shoulder or back of the head, and in the back.

In the case of the head wound the critics don't even have the observations of the Parkland doctors to sustain their arguments. All the several descriptions which come out of Dallas of Kennedy's skull describe the wound in a

Figure 5



From Commission Exhibit 391

SEE THE LEAD FROM THE FRONT!

manner consistent with the Commission's (and the autopsy's) theory of a bullet blasting out of the side of Kennedy's head. Here, for example, are the words of Dr. Robert N. McClelland, who testified that he could "very closely examine" the head wound:

... And I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been *blasted out*. . . . (VI, p. 33; my emphasis, J.C.)

Dr. McClelland is the same doctor who wrote in his Nov. 22 report that Kennedy's skull wound was on the left side of his head. In view of this statement, and the fact that all the other doctors and nurses at Parkland place the skull wound on the right side *and report nothing about wounds on the left side*, is it overly patriotic to suggest that perhaps Dr. McClelland and Father O. L. Huber, (assuming he was quoted correctly by the newspaper) were simply mistaken, or used the word "left" when they meant "right"? In answer to Mr. Lane's question as to why the Parkland doctors "were unable to locate a smaller hole" in the back of the head, one need only say that they weren't trying to locate a hole; they were trying to save the President. Dr. Carrico explained to the Commission that the doctors never turned the President over in the half-hour they had with him or even removed him from the stretcher upon which he was wheeled into the hospital:

Mr. Specter. Was a more complete examination ever carried out by the doctors in Parkland?

Dr. Carrico. No, sir; not in my presence.

Mr. Specter. Why not?

Dr. Carrico. . . . After the President was pronounced dead his wife was there, he was the President, and we felt certainly that complete examination would be carried out and no one had the heart, I believe, to examine him then.

To be sure, particles of brain and flesh sprayed backward and to the left from the open-topped car, although it should also be noted that some spray also went forward covering Mr. and Mrs. Connally. The forward motion of the car would make the spray seem to move backward, and the direction in which these particles were set flying would depend mainly on the direction of the wind. The reader can test the point by tossing sawdust out of the window of a moving car. If the wind is right, he will avoid getting an eyeful. We don't know how much breeze there was that day or in what

direction it was blowing over the murder site, but the testimony of one Dallas policeman, who was on a motorcycle just behind and to the left of the President, indicates a wind direction consistent with the Commission's version of the assassination:

Mr. Joseph A. Ball [Commission counsel].
Was there any breeze that day?

Mr. B. J. Martin. Yes; there was.

Mr. Ball. From what direction?

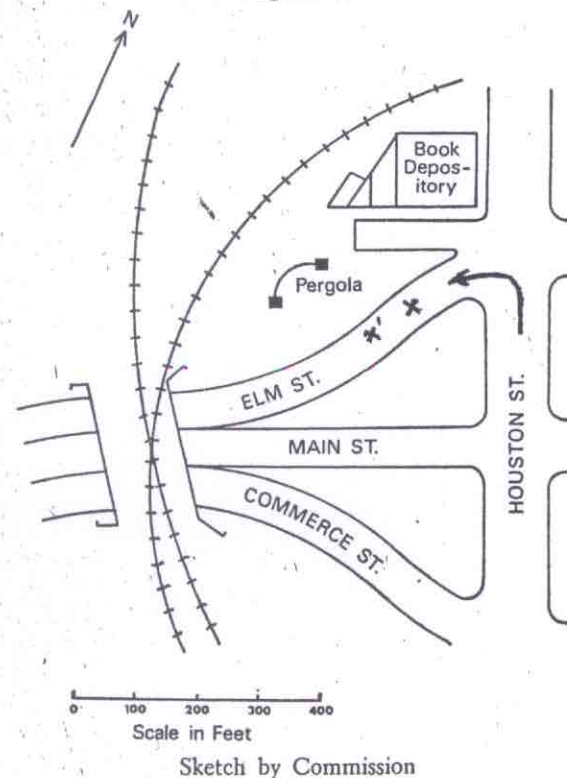
Mr. Martin. It seemed like we were going to turn into the wind as we turned off of Houston onto Elm. (VI, p. 290.)

The turn on to Elm (see figure 6) necessitates a sharp turn of about 145°. If the wind was indeed blowing in Mr. Martin's face as he turned off of Houston, it could have carried the spray back and to the left when the Presidential procession reached the fatal spot on Elm. I suggest this merely as conjecture, indicative only that the direction in which the particles flew in no way embarrasses the Commission's theories.

What the Films Indicate

The most substantial point in the critics' case for a hit from the right concerns the action of the President's body immediately after he was hit. The films show him moving and turning abruptly to his left; he seems to jerk back against the seat and in half a second he has fallen toward Mrs. Kennedy. Why would the President

Figure 6



move abruptly to the left, if he was struck from behind? The fact that the President turned is significant. A hit from the left would only have caused the President to keel over leftward. If the shot was substantially from the front and slightly to the left, however (which would indicate a perch substantially distant from the assassin who allegedly shot Kennedy in the throat), then the President would have been thrown backward against the seat, and leftward; the collision and recoil from the seat might have caused the turn. Therefore, considering only the motions of the President's body after Zapruder 313, an assassin in front and to the left is plausible. But no more plausible than an assassin in the sixth floor of the Book Depository. The Commission doesn't go into the question, but my analysis of the Zapruder films shows the President beginning to turn left *before* frame 313—at 309. By this time his chin had dropped near his chest, his face is tilted to the left, and a bullet delivered from above and behind, hitting at the base of the skull, would have struck tangentially from left to right (figure 3). Now if the President had already begun to turn *before* he was struck in the head, the effect of this tangential blow would have been to spin him abruptly to the left. Prof. Robert Lang of the Physics Department at Brandeis University has instructed me on this point. I conclude that analysis of the Zapruder films, and nothing else, admits of either possibility, a frontal hit or a hit from behind.

Explanations Due from the Critics

Fortunately, there is much more than Zapruder to go on, and it mainly supports the Commission. The decisive evidence determining whether the head wound was an entry or exit wound was the evidence of the President's own body; every report from the autopsy room, including the persuasive testimony of the doctors who performed the autopsy and the important FBI reports on the autopsy, supports a wound of exit. (Indeed by discouraging belief in a frontal hit on both the throat and head, the FBI reports become more damaging to the critics than to the Commission.) But again, the event actually occurred only one way. Having decided how it happened, the Commission would naturally discount evidence in apparent contradiction, and not necessarily out of a pre-commitment to a single-assassin theory: a commitment to the actualities of the event explains the Commission's selectivity just as well. If the critics wish to seriously defend a wound of entrance in the skull, they should now explain why none of the copious descriptions of the President's body support such a conclusion; why the FBI reports are in error; why the autopsy doctors began lying the night of the assassination—as they must, since Exhibit 397 was prepared that weekend—and how they were able to deceive Sibert and O'Neill, and Greer and Kellerman, about the nature of the wound. Failure to answer these questions satisfactorily leads us right back to the sixth floor of the Book Depository.

IV

The Double-Hit Theory and the Disputed Bullet

BUT what of the double hit? Critics of the Report may concede the difficulty of positing alternative theories and yet argue that if they can present evidence which precludes the possibility of a double hit they have done enough. Clearly, if there was not a double hit, there must have been other assassins.* Kennedy was first struck just before Zapruder 225; by frame 235, at the latest, Governor Connally is out of the range of a gunman in the Book Depository. Since it took 2.3 seconds, or 42 frames, at an absolute minimum to refire Oswald's gun, and since we know almost to a certainty that Connally was not wounded before Kennedy, they must have been hit by the same bullet, if there was one assassin. But in formulating the problem in this way, I don't want to suggest that this was the manner and order in which the Commission members reconstructed the event, as if they concluded there was a double hit because they could only imagine one assassin. That is the critics' imputation. From the lines of questioning pursued by the Commissioners and their staff, it is clear that the Warren Commission turned the problem this

* In the October 10 issue of *U.S. News and World Report*, Arlen Specter, the Commission counsel who prepared the most widely controverted sections of the Warren Report incorrectly argues that the double hit is not essential to the Commission's conclusions.

way and that, posing it one way and then another, returning always to the happening. We know Governor Connally was seated directly in front of the President, and if a bullet exited from Kennedy's throat just before frame 225 it hardly could have missed the Governor, and certainly could not have missed the car. Trusting in FBI reports which found no appropriate damage to the car (these reports were complete within days of the assassination), trusting in the autopsy, the Warren Commission concluded that there was a double hit; it is, in fact, the only theory which holds the event together.

Testimony of the Secret Service

The substantive question then is, did the bullet which hit Kennedy somewhere high in the back actually exit from his throat at the required downward angle? We have already considered one reason for denying the double hit—the contention that the throat wound was a wound of entry—and the reader should again consider that if the throat wound was *not* a wound of entry then we must relate it to the back wound.

