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# COVER-UP

By Stuart Galanor

Probe is pleased to excerpt the new book *Cover-Up*, by Stuart Galanor. In straightforward, condensed prose, Galanor describes the conflicting accounts of events surrounding the assassination of President Kennedy. Without bravura and speculation, Galanor neatly juxtaposes the reported history with the actual history as documented by the very people who claim Oswald acted alone. While much of the material may be familiar to researchers of this case, there are some new gems that prove beyond a reasonable doubt that Oswald alone could not have been a lone assassin.

Stuart has allowed us to excerpt from the section on medical evidence from this book. We have not included all the documents that Stuart references in this section, although we think you'll be pleased with the variety we were able to incorporate. In Stuart's book, the documents are presented in stunningly sharp images, often nearly full page. His Zapruder film slides are perhaps the clearest yet in print. We've left references to the documents intact, and we've added a star at the end of a document name when that document is visible in this article.

If you wish to purchase the book in this article (\$25 for the hardcover, 184 pages, 64 photographs), call BookMasters at 1-800-247-6553. You can also order it from Kestrel Books, Suite 6F, 134 West 93 Street, New York, NY 10025. — Eds.

## The Medical Evidence

After President Kennedy was shot, he was rushed to Dallas's Parkland Hospital. There, in a hopeless attempt to save his life, doctors performed a tracheotomy. Although the President appeared dead, they administered blood and performed cardiac massage. But these efforts failed, for his brain had been destroyed. He was pronounced dead at 1 p.m. His body was flown to Washington, and that evening at Bethesda Naval Hospital in Maryland an autopsy was performed.

### AN ENTRANCE WOUND

When President Kennedy arrived at the Parkland Hospital emergency room, doctors observed a wound in the President's throat and noted its appearance and approximate dimensions. A tracheotomy was performed by making an incision directly through the wound in the neck. This procedure enlarged the hole in the President's neck and obscured the original bullet wound.

At a press conference held that afternoon at Parkland Hospital, Dr. Malcolm Perry, the physician who performed the tracheotomy, said, "There was an entrance wound in the neck." (Transcript 1327-C of Perry and Clark News Conference, November 22, 1963, LBJ Library) As another attending physician, Dr. Ronald Jones, later testified, "The hole [in the throat] was very small and relatively clean cut, as you would see in a bullet that is entering rather than exiting from a patient." (6H55)

Entrance wounds are small, round puncture wounds, about the size of the diameter of the bullet. Dr. Robert McClelland, another of the attending physicians, explained to the press and later to the Warren Commission that the Parkland doctors knew the difference between an entrance wound and an exit wound. They had the opportunity to examine bullet wounds every day. A bullet characteristically makes a small entrance wound,

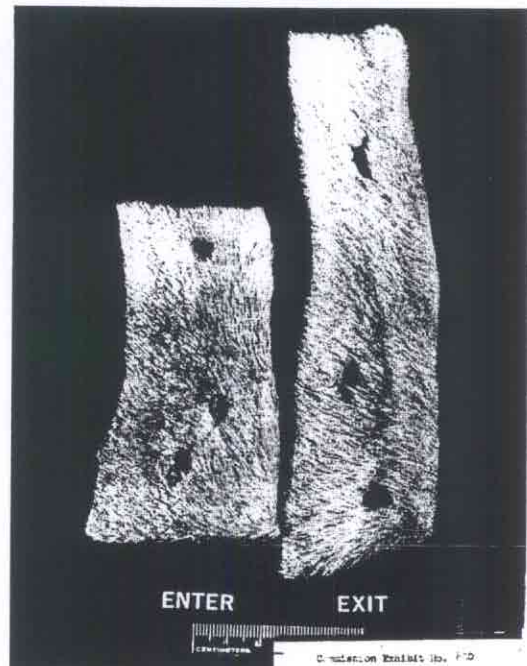
ruptures tissue inside the body and tears a large, jagged opening as it passes out the other side. Consequently, the Parkland doctors believed the wound in the President's throat was an entrance wound. (Richard Dudman, *The New Republic*, December 21, 1963; 6H36)

### THE PROBLEM

Because the evidence indicating that the President was shot from the front and because Oswald was supposedly firing from the Book Depository to the rear, a difficult problem confronted the FBI and the Warren Commission. In essence the problem might be posed as: How did Oswald shoot the President in the front from behind? (See Documents 1 and 2 in the Appendix, page 121)

Two weeks after the assassination, newspapers reported that federal agents were still reconstructing the crime on film. An open car with a man and a woman in the back seat simulated again and again the ride of the Presi-

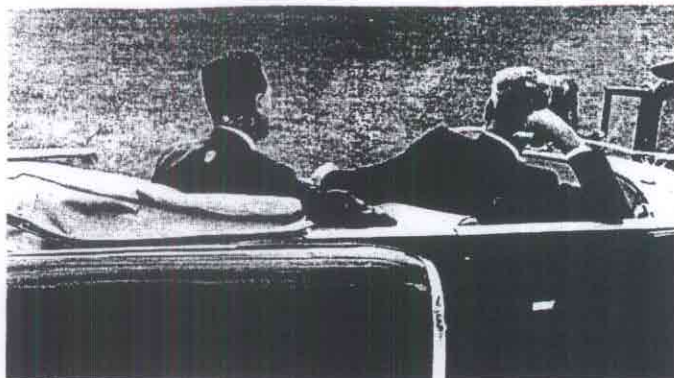
Document 3: Goatskin Test



Warren Commission Exhibit 850 N. tional Archives



## Document 4: 1964 FBI Reenactment of Assassination



AP/Wide World Photo

dent. The agents wondered "how the President could have received a bullet in the front of the throat from a rifle in the Texas School Book Depository Building after his car had passed the building." (Joseph Loftus, *The New York Times*, December 6, 1963)

*Life* magazine in its December 6, 1963, issue gave the first erroneous answer to this question. Under the title "End To Nagging Rumors: The Six Critical Seconds," *Life* posed the problem this way:

Since by this time the limousine was 50 yards past Oswald and the President's back was turned almost directly to the sniper, it has been hard to understand how the bullet could enter the front of the throat.

Then *Life* assured the nation:

But the 8 mm film shows the President turning his body far around to the right as he waves to someone in the crowd. His throat is exposed, toward the sniper's nest, just before he clutches it.

The editors of *Life* must have known their explanation was false. Frames from the 8 mm film (the now-famous Zapruder film), which they cited as proof that the President was turned to the rear when the first bullet entered his throat, had appeared in *Life's* previous issue (November 29, 1963). Those Zapruder frames show that the President is not turned to the rear facing the Book Depository, but is, in fact, facing to the right front when he is struck in the throat; then his arms and hands rise to his neck, and he slowly slumps forward before he is hit in the head. (See the Zapruder film, MPI Home Video, Chicago)

After *Life's* story was exposed as false, it became the Warren Commission's task to answer this nagging question: How could Oswald shoot the President in the front from behind? What could the Commission do? With the Commission publicly committed to the theory that Oswald was lurking at the sixth

## Report:

Experiments performed by Army Wound Ballistics experts ... showed that under simulated conditions entry and exit wounds are very similar in appearance.

According to the Commission there was

a back wound all along, discovered at the autopsy in Bethesda, Maryland. The Parkland doctors didn't notice it because the President had died before they had time to examine his back. Thus, since entrance and exit wounds are similar in appearance, the Parkland doctors were mistaken in originally diagnosing the throat wound as an entrance wound.

The Army ballistics experts had used goatskins to simulate the President's neck. The experts lined two goatskins up, placed a slab of gelatin in between to simulate muscle tissue, and fired a bullet through them. The test was repeated with horse-meat and goatmeat, in turn, replacing the slab of gelatin. Commission Exhibit 850, found buried in the 26 Volumes of evidence on page 846 of Volume 17, shows the results of these tests. (Document 3\*) The entrance holes are small and round, with the maximum

floor window, there was only one way to resolve this question.

## GOATSKIN TEST

If Oswald was going to be the assassin and do it alone from the Book Depository, the entrance wound in the throat must become an exit wound. But that would mean the doctors at Parkland were all wrong. Page 91 of the Warren

diameter of the largest hole not exceeding 6 mm. The exit holes, on the other hand, are three times larger, irregular, elongated, in two cases stellate, and measure on the average 8 by 12 mm.

Now how did the Parkland doctors describe the wound they observed in the President's throat before the tracheotomy was performed? Dr. Perry testified before the Warren Commission that the wound was "between 3 and 5 mm in size." (6H15) Dr. Baxter said the wound was "4 to 5 mm in widest diameter ... the size of the wound is measured by the hole plus the damaged skin around the area, so that it was a very small wound." (6H42) Dr. Carrico said it was "probably a 4 to 7 mm wound" and had "no jagged edges or stellate lacerations." (6H3) Dr. Jones described the throat wound as "no larger than a quarter of an inch in diameter [6 mm] ... There appeared to be relatively smooth edges around the wound ... it was a very small, smooth wound." (6H54)

As hard as it is to believe, the Commission failed to show the Parkland doctors the goatskins and ask them which set of wounds, either the entrance or exit wounds, resembled

the wound they had seen. From the doctors' descriptions it is reasonable to assume they would have picked the set of entrance wounds. Despite the Warren Commission's assurances to the contrary, even an untrained eye can distinguish between the entrance and exit wounds on the goatskins.

