

STAFF MEMORANDUM

May 4, 1998 (Draft #5)

TO: JFK Research Community and Interested Citizens

FROM: Douglas P. