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**Records Released under the JFK Act Show
House Select Committee Misrepresented Medical Evidence**

By Jim Lesar, Dr. Gary Aguilar, Dr. Cyril Wecht,
and Kathy Cunningham¹

President John F. Kennedy was assassinated 36 years ago, yet the passage of time has not quelled the controversy over his murder. Indeed, new evidence has only strengthened the convictions of many students of the assassination that the official version of the crime--that Lee Harvey Oswald, acting alone, killed Kennedy--is wrong.

The new evidence results from the efforts of the Assassination Records Review Board (ARRB), a board of five presidentially appointed citizens which was created by Congress in the wake of the furor caused by Oliver Stone's controversial movie "JFK." The ARRB was charged with ferreting out JFK assassination records and seeing that they were disclosed to the maximum extent possible. It paid particular attention to the medical evidence, even taking fresh depositions and statements from medical and other personnel who treated the wounded President and performed his autopsy.

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concluded that the Bethesda witnesses were right, sayi
did not seem plausible to the committee that 26 persons would be
lying or, if they were, that they would provide such a consistent
account of the wounds almost 15 years later." The HSCA report
found that the Parkland doctors were more likely to be in error
than the autopsy personnel because their examination of the
President's body was cursory and they were primarily concerned with
"administer[ing] emergency procedures to save the life of the
President, rather than [trying] to document the nature and location
of his wounds."

The HSCA's finding was devastating to those critics who relied
upon the testimony of the Parkland doctors. But in accordance with

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normal procedures, the House Committee's records were placed under seal, so the critics had no way of comparing the HSCA's findings with the actual evidence on which they were based. Until now. And now that what the Bethesda witnesses actually said is at last public, it is clear that the HSCA misrepresented their testimony.

The new evidence includes the fact that the two FBI agents who were present at the autopsy told the ARRB that photographs which show the rear of President's head virtually undamaged are inaccurate. One agent, James Siebert, suggested that a photograph "could have been reconstructed," while agent Francis X. O'Neill testified that a photograph of the back of the President's head "looks like its been doctored in some way. . . ." O'Neill did not recall the pictures he was shown "being that clean or that fixed up" and said that "[i]t would appear to me that there was a--more of a massive wound."

Nor were the FBI agents alone in affirming that there was, as agent O'Neill said, "more of a massive wound. . . ." than is shown by the photos. When the underlying evidence--the depositions, statements, and diagrams--of the Bethesda witnesses is examined, it turns out that they describe the same gaping wound at the rear of the President's head testified to by the Parkland doctors. The HSCA's claim that the Parkland and Bethesda witnesses disagreed on the existence of a large wound at the rear of the President's head is simply wrong! It is not true, as the HSCA said, that the autopsy witnesses unanimously corroborated photographs showing JFK's gaping skull wound was toward the right front side of his

head, rather than towards the rear. To the contrary, whereas over 20 witnesses at Parkland described the skull wound as rearward, the newly released documents show that more than 20 Bethesda autopsy witnesses said the same thing. In fact, not a single witness described what is visible in the photographs--a wound toward the right front of JFK's skull.

The description of the rearward head injury is consistent, despite the number and variety of witnesses who testified to it. Typical of these witnesses who were misleadingly said by the HSCA to endorse a right front head wound is James Curtis Jenkins, a Ph.D. candidate in pathology, who worked as a laboratory technologist on the JFK autopsy team. He told the HSCA in his previously classified testimony that he saw a head wound in the "middle temporal region back to the occipital." Jan Gail Rudnicki, a lab assistant on the night of the autopsy told the HSCA that the "back-right quadrant of the head was missing." Several witnesses, including two FBI agents, prepared diagrams for the HSCA that depicted the President's skull with a right-rearward gaping skull wound. Until the ARRB got them released, these diagrams, too, had been suppressed.

Sophisticates often note the unreliability of eyewitness testimony. But that observation oversimplifies and distorts the nature of the problem. Elizabeth Loftus, a noted authority on eyewitness testimony has written that witnesses tend to be unreliable in certain specific circumstances, such as where danger, violence, unfamiliar circumstances, and unexpected movements are

present, or where the opportunity for observation is very brief. None of these factors which degrade the reliability of eyewitness testimony were present in this case. Rather, the witnesses were highly trained, working in a familiar setting, and doing exactly what they were trained to do. If they weren't able to instantly recognize where a head injury was, they were in no position to treat anyone. Educated and precise observations were essential before they could properly perform their work.

For more than three decades now, the controversy over President Kennedy's assassination has been driven in large part by the conflicting perplexities of the physical, photographic and medical evidence. In order to understand the significance of the new evidence for another controversy--exactly where the bullet entered the President's skull, and hence the origin and direction of the fatal shot (or shots)--a brief recapitulation of the strange history of this particular medical conundrum is useful.