## WHERE WERE THE WOUNDS?

It should have been a simple matter to locate the President's wounds. There was, after all, an autopsy. But in the course of just a few months the locations of the wounds underwent curious transformations.

## VERSION ONE - FBI REENACTMENT

When the FBI conducted a reenactment of the assassination for the Warren Commission in May of 1964, it placed the back wound slightly to the right of the spine and

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## Document 5: Autopsy Description Sheet

Warren Commission Exhibit 397,  
National Archives



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about six inches below the top of the collar. (Document 4\*) There was substantial support for the location of the back wound. The autopsy description sheet filled out during the autopsy placed it there. (Document 5\*) The President's jacket and shirt each had a hole about six inches below the collar. (Documents 6\*, 7\*; 2H365) In addition, Secret Service agent Clinton Hill "saw an opening in the back, about six inches below the neckline," when he viewed the President's body in the morgue after the autopsy. (2H143) Furthermore, the Death Certificate made out by Dr. George Burkley, the White House physician, reported that "a second wound occurred in the posterior back at about the level of the third thoracic vertebra." (Document 8)

### VERSION TWO — WARREN COMMISSION

But this location for the back wound created a real problem for the Commission. The path of the bullet appeared to be rising upward from back to front, which is inconsistent with a shot from above and behind and provides further evidence of a shot from the front. This inconsistency gave rise to another nagging question: How did Oswald shoot the President from below from above? The Commission never answered this question. Instead, it simply decided that the wound must be located higher. Astonishingly, the Commission came to this conclusion without ever examining the autopsy X-rays and photographs. Earl Warren decided to withhold the X-rays and photographs from the Commission because they were too shocking. In his memoirs Warren related,

"I saw the pictures when they came from Bethesda Naval Hospital, and they were so horrible that I could not sleep well for nights. Accordingly, in order to prevent them from getting into the hands of sensationmongers, I suggested that they not be used by the Commission..." (*The Memoirs of Earl Warren*, page 371)

While arguably Warren's suppression of the photographs was justifiable, what possible argument could preclude an examination of the X-rays?

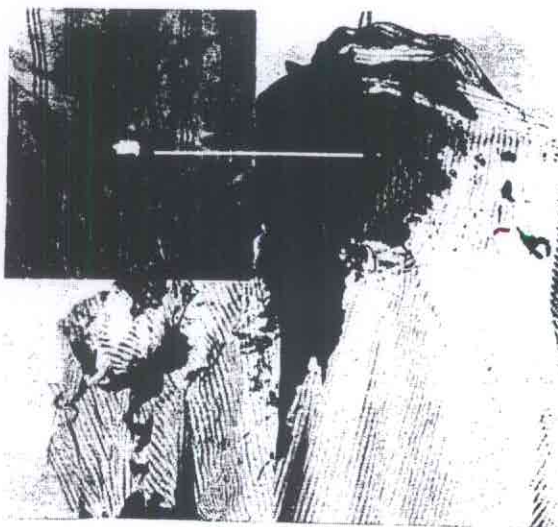
In place of the autopsy X-rays and photographs, the Commission substituted three drawings made by an artist guided by Dr. James Humes, the chief pathologist of the autopsy. (Documents 9\*, 10\*, 11\*) The back wound

was moved up to the base of the neck. Now the trajectory conveniently conformed with the path of a bullet shot from above. (Compare the Autopsy Description Sheet filled out during the autopsy, where the back wound is below the neck, Document 5\*, with the Warren Commission's drawings, made three months after the autopsy, where the wound is at the base of the neck, Documents 9\*, 10\*, 11\*)

### VERSION THREE — CLARK PANEL

In 1968 Attorney General Ramsey Clark convened a panel of four distinguished doctors to examine the autopsy X-rays and photographs. The Clark Panel Report was released in January 1969 and disclosed that the wound had moved again. The back wound fell two inches below a fold in the skin at the base of the President's neck, two inches lower than where the autopsy pathologists had placed it in the Warren Commission Drawings. (Compare Documents 10\* and 12\*) But according to the Clark Panel, it was still anatomically higher than the throat wound. (Clark Panel Report, page 9)

Document 7: President Kennedy's Shirt



Warren Commission Document 107, Exhibit 59, National Archives

### VERSION FOUR — HOUSE SELECT COMMITTEE ON ASSASSINATIONS

In 1977 Dr. Michael Baden, the chief forensic pathologist for the House Select Committee on Assassinations (HSCA), differed

Document 6: President Kennedy's Jacket



Warren Commission Document 107, Exhibit 60, National Archives

with the Clark Panel finding. Dr. Baden determined from an examination of the autopsy X-rays and photographs that the back wound was at the level of the first thoracic vertebra. This location, according to the House Committee Medical Panel, meant the back wound was anatomically lower than the throat wound. (Document 13\*; 1HSCA231,377)

With the House Committee's finding that the back wound was lower than the throat wound, an old problem re-occurred. The path of the bullet through the neck from back to front would have had to be rising. Again that nagging question: How did Oswald shoot the President from below from above? As Dr. Baden explained once on NOVA:

"The bullet path through President Kennedy's back and neck, indeed, was in the anatomical position at somewhat of

an upward angle."

Then Dr. Baden theorized:

"But this is entirely consistent with a bullet trajectory coming from above downward at a 20 degree angle if the President were lean-



Document 9: Warren Commission Drawing

Warren Commission Exhibit 385,  
National Archives

ing forward at the time that the bullet struck him in the manner that I am doing." ("Who Shot President Kennedy?," NOVA, November 1988)

And here Dr. Baden leaned forward to demonstrate the angle of the President's wounds. To support Dr. Baden's analysis, NOVA claimed that their computer simulation of the assassination found that Kennedy must have bent forward just before he was shot in the back. (Document 14) As logically sound as Dr. Baden's reasoning would seem, it fails to consider one important fact: None of the films and photographs of the assassination shows the President leaning forward when he was struck in the throat. In fact, the Zapruder film shows the President sitting erect as he raises his hands to his throat in reaction to being shot. (Document 15)

#### PATH OF BULLET

The autopsy pathologists at Bethesda failed to dissect the President's neck to track the bullet's path. This was a serious oversight since, by the pathologists' own admission, they did not determine during the autopsy what had

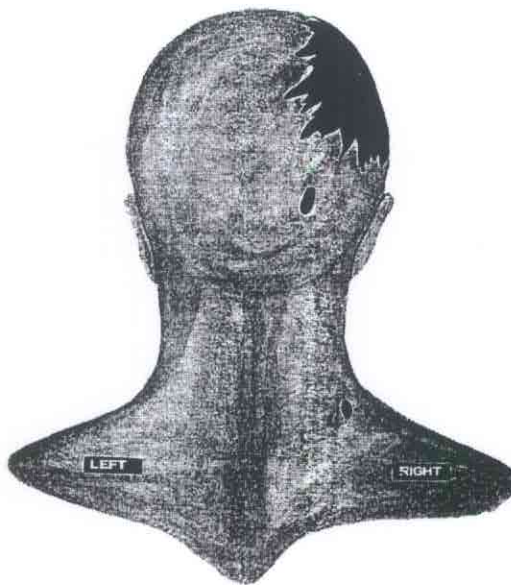
happened to the bullet that entered the President's back.

It was not until Dr. Humes, the chief autopsy pathologist, called Parkland Hospital that he discovered that Dr. Perry had obscured the throat wound when he performed the tracheotomy. Dr. Humes told the Warren Commission that "In speaking of that wound in the neck, Dr. Perry told me that before he enlarged it to make the tracheotomy wound it was 'a few millimeters in diameter.'" (2H362) Nevertheless, Dr. Humes concluded that a bullet entered the President's back and exited through the neck.

The physical evidence, however, is not consistent with Dr. Humes' finding that a bullet passed from back to front. If that were true, the size of the bullet holes should get larger, not smaller. The holes in the back of the President's jacket and shirt are 15 and 10 mm long, respectively. (Documents 6\*, 7\*; 7HSCA81) The autopsy report states the back wound was 7 mm in widest diameter. (WR540) Dr. Perry, the Parkland doctor who cut through the throat wound to perform the tracheotomy, said it ranged from 3 to 5 mm.

Thus, a bullet supposedly traveling from back to front caused bullet holes that decreased in size from 15 mm (jacket) to 10 mm (shirt) to 7 mm (back wound) to 5 mm (throat wound). To believe the Warren Commission's claim is to reject not only critical evidence and common sense but science as well.