What other reasons are there for doubting the double hit? The critics cite eyewitness testimony which describes a back wound lower than the wound indicated in the autopsy and the Commission drawings. Secret Service agent Clinton Hill, who was called in to view the

FACTS IN
IMPORT

President's body, just before it was placed in the casket early the morning of Nov. 23, testified that he saw an "opening in the back, about six inches below the neck-line. . . ." Secret Service agent Glen A. Bennett, who was in the car behind the President's, testified that he saw "a shot hit the President about four inches down from the right shoulder." However, the critics fail to add that the two Secret Service men who were present at the autopsy, Kellerman and Greer, described the location of the wound in words which are substantially consistent with the autopsy measurements: "On the shoulder, in the large muscle between the shoulder and the neck, just below it . . ." Kellerman said. (II, p. 93). Greer's use of the word "back" to locate the wound has been cited by critics, but not his explanation of what he meant by "back":

Mr. Specter. Approximately where in the President's back was the bullet hole?

Mr. Greer. It was to the best of my recollection it was, back here, just in the soft part of that shoulder.

Mr. Specter. Indicating the upper right shoulder area?

Mr. Greer. Upper right, yes. (II, p. 127.)

Sibert and O'Neill describe the back wound in their much-quoted FBI report as "a bullet hole which was below the shoulders and two inches to the right of the middle line of the spinal column," a wording which, while not precise, does not contradict the Commission drawings. The autopsy doctors placed the wound at a point 14 centimeters below the tip of the right mastoid process, 14 centimeters from the tip of the right acromion process, a measurement which, depending upon Kennedy's size, could very well coincide with the wound indicated by the drawing. The testimony is ambiguous, then, and since there is only one truth in the matter, both the Commission and the critics, if the latter were to develop their own version, need to discount mistaken observations.

The Error in the Autopsy Fact Sheet

Then there is Exhibit 397 (figure 5), the drawing depicting the President's wounds which was prepared the weekend of the assassination by Dr. Boswell. Unquestionably, the small circle in Kennedy's back is incommensurate with the autopsy. But note the writing in the right-hand margin of the document indicating the measurements that this little circle was intended to depict: "14 cm from rt acromion 14 cm below tip of rt mastoid process." If the measurements are correct, the circle is misplaced; if the circle is correctly placed, the measurements are wrong. No matter how one looks at the document, it is partly in error. It seems more likely that Doctor Boswell erred in drawing the little circle than that he erred in recording precise measurements, especially since these very measurements, made the night of the assassination, later show up in the autopsy report. For those who still may be wondering how a doctor could err so in drawing a circle, there is the explanation of Curtis Crawford, who teaches at the

New School for Social Research, and is one of the Commission's defenders. Mr. Crawford points out that the shoulders of the figure outlined in this document slope quite drastically, more than Kennedy's did. In the drawing, the small circle is level with the tip of the right shoulder, and while the circle is obviously not equidistant from the tip of the right mastoid process, it is conceivable that Dr. Boswell drew the circle with only its orientation to the right acromion process in mind.

Significantly, Exhibit 397 establishes that on the very night of the assassination the autopsy doctors measured the back wound at a point high enough to account for an exit in the lower throat; on this point, the autopsy could not have been altered, as Epstein suggests. And a bullet entering the soft part of the shoulder, above the upper border of the scapula, at a downward angle of about 18°, which is the approximate angle from the sixth floor (approximate because we don't know the exact inclination of Kennedy's torso), would have encountered nothing but muscle and tissue en route to the throat. It is difficult to imagine how a bullet traveling 2,000 feet per second, which hit at that measured point, could have failed to go on through. Just below, however, there is a skeleton to be negotiated, and it is equally difficult to understand how a bullet which entered lower in the back, as the critics allege, could have avoided hitting something. No evidence or sign of such a collision has come to light. Epstein suggests the bullet simply entered an inch or so and later worked itself out. (Where is this bullet?) In the final reckoning, it seems that Exhibit 397 is far more damaging to the critics' case than the Commission's.

