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April 1, 1981

Harrison Edward Livingstone
c/o Dr. Crosby Greene
4420 Norwood Rd.
Baltimore, Maryland 21218

Dear Mr. Livingstone:

Thank you very much for your letter of March 16, 1981. I must remind you that my exposure to the President was extremely brief, probably less than three minutes. I must also remind you that my recollection of his injuries was poor. I have stated that repeatedly during each interview with you, with the Globe reporters and with the Warren Commission. In addition, my memory of the wounds has probably been modified by illustrations appearing in various publications in the interim since the assassination. You showed me a line drawing which was not very good; however, on more careful study of the picture from which that line drawing was taken, I see a large flap of bone still attached to the scalp on the right side of the head and everted. Probably, this fragment of bone would partially cover a large cranial defect in the right parieto-occipital area. The scalp, which was not blown away, has been restored to its normal position to show the entry wound. In doing so, the underlying bony defect is obscured. Under these circumstances, the wound in the picture is compatible with my memory. However, I must again remind you that I did not personally examine the President's wounds in detail and my memory of the wounds is faulty. You have only to read the Warren Commission report to substantiate that fact. I testified under oath before the Warren Commission that my memory was faulty but I believed that the wounds were on the left side of the head. If I am forced to stand by any statement, I shall stand by my testimony under oath.

Sincerely,

A. H. Giesecke, M.D.

AHG:lt

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SLUG:KENNEDY20 VER:02 BY:DIPASQ:0 PROVISOR:BRADLE;05/01,12:12

QU:SPOT1-USR HJ: MSG:Dr. Paul Peters intvw

Verified accurate transcript by Harry Livingstone

Interview with Dr. Paul Peters, Parkland Hospital

Q. Dr. Peters, in your testimony before the Warren Commission, you characterized the head wound as being in the right occipital-parietal area.

A. That's correct.

Q. (Reads) ``There was a large defect, there appeared to be bone loss and brain loss in that area.'' And you still stand by that?

A. That's correct.

Q. OK. We have brought along a model of a human skull and we would ask you to draw on that exactly where you saw the wound.

A. It's in that? OK. Sure.

Q. We have a magic pencil here. If you would use, mind using this one, it'll. We can then, since we only have one of our friends here, it's a little fine point but if you can draw it would be helpful.

A. Yeah. I mean that's just about the way I remember it.

Q. I see. That small? That's interesting

Q. Well some people, some of the drawings of it that we've seen somewhat larger.

A. Oh, I know that it's bigger than that now, because I've seen the x-rays but that's the way I remember it, see.

Q. That's considerably further in the parietal than the occipital, then.

A. This is the occipital area right here, see. It's well down in. I think occipital-parietal decribes it pretty well.

Q. Let's have that flat drawing there. The large one?

A. I think you might be right, maybe I could come down here a little.

Q. Could you just duplicate it in terms of this flat drawing on the.

A. Yeah.

Q. Maybe we'd better.

A. I'm drawing it just the way I remember it, looking at it that day.

Q. OK. I'll put your name on this, Dr. Peters, so we'll know this was your. Does this conform to the, does the skull drawing conform to the

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paper drawing in your mind or should the skull (drawing) be lower.

A. Well, perhaps the skull drawing should be just perhaps a centimeter or. No, that's just about right, I'd say, that's just about right. It might be a little bit lower, I'm not sure that skull occipital bone comes up quite proportionately, in the skull that you have, but that's just about the way that I remember it. I'll stick with that.

Q. We don't need to and don't want to rehash everything that went on in that trauma room that day because obviously you've put yourself on record several times oficially. Could you just though just outline for us what your sort of vantage point, your angles of view were, in looking at this would?

A. Well, the President was lying in the supine slight Trendelenburg position, and I was standing most of the time on the right side of his body. Just about the level of his abdomen, and Dr. Baxter was just superior to me on the left side, on the patient's right side, that is.

Q. Mind if I shut the door?

A. No, that's fine. And Dr. Perry was across opposite the president's chest on the left side where he was massaging the heart and directing the efforts.

Q. So Dr. Baxter was on your left?

C., if I can just go back, Ben. Since we can't prove to any of our satisfaction at this moment that that drawing is in fact accurate and completely represents a photograph on which it was based, if we assumed it were, if it turned out that it were, and if we assumed it were, would you, are you saying you still could believe that that photograph shows the head as you saw it? Based on the way it might have been turned or whatever, or not?

A. Well, this drawing does not represent what I carry in my mind's eye as being the nature of the wound. However, the head is in a different position in this drawing and the wound of, the presumed wound of entry we did not see. And that is obviously one of the major purposes of this drawing, to illustrate the wound of entry.

Q. OK.

A. And so the head is in a different position here than it was when President Kennedy was lying in the supine Trendelenburg position when we attempted to resuscitate him.

Q. OK. And given that, are you saying in fact that, are you or are you not saying that could not be the Presdent's head as you saw it?

A. Well, I don't think I could say that. I think one of things the author was trying to depict is probably pretty accurately depicted here, the wound of entry. The wound of exit, if I may call it that, is not as I

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Same as Humes testimony to Dulles - WC

remember it.

Q. All right, fine. Could I ask you this? You were on record before the Warren Commission as calling it occipital-parietal.

A. Could I say one other thing too? This might be due just to the quality of reproduction, too. For example, if this were brain here, and it's just blacked out for purposes of making it less undesirable to look at, it would be close to being accurate. If that is meant to be hair then I would say that that is not accurate.

Q. You're referring to what now?

A. This black area beneath the thumb of the hand shown elevating the scalp there. This area right in here. If that were depicted as brain tissue, then it would be close to being very accurate I would say.

