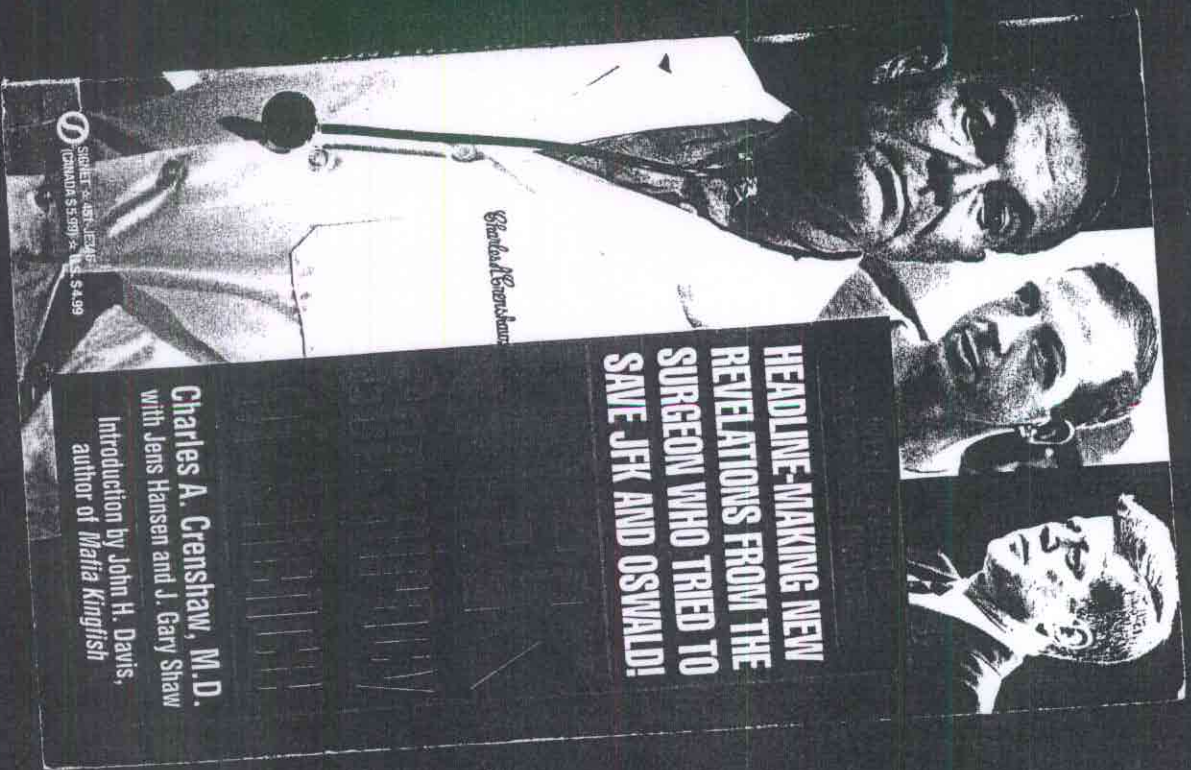


**HEADLINE-MAKING NEW
REVELATIONS FROM THE
SURGEON WHO TRIED TO
SAVE JFK AND OSWALD!**

Charles A. Grenshaw, M.D.
with Jens Hansen and J. Gary Shaw
Introduction by John H. Davis,
author of *Mafia Kingfish*

Simon & Schuster
ISBN 0-671-13240-1
(CANADA \$5.99) * U.S. \$4.99



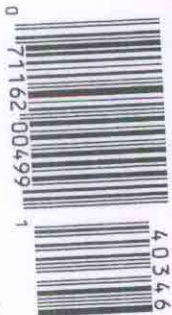
THE KENNEDY ASSASSINATION
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 **DOUBLEDAY**
A BANTON BOOK
ISBN 0-385-33597-2 \$4.99

"I HAVE WANTED TO SHOUT TO THE WORLD THAT THE WOUNDS TO KENNEDY'S HEAD AND THROAT THAT I EXAMINED WERE CAUSED BY BULLETS THAT STRUCK HIM FROM THE FRONT, NOT THE BACK, AS THE PUBLIC HAS BEEN LED TO BELIEVE..."