Then there is the matter of the President's clothing. FBI examination disclosed that the hole in Kennedy's suit jacket was 5 3/8 inches below the top of the collar and 1 3/4 inches to the right of the center back-seam; the hole in the shirt was 5 3/4 inches below the top of the collar, 1 1/8 inches to the right of the middle of the back of the shirt. Jacket and shirt holes align with each other, but not with the alleged wound in Kennedy's shoulder. How is it possible, asks Mr. Epstein, who has made the most of the discrepancy, that Kennedy's shirt and jacket were "raised more than six inches, so that the hole in [them] coincided with the purported entrance wound in the 'back of the neck?'" The figure "six inches," repeated several times by Mr. Epstein, stuck in the craw of many reviewers, who, like me, found it difficult to imagine a shirt and jacket displaced by six inches, and I think no single disclosure of Mr. Epstein's as much as this one convinced Epstein's readers that he was on to something big. Unfortunately for Mr. Epstein, the correct figure is about three inches, as the reader can judge himself by imagining a hole in the back of his own jacket 5 3/8 inches below the top of the collar, 1 3/4 inches to the right of the center seam and then comparing that hole with one which would coincide with the wound indicated in figure 1, shown on page 6.

Mr. Kennedy was wearing a back brace and waving to the crowd; he was thick and muscular through the shoulders and the brace forced him to hunch up; a photograph taken just before the first shot shows him

NOT THESE NINE SEEN HE CITES
NO SOURCE

waving to the crowd, his jacket bunched up at the top. Having waved to imaginary crowds to test this, I can report that it is fairly easy to raise a jacket the required three inches, and possible to raise the shirt. To Professor Popkin's persistent question of how a bullet striking a bunched-up shirt and jacket could have failed to make four holes rather than two, I would answer it could do so simply by striking the fold at its crest. The clothing presents some difficulty to the Report, but it does not preclude its theories.

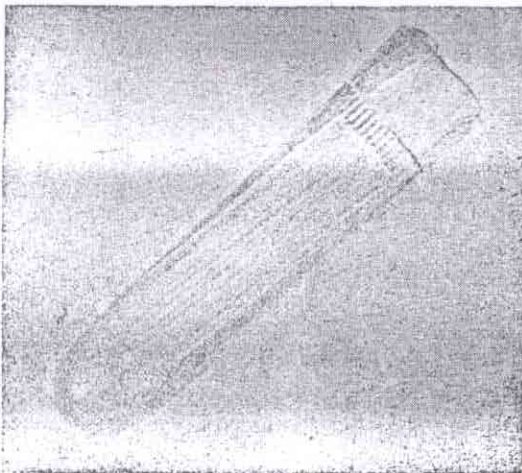
Another Accusation Is Deflated

Next: the question of Exhibit 399, the nearly intact bullet which was found in the Parkland Hospital the afternoon of the assassination, flown to Washington with all the other evidence gathered from the scene, and the next day determined in the FBI laboratories to be a missile 158.6 grains in weight which had been fired from Oswald's rifle.

The bullet (figure 7) seems almost like new, except for a slight distortion at the flat end and a few missing grains of weight. The critics, as one, have argued that it is too unmutilated, and too heavy, to have done all the damage assigned to it. Lane and Epstein have further stressed that the Commission failed to link the bullet with Connally's stretcher. Epstein makes the charge that Commission staff member Specter—before he went to Dallas to investigate—told the Commission that the bullet had been linked with Connally's stretcher. The charge is unwarranted. Specter went to Dallas in mid-March, 1964. The nurses and attendants at Parkland Hospital who testified to Specter in March had given the same testimony in February to Secret Service investigators, who, in turn, apprised Specter of their findings. Evidence collected by these agents, linking the bullet to Connally, was verified by Specter in March.

Nor does the accusation that the Commission established no link between the bullet and Connally's stretcher carry much weight. Darrell C. Tomlinson,

Figure 7



Commission Exhibit 399

the senior engineer at Parkland Hospital, testified that he found the bullet near two stretchers. One stretcher was Connally's, but the other was not Kennedy's. While the Commission does not establish every step in the odyssey of this bullet (if they had known there was to be an assassination, they could have had observers on the scene), the Commission certainly does link the bullet with Connally's stretcher, to the exclusion of Kennedy's. Professor Popkin's suggestion that the bullet may have been planted is absurd. To accept this notion, we must believe that the conspirators had several spare bullets around, fired from Oswald's gun, and that they told one of the mob to run over to Parkland Hospital and drop it somewhere. The conspirators, in advance, could not have known where to drop the bullet, or how it would fit into the case; presumably, they had not read Professor Popkin's book before the assassination. Perhaps the forces masterminding this vast drama, the Great Movers who knew already every possible future detail of the case, directed the phony bullet to the basement of the Parkland Hospital, because they knew the Commission would need some bullets fired from Oswald's gun in order to prove that there was only one assassin.

More troublesome are the weight and shape of the missile. Recall, this bullet allegedly cracked Connally's rib, and a bone in his wrist (after traveling Kennedy's neck). One of Connally's doctors, Dr. Robert Roeder Shaw of Parkland, estimated from his "examination of the wrist both by X-ray and at the time of surgery" that "three grains of metal" were in the wrist. A fragment recovered from the wrist weighed .5 grains, and Vincent Salandria implies that this figure is to be added to the three grains in estimating the weight loss; but from Dr. Shaw's testimony it is clear that he examined the wrist, and the X-rays were taken, before the .5-grain fragment was removed and therefore that fragment is to be included within the 3-grain estimate. Another Parkland doctor estimated that .1 grain remained in Governor Connally's leg, and since there is no testimony indicating metallic particles of appreciable weight in Connally's chest or Kennedy's neck we can assume that Exhibit 399, a missile fired from Oswald's gun which was found near Connally's stretcher, lacked an estimated 3.1 grains.

The bullet weighed in in Washington the day after the assassination at 158.6 grains. A small batch of new bullets, of the same type which were tested by the FBI, varied in weight from 160.85 to 161.5 grains and testimony by FBI ballistics man Robert A. Frazier indicated that fresh bullets of this type could even be a grain or so heavier. Taking the 161.5-grain figure, Exhibit 399 would lack 2.9 grains, .2 grain less than the fragments estimated to have remained in Connally. Estimators have a way of rounding off their estimates and one would not expect Dr. Shaw to have "estimated" from an X-ray that 2.8 grains were lodged in the Governor's wrist, but if he had, the weight of 399 would present the Commission no problems and the critics fewer opportunities. One cannot accept a discrepancy of two-tenths of one grain, under these circumstances of imprecise measurement, as significant.

The shape of the missile is more of a problem. Bullet 399 did a considerable amount of damage and some of the persons whose opinions were sought by the Commission were dubious, even incredulous, that the bullet could have executed the double hit and remained so unscarred. Other opinions supported the Commission's theory. As with many other pivotal points in the Commission's case, the experts disagreed, and there is an expert for each of many theories. (Interestingly, among the experts cited by the critics in their own support are the autopsy surgeons, Humes and Finck, to whom the critics have implicitly attributed dishonest testimony, a falsified autopsy, and general venality.) But if opinions vary, the fact is that none of the test bullets produced by scientists working for the Commission were as un-mutilated as Exhibit 399. Actually no tests were ever designed by the Commission's scientists to determine whether 399 could have survived the double hit. The Commission's experiments were mainly designed to determine whether a bullet which had passed through a human neck could have maintained sufficient speed to have caused all of Connally's wounds. And on this point the double-hit theory was confirmed. Since these tests did not recapitulate the alleged double hit, one must judge as unverified the Warren Report's explanation for 399's un-mutilated condition—that it tumbled as it exited from Connally's chest, smashing through the wrist flat-side-up (thus accounting for the distortion at the flat end of the missile). I am informed that the mathematical possibility of re-creating the double hit, with each carom, tumbl., and body position exactly as they were, or are alleged to have been, is extremely remote. But I wish that the Commission's scientists had tried, and I am willing to concede at least this much to the critics: the shape of missile 399 is surprising and the Commission's effort to account for its shape, disappointing.

But one permits this little surprise to crystalize into the concrete theory that 399 is not the bullet which hit Kennedy and Connally only to be reconvinced of the unreality of such a theory. If this bullet, which was found next to Connally's stretcher, did not hit Connally, as the critics argue, if indeed there was no double hit, then what happened to the bullet which really hit Connally? Everyone agrees that Connally was struck in the leg by a large missile, which left a shallow wound. How could that bullet, if it was not 399, fail to have been recovered? Contrarily, if the critics assume that 399 did hit Connally but not Kennedy (in which case they would have to answer to their own arguments concerning weight and shape), then they must explain what happened to the bullet which hit Kennedy in the back. Anyone who has studied the twenty-six volumes of

~~Warren Commission testimony knows how rapidly, how automatically, federal and local police, hundreds of people, working independently of each other, scooped up evidence and shipped it off to the FBI in Washington. These bullets could not have eluded their nets. And why on Nov. 22, 1963, would any government agency or local policeman have wanted to conceal any evidence concerning the assassination? At that time it could not have been clear to anyone what role any particular item of evidence would play in the overall case for a single assassin.~~

Major Contradictions Examined

I conclude that a surprisingly shapely missile, Exhibit 399, hit both men, as the Warren Report alleges.