Q. Do you recall being interviewed about two or three years after the assassination by David Lifton?

A. I don't recall that specifically, but almost every month someone comes by to talk to us, you know.

Q. Are you familiar with the name? He's written his new book called "Best Evidence."

A. I'm not familiar with the book.

Q. The way I read this (Lifton), maybe you should just read it, rather than me reading it to you. The way I read it (Lifton), you're saying that the center of the gaping wound that you did see was 2.5 centimeters to the right of the occipital protruberance.

A. Well, I wouldn't say that was the center of it. I would say that was about where it began. Yeah.

Q. This bottom passage.

A. Yeah. Well, now, look at Specter's question. (reads) ``Did you notice any holes below the occiput, say in this area below here.'' Well, what he was he pointing to?

Q. Yeah, it's leading question.

A. Was he pointing to, if he was pointing to the neck, which is what I think at the time, Mr. Specter, see, wanted to know if I had seen the wound in the neck, which was the first wound of entry. Do you understand what I'm saying? See the bullet went in here (back of shoulder) and came out here (throat). That was the first wound of entry. And he wanted to know if I had seen that, and we had not, because we hadn't turned him over. I had not seen it, at least. Whether Dr. Jenkins saw it or not, I don't know. But it's my impression at the time that none of us knew that it was there. Now Dr. Perry might be able to respond to that better, because he had been there a few minutes, and so had Dr. Jim Carrico,

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before I arrived.

Q. As to the bottom half of that picture?

A. What I actually thought, attending President Kennedy at the time was, that he had had a bullet wound that came in his neck and had hit the vertebral column and had then deflected out the back of his head.

Q. Came in the neck from behind?

A. Yeah, see because that was a reasonable.

Q. You said that defied imagination.

A. That was a wound of entry and a wound of exit, though, see? And I've learned, of course, since then, you know, after all I didn't know how many shots had been fired or anything.

Q. But I think you said at the time, you were hypothesizing that to the Warren Commission, you said that that would be difficult. That would tax the imagination.

A. Yeah, but with the high velocity of the missile striking, you'd think it would just go right on through. But bullets, when they're coming in at high velocities get deflected in strange ways, sometime. I've seen them deflected internally into blood vessels in the body. And zip right down the blood vessel once the pathway was started. But that's what we thought

[illegible] to get calls back from Pet[illegible]sda, that we learned that there was a wound in the back of the neck that had gone through, see? And that he had been hit twice, and of course the Zapruder film subsequently showed that.

Q. Could you examine the last half of that (Lifton passage) though, that page, and tell me if that's squares with what you told him?

A. Well, it says, (reads) ``and I didn't see any wound back there.'' That was true. I hadn't seen it. Because I hadn't looked. He doesn't go ahead and add that. That would have sure clarified it if he had said, ``I didn't see any wound back there because we did not examine the back of the President's neck at that time.'' (reads) ``In others words, the wound you saw in the occiput was low enough that he'd already be down in the neck.'' That's correct. In other words, a wound of entry much below here, would have been almost down the neck. You know, if you had a person here with muscles coming up to the back of his head and everything, if he were shot right about there that would be the neck. As you look at somebody from behind, see. But what I think is, based on what we've learned, this is the wound of entry and that was the wound of exit and there was a second wound about here that went out through the trachea in front.

Q. When you were hypothesizing that possibly a bullet might have hit the spine and deflected up. Were you thinking of a wound coming from behind or from the front?

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A. From behind.

Q. Because at that point you hadn't seen the wound in the back, even that one?

A. Well, I'd seen this wound here.

Q. So you were just thinking that somewhere there had to be another wound in order to commit this?

A. Well, sure. That was a wound of exit. Where was the wound of entry.?

Q. It couldn't have been through the throat and then up?

A. Yes. Uh, huh. It could have been, see? At the time we thought that, yes. See, we thought, remember, it had come in and hit the vertebral spine and been deflected out through the back of the head. But it's not too likely.

Q. Is that what you meant by taxing the imagination.

A. Yeah.

Q. Rather than coming in from the back and up?

A. Well.

Q. You suggested that too, didn't you?

A. What I thought at the time was, as I told you, that he had been shot in the neck. See, it was only, it was going to be a few hours before I would know that the bullets were fired from behind. I thought, seeing the patient, if I had just walked in now and saw a patient like that who had a small hole in his neck and a large wound in the back of his head, I would have thought the bullet had entered here and exited through the back of his head. That's what I thought at the time. But then when we began to get more information, that there was a wound in the back of the neck, and also a second hole was found in the skull, and I learned the President had been shot twice. Why, there were other explanations that appeared more rational.

Q. OK. Let me show you another drawing now, based on.

A. Is this yours? Yes, just put it back there. I'll take that book, if you want. You might want to read that book, you're in it quite a bit.

Can I ask you to look at this, Dr. Peters? This is a drawing done by an artist for a book based on the description of the head wound given by Dr. McLelland to the Warren Commission. He didn't prepare it. But someone using his words drew this, and this is that interpretation. You've probably seen that. The rear head wound. How does that square with your recollection?

A. Well. It's not too far off. It's a little bit down in the occipital area, is what I would say. It might be just a little bit low. But it's

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not too bad, it's a large wound, and that's what we saw at the time.

Q. You've put. How about the size of the wound? Is that roughly accurate?

A. I would say that it perhaps is a little more near the midline in this drawing than I remember it. But it's not too far off.

Q. You remember it being further to the right, is what you're saying?

A. Well, let me put it this way. It wasn't quite as open to the left, and it was a little bit more up on the occipital-parietal area than this drawing.

Q. Do you find? Those, (his skull drawing vs. McLelland) to my eye, look quite different. Are they not so to yours?

A. Well, I would say that it's a little bit lower in this drawing than I would have drawn it here.

Q. How much lower?

A. Oh, two or three centimeters.

Q. So you recall it, is it fair to say that you recall roughly the same size and shape of this wound, only you have placed it.

