PRESIDENT'S COMMISSION
ON THE
ASSASSINATION OF PRESIDENT KENNEDY

Washington, D. C.
Thursday, July 9, 1964

The meeting of members of the staff of the President's Commission met at 10:00 a.m., at 200 Maryland Avenue, Northeast, Washington, D. C.

PRESENT:

John J. McCloy, Member
Allen W. Dulles, Member

J. Lee Rankin, General Counsel
Norman Redlich, Special Assistant to General Counsel
Wesley J. Liebeler, Commission Staff
Albert E. Jenner, Jr., Associate Counsel
U. David Slawson, Staff Counsel
Howard Willens, Staff Member

ALSO PRESENT:

Dr. Dale C. Cameron
Dr. Howard F. Rowe
Dr. David A. Rothstein

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Mr. Dulles. What is that? Is that a paper you have written?

Mr. Liebeler. Yes, Mr. Dulles. I have a draft here.

Mr. Dulles. I think I read that, on the motive?

Mr. Liebeler. Yes. I have a slightly different one now after conversations between Mr. Redlich and myself, which are continuing at the moment.

Mr. Dulles. I have got a copy of that. Is that Chapter 5 or whatever they call it?

Mr. Liebeler. Chapter 6. Seven is changed too.

Mr. Dulles. I can't catch up.

Mr. Redlich. This latest draft has not been distributed yet.

(Discussion off the record.)

Mr. Liebeler. We have been discussing whether or not there is a medically valid similarity between patients who have threatened the President, people who have threatened the President and somebody like Oswald who actually did, and Dr. Rothstein suggested it was a difference in degree, and not in kind.

Dr. Rothstein. This is why I was willing to go out on a limb calling it the presidential assassination syndrome rather than limiting it to saying it was just threateners.

I think that there is some value in -- well, let's say I don't know for sure whether this can be a hundred per cent.
Dr. Rothstein. Well, again you have the question of where to draw the line.

Dr. Rome. Exactly.

Dr. Rothstein. I felt that the line could well be drawn here at the point of it being directed toward the President.

Now I think you could compare things. For instance, I thought of two separate things that this set of patients I examined could be compared to. One is to other people who write to the President. This would cover the continuum of how much hostility.

In other words, somebody who writes, which is not a threat, still somebody who is directing it to the President, the difference being the threat, but the other set of people this could be compared with is people who threaten others than the President.

Here you get two groups of people who have both threatened, but in one case it was to the President and in one it was not to the President, and I think they sort of triangulate in.

Dr. Rome. How about vitriolic letters?
Dr. Rothstein. I think the whole group of people who are not the President who have been threatened is one group of people you could compare to the people who have threatened the President.

Dr. Cameron. You have suggested that your title may be open to question. A more accurate one might be "A Study Of So Many Men Who Have Threatened The President", and then you are not implying something beyond the group you have studied.

Dr. Rothstein. Right, but I wanted to imply something.

Dr. Cameron. I know, but you yourself recognize the problem with this. I am reminded of a study I believe during World War II, wasn't it, by Doug Bond, Howard, to study the group of airmen who had to be grounded for so-called flying fatigue, and he found an enormous number of psychological, psychopathological determinants, broken homes, bed wetting, nail biting, and things of this kind.

Then someone suggested to him that it might be useful to examine a group of pilots who were still flying, and he did, and he found exactly the same number of broken homes, and so forth. The main difference between the two groups was that the men who were still flying were highly motivated to fly. They loved to fly, and the fellows who were grounded didn't particularly enjoy it. They didn't find out why the men liked to fly.

The point I am making is we do have some recognizable
problems, and the only reason I dwell on it is that I think
the Commission probably has to look at what is its task.

I think its task being probably, and I am guessing, to
weigh everything it can and decide whether or not he did it,
and if possible to say something about alliances if any,
or their absences and possible motive.

I don't think the public, I as a reader am not particularly
interested in the Commission's opinion as to the relation of
this particular act to all the other people in the world. What
I am interested in as a citizen, and I am very eager to see what
the Commission is going to say, is did this guy in their opinion
really do it.

There hasn't been enough in the paper now to satisfy me that
he did. But when you come out with your report, you may satisfy
me on that point. And if you decide he did, and you tell me
that there were no entangling alliances, then as a psychiatrist
the first thing I will look for, well, then on what basis.

And I think you have to say a little something about the
basis. That is the end of the report then I think.

Mr. Dulles. I am in agreement.

Dr. Romé. "It is accepted on the basis of the authority
that renders it. Since it is just a value judgment by virtue
of the authority of the Commission and their opinion and the
documentation that they substantiate their contention with,
and the esteem in which they are held, you accept it or you don't.
Dr. Rothstein. Could we clarify this other? I asked whether you before and thought that the question of the suicidal equivalent should be included since it is a psychiatric implication, and something which is readily apparent.

Mr. Redlich. That is in the Walker shooting?

Dr. Rothstein. No, in the assassination.

Dr. Cameron. That is speculation.

Dr. Rothstein. Now this is something that should be included or shouldn't be.