Finally, in this review of the critics' major exceptions to the double hit, we come to the FBI documents which are introduced above: the Sibert-O'Neill report of Nov. 27, 1963, on the autopsy, and the FBI report of Dec. 9, 1963, on the assassination. Unmentioned in the Warren Report, somehow absent from the twenty-six volumes of evidence prepared by the Commission, these documents reveal that weeks after the autopsy the FBI still believed that Kennedy and Connally were hit by separate bullets. Says the Dec. 9 report, which was submitted to President Johnson:

Medical examination of the President's body revealed that one of the bullets had entered just below his shoulder to the right of the spinal column at an angle of 45 to 60 degrees downward, that there was no point of exit, and that the bullet was not in the body.

The testimony of Secret Service agent Kellerman on what had transpired in the autopsy room seemed to confirm the FBI version:

Colonel Finck . . . is probing inside the shoulder with his instrument, and I said, "Colonel, where did it go?" He said, "There are no lanes for an outlet of this entry in this man's shoulder."

Yet the autopsy itself, written, we are told, two days after the killing, concluded that the bullet which entered high in the back exited from the throat:

The second wound, presumably of entry, is that described above in the upper right posterior thorax. . . . The wound presumably of exit was that described by Dr. Malcolm Perry of Dallas in the low anterior cervical region.

The FBI and the Autopsy Reports

IS IT conceivable that the FBI bungled the autopsy findings? ask the critics. Edward Epstein states as a fact that the FBI had the autopsy report in hand when it

prepared its Dec. 9 report. Voting confidence in the FBI—a little startling coming from Mark Lane—the critics raise the specter of an autopsy altered months

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John F. Kennedy

after the assassination in order to conform with a double-hit theory concocted to preserve the myth of a single assassin.

Obviously, any defense of the Warren Report must explain how these FBI reports could have been so very wrong about the autopsy findings: First, let us understand that there is no evidence whatsoever that the FBI had the autopsy when it prepared its Dec. 9 report. Mr. Epstein cites as source for his allegation an interview with Francis W. H. Adams of the Commission staff. When I called Mr. Adams to check, he told me that he had no knowledge of whether or not the FBI had seen the autopsy; he even denied ever talking to Epstein. In response to Epstein's charge, the FBI has recently stated that it did not receive the autopsy until Dec. 23. The Dec. 9 report itself does not mention the autopsy nor even intimate that it is based on the autopsy; it is obviously based on the Sibert and O'Neill report of Nov. 27, and neither do the authors of that report say that they have seen the actual autopsy document or even that they have interviewed the autopsy doctors. From the evidence in the documents, an historian would conclude that the Dec. 9 FBI report was based solely on what Sibert and O'Neill thought, saw and overheard in the autopsy room Friday night, Nov. 22.

Early Findings and Their Significance

And there is every reason to accept their account of what there was to be seen and overheard Friday night. Most of the doctors' time that evening was devoted to the fatal head wound. As Sibert and O'Neill report, the back wound was not considered until the "latter

stages of the autopsy." Colonel Finck then probed the hole in Kennedy's back and announced that he could feel the end of the opening with his finger, say the FBI agents. Kellerman recalls him saying, "There are no lanes for an outlet of this entry in this man's shoulder." Just at this time all accounts agree, news came by phone that a bullet had been found on a stretcher at the Parkland Hospital, and immediately Dr. Finck conjectured, aloud, that that bullet might have struck Kennedy in the back and fallen out on his stretcher. It was a conceivable hypothesis at that point: the wound in Kennedy's throat had been disfigured by a tracheotomy in Dallas so that the nature and exact location of the throat wound was obfuscated, and we know that the autopsy doctors were not to confer with Parkland about the throat wound until Saturday morning. Just beginning their examination of the back, late in the evening, they were, for the moment, perplexed. "The missile path through the fascia and musculature cannot be easily probed," Dr. Humes was to write in his autopsy report two days later, another reflection of the doctors' early difficulty with the wound. Their problem is understandable. As Fred Cook has written: "When the President was first wounded, he had his hand up waving to the crowds; this meant that the muscles of his back would be drawn up to some degree. In death, with his arms at his sides, these muscles and tissues would fall back into their normal place, closing the path of the wounds." We can imagine the doctors concluding their grim job Friday night, their minds still open, awaiting their conversation with the Dallas doctors the next morning.