Document 10: Warren Commission Drawing

Warren Commission Exhibit 386,  
National Archives

#### FATAL WOUND

When the Parkland doctors treated President Kennedy, they observed two wounds, one in the throat and another in the head. At the press conference held the afternoon of the President's death, Dr. Kemp Clark, who pronounced the President dead, said he observed "a large, gaping loss of tissue" located at the "back of his head ... towards the right side." (Transcript 1327- C of Perry and Clark News Conference, November 22, 1963, LBJ Library) No fewer than nine doctors wrote in their medical reports or testified to the Commission that they remembered observing a large wound in the right rear area of the President's head. (Document 16\*)

As it turned out, the Parkland doctors' testimony differed substantially from the findings of the Bethesda autopsy. Besides the back wound, the autopsy pathologists supposedly found a small entrance wound at the back of the President's head, right in the region where the Parkland doctors saw a large gaping wound. (Compare Documents 10\* and 16\*) As with the back wound, it has been difficult to pin down the location of this "entrance wound" to the head.

#### VERSION ONE - FBI REENACTMENT

The FBI, in its reenactment of the assassination for the Warren Commission in May of 1964, placed the "entrance wound" to the head at the President's hair line. (Document 4)

#### VERSION TWO - WARREN COMMISSION

The three Bethesda autopsy doctors, in their autopsy report and their testimony before the Warren Commission, concluded that the shot to the President's head came from above and behind. The determination that the shot came from above was somewhat speculative; the position of the President was not known since the autopsy doctors had not seen the Zapruder film. The "entrance wound" was placed 2.5 cm to the right and slightly above the external occipital protuberance, that little bump everyone has in the back of the head. (Documents 10\*, 11\*)

There was a problem with this location, however. The angle of a line through the head wounds does not match the angle of a shot from the Book Depository, which is roughly 12 degrees. (WR108; WR189) Thus, the Warren Commission drawing has President Kennedy slumping farther over than depicted in the Zapruder film. (Compare Documents 11\* and 17)

When the Warren Commission drawing is placed at an angle that matches President Kennedy's position

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in the Zapruder film just prior to the fatal shot, the path of the shot rises from back to front, a trajectory which is totally inconsistent with a shot from the Book Depository. (Document 18\* [the Zapruder slide also on this page is not shown here - Eds.])

### VERSION THREE - CLARK PANEL

In 1969 the Clark Panel, which had been convened by Attorney General Ramsey Clark to examine the autopsy X-rays and photographs, revealed in its report that the head "entrance wound" had moved once again, this time rising to four inches above the external occipital protuberance. (Document 19\*; *Clark Panel Report*, page 12) As suspicious as this higher location might be, it at least appears to be consistent with a shot from above.

### CONTRADICTORY EVIDENCE

In September of 1977, the chief autopsy pathologist Dr. Humes appeared before the House Select Committee on Assassinations medical panel, headed by Dr. Baden. The medical panel confronted Dr. Humes with the Clark Panel finding that the autopsy X-rays and photographs show an entrance wound in the back of the head four inches higher than he had reported at the autopsy. At first Dr. Humes refused to accept this new location, and said that it "certainly was not any wound of entrance." (7HSCA254) But eventually Dr. Humes conceded to the medical panel that the wound was

higher than he had previously determined. (1HSCA327) The two other pathologists, Dr. James Boswell and Dr. Pierre Finck, steadfastly refused to confirm the new location in their testimony before the House Medical Panel. (7HSCA246; HSCA Interview of Dr. Finck, 3/11/78, pages 81, 104, National Archives)

Fourteen years later in an interview for *The Journal of the American Medical Association (JAMA)* Dr. Humes reverted to his original observation described in the autopsy report. "The fatal wound was blatantly obvious. The entrance wound was ... located 2.5 centimeters to the right and slightly above the external occipital protuberance." (*JAMA*, May 27, 1992, page 2798)

### MASSIVE HEAD WOUND

As with the throat and back wounds, the size and position of the head wounds are significant. The Parkland doctors saw a large wound in the right rear of the President's head. (Document 16\*) The Bethesda autopsy doctors, however, said there was no large wound in the right rear of the head. There was a small entrance wound there instead. The massive head wound was observed higher on the right side of the head. (Documents 10\*, 11\*)

The Parkland doctors interpreted the large wound in the back of the President's head as an exit wound which would have been inconsistent with a shot from behind. Dr. Perry told the *Boston Globe* he observed an exit wound "despite the fact the assassin shot from above down onto the President." (Herbert Black, November 24, 1963) Dr. Jones testified it "appeared to be an exit wound in the posterior portion of the skull." (6H56) Dr. McClelland's initial impression was of a bullet "exiting out the back, to produce the massive injury in the head." (6H35) Dr. Akin said, "I assume that the right occipitalparietal region was the exit." (6H67)

The House Select Committee on Assassinations argued that the Parkland doctors who remember seeing a large wound at the right rear portion of the President's head, instead of the small en-

Document 12: Alleged Autopsy Photograph



This photograph first appeared in *Best Evidence* by David Lifton who acquired it from Secret Service photographer James Fox

trance wound discovered at the autopsy, were all mistaken.