A. Further forward.

Q. Two or three centimeters higher on the head?

A. Uh, huh. (agrees)

Q. And further to the side, or just simply higher?

A. No, I'd say it's a little further to this right side. Let me put it this way. It doesn't go quite so far to the left. This part of it, I would say, is about

Q. Less of a square, more of a.

A. Yeah, it's trapezoid, trapezoidal.

Q. So two or three centimeters. end side 1.

Q. Just to repeat, you just said, and not so much to the left, Dr. Peters?

A. That's right.

Q. Somebody, a researcher, you've probably talked to a lot of these people over the years, sent you, somebody named Harrison Livingstone sent you this same drawing and you apparently sent him this reply, marking that X as the location? Is that familiar to you?

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A. Yes.

Q. And do you stand by that as the location of the wound, roughly?

A. That's correct.

Q. Were you intending to indicate.

A. In other words, the X to me indicates about where the wound was, rather than it coming down quite so far.

Q. Well that X, again I guess he just asked the same question, I'm still a little bit confused, doesn't that X represent a lower wound than you've drawn on this skull?

A. No, I think the X is about where the wound was instead of being down so far.

Q. I understand, but doesn't that X there, that you've drawn, represent a lower wound than this (taps the skull) that you've drawn. In other words.

A. This is a lower wound than I have drawn for you today, that's correct.

Q. That's correct, but I'm saying.

A. But the X is about where the wound was. The X does not imply that that wound is exactly correct. The X applies about where I thought the wound

Q. I know. But that X still appears to be lower on the skull than the one you have drawn for us, no?

A. Unh, unh. No. See, here's the ear, and right here's the ear on this fellow, and it's above the ear.

Q. Above and behind?

A. Uh huh. Yeah.

Q. Although part of it seems to stick up level.

A. That's right, it did extent that far anteriorly, that's the parietal portion. But occipital-parietal still characterizes it, I think.

Q. All right. Showing you a final drawing (Lattimer) prepared by someone who viewed the autopsy photograph, this is his characterization of the head wound. How does this seem to you?

A. Well, this drawing that you've shown me here, looks, I would say the wound of entry looks, oh, not too far off, maybe a little bit, maybe a centimeter higher than I would have put it, but I would envision that I would see more back in the occipital area than is depicted here. The parietal involvement seems pretty good. I would have ended it about where H is here, and I would have gone back a little bit more this way, if I had

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been asked to draw it. Could I sketch that in for you what I would have done?

Q. Yeah. All right. We do have other copies. It's fair to say on that one that there is no occipital shown, is that correct?

A. Yes, it doesn't show much occipital involvement in this drawing here.

Q. Do you have anything else?

A. There's a little more how I would have envisioned it at the time, but I, but if one could compare it to the actual x-rays, which I suspect are available.

Q. Do you recognize that drawing, have you seen?

A. It looks like one out of Dr. Lattimer's book.

Q. It is, it is.

A. And so I suspect that it's pretty accurate.

Q. But you do feel that as far as memory goes, that in fact it was a little bit further back on both margins than he's placed it?

A. Yes, I would say that when I saw the drawings in Dr. Lattimer's book, I have to say that the parietal involvement was more extensive then I

massage the heart with our hands, we stepped up and looked inside the skull and that's how I made note in my own mind of where the wound was in the skull.

Q. Was that wound then, I would gather, readily visible, even without moving the President's head, as he lay on the back of the head.

A. Oh, yes, that's right, that's right. That's why I think that this isn't too far off right here.

Q. Did someone at some point pick up the head in some fashion, to try to get a closer look at it, to see.

A. Well, I think we inspected it carefully but I don't think anyone actually just, after we started the resuscitative efforts, picked it up and moved it around much, at all. I couldn't say, though. There were several people in the room, and we were paying attention to what we were doing. I didn't notice anyone move the head.

Q. But you would say you had a good opportunity to examine the head wound?

A. Yes.

Q. You may have seen this photograph, or tracing of a photograph, to be more precise, published in one of the appendices of the House Committee

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report on page 124 there. It purports to be a rear view of the president's head, a tracing of a photograph taken at the autopsy.

In light of what you've just drawn for us, does that tracing of a photograph (Ida Dox), which again purports to be accurate to the hair, conform to what you saw of the President's head.

A. Well, it doesn't look quite like what I had in my mind's eye, but it does show one thing, I think, that's important. It shows what may be a wound of entry in the occipital area.

Q. You're referring to the cowlick area?

A. That's right. And at the time that President Kennedy was treated at Parkland Hospital, we did not know that the wound of entry was there. We saw during the few brief moments we attempted to resuscitate him, the wound of exit, I must presume, because it was the large wound, about 7 cms. in diameter. I estimated it at the time.

Q. You're referring to the gaping wound, that you've just drawn?

A. That's correct, in the occipital-parietal area.

And later, when the autopsy was done in Washington, we were told, and it has been documented by others, that there was a smaller wound in the skull which we had not seen at the time we attempted to resuscitate President Kennedy. Presumably that was a wound, a tangential wound of entry, and the large wound that we saw was the wound of exit.

Q. Was that picture consistent with what you saw at the time, do you find

any inconsistency?

A. Well, this is an artist's drawing, and I don't think that it's consistent with what I saw.

Q. Would you characterize what you've drawn here in layman's terms, we've used the phrase occipital-parietal. Hardly laymen's terms, actually. I know, it's medical terms. In laymen's terms, would you characterize what you drew as being in the right rear of the head?

A. No, it's more than just in the rear. It's to, in the rear and to the side, that's the parietal area. So it's in the back and the side of the head, I would say, in laymen's terms.

Q. OK, so if that picture is accurate, say, assume it's an accurate rendition of a photograph, that drawing there on page 104 of the House Committee, appendix 7. There does appear, though, to be some inconsistency with what you recall of the way the head looked.