Speaking is Dr. Charles A. Crenshaw, the Dallas surgeon who fought to save JFK, and then shocking days later, Lee Harvey Oswald. Now he gives the testimony he was not allowed to give to the Warren Commission. He explains why he is sure that the President was the victim of a second assassin. He reveals the eerie telephone call to him from the newly sworn-in President, Lyndon Johnson. He details the behavior of Jacqueline Kennedy at the hospital. He describes the strong-arm security forces that invaded the hospital and the virtual kidnapping of JFK's corpse. He tells of the stalling of his and other doctors' dissenting opinions. He does this and much more, in a book that buttresses his unimpeachable evidence with other indisputable facts—including fresh focus on the role of Jack Ruby—that at last are shredding the greatest cover-up in U.S. history.



ISBN 0-451-40346-0

Charles A. Crenshaw, M.D.

two bullets, fired from the front, whereas the Warren Commission asserted Kennedy was struck twice from behind. Dr. Crenshaw, as one of the surgeons treating the President's wounds, saw with his own eyes that Kennedy was struck twice from the front: once in the neck and once in the right side of his head. This, of course, meant that Oswald had not acted alone. This firsthand observation is enough to make Dr. Crenshaw's book significant, but it by no means exhausts the revelations in *JFK: Conspiracy of Silence*.

As Dr. Crenshaw was battling to save the lives of John F. Kennedy and Lee Harvey Oswald, some profoundly disturbing things happened in the trauma rooms in which he was working: While he was treating President Kennedy's wounds in Trauma Room 1, he observed a Secret Service agent roaming around the room brandishing a pistol cocked and ready to fire, while shouting and muttering to himself. Two days later, another armed individual was mysteriously present in the operating room while Dr. Crenshaw and his colleagues struggled to save Oswald from death. But these were relatively insignificant occurrences compared to the telephone call Dr. Crenshaw received while he was attending to Oswald's wounds. In the midst of trying to save the accused assassin's life, Dr. Crenshaw was called to

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the phone in the hospital supervisor's office. When he picked up the receiver, he was astonished to find his caller was the newly sworn-in President of the United States, Lyndon B. Johnson. Johnson brusquely told Crenshaw he wanted a deathbed confession from Oswald, and that there was a man in the room who would do what he could. When the President he would do what he could. When he returned to his patient, he knew immediately he could not save Oswald. The there would be no deathbed confession. Dr. mysterious man with the pistol was hovering nearby waiting to take the confession. The Crenshaw told him that Oswald was near death and there would be no confession.

What are we to make of this strange episode? Was Lyndon Johnson a plotter in a conspiracy to kill President Kennedy? Was Johnson trying to get a confession of sole guilt from Oswald that would strengthen the already-proclaimed official assertion that he was a lone-nut assassin? Was Johnson already-trying to get himself off the hook? These thoughts ran through Dr. Crenshaw's mind after Oswald was officially declared dead and the young surgeon left the operating room.

I do not believe the available evidence suggests that Lyndon Johnson helped plot the

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struggle to breathe and the fading sounds of his falling heart tormented me.

Drops of his blood hitting the kick bucket beneath the gurney tolled the remaining seconds of President Kennedy's life, as the voices of Dr. Charles Baxter and Dr. Kemp Clark echoed those eternal words of doom. Looking into the somber faces of Dr. Malcolm Perry, Dr. Robert McClelland, and Dr. Ronald Jones as we all accepted the inevitable, then embracing Jacqueline Kennedy as Dr. Charles Baxter tenderly told her that her husband was dead, recomposed within me the emotional tenor of those terrible moments.

I relived the tactics of intimidation practiced by the Secret Service agents. The "men in suits," as we referred to them, struck fear into Parkland's personnel as the agents went about providing more protection and concern for a dead President than they had shown for a living President. I followed the heavily armed agents as their entourage surrounding the casket escorted President Kennedy's body out of Parkland Hospital, their arrogance almost palpable; Jacqueline Kennedy walked alongside, her hand resting on the coffin.

As the months passed, I continued to read and study every available publication on the subject, increasingly becoming more and more outraged at the great lie that had been perpetrated. For the first time, I questioned whether I had actually entered into a contract with the other doctors to not write my story. I hadn't taken an oath or signed an agreement to that effect. All I had done was fail to object openly to the edict of secrecy proclaimed in

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Trauma Room 1 by Dr. Charles Baxter, professor of surgery and director of the emergency room, just after President Kennedy died. Silence cannot be taken to mean tacit approval.

Finally, on November 17, 1990, while sitting at my desk at Peter Smith Hospital, after reviewing the mounting evidence and my recurring memories one last time, I decided to tell my story. I realized that the compulsion to chronicle my account of that fateful weekend at Parkland Hospital in 1963 had begun to grow within me almost immediately after the assassination. I knew I had to speak out, if for no other reason, because the democratic process created by the greatest constitutional document ever written was being callously and maliciously circumvented by a handful of cowards. My silence has protected them. The choice of the American people was cast aside with one squeeze of a trigger. The work of men like James Madison, Alexander Hamilton, John Jay, Benjamin Franklin, and the sacrifice of the millions who have defended the Constitution, were rendered impotent by a few sorry criminals.

Efforts to suppress and distort the truth about the assassination on the part of government officials and agents, as well as certain representatives of the media, have been well documented in previous works on this subject. That these efforts included threats, intimidation, falsification and destruction of evidence, and even death, have played no small role in my silence of the past twenty-eight years. I am fifty-nine years old. My medical career is over, and I no longer fear the "men in suits" nor the criticism of my peers. *Writing when she is 59*

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Charles A. Creishanu, M.D.

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Charles A. Crenshaw, M.D.

at Park

to state that when Kennedy's body was delivered to Bethesda, he was taken from a gray shipping casket, not swaddled in white cloth, but instead zipped in a body bag like the ones from Vietnam. "I'm aware of that," I said. "In addition, Commander J. J. Hummes and his cronies made about twenty or so critical mistakes in their postmortem examination. None of them were forensic pathologists or experienced in examining bullet wounds. In my opinion, if Earl Rose, the pathologist at Parkland, had been allowed to perform the autopsy, and report the results to the Warren Commission, the outcome of that report would have been considerably different. And the photographs of President Kennedy would have reflected the true nature of his injuries. But of course, that is exactly why the 'men in suits' (members of the Secret Service detail) took President Kennedy's body out of Parkland at gunpoint. They had their orders—orders from a high official in our government who was afraid of the truth."

At that meeting, Hansen, Shaw, and I committed ourselves to writing a work that would impart to the reader both the emotions of those days and the facts as we could best relate them through my experiences. As the words quickly turned to page after page, years of fear turned to anger. I soon realized that this work had become a catharsis, releasing a lifetime of frustration. It soon became evident to us that my story is another piece to the mysterious puzzle, and that we should write this account in the context of the big picture. As a result, we asked Gary Shaw to join us in

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this endeavor by providing historical facts based upon his years of research. By weaving threads of my personal and medical observations of those incredible events into the ever-growing fabric of historical truth, we hope that in some small way the veiled has become less obscured, the perplexing has become clearer, and the government's lone-gunner theory is exposed as a preposterous lie. Further, it is our wish that my story, presented in this format, contributes to the ongoing effort to expose the Warren Report as a feigned document.

The cover-up of the truth of that nightmare in Dallas has insulted all thinking Americans. By revealing details of the events that occurred, and the medical facts of the patients treated during those three days at Parkland Hospital in 1963, we hope to provide a new perspective on the assassination of President Kennedy, and the tremendous, yet frightening, efforts to cover it up.

From the beginning, writing this book has been a labor of love and an exercise in pride for all three of us. I was amazed at the vividness of the details of those days in 1963, which I had repressed all these interim years, and the emotions I had deeply buried. I cried from the sorrow. I laughed at the funny moments that had refused to surrender to the insanity of it all. And I cursed the men who had killed the President and the government that had covered it up.

Here is my account of those incredible three days at Parkland.

Charles A. Crenshaw, M.D.

*But wait the husband must have heard
11:24 A.M. out of Ruby's body?
City Hall—Dallas*

The ambulance arrives at the jail. Oswald is thrown onto a gurney and shoved into the back of the vehicle. Bieberdorf accompanies Oswald to Parkland, giving heart massage the entire way.

Jack Ruby is taken upstairs at the city jail for interrogation. He reveals that it was his intention to shoot Oswald three times.

Parkland Hospital—Dallas

We were standing in the hallway, just outside Trauma Room 1 when Jack Price told us that Lee Harvey Oswald had been shot and was en route to Parkland. I simply could not believe that we were about to treat the alleged assassin of President Kennedy.

I noticed that several nurses were readying Trauma Room 1. In perhaps the most perceptive moment of my life, I turned to a nurse and exclaimed, "In deference to President Kennedy, we will not treat this patient in Trauma Room 1. When Oswald arrives, put him in Trauma Room 2." At that time we all assumed that Oswald was the killer of our President.

Price's face lit up in agreement. Immediately, he

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recognized the long-term significance of that decision. For years, Jack Price has repeatedly expressed to me his appreciation that I had had the presence of mind to make that distinction.

Word of Oswald's impending arrival traveled the hospital halls faster than a staph infection. Dr. Ronald Jones was called out of surgery. He rushed down to join me and the rest of our group while we waited for the ambulance to arrive. Dr. Perry remained on the second floor to assemble a surgical team while the operating room was being readied. Having seen the shooting on television, Dr. McClelland rushed out of his Highland Park home and drove to the hospital. And when Dr. Shires heard the news on his radio, he turned his car around and headed back toward Parkland.

11:30 A.M.

Dallas

Dallas Police Lieutenant Billy Grammer is at home asleep after his night-shift duty at police headquarters. He is suddenly awakened by his wife who tells him that a man named Jack Ruby has just shot Lee Harvey Oswald while in the basement of the police station. Only now does a face appear to go with that familiar voice who called earlier,

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while he was on duty, to warn of Oswald's impending death. He also recalled having unexpectedly met and talked with Ruby in a restaurant near the station only a week before. This recollection served to cement his identification of the voice on the phone as being that of Ruby.

11:32 A.M.

Parkland Hospital—Dallas

Lee Harvey Oswald is wheeled into the emergency room at Parkland Hospital.

As Oswald was rolled into Trauma Room 2, he was deathly pale. I observed that he had dilated pupils, was unconscious and unresponsive, had no palpable pulse, but did have a heartbeat. The bullet had entered his left thorax, traveled through his body, and could be felt just under the skin on his right side. From his bloated abdomen, it was evident that his injury was causing him to continue to lose blood internally.

We quickly cut away Oswald's clothing, underwear and all. Then, while Dr. Jenkins inserted the endotracheal tube, Drs. Cohn, Gustafson, and I performed three venous cutdowns, one on each leg and one on the left forearm. I did the one on the

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right ankle. Without delay, we initiated Ringer's lactate, then got "O" negative blood flowing into two cutdowns. In violation of hospital policy, but as a measure he believed he had to take if Oswald was to have a chance of surviving, Dr. "Red" Duke had sprinted to the blood bank and collected an armful of "O" negative blood, and returned to the emergency room without documenting the withdrawal. "O" negative blood is a universal type, and can be given to anyone. I believe that demonstrated the effort we all made to save the man.

Simultaneously, Jones inserted a chest tube and connected it to a closed waterseal drainage bottle to prevent Oswald's left lung from collapsing. A blood sample was sent to the blood bank for immediate typing, the front of the gurney was lowered to help get blood to his heart and brain, and Dr. Risk catheterized him. In record time, only seven and one-half minutes, we had completed the resuscitation procedure and had him on his way to surgery. We all sensed the significance of saving Oswald.

Getting him up to surgery was like a fire drill. At least a dozen of us, entangled in tubes and equipment, pushed the gurney, plus IV stands and an anesthesia machine down the hall and squeezed into a small elevator. On our way up to surgery, we suddenly stopped on the first floor. As the doors opened, two of Oswald's friends, who were on their way to the emergency room, came into full view. They never knew it was Lee Harvey lying on that cart, because all they saw was a mass of humanity and equipment. *No Dallas? Who were his known friends?*

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Once on the second floor, we rushed Oswald into the operating room. Drs. McClelland and Shires had not yet arrived, but did so just minutes after the operation began. As we prepared to open Oswald's abdomen, Dr. Duke arrived with a paste-board box full of type-correct blood units (A-1 Rh negative), which were administered under pressure through the three cutdowns.

I will never forget "Red" Duke continuously circling the operating table, carrying that box of blood. Around and around he went, IV pole to IV pole, replacing empty bottles with full ones, while tube bulbs were being squeezed to increase the volume of fluids going into Oswald's circulatory system. If we hadn't had large amounts of blood entering him through the cutdown veins before his abdomen was exposed, his remaining blood volume would have quickly emptied when the incision was made, and he would have bled to death in only seconds.

At 11:44 a.m., twelve minutes after Oswald had been admitted to Parkland, Dr. Perry made a mid-line abdominal incision that began just below the sternum and extended almost to his pubis. When the peritoneum (an envelope-like lining in the abdomen) was cut, three liters of liquid and clotted blood, three-fourths of Oswald's volume (almost one gallon) gushed from his abdomen like water from a bursting balloon. It went everywhere—on the sheets, on the floor, on us. When the pressure in the abdomen was released, the remaining blood in Oswald's body began rushing into his abdomen through numerous portals.

As I held a retractor with one hand, and suc-

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oned blood from the abdominal cavity with the other hand, Dr. Shires assessed the internal injuries. In a split second, a piece of lead smaller than a thimble had done no less harm to Oswald's abdomen than would several blows with an ax. The bullet had lacerated the aorta and vena cava (which is the large vein running from the abdomen to the heart), shattered the spleen, and slashed through the stomach, pancreas, kidney, liver, and finally lodged in the right lateral body wall. It did about as much damage to the vital organs as one shot can do.

Blood was running and squirting into the abdomen through each of the wounds, especially the spleen, aorta, and the vena cava. Drs. Shires, McClelland, Perry, and Jones were attaching clamps and applying finger pressure to the arteries, veins, and organs to stop the bleeding before they could begin repairing the damage. The scene that day was equivalent to preventing a boat from sinking when it's taking on water, with part of the crew bailing and the others plugging holes.

After the major bleeding had been brought under control, I looked up and took a deep breath. When I did, I spotted a large man across the room whom I didn't recognize. He resembled Oliver Hardy in a scrub suit with no mask. Most alarming, there was a pistol hanging from his back pocket; if it had fallen to the floor, it could have discharged and killed someone. I never knew how he got into the operating room or who gave him the scrub suit.

Just two days earlier, a Secret Service agent had rushed through the emergency room, waving a gun as the President of the United States lay there,

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dying. Incredibly, the man who had been accused of shooting President Kennedy was now lying before me, fighting for his life, while another pistol-packing intruder looked on. I didn't know what to think, except that we had to get a cap and mask on the son of a bitch before he contaminated the entire room with bacteria.

I motioned for one of the other resident surgeons to relieve me. I scrubbed out and got the proper attire for the guy. I wanted to throw his ass out of the operating room, but I was afraid he would shoot me. Without saying anything, I handed him the cap and mask. He put it on without comment. As I was turning around, a nurse tapped me on the shoulder and asked if I would take a telephone call in the supervisor's office. She had chosen me to take the call because I was the head of Surgical "B," the team that began the operation. I agreed to answer the call and left the operating room. When I entered the office, the receiver was lying on the desk.

"This is Dr. Crenshaw, may I help you?"

"This is President Lyndon B. Johnson," the voice thundered. "Dr. Crenshaw, how is the accused assassin?"

I couldn't believe what I was hearing. The very first thought that I had was, how did he know when to call?

"Mr. President, he's holding his own at the moment," I reported.

"Would you mind taking a message to the operating surgeon?" he asked in a manner that sounded more like an order.