### House Select Committee on Assassinations Claim

The "observations of the Parkland doctors are incorrect"; (7HSCA39) "their recollections were not based on careful examination of the wounds." (7HSCA37)

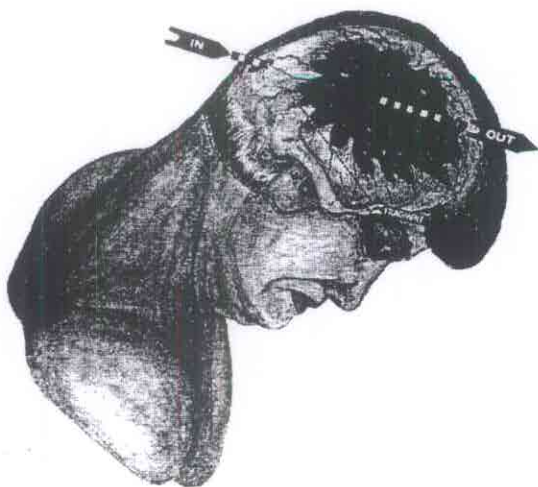
### Evidence

Two Parkland doctors, however, Kemp Clark and Robert McClelland, took the time to examine the wound carefully. Dr. McClelland testified before the Warren Commission, "As I took the position at the head of the table ... I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. ... 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." (Document 16; 6H33)

When a reporter asked Dr. Clark at the afternoon press conference if he could describe the neck wound, Dr. Clark said, "I was busy with his head wound." (Transcript 1327-C of Perry and Clark News Conference, November 22, 1963, LBJ Library)

Dr. Clark later testified, "I then examined the wound in the back of the President's head.

Document 11: Warren Commission Drawing



Warren Commission Exhibit 388,  
National Archives



Document 13: Medical Illustration of Spine and Trachea

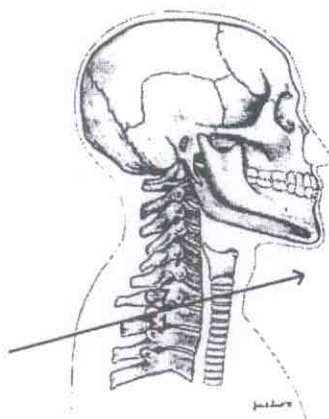


Illustration by Julie Foont, Illustrator for *The Fundamentals of Operative Neurosurgery*, Thieme Medical and Scientific Publishers, 1999.

This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed." (6H20)

Dr. Paul Peters explained to the Commission, "About this time it was noted also that he had no effective heart action and Dr. Perry asked whether he should open the chest and massage the heart. ... It was pointed out that an examination of the brain had been done. ... and that open-heart massage would probably not add anything to what had already been done." (6H70)

Nine Parkland doctors wrote in their medical reports or testified to the Commission that they remembered observing a large wound in the right rear area of the President's head. Dr. Jones testified the head wound "was a large defect in the back side of the head." (6H53) Dr. Perry described the President's head wound as "a large avulsive injury of the right occipitalparietal area." (6H11; See Document 20\* for the locations of the occipital and parietal bones.) Dr. Akin said, "The back of the right occipitalparietal portion of his head was shattered, with brain substance extruding." (6H65) Dr. Carrico testified, "The wound that I saw was a large gaping wound, located in the right occipitalparietal area." (6H6) Dr. Peters said, "There was a large defect in the occiput ... in the right occipitalparietal area." (6H71) Dr. Jenkins, in a report made out on November 22, 1963, wrote, "There was a great laceration on the right side of the head (temporal and occipital), causing a great defect in the skull plate so that there was herniation and laceration of great areas of the brain, even to the extent that the cerebellum had protruded from the wound." (17H15)

House Select Committee on Assassinations

#### Claim

"In disagreement with the observations of the Parkland doctors are the 26 people present at the autopsy. All of those interviewed who attended the autopsy corroborated the general location of the wounds as depicted in the [autopsy] photographs [which do not show a large wound in the right rear portion of the skull]; none had differing accounts." (Document 12\*, 7HSCA37)

#### Evidence

When the House Committee dissolved in 1979, it did not publish all its interviews of the autopsy witnesses. Many of the 26 interviews, along with other records, were sealed for 50 years, until 2029.