A. Yes, however, I do note that in this drawing the President's head looks like it's been lifted up and twisted slightly, so that may give a different perspective than when he was lying straight and vertical position, straight in the supine position, I should say, and so, looking at the drawing here, one doesn't see that he could look directly in and see the brain, which we could do at the time of the injury. It may be that the artist depicted it that way for a certain reason, which is known

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only to him.

Q. But if that, let's assume just for the purposes of argument, assume that were a photgraph, rather than a drawing.

A. But it isn't a photograph.

Q. OK. But it's purported to be a tracing made from a photograph. And people who have seen it say that it's accurate to the hair, people who have seen the actual autopsy photographs, say that there is no question about the accuracy of that tracing.

A. Well, I know that that day when I looked in the President's head, I could see the brain, and I can't see it looking at the back of this picture. Now it may be that it's turned away from me.

Q. Would that be?

A. Because they're attempting to depict that by this flap of bone lying here at the side in the drawing.

Q. Some of the doctors have said the president's head was lifted up and that a light was shined in the rear of the head to examine the wound more closely. Do you recall anything like that?

A. I don't recall that. But someone might have done that before I arrived.

Q. First (in Warren commission testimony) you say occiput, and then you go to occipital-parietal.

A. Yes, well, I think I was just trying to be more accurate. Occipital-parietal is what I would say.

Q. All right. Can I read you this other passage. Let me just step in for a second. I have darkened the line you drew there, Dr. Peters. Is that still accurate? Is that still the same line you drew?

A. Yeah. And you could argue with me that maybe I should have it a little bit lower, but that's pretty much it. If you'd like for me to make it one centimeter lower.

Q. Make it the way you feel it ought to be. If you think it's lower, make it lower.

A. Well, it wouldn't be much different, but I'll make it there. I wouldn't change it. That's the way I remember it at the time and that's what I want to put. Whether that proves to be accurate by the x-rays or not, I could care less.

Q. Let me just read you this one final section (of Lifton) continuing on from that. (reads) ``I asked Peters what he thought Specter meant by that question, `by a hole below the occiput.' `It was my impression,' Peters told me, `that he was referring to the wound at the back of the neck, and

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I didn't see any wound back there.' I asked, 'In other words, the wound you saw in the occiput was low enough that if Specter went any lower, he'd already be down in the neck.' 'Yeah, that's right,' replied Peters. 'I should have known this from studying Grant's Atlas of Anatomy etc., but I understood completely during my call to Peters. To eliminate any misunderstanding, I rephrased my question. Picture a wound located 21/2 centimeters to the right of the external occipital protruberance,'' which as you know is where they said the entry wound was in the autopsy. (reads) ''This was Humes' location for the entrance wound, 2.5 centimeters to the right and then slightly above. 'Where would that be in relation to where you saw Kennedy's wound?' 'That would be about the center of it, maybe,' said Peters.''

A. Yeah. I can draw where I think that would be.

Q. Well now, when you say that, are you referring to the gaping wound or to the entrance wound?

A. Here's what I would say. See, I don't know where that hole (entry) was.

Q. You never saw it.

A. No, we didn't turn the President over. So, but I suppose it must have gone in with the head down there like that. You know, that's just a guess, but I would say.

the center of it, maybe, you're referring to the wound that you did see, not the entrance hole, aren't you? Aren't you referring to the gaping wound there?

A. Well, that's the only wound that I saw that I could comment on.

Q. Well, then this is not 2.5 centimeters to the right of the occipital protruberance, the wound that you've drawn, is it? The large wound.

A. Oh, yeah, I think so. Well, maybe not 2.5, but pretty close. This is the external occipital protruberance right here.

Q. Is that it or is that lower point?

A. Right here. Right here.

Q. Right. Well, your wound. That's the bullet hole.

A. That's the wound of entry.

Q. That's not the wound you're referring to here?

A. The wound in the neck is down here. We didn't see that either see. We didn't know about this wound or this wound at the time.

Q. Maybe I'm not making myself clear. When you're talking about the head

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wound you're referring to this (large exit) wound, right? This is the only wound you that saw.

A. That's the only wound that I saw, yeah. If you want to read that to me again, I can tell you.

Q. (reads) ``To eliminate any misunderstanding, I rephrased my question.

A. Let me interupt you a second. Let's go back above that just a minute. Go up there where it says Specter asked me about.

Q. (reads) ``I asked, `In others words, the wound you saw in the occiput was low enough, that if Specter went any lower, he'd already be down in the neck.' `Yeah, that's right,' replied Peters. I should have known this from studying Grant's Atlas of Anatomy.''

A. Alright, now. Just a second. See, part of that is what Mr. Lifton or whatever his name is, is saying, but what I thought that he was referring to was the neck wound at that time. You see, we did find out almost immediately after President Kennedy was taken to Bethesda that there was a hole in the neck that we had not seen at the time. Now Dr. Jenkins, I believe, has said later that he did see it. But I did not know that it was there at the time that we resuscitated President Kennedy. There is therefore, there are two wounds that we didn't know about at the time. The one in the neck posteriorly and then what was subsequently found underneath the hair, the wound of entry in the occipital area on the right side.

Q. It's this new book.

A. But I do recall that name, but.

Q. He (Lifton) quotes you at some length. I'd like to just read you the quote, if you could tell me if it's accurate. The first quote, he says he had a telephone conversation with you.