"Dr. Shires is very busy right now, but I will convey your message."

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"Dr. Crenshaw, I want a deathbed confession from the accused assassin. There's a man in the operating room who will take the statement. I will expect full cooperation in this matter," he said expectantly.

"Yes, sir," I replied and hung up the telephone. I almost laughed in the President's ear. If he could have seen the mess in the operating room and the condition of our patient, he wouldn't have asked. As I stood there in a state of disbelief, my mind was racing. First, "deathbed confession" implies that someone is going to die. If Oswald doesn't die on the table, is "Oliver Hardy" or someone else going to kill him?

Second, anyone who knows anything about Texas politics is familiar with the 1948 U.S. Senate race when Johnson defeated Coke Stevenson, and the election improprieties that were documented in South Texas. It occurred to me that if a dead man could vote in Duvall County then, and they were documented as having done so there again in 1960 during the Presidential election, why can't a dead man confess to a murder in Dallas County? And finally, why would the President of the United States personally call the operating room at Parkland Hospital and ask for a deathbed confession? That question still puzzles me. Why wouldn't someone with the Dallas police or the FBI make that request? Then, more questions followed. Inquiries that had frightening, inconceivable answers. I rushed back into the operating room and approached Dr. Shires. There was blood everywhere, and five sets of hands were working in Oswald's belly.

Charles A. Crenshaw, M.D.

"You won't believe who I just talked to," I said to Dr. Shires.

He looked at me with a "what's next" expression. "President Johnson would like for us to allow that man over there to get a statement from our patient."

Shires glanced at "Oliver Hardy," shook his head in disbelief, and returned his attention to the operation. I wish that I could have taken a picture of him as he stood there, covered in blood. It would have been worth an entire library of words in expressing our efforts to save Oswald.

Under the best circumstances, it would have been days before Oswald could have spoken lucidly to anyone. It was ironic. We had a patient on the table under oxygen anesthesia, bleeding to death from a bullet that had penetrated almost every organ in his body, and the President of the United States wanted the intruder with the gun, to conduct an interview. The fact that a stranger was in the operating room during surgery, something that would have never been tolerated, best illustrates the hospital's state of confusion at that time.

Only moments later, at 12:37 P.M., almost one hour into the operation, Oswald's heart began to fail. Dr. Akin's anesthesiology resident reported to the operating team that Oswald's cardiac condition was weakening, and that his pulse rate was slowing. Electrical impulses on the cardioscope confirmed the sudden development. Dr. Shires placed his hand under Oswald's diaphragm to detect heart activity. As everyone looked on in silence, Dr. Shires shook his head and told Dr. Perry that Oswald's rhythmic cardiac activity had stopped.

JFK: CONSPIRACY OF SILENCE

I walked over to our visitor with the gun and remarked, "There won't be any deathbed confession today." Like Clint Hill, "Oliver Hardy" disappeared, and I never saw him again. Dr. Perry grabbed a scalpel and cut open Oswald's chest by making an incision between his ribs, exposing the heart. Two injections were immediately administered directly into the heart, as additional drugs were added to the IV's. To overcome the adverse effects of the acid of anaerobic metabolism that had invaded the blood from hemorrhagic shock, we were perfusing Oswald's system with medication. Only moments later, he went into ventricular fibrillation. His heart was quivering like Jell-O.

While waiting for the voltage to build on the defibrillation machine, Dr. Perry began manual cardiac massage. To no effect. Dr. McClelland pressed the paddles to Oswald's trembling organ and administered a jolt of electric current. Again, he embraced the heart with the conductors and applied a shock, this time stronger than the previous one. The muscle jumped, but it was to no avail. In spite of escalating the voltage each time, Dr. McClelland could not restart the heartbeat. Dr. Perry again administered manual cardiac massage, but Oswald's color had turned blue because of the lack of oxygen. Dr. Shires examined his eyes. His lenses were opaque. It was 1:07 P.M., and Lee Harvey Oswald was dead.

For several moments we stood there in silence, gazing at a dead man who had possibly taken the secrets and evidence of Kennedy's assassination to the grave. Outside of President Kennedy, this

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