The Bethesda autopsists found that the fatal bullet entered Kennedy's skull through the occipital bone. This is a low bone in the central, rear area of the skull. The bullet was supposed to have passed just to the right of a small knob in the occipital bone known as the "external occipital protuberance" or EOP. According to the autopsy report, which was accepted by the Warren Commission, the bullet then passed through the brain and exited through the right front side of Kennedy's skull.

This view of the evidence received a major jolt in 1968 when then Attorney General Ramsey Clark convened a panel of experts to

re-evaluate the medical evidence. The Clark panel examined the autopsy x-rays and photographs and agreed that Kennedy had been struck from behind. But it also made one jarring finding. The Bethesda autopsists had made a huge error: they had placed the wound four inches lower on the skull than it actually was!

A decade later the HSCA endorsed this finding. Its forensics panel, led by famed New York coroner Michael Baden, agreed that the fatal head shot had entered Kennedy not through the occipital bone, but four inches higher up, through the parietal bone. If so, the experienced Bethesda pathologists had committed an error so glaring as to be all but inconceivable, since the entire rearward portion of the skull in which they supposedly made a four-inch error measures only five inches.

But if the Bethesda doctors were right, then the Warren Commission and HSCA conclusion that Oswald had fired the fatal shot was transparently wrong. Tests conducted for the Warren Commission showed that if a bullet had been fired from Oswald's alleged Sixth Floor perch, and then struck Kennedy's occipital bone, it would have blown out his right eye socket. There is no evidence of such a wound. ?

Normally, it would be easy to resolve this issue. The Bethesda pathologists testified that they had taken pictures of the fatal skull wound. The Warren Commission testimony of Dr. Humes and the contemporaneous notes of Dr. Pierre Finck, the only forensics-trained pathologist present at the autopsy, support their claim. As Dr. Finck testified, the purpose was to show a forensically

important feature of the skull wound--beveling. As with a BB hitting a pane of glass, when a bullet blasts through a skull it often leaves a small hole on the outside, and a larger crater on the inside. Thus, beveling is used by pathologists, although not infallibly, to determine the direction of a bullet.

In secret testimony taken by the HSCA two decades ago, and only recently released by the ARRB, Dr. Finck described how he had photographed the beveling in the occipital bone to prove that it was an entrance wound. He also testified that in order to show this, the scalp was reflected away from the bone.

Unfortunately, as is so often the case in the Kennedy case, this critical evidence is missing. The photographs which Dr. Humes and other doctors swore were taken have vanished. The photographs that do exist show a large skull and scalp defect, assumed to be an explosive wound of exit, on the forward side of JFK's skull, in front of his right ear. His face is undamaged. Also undamaged, except for a small red spot in the center of his scalp towards the top of his skull, is the area behind his right ear. The large wound on the right side of the President's skull is compatible with someone firing from the sixth floor of the TSBD, but only if the bullet struck towards the top of his skull, in the parietal bone. It then could have exited through the wound that is visible in front of his right ear.

The Clark panel and the HSCA assumed that the small red spot visible high on the back of JFK's head was the entry point for the fatal bullet. The Bethesda doctors have repeatedly insisted that

the red spot was not a wound of entrance, and that the skull wound was low rather than high. In concluding that the President was hit at the top of his head, the HSCA disregarded the testimony of the Bethesda doctors who personally examined his wounds in favor of the conclusions of the forensic experts who viewed only the x-rays and those photographs that were still extant. While this might seem a rational basis for resolving a flagrant disagreement over the nature and location of the President's wounds, formerly suppressed evidence, as well as new evidence gathered by the ARRB strongly indicates that the President did indeed have a much lower and far different rearward skull wound than appears in the photo-graphs.

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allow* On the night of the autopsy, one of the pathologists, Dr. J. Thornton Boswell, drew a diagram of the skull. On it he wrote "17" and "missing," with an arrow pointing from back to front. Dr. Boswell testified to the HSCA that these notations indicated that 17 centimeters (cm) of skull bone was missing from aft to fore. Such a massive defect poses an insuperable problem for the forensics experts' theory that Kennedy's skull wound was high up. For in the experts' reconstruction, there is no bone missing behind where the bullet entered the parietal bone, only in front of it. And there simply isn't 17 cm of bone available in front of such a high wound. The human skull just isn't that long. On the other hand, if one measures from the low point of entry described by the Bethesda pathologists, Dr. Boswell's missing 17 cm. fits perfectly.

As outlined above, the records released by the ARRB indict the HSCA for having falsified its own medical evidence. But the impli-

cations go far beyond that. Shown the suppressed interviews of autopsy witnesses and their diagrams in 1995, two key members of the HSCA's medical panel--its leader and the lone dissenter from some of its findings--admitted that they had never seen them before. Yet it was their responsibility to assess such evidence for the HSCA.