Dr. Cameron. That is a speculation, and whether he wanted to get killed or not is beside the point as to whether or not he was capable of carrying out this act. Therefore if I were on the Commission I would find it unnecessary to deal with that issue.

Dr. Rome. So would I.

Mr. Redlich. I agree.

Dr. Rome. I think this kind of thing can appear in proceedings of the American Psychopathological Association, a Harvard Law Review article some day or whatever, but I don't think it is relevant insofar as the Commission is concerned.

Dr. Cameron. I think you ought to publish your stuff. As a professional person I might quarrel with you about your title. You ought to publish it, and there is a place for that.

Dr. Rothstein. Yes. Of course I can afford to go out on a limb more than the President's Commission on the Assassination
of President Kennedy can.

Mr. Redlich. I feel so strongly about this, and I hope I haven't offended anyone by the strength of my comments, I feel so strongly about it because in so many other areas of this report we are dealing with fundamental factual material on which we can state certain things and back it up with a tremendous amount of evidence that I would hate to have us impair the real strength and solidity of that portion of the report by having a section which deals with hypotheses which may turn out to be correct, but which are at best hypotheses which could then get us involved in the type of professional cross fire which I think professional people would have the right to do.

Mr. Dulles. Are motives hypotheses? Are they synonymous in your mind?

Mr. Redlich. I think that when you suggest, for example, that one of the things that might -- and I will even qualify it that way -- that one of the things that might have been a factor with him is a possible suicidal tendency, then I think you are getting into the realm of conjecture which at least in my opinion would not be necessary. I think it is sufficient --

Mr. Dulles. Can you put that another way? I don't want to interrupt, but if you go back into the history of assassinations, a man, in most of these assassinations the man who does
the assassination knows that that is it, he has had it just as much as if he jumped off a cliff.

The fellow that shot McKinley, he had 20 policemen within ten feet and he knew they were going to be there.

Mr. Redlich. Mr. Dulles, I think it might be very fruitful to have a section in this report which would describe as a matter of considerable interest the pattern which we feel has been found in past assassins.

I think, however, that in describing this assassination, what we should do is set forth what Lee Harvey Oswald did, and if in fact there is a pattern here which shows that he was so laying out the thing that he had to be caught, or if there is a pattern in the Walker shooting which shows, as I happen to think there is, that he was just leaving all the proof behind him, then I think you can state that he left the pictures in his home of the Walker house, that he had the picture of himself holding the rifle that he took just before, and I don't think you have to say that this was somehow, that he had within him the subconscious desire to be caught, and that it somehow represented a suicidal impulse.

Mr. Liebeler. You have gone too far.

Dr. Rothstein. You might say he had an argument with his wife the night before and give the testimony, but not say this is related.

Mr. Redlich. That is right.
Dr. Rome. It is so explicit you don't need to rely on metaphor.

Dr. Cameron. If you want to bring out this suicide thing, but in quite different and I would think more acceptable terms, you would say it is notable in this case as in the case of previous assassins, that they seem to have little regard for their own safety.

Mr. Redlich. Right. I agree with that.

Mr. Dulles. That is very well stated.

Mr. Liebeler. I want to point out to Mr. Redlich, however, and note I am now calling him Mr. Redlich, Professor Redlich, that you set forth in other sections of the report evidence indicating that Oswald shot Officer Tippit, but you don't just leave it there.

You then talk about the probative value of the fact that he shot Officer Tippit on the question of whether or not he assassinated President Kennedy, do you not?

Mr. Redlich. Oh yes.

Mr. Liebeler. You engage in a hypothesis, do you not? You relate one fact to the other and argue about these relationships as indications of the fact that he did assassinate the President.

Now we know certain things for facts in the area of motive too, and you want to set forth the facts. All I want to do is relate them,
I think there are certain similarities as between the attitudes that brought him to defect, for example. I think there are certain similarities between the attitude that brought him to join the Marine Corps and the attitude that led to his defection.

I think they are related, and when we read the transcript we will see certain patterns that had to do with his motivation, his attempt to go to Cuba.

Mr. Redlich. Would you care to state what in your opinion they are and how you would like to express it?

Mr. Liebeler. No, I wouldn't at the moment.

Dr. Rothstein. You talk about having the concrete body of fact though. Now in the other sections, as I am sure you mentioned that the FBI report was reviewed and so forth --

Mr. Redlich. We have gone way beyond that. Let me just say that we have gathered all this evidence.

Dr. Rothstein. My own opinion is again it would be relevant to say that psychiatrists were consulted who have special knowledge in motivation.

Mr. Redlich. We might state that somewhere in a foreword to our report we have consulted a great many experts. We have consulted ballistics experts. We have consulted a great many people.

If in fact we take advantage of you gentlemen in terms of your opinion as to the selection of the material from Oswald's life, which is included in a section on motive, I would certainly
think that it would be desirable so to state.

I go for the kind of approach Dr. Rome and Dr. Cameron have been talking about.

Dr. Rothstein. I think the other two doctors feel that it shouldn't even be mentioned that there was any psychiatric consideration. Maybe I am overenthusiased with psychiatry in getting it into things, but I feel that it is a relevant thing to say.