A. That's all I do remember is. I think he was in Florida or something. He called me from long distance.

Q. You said, (reads) ``I could see the back of his head quite well. The whole occipital area was blown out.''

A. Well, that isn't accurate at all. The wound was an occipital-parietal wound.

Q. Ok. ``And the skin was showing.''

A. I'm sure that I must have said that before Mr. Lifton interviewed me.

Q. He (Lifton) goes on to quote you this way. (reads) ``Trying to impress upon me the location of the wound he saw, Dr. Peters said, I'd be willing to swear that the wound was in the occiput, you know. I could see the occipital lobes clearly, and so I know it was that far back on the skull. I could look inside the skull and I thought it looked like the

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cerebellum was injured or missing because the occipital lobe seemed to rest almost on the foramen magnum. Now I didn't put my hand inside his head and lift up the occipital lobes, because I wasn't about to do that under the circumstances. But it looked like the occipital lobes were resting on the foramen magnum. It was as if something underneath them that actually kept them up from that a little ways, namely the cerebellum and brain stem, might have been injured or missing.''

A. Well, I would say that's pretty accurate about what I thought at the time. But Dr. Lattimer from New York who was privileged to view the autopsy findings told me that the cerebellum did appear to be intact. So, if I say, what I have reasoned since then is that probably what had happened was that part of the cerebral hemishere had been shot away, which caused the occipital lobe, you see, to fall down. So rather than the props underneath it being destroyed, part of it was actually destroyed. Is that clear? If I can draw that for you.

Q. Sure.

A. See, if we look at the back of the brain, I'm afraid I'm not much of an artist, but this is a rear view. And I thought that perhaps some of this part of the brain was missing, see, and had caused this part to fall down. Is that clear? But instead, I think what had happened is, that part of this part had been blown out from the inside and actually caused it to appear skrunken because some brain tissue was actually missing from this side. And that this cerebellum, which I thought was gone, was actually intact. Do you see?

Q. I see what you're saying.

A. Some of the loss of this stuff in here caused the brain to fall down, and having seen some pictures of the Zapruder film since. You have to remember, I've been an American all this time too. And so I'm subject to what I've learned from reading and looking since. So I think in these examples you've read to me, one is just an almost exact quote of what I thought, if you had interviewed me five minutes afterwards. The other is tempered a little bit by what I too have learned, you know, in the.

Q. Could you have seen the foramen magnum, though?

A. No, no. And I didn't say that I saw it. I said it appeared to be resting on that area since I know that. Let me open that up and I'll show you.

Q. Unfortunately it's glued shut.

A. Okay well, you can probably see it. Here it is right here. And so I thought, see, that this, I could see this was resting down here so I thought the cerebellum might be gone. But instead, it was probably the brain that had come down some from, part of it that had been destroyed from the effect of the high velocity missile wound.

Q. Did you see any cerebellar tissue at all?

(MORE)

A. No, no. I just thought it was missing but it was probably because the tentorium over it was intact, you see. And it was occipital and parietal cortex of the brain that was missing.

Q. OK. Let me ask you, there's another section here, he (Lifton) quotes. First of all he quotes a brief dialoge between you and Arlen Specter, the person who interviewed you, where you did refer to it as being in the occiput, You said, quoting you now (reads), ``I noticed there was a large defect in the occiput.''

A. Yeah.

Q. (reads) ``Specter, `What did you notice in the occiput?' Peters. `It seemed to me that the right occipital-parietal area, that there was a large defect. That there appeared to be bone loss and brain loss in the area.''

A. Yeah.

Q. (reads) ``Did you notice any holes below the occiput? Say, in the area below here?' `No I did not.'

A. Do see why he asked me that question?

Q. Yeah. The entry wound.

A. He knew something at that time that I didn't know. Yeah.

those are the X-rays of President Kennedy's skull, I presume that they're accurate.

Q. Have you got anything else. Well, I guess, just whether you might be any help to us. I can turn the tape off. This will conclude the interview.

Taping resumes after off the record gap involving getting Peters' assistance in getting other doctors to grant interviews.

A. Due to a loss of brain substance from the occipital and parietal area rather than an injury to the cerebellum. Otherwise I think my observations have been pretty much accurate.

Q. Could you, is there anything you can suggest. We would at least like to be able to speak in a very brief fashion with for instance, Dr. Baxter, Jenkins, Dr. Clark.

A. You'll just have to ask them personally.

Q. We haven't had any luck in even getting them to take our calls. Well, who called you back indicating that.

End of Dr. Peters interview. third tape.

(END)

SLUG:KENNEDY22 VER:02 BY:DIPASQ:J REVISOR:BRADLE;06/12,12:12
QU:SPOT1-USR HJ: MSG:Dr. Marion T. Jenkins intvw

verified accurate transcript by Harrison Livingstone

Interview with Dr. Marion T. Jenkins, Parkland Hospital, Dallas, 3/4/81:

Q. How about if we provide you with a transcript. Yes, sir. We're trying to determine whether there is a real conflict between the descriptions of head wounds of the President that came out of Dallas and those that then later were, you know, came out of the autopsy and were published in the official documents. And when you look at them, and read the Warren (Commission) testimony and so forth, there appears to be at least a tension, and there have been some suggestions that it's more than that. That's, and part of the problem obviously is the indefiniteness of any verbal description when you try to translate it to what people saw, and recreate that. That's one of the reasons that one technique we've been trying to use, is to get people to draw what they remember on the skull, in terms of the location of the head wounds, wound or wounds, that they saw. We've also been following that up, we're trying to, for backup purposes, to get a similar drawing on a flat profile of a skull which we have.

Did you have a good chance to examine the head wound that day, Doctor?

A. Well, you know, we didn't do very much examination. We were treating.

Q. Of course.

A. Resuscitating a patient at the time. When you try to compare the Warren Commission report with others, let me ask you, I haven't read anything about this except one thing. With all the literature, all that's been written about it, I avoid it, except what gets dropped on me, except for the report of Dr. Lattimer, who did this study, and I think it's, he responded to an interview I had with the American Medical News, and so wrote me about it and sent me a copy to show I was wrong in judging what part of the brain was hanging out. Which is all right, which shows that I wasn't that careful about the examination. But I gather from that, that the Warren Commission never had a chance to examine either the pictures or the x-rays or the body, is that right?