No Support for Throat Entry Wound

Saturday the pieces in what is only one puzzle began to come together. From Dallas came information about what was seen and done at Parkland. The autopsy had revealed no evidence whatsoever that the throat wound was a wound of entry: No bullet was discovered in the President's body, there was no appropriate wound of exit for such an entry, nor any internal damage to indicate a frontal hit. Therefore, the throat wound had to be the exit point of one of the other two wounds of entry. Now the significance of some other data, observed the night before, became clearer: In direct line between the back wound and what was now known to be the throat wound the autopsy physicians had noted:

... Considerable ecchymosis of the strap muscle of the right side of the neck and of the fascia about the trachea adjacent to the line of the tracheotomy wound.

... In the apex (supra-clavicular portion) of the right pleural cavity . . . contusion of the parietal pleura and of the extreme apical portion of the right upper lobe of the lung. (Quoted from the autopsy.)

The presumption became powerful, then, of a linkage between back and throat wounds, and the doctors stated that "presumption" in their autopsy report, the final draft of which was completed on Sunday, and not

seen by the FBI until well after that agency had completed its initial report on the examination.

A Major Cause of Confusion

The Sibert and O'Neill document fairly accurately mirrors what was to be seen and overheard by medical laymen Friday evening; capturing the doctors' thoughts at an early stage of their development, it records them as final. It is essentially a half-informed rumor, and if the reader asks whether I believe that the FBI is susceptible to rumors, I would say it certainly was this time. Indeed the study of the Sibert-O'Neill document and the Dec. 9 report would provide students with an object lesson of how incorrect information spreads. I mentioned above that news of the bullet discovered at Parkland came to the autopsy room just as the doctors were mulling over a back wound which had no apparent lane of exit, and that one of the doctors had exclaimed aloud that that bullet must have hit Kennedy in the back and then worked itself out. Sibert and O'Neill recorded the event accurately for their superiors at the FBI. Leaving out the circumstances, the Dec. 9 report then states as a fact that the bullet found in Parkland was discovered on Kennedy's stretcher. And thereafter the critics of the Warren Report cry, "Foul!" when the Report alleges that the missile should be associated with Connally's stretcher. Forgotten is another passage in the Sibert-O'Neill report of Nov. 27 which apparently the authors of the FBI's report to President Johnson failed to see:

[Secret Service agent] Johnson [who received the bullet from officials at Parkland] had advised the [FBI] laboratory that it had not been ascertained whether or not this was the stretcher which had been used to transport the body of President Kennedy. *W
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But the most persuasive reason for rejecting the FBI's early theory that the bullet which hit Kennedy in the back simply fell out, is (again I return to what I think is the most salient point in the whole case) that it cannot explain the throat wound. *The FBI documents do not even speculate about the nature of the throat wound. The matter is simply avoided.* Newspaper leaks in December of 1963 indicate that the FBI was playing with the notion that the throat wound had been caused by a sliver of bone or bullet sent flying when Kennedy was struck in the head. But as we have seen, this is precluded by the Zapruder films which show Kennedy being hit in the throat five seconds before he is shot in the head. The FBI documents reveal no damage which could be remotely connected with a frontal hit in the throat nor, in recording the conjectures of the doctors, do they reveal that the doctors ever considered the possibility of a frontal hit, so implausible was it, given the physical evidence. Secret Service agent Kellerman is quite explicit on the matter:

Mr. Specter. Now with respect to the time you were present at the autopsy, was there any conversation of any sort concerning the

possibility of a point of entry from the front of the President's body?
Mr. Kellerman. No. (II, p. 103.)

Based on hearsay and incomplete hearsay at that, the FBI report's interpretation of the medical evidence is also untenable on logical grounds, and for these reasons we must add it to the pile of mistakes and distortions and false impressions which stud the trail left by investigations of the assassination.

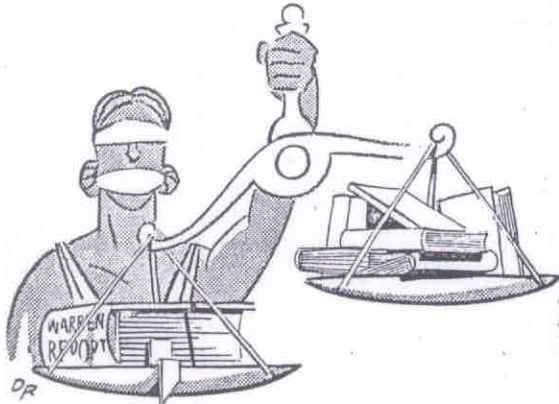
Key Question: Was There Massive Fraud?