The House Committee claim was difficult to believe. In a report that appears in Volume 18 of the 26 Volumes, Secret Service agent Clinton Hill had written that when he arrived at the morgue after the autopsy, he observed a "wound on the right rear portion of the skull." (November 30, 1963, 18H745)

David Lifton, author of *Best Evidence*, which covers the autopsy in detail, interviewed a number of people present at the autopsy who

contradicted the House Committee claim. Autopsy photographer John Stringer told Lifton the wound was "in the occipital." (August 25, 1972 interview reported in *Best Evidence*, page 516) James Jenkins, a lab technologist, told Lifton the wound was in the "parietal and occipital section on the right side of the head." (September 23, 1979 interview, page 616) Jerrol Custer, an X-ray technician, said, "he [developed and] returned to the morgue, X-rays showing that the rear of the President's head was blown off." (September 30, 1979 interview, page 620)

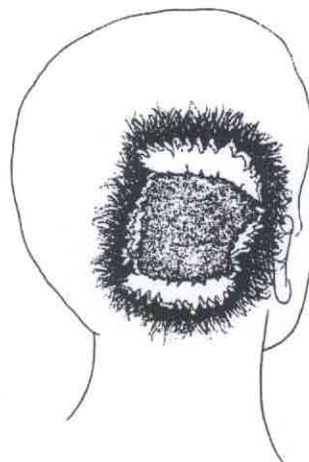
In 1993 Congress released to the National Archives the records that were to have been kept sealed until the year 2029. In 1994, Dr. Gary Agular, chairman of the Department of Surgery at St. Francis Memorial Hospital in San Francisco, pored through hundreds of the declassified records and discovered that the House

Committee had misrepresented what witnesses to the autopsy had said. Dr. John Ebersole, the radiologist who evaluated the X-rays during the autopsy, told the House Committee that "the back of the head was missing." (HSCA interview with Ebersole, 3/11/78, page 3, National Archives) Jan Rudnicki, an officer and lab technologist for the Bethesda Pathology Department, told an investigator for the House Select Committee on Assassinations that the "back-right quadrant of the head was missing." (JFK Records, File #: 014461, Record #: 1801010510397, National Archives) James Metzler, a hospital corpsman who helped carry the body from the coffin to the autopsy table, recalled a wound in the "right side of the head behind the right ear extending down to the center of the back of the skull." (JFK Records, File #: 014465, Record #: 1801010510401, National Archives) Edward Reed, the technician who took X-rays during the autopsy, said that the head wound "was very large and located in the right hemisphere in the occipital region." (JFK Records, File #: 014463, Record #: 1801010510399, National Archives) Mortician Tom Robinson said the wound was located "directly behind the back

of his head." (JFK Records, File #: 000661, Record #: 1891008910178, National Archives)

Despite the assurances of the Warren Commission and the House Select Committee on Assassinations that all medical discrepancies had been put to rest, to this day the evidence on the nature and location of the President's wounds contradicts the Commission and House Committee's findings.

Document 16: Dr. McClelland's Drawing



Dr. Robert McClelland's drawing, made for Josiah Thompson's *Six Seconds in Dallas*, represents what doctors at Parkland Hospital observed to be the approximate size and location of President Kennedy's head wound. It was not drawn to depict the edges of the wound or the exact destruction of the skull and brain.

#### FATAL SHOT

The Zapruder film grimly depicts the assassination. It shows the President lifting his arms as he reacts to his throat wound, and then seconds later, when he is hit in the head, his skull explodes as he is thrown violently back and to the left. The President's violent

backward movement conforms to our intuitive understanding of how a bullet propels an object in the direction the bullet is moving. Nowhere in the Warren Report, or in the hun-

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dreds of thousands of pages of testimony and documents compiled by the Commission, was this backward motion even mentioned. It was completely ignored. Instead, the Commission reported that when struck in the head,

The President fell to the left into Mrs. Kennedy's lap. (WR3)

and concluded:

No credible evidence suggests that the shots were fired from ... any place other than the Texas School Book Depository Building. (WR61)

On Saturday, November 23, 1963, CBS correspondent Dan Rather was privately shown the Zapruder film. The public was not allowed to see the film, so Rather described to his au-

Document 18: Warren Commission Drawing



Document 10 [tilted to match head position in Zapruder frame 312, not depicted here.—Eds.]

dience what the film showed. Inexplicably, he reported that the President's "head went forward with considerable violence."

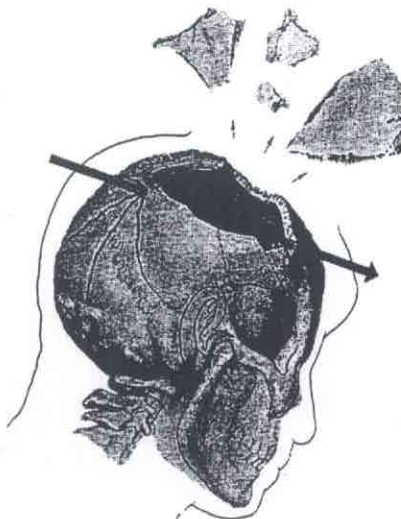
On October 2, 1964, *Life* magazine published Zapruder frame 313 which depicted the fatal blow, but failed to publish the frames which showed the President's violent backward movement. The Zapruder film was not shown publicly until a pirated copy was aired twelve years later on ABC in March of 1975.