Q. That's our understanding. Well.

A. Then why would we be.

Q. Well, I don't know if they had a chance or not. The Chief Justice ordered the autopsy photos impounded until the year 2039, and the people who did the autopsy never even saw the photographs. Only a handful of people have seen them.

A. I understand the Warren Commision made their report without seeing them also, you can see what a difficult position they would be in to try to describe things when it was available, and they didn't have it. So if now you're trying to reconcile what the Warren Commission conjectured from talking to a lot of us, in comparison with what Dr. Lattimer and the three forensic pathologists saw when they examined all the evidence, well, they couldn't be the same.

(MORE)

Q. Well, we're really not concerned with the Lattimer or the Warren Commission right now.

A. Well, you have to be, they're the only two official things that have come out on it.

Q. Well, we're concerned with your statement to the Warren Commission to the extent that that was probably your most immediate recollection along with the medical report. But, you know. when I said we're not concerned with the Warren Commission, I'm talking about their overall conclusions, and that's really neither here nor there to what we're doing. We're after a very sort of narrow issue.

A. Everybody's making some big point, writing the articles, writing their books to be different from what the Warren Commission wrote.

Q. Well, we're not concerned about that.

A. Actually, the Warren Commission was really handicapped by being unable to know what they were writing about, except they had a body (???).

Q. Since they wrote the report, of course, those photographs were subsequently reexamined, most recently in connection with the House Committee investigation. And one of the things that got us to ask this question was, there were some purportedly exact tracings, of one of those photographs, published by the commission. And that, that one in particular has raised the question, because it appears to show the area of the back of the head intact, in a way that conflicts dramatically with what the descriptions given by yourself and others have at the time. And we're just trying to pin down whether, in fact, that apparent conflict means something or not, and that's exactly what we're trying to do. We have a scale model of a skull here, would you be willing to draw on that.

A. I'll show it on your skulls. Come on out here and I'll show you. No, I didn't see a skull, without hair on it, so I wouldn't attempt to draw it on that skull without hair.

Q. (unclear) He said.

A. (Irrelevant chatter.) To ask me to draw on a skull, you want to turn that on again?

Q. Yeah.

A. Is to get some more wrong opinion, isn't it. I didn't see a skull, as such. I saw him, with his brain hanging out. You both have a lot of hair, lie down right up here.

Q. OK. Nils, why don't you work this.

A. (Irrelevant talk)

Q. Was the head hanging out over the back?

(MORE)

A. No, right about there.

Q. I'm on my back, for the record, OK? Right. (Ben)

A. For the things to see. Now, I followed Mr. Kennedy into the emergency room. With people bringing him in, with Secret Service around him, they were blocking anybody else coming in and it's (unclear) They didn't know what to do, and they did very well not knowing what to do, I'd say. I know what I thought as I followed him in from here. He was bigger than you or our cart was smaller, because his feet were off this end and his head was at that end of it. I don't know how tall he was, but he filled it.

Q. Six feet or so.

A. He filled the stretcher up very well. As I came in, Dr. Carrico, a surgeon, who was one of the two people in the room, two, Jim Carrico and Dick Dulany were in the room, and Jim was just putting an endotracheal tube in as I came. And I was right behind the stretcher so he was ready.

Q. So you were about the third one in the room, then?

A. Yeah. After the ones who brought the Secret Service, (unclear) being led by two nurses. I don't know. There were two nurses and these two nurses. And so. Stay here, I want to show you, you can't tell. He had a shock of hair, a lot more than yours, so much so that other people coming into the room to do things here, such as to do the tracheostomy, put a chest tube in that side of the chest, to start IV's in the feet, couldn't even see the top of his head.

Q. Where were you in relation to the body?

A. I was standing right here (Jenkins was standing at the head of the stretcher cart, with Ben lying on his back with the top of his head pressed against Jenkins' abdomen), because this is where an anesthesiologist usually stands. And I had my head, my belly against his head holding endotracheal tube and breathing for him with my hand on a breathing bag here. And so that's right, if you would approach, this was the entrance to the room back here, the stretcher was toward the wall, and if you came in like this you would not see the top of the head.

Q. Uh, huh.

A. So nobody can tell you.

Q. You were on his left side.

A. Nobody but the autopsy people can tell you how big a wound it was in the head.

Q. Did you at any time observe any wounds in the head at all?

A. Oh yeah, of course I did.

(MORE)

Q. Where were they? What did you see?

A. But I'm not going to tell you how big, or that, because that's not what I was looking at. Because part of his brain was hanging out right here.

Q. Well, we're not asking the size, we're interested in the location. Was it in the occipital area, or occipital-parietal, or towards the front, or where was the wound?

A. Right there, because his brain's hanging out right here over the edge of the table, you see.

Q. You're pointing to the parietal area above the ear there on the right side. OK.

A. So he still had this hair, and the other people coming in were not even in a position to see that he had a head wound.

Q. Was there any wound in the back of the head?

A. You're the President. We're trying to resuscitate him. I'm going to raise your head and look at it? No, of course not. Now, I'm just trying to give you an answer to it.

Q. You just never looked. Right.

A. That was not what I was there to do. And I didn't turn him over and roll him around. You know, I knew his wound was here. I knew his brain was hanging out here. I knew he still had hair up here, hidden. I could see a wound, an open area in here, it's above the ear, parietal, it's about the size of the palm of your hand.

Q. Without the fingers?

A. Yeah. Now, don't get up, because I want to finish this demonstration, Ben. You guys are trying to find out and I want you to know what the problems are. Is that all right?