The critics ask, do you really think the FBI could be so amateurish? And I say, yes, for the reasons given. (The FBI now admits its error.) But let us return question for question. Let's assume the burden of the criticisms is correct: Do the critics then believe that autopsy findings were falsified, some of them on the night of the assassination or in the days immediately after the assassination? Do the critics believe that bullets were hidden (again, in the days immediately after the assassination!); and that the autopsy doctors, and the members of the Warren Commission and staff, the FBI and the Secret Service, began within a month of the assassination to concoct a massive report indicting one man, *in the full knowledge that there were others?* Mr. Epstein's suggestion that the Commission, under such circumstances, could somehow be innocent of any sinister doings is laughable to anyone who knows the material, and should be to any reader who has read this far into the article. And who, may we ask, set all this deception in motion and why? "When?" we know. It was already in motion the day of the assassination, operating in Dallas, in Bethesda, and, we must conclude, in Washington,



Lee Harvey Oswald

*1963
1/10
500
D. Specter
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which is very near Bethesda. The affair has gone beyond naughty cocktail-party speculation. Is there a power anywhere in this country which could command such an operation, and such loyalty, or fear, from the operators, who to date have one and all, hundreds at least, remained silent? And what of all those who are not

involved but must know: wives, friends, onlookers, office-mates—all silent? Are they afraid, too? In view of the dimensions such a conspiracy assumes, upon analysis, even Dr. Popkin's cynical aside ("In rumors I have often heard . . . Kennedy's successor") proves comic. President Johnson doesn't have such power, except in the obsessed imaginings of some of his critics.

False leads, mistakes, improbabilities adhere to all versions of the assassination. But there is one version which is substantially correct, for the assassination really happened and it happened only one way. Many intelligent readers, hearing only the hue and cry, escape into the opinion that there is an unknown theory, which time will reveal. But the Commission knows, and the critics know, too much about the event to escape to that position prepared so well by critics avoiding their responsibility to produce a sensible account of the assassination. Did the bullet which hit President Kennedy high in the back exit from his throat at the required downward angle, or didn't it? If it did, it did, despite interesting evidence indicating that it might not have; if it really did, then the Warren Report is correct in concluding that there was one assassin.

TOTALLY FALSE + A M I S T A K E

DE FACTO SEGREGATION

The Problem in Microcosm

By WILLIAM SHANDS

"If we wanted to," the school official mused, "we're rich enough to solve this school district's racial problem."

Then he tapped impatiently on the newspaper that told the story. In one graduation photograph, row by row, the majority of the students were Negro; in a second picture from another of the district's schools, nothing but smiling white faces looked at the camera's indiscriminating lens.

In the Sequoia Union High School District, segregation is tied to the taxpayers' purse strings, and they're not about to loosen the knot. The evidence indicates that the residents of one of the richest areas in California are determined to stymie efforts to put Negro students into all-white classrooms that prevail in half the district's six schools. These opponents argue that it would be a waste of money.

A letter to the editor of the *Redwood City Tribune* is typical of the opposition:

"Why should pupils be transported unnecessarily from one school to another just to satisfy the whims of a few? I also feel that until a lot of this de facto pressure mess (sic) is kicked out of our schools, every school bond issue should be defeated."

William Shands is a newspaper reporter.

With a substantial number of similar communications in their files, the district's Board of Trustees has been cowed into inaction.

The Sequoia High School District encompasses the southern third of San Mateo County—the stubby finger that is the San Francisco Peninsula. The county has an average family income of \$10,902 annually. In Redwood City, the district's biggest city and the county seat, the figure is \$9,075, still above the state average of \$8,792. The district's assessed valuation has registered consistent gains over the years, and in 1964-65 there was \$32,377 in assessed valuation behind each of the district's 12,000-plus students, one of the highest in the state.

Whether speeding north to San Francisco on Bayshore Freeway, or taking the more leisurely drive along El Camino Real, one is impressed by the neatly clipped Atherton and Menlo Park homes inhabited by the executives in the electronics and space industries that fringe the freeway. Further north are the comfortable upper-middle-class commuter sanctuaries of San Carlos and Belmont.

One hardly notices San Mateo County's black ghetto, tucked away nearly out of sight across the freeway in the county's southeast corner. The jumble of cheap apartments and inexpensive homes known as East