In 1978, in testimony before the House Select Committee on Assassinations, an Army scientist at the Edgewood Laboratory of the Aberdeen Proving Grounds revealed the results of a test he had performed for the Warren Commission back in 1964. In an attempt to simulate the fatal wound, ten skulls had been shot with the Mannlicher-Carcano rifle. All ten skulls, instead of moving back toward the rifle, "moved in the direction of the bullet." (Testimony of Larry Sturdivan, 1H404; JFK Exhibit F305, National Archives)

### House Select Committee on Assassinations Claim

The rapid backward movement of the President at the instant his head exploded does not

Document 19: HSCA Drawing



House Select Committee on Assassinations, JFK Exhibit F-66, National Archives

mean that he was shot from the front. Dr. Luis Alvarez, a Nobel Prize-winning physicist, found through theoretical calculations and experiment that at the impact of the fatal shot a "jet effect," a forward stream of blood and brain

matter, propelled the President backward and to the left in the opposite direction. (7HSCA174; "A Physicist Examines the Kennedy Assassination Film," *American Journal of Physics*, September 1976) According to an article in *The Journal of the American Medical Association*, "An object struck in the rear by a high-velocity missile similar to the bullets that hit Kennedy always falls backward as a result of the jet-propulsion effect created by tissues exploding out the front." ("JFK's Death—The Plain Truth from the MDs Who Did the Autopsy," *JAMA*, May 27, 1992, page 2803)

### Evidence

There was no evidence of a jet effect. A mix of blood and brain matter was propelled

in all directions. It shot up into the air. It splattered over Governor Connally and his wife. It splattered over motorcycle officer James Chaney riding to the right rear of the limousine. (Interviewed by Bill Lord, WFAA-TV, November 22, 1963) And it splattered over the left rear of the limousine and hit two trailing motorcycle officers, Bobby Hargis and B. J. Martin, striking their clothes and motorcycles. (6H294; 6H292) Hargis was struck so hard by a piece of skull bone that he said, "I thought at first I might have been hit." (Document 21; *New York Daily News*, November 24, 1963; Zapruder Film)

Mrs. Connally testified, "The third shot that I heard I felt, it felt like spent buckshot falling all over us, and then, of course, I too could see that it was the matter, brain tissue, or whatever, just human matter, all over the car and both of us. ... after the third shot [Mrs. Kennedy] said, 'They have killed my husband. I have his brains in my hand.'" (4H147-8)

If there had been a jet effect, a stream of blood and brain matter would have exploded to the right front of the limousine since the President was thrown to the left rear. (Newton's third law of motion: For every action, there is an equal and opposite reaction.) But instead, a stream of blood and brain matter hit the motorcycle officers, who were behind the President at the left rear of the limousine throughout the assassination. (Zapruder Frames: Frames 313 to 329, Volume 18 of the 26 Volumes)

In the fall of 1988, COMTAL-3M Corporation analyzed a film of the assassination taken by Orville Nix. Its computer-enhanced version of the Nix film shows blood and brain matter moving toward the left rear of the limousine. No forward jet spray was observed. ("Who Murdered JFK?" Jack Anderson, November 22, 1988)

The Zapruder film, combined with the testimony of the two motorcycle officers who were splattered with blood, brain and bone matter, is compelling evidence that the fatal shot was fired from the front. It is impossible for someone to be shot from behind, have his blood, brain and skull matter propelled to the rear, and fall backward. What propelled the President backward was the force imparted by a bullet shot from the front. ♦

Document 20: Location of Skull Bones

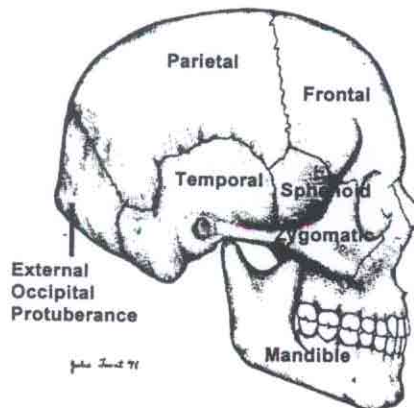


Illustration by Julie Foont, Illustrator for *The Fundamentals of Operative Neurosurgery*, Thieme Medical and Scientific Publishers, 1999.