Mr. Dulles. I think we ought to state we consulted psychiatrists somewhere, don't you think so?

Mr. Redlich. Of course.

Mr. Dulles. If we hadn't done that we would have missed an important area of the study.

Dr. Cameron. But that the report not be couched in anything that could be interpreted as psychiatric terms, because this will impair its ability to communicate to the people you want to communicate.

It might be nice for Howard or for me or somebody else.

Mr. Dulles. I agree with you wholly.

Dr. Cameron. But it impairs its communicable values.

Dr. Rothstein. To substantiate that I looked over some of the papers and I was really impressed about how unuseful some of them were with the anthropological measurements of the head and so forth and a lot of these things which nowadays we wouldn't even pay any attention to, and I am sure if we got into a lot of the jargon 25 years from now it might not mean anything
either. It might not even now mean anything.

Dr. Cameron. You see the public doesn't care what Howard
or you or I think about this. What they care about is what does
the Commission think, and if the Commission simply says that
it had opportunity to discuss these issues with a variety of
people, ballistic experts and so on, then this simply says
to the public, "The Commission in whom we have confidence has
taken account of most of the points of view that we have."

Mr. Dulles. I think that well summarizes.

Mr. Liebeler. The only trouble I have with that is that
it almost argues we shouldn't even set forth the facts of his
life. Why not say well, the Commission thinks he did it for
good and sufficient reasons unto himself, and that is good
enough? Why should we put anything in there?

Dr. Rome. Only because it takes a certain amount of material
to accomplish psychological closure, and that is all you are
doing it for. As you pointed out earlier, who is going to
read it?

Mr. Liebeler. Who is going to read this? I hope somebody
will.

Dr. Rome. But the point is wasn't it mentioned earlier
that maybe a couple of reporters will read some.

Mr. Dulles. Oh no, no, we are talking about the whole
file. We are not talking about the report itself. We are
talking about five or six hundred pages in the report itself.
Mr. Liebeler. Very few are going to read the whole file, but we are going to take certain facts. I have a group of papers in here entitled "Possible Personal Motives" and this is going to be a chapter in the report itself. This is going to be distributed presumably to many people, a great many of whom will read it.

Mr. Dulles. Hundreds of thousands will read this.

Mr. Redlich. I would think that millions will read this. I think that Jim has raised a good question in opposition to the point that we are raising here.

We have suggested that we put into this chapter the important facts, influences, relationships in Oswald's life, exercise in judgment in terms of importance, accuracy, credibility.

The end result will be to paint a factual picture which would lead people to the conclusion that whatever may be the psychological motivation or the psychiatric theory that you are using, this man was capable of performing this act, and have it be of a nonconspiratorial nature.

Now that is what I think we should do. Jim has now asked a question why even do that. If you are shying away from making a psychiatric analysis, why not also shy away from presented the selected facts. Why not just leave the record as it is?

Mr. Liebeler. No.
Mr. Redlich. I have an answer to that.

Mr. Liebeler. I am sure you do. I have an answer to that strawman too.

One answer is that I haven't suggested at any time that we put a psychiatric analysis in here. I have never suggested that.

Mr. Redlich. I see. You have suggested posing these facts. I think the draft can speak for itself. Posing these facts in terms of psychological explanations.

Mr. Liebeler. I just think that the facts can be related to each other in a way that will be significant and will give more meaning to them than just setting them out without getting involved with psychiatric jargon.

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Dr. Cameron. Would you follow for our benefit, after you get this thing written, tell us how close or how far apart you were when you really get down to it?

Mr. Dulles. I don't think they are so far apart.

Mr. Liebeler. I think the thing to do is take this transcript of materials and get a draft and then talk about it.

Mr. Redlich. I would like the doctors to see the two drafts. I think it would be very useful.

Mr. Dulles. I think Mr. Rankin wants to look it over. I have just been talking with him. He would like to look over this last draft. None of the Commissioners have seen it yet I don't think.

Mr. Liebeler. That is right.

Mr. Dulles. I think he would like to just have a look at it, because there is no use your wasting your time with that if the Commission decides it doesn't want to do anything of this kind. They haven't discussed this particular point. We haven't discussed this with them yet.

Mr. Liebeler. I wonder if we shouldn't --

Mr. Dulles. Among ourselves.

Mr. Liebeler. -- have copies of this transcript made and given to these men to study if they want to. I don't know if you will want to supplement your written report, Doctor, after this conversation today.

I am sure you have many more facts now, and that your
thinking is probably considerably more developed than it was when you wrote to us the other day. I don't know. What would you do with this point? Would you just sit on it for a while?

Dr. Cameron. I will ask you first what you are going to do with this transcript. I know from reading my own transcripts before that it sounds in many instances as though I had never gone to school, and if it is going to ever be available for reading, I would like the opportunity to edit it.

(Discussion off the record.)

Mr. Dulles. We are very indebted to you for having come. I have learned a great deal that will be very helpful to me when the Commission considers this.

(Whereupon, at 5:50 o'clock p.m., the Commission adjourned.)