The new evidence also indicts the integrity of prior official investigations--the Warren Commission and the Clark Panel--as well. Eight credible witnesses have sworn that key autopsy photographs are missing. As noted above, Doctors Humes and Finck testified to missing pictures of the President's skull wound. Chief autopsy photographer John Stringer told the HSCA that he recalled taking at least two exposures of the body cavity. An HSCA memorandum on an interview of Dr. Humes reports that he "specifically recalls [that photographs] . . . were taken of the President's chest * * *, one of which showed a relatively significant part of the tract of the first missile. . . ." Dr. Boswell also thought that they photographed "the exposed thoracic cavity," and Dr. Robert Karnei, a physician-witness who was not a member of the autopsy team, told the HSCA that "[h]e recalls them putting the probe in and taking pictures.

Disturbingly, the Bethesda pathologists also testified that they never saw the photographs they now say are missing. At least two witnesses provide corroboration for assertions that such photographs were taken. According to newly released records, White House photographer Robert Knudson told the HSCA that he developed

autopsy negatives and examined them in the course of his work on November 23, 1963. Shown the complete photographic inventory by HSCA investigators, Knudson repeatedly resisted pressure to back down, insisting that in 1963 he saw at least one image in the inventory--an image with a metal probe through the President's body that entered the back at a lower position than it exited through the throat wound. Such a trajectory would be incompatible with Oswald's alleged "above and behind" firing position.

The ARRB also deposed Sandra Spencer, who in 1963 worked at the Naval Photographic Center lab where the autopsy photographs were developed. Asked whether there were any images not included in the autopsy photographs shown her, she replied: "The views that we produced . . . are not included." She added that not only were the images she saw in 1963 not in the current inventory, but that the paper on which the current inventory is printed is not the paper that was in use at that time.

For many years the autopsy photographic record was thought to be definitive because the HSCA reported it had authenticated the images. But the Review Board discovered what the HSCA had suppressed--the fact that the extant photographs could not be matched to the original autopsy camera. And that now the original camera is nowhere to be found.

The new evidence unearthed by the JFK Act and the ARRB leaves some medical mysteries surrounding President Kennedy's autopsy unresolved. Sadly, it makes it abundantly clear that all official investigations of the Kennedy assassination to date have relied

upon a very incomplete record of the medical evidence, and the possibility that the record has been tampered with also has become increasingly evident as well.

The sense of disquiet concerning the state of the medical evidence is only enhanced by a fascinating passage buried in the ARRB's final report. The Review Board reported that it had contacted the children of deceased vice admiral George C. Burkley, who was the military White House physician to President Kennedy, to find out if their father had deposited his papers at any institution, or if they possessed any assassination records. The Review Board also stated that according to HSCA records "Burkley's personal attorney apparently told the HSCA that his client believed there was a conspiracy to kill President Kennedy." As Kennedy's physician, Burkley was present both at Parkland and at Bethesda. If anyone was in a position to know whether the medical evidence indicated a conspiracy, or if it had been tampered with, he was the one. The attorney who reported Burkley's views to the HSCA is dead, and the executor of his estate, his daughter, refused to sign a waiver allowing the Board to have access to papers at his lawyer's law firm.

Thus, ironically, whether Burkley's records would shine any light on the assassination remains cloaked in the very secrecy that the ARRB was created to end. It is in some ways a fitting epitaph to nearly four decades of coverup.

The new evidence brings closure to one issue. It makes it clear that ~~Oswald~~ did not kill President Kennedy, and someone else *shurel*

did. But the case must not rest there. National honor demands further action. The unsolved assassination of the head of state has profound implications for national security and the integrity of the judicial system.

What can be done? The history of the Kennedy assassination is cluttered with the work of eight official investigations, each of limited duration. There have been eight short-lived official investigations of the assassination. But there has been no official attempt to analyze the total body of evidence now available. This indifference contrasts sharply with the strong national commitment to tracking down Nazi war criminals and prosecuting them. More than half a century after the end of World War II, a small unit in the Justice Department, the Office of Special Investigations ("OSI"), still painstakingly amasses evidence against such war criminals. The JFK assassination demands an equal if not greater national commitment. Much new evidence has emerged as the result of the work of the ARRB. It is time for a new governmental body, armed with subpoena power, to analyze the new evidence which has been amassed, to gather additional evidence, and to pursue it wherever it leads. Unlike previous official investigative bodies, this new office should, like the OSI, operate without the corrupting influence of a specific time limits. Its investigation should end only when it concludes that there is little or nothing more which can be accomplished to clarify the truth about the President's murder.

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