Q. Sure. You did see, you saw brain tissue?

A. Yeah. There was some hanging out here by a thread, and I thought it was cerebellum, but I didn't examine it. I know a cerrebellum when I see it, really, but this was damaged brain hanging out.

Q. So you're not sure at this point whether it was cerebellum or not?

A. Oh no, I know it wasn't.

Q. You know it wasn't?

A. Yeah.

Q. But your impression at the time was that it was?

(MORE)

A. Well, that was what I gave on an interview later. I said part of it was cerebellum. I didn't, that was the reason that I just wasn't thinking of.

Q. Didn't you say that as recently as last year in that interview with American Medical News?

A. No, it was three years ago, wasn't it?

Q. I thought it was. 79, 79.

A. 79, yeah.

Q. Cerrebellum is at the base of the head, isn't it?

A. Yeah.

Q. So you're saying that that's, that you were mistaken in that?

A. Yeah. Well, I was, no, I might have been, because it would come out of the third, it would have been back here if it had been. I think so. So I was standing here, and the others as we knew, you instinctively knew you had to go through a resuscitative procedure. I was breathing for him, one of them listened to his chest, we had no breath sound on that side, they put a chest tube in, in through, between the ribs. During this time they'd cut his clothes off him. I don't recall how they got the tie off. But I guess they just cut it off here with the knot still intact. They cut his clothes off and all of these. So I just remembered the things that I saw at the time, while I was breathing for him. That he had this wound in his neck, which I knew wher I came in because Dr. Carrico said as he put this endotracheal tube in, "He has a hole in his trachea. Below the larynx, and the tube may not be beyond it. So that was the real reason we did the tracheostomy, because the wound was so low, we'll.

Q. That's OK, we don't care about the tracheotomy.

A. Now listen. I don't, you get me irritated. You came to ask me things and I want to tell you. If you don't want to hear them, we'll stop it.

Q. Oh, all right. Go ahead.

A. I've had so many people in, I'm sick of it. You understand? All right, now, what do you want to hear? I'm sorry to be this way, but I get infringed on.

Q. We're primarily interested in the issue of the head wound. Can I get up now?

A. No, I want to finish. I want to be sure we get this settled. Why you're not going to get from anybody here, what the size of this wound was.

Q. But the location is important.

A. Oh, no question about that.

(MORE)

Q. And there is a conflict about the location in a very fundamental way, as to whether it was back here, really occipitally, or more up parietally on the side.

A. Oh, well not, this was the parietal area here. He still had as much hair as Mr. Bradlee has, or had more. So it really didn't show.

Q. You're saying, though, that you never lifted up the head to examine the rear of the head. Are you excluding the possibility of a rear head wound, or are you saying that you just didn't look, you didn't have the chance to examine it.

A. Oh no, I'm excluding the possibility of it, because with the cardiac compression they were doing, standing where I was, blood came out of this wound up here and went down my front and into my shoes. Had there been a wound on the back of his head it would have filled up the whole thing and dripped off.

Q. Uh, huh. So you don't believe there was a wound occipitally?

A. No. Uh, uh. So it (blood) was coming out here because I could see it with each time they compressed the chest, down here.

Q. Some of the people present have been quoted at various times, speaking of someone, and it's not been identified who, lifting up the head at some point. You didn't see that? Clark, Clark. Was it Clark?

A. Oh, this was the end of it, when they were doing a resuscitation and didn't know that he had the head wound, and when a priest came to the door, I went over and asked him what's the proper time to declare a Catholic dead in order to administer the last rites. I turned over what I was doing to one of my other staff who was here. So then when he gave me his answer, I came back and said, "We might as well give up, we can't resuscitate." And that was when this only (???) examination was done. Dr. Clark did examine it then, but only to the extent of, I guess, like this.

Q. Rolling it over. But you weren't in a position where you could then look at the same time that he was doing that?

A. Well, I was, but I did not. You know, that wasn't the (unclear).

Q. You didn't see anything further at that point that you hadn't seen before?

A. No, I knew he had a hole, a bullet hole in the back of his neck.

Q. You did?

A. Because I had found that. But, but I hadn't, you know, you ask me about looking for the head, and I'd have to answer correctly that I didn't really look at the head. But, in feeling it, you want to be a patient here? To get a complete picture of this, you need to have the patient

(MORE)

down that I'm telling you about.

Q. Are you asking me to lie down? Do you think I'll gain something from it?

A. Well, I think so. Mr. Bradlee didn't want to lie down, but I'll tell you about this, why some of the reasons people were confused about it. OK. In order to pull his head back, to get better to do the tracheostomy, this was a low wound in his neck in front. Well, I had to do that, I had to stabilize his head for that. So in putting my hand back here, I put my finger in a bullet wound.

Q. So you were one of the few people here who was aware that there was a wound back there. That was something you told Lattimer only recently, isn't it.

A. I don't, no, I put it in my reports.

Q. You did, initially? That you felt a bullet wound back there?

A. I dictated a report and the FBI or somebody picked up.

Q. That's not the same report that was published by the Warren Commission?

A. I don't know, I haven't read it.

Q. Because we did read that as it was published there, and there is no reference to it, that I recall.

A. Now, among things I was doing, in addition to standing like this, which I balanced the head (???), was, ordinarily anesthesiologists feel for pulses, we don't feel much anymore, we have so many cardioscopes around, but one of the disturbing features that came as people got thinking, such as, that guy in New Orleans, who was that?

Q. Garrison.

A. Garrison. Uh. (Click in tape, Jenkins becomes suddenly louder. I believe we now moved back to Jenkins' own office.) I told you it was above his right ear, and we had that wound, and so I wouldn't be able to really say here whether it came across these suture lines or not. I know what it was because I read Dr. Lattimer's report. But I think I would be not honest if I said today I can tell you where it was, because I just couldn't point out where I saw it. And we recognized, of course, that an area of skull can, as we see this often, there was a much bigger piece of bone blown out than there is a hole in the scalp in patients who have gunshot wounds of the scalp.

Q. Uh, huh. Doctor, I'd like to show you now a drawing I think you've seen before. It's the photograph of the rear, a tracing of a photograph of the rear of the President's head taken at the autopsy. Would the rear of the head, well you said you didn't really actually see the back of his head, but is there anything in that photograph (Id. Fox) that would be inconsistent with what you saw.

(MORE)

A. (pause) No. I haven't seen this before. I don't.

Q. You haven't.

A. Don't know, but I suppose this is that bone fragment hanging from the side, and part of the brain was hanging out there by a string. That was what I had erroneously, in talking to that AM reporter, said was cerebellum, when it's cerebrum. If I said cerebellum, that's the way it was reported. No, I wouldn't be able to say whether that's right or wrong, except that, I wouldn't be able to say that was Mr. Kennedy's picture of him or anybody else, but I.

Q. Would there be anything inconsistent with what you remember, assuming that were Kennedy's head. He said that he didn't see the back of the head.

A. No. But I, this picture, if it were a little lower, I could tell you more, because. That's a drawing, it's not a.

Q. Yeah, it's a tracing from a photograph purportedly.

A. Because my impression was of much more hair than that, and this bullet wound a little lower than that, the site of entrance. Where his neck wound.

Q. That's not supposed to be the neck wound.

A. No, I know. I was saying I would not be able to say that was Kennedy, or.

Q. You probably been interviewed by several people over the years, you indicate that you're kind of sick of all this. Do you recall being talked to my a gentleman who represented himself as Harry Livingstone a little while ago?

A. Yeah I guess that's the reason it's got me in a bad humor about it. He was in just recently, wasn't he? Within a year?

Q. He (Livingstone) says that he showed you this picture and he quotes you as saying, No, not like that, not like that.

A. I said I wouldn't look at the picture. I said. He burst past my secretary and entered, and on my desk, and I didn't look at it, no.

Q. I see.

A. He's quoting me wrong. Has he published something on it?

Q. No. Just a little newsletter. He's a critic. Let me show you one other drawing here. Several doctors are on record as describing the wound in the posterior part of the head. You're saying it was much further forward. Dr. McLelland among others, refers to it as being in the, more in the occipital region of the head. Quoting from him, his testimony. "I

(MORE)

noted the right posterior portion of the skull had been extremely blasted." It goes on to give a detailed description, and based on his description, an artist prepared this drawing for a book.

I'd like to show that to you, and emphasize that McLelland himself did not prepare that, but an artist based on the description that Dr. McLelland gave to the Warren Commission, prepared that drawing. Could you comment on that?

A. Well, yeah that wasn't it. That's about all I'd say about it. This is obviously a wound of exit here. No, that's not in the right place at all. Well, let me discuss this with you a bit. I'm not trying to, I would not attack the integrity of any of my colleagues on this, but there was not much time spent in examining. Once he was declared dead, people left in a hurry. And the reason for it, is Secret Service was hovering, circling. Mrs. Kennedy was hovering. We tried to keep her out of the room. But as soon as he was declared dead, and Mrs. Kennedy and the priest came to the body, well, people left. There was no examination of the body afterwards. The look at the head was only that very momentary by all who were there doing the resuscitative process. When I came back and said, there's no chance of saving him, he has a head injury, which was not, which is always right near doing it, others on each side who had come around near the front, I'd said he has a head injury, and had moved away to show the extent of it. So maybe Dr. McLelland did see it, but this was not what my idea was. Had it been here, he would have been lying on it. His head would have been flat on it and I wouldn't have been able to see it. He was lying on the stretcher there, well then, with that shock of hair, and seeing this above the ear, and the string of brain hanging down. By above the ear I mean cephalad (toward the top of the head) to the ear. I don't know.

Q. So, is this drawing, I'm showing you now another drawing (Lattimer) prepared by someone who viewed the autopsy photograph. Is that drawing showing that wound more consistent with what you observed?

A. Well, let me, Mr. Bradlee, I'd have to insist again, I couldn't observe anything like this because of the hair and because I already know, and it's knowledge I have otherwise that would make me say this, that we see a lot of patients who have been shot through the head and there's a very small scalp wound and a large amount of bone gone. That you can blast a lot of bone in the exit side of a wound, it can come out through a small scalp tear. And so I would have had no idea. I couldn't have said then, that day or any other, how big that wound was, how big the bony deformity was.

Q. That was a drawing prepared by Lattimer, just for your information. There's nothing inconsistent. Or can you even say whether there's anything inconsistent about that? You say you can't say?

A. No, that wouldn't be inconsistent, because here he's, we would have him, his head on the stretcher at this point, and so that puts all the wound well above the stretcher, and that's what I can see with his head on the stretcher.

Q. In your report, I believe you referred to an explosion, so the wound,

(MORE)

that you cited in the parietal area you would characterize as a explosion? Exit or entrance.

A. Well, we usually. I should have read over what I said. What page was that on?

Q. This is a citation from your Warren Commission testimony, or, I'm not sure.

A. Well, we think of it as, exit wounds we think of them as exploding when they come through the skull.

Q. Right.

A. (unclear) That's just the common expression that's used, you know. Exploding as it comes out. It usually goes in with a pretty small bored hole if it's a high velocity bullet. If it's low velocity and rolling, well then it damages going in, but usually the high pressure ones we see make a small hole going in and a big hole, blasted, exploded out of the other side.

Q. So that was your.

A. So if I used the term exploded that's what I meant by it.

Q. Well I think that's all I have.

A. Well, I haven't been every helpful, and I'm sorry.

Q. Well, you stated your opinion. You have been helpful, we appreciate your taking the time.

END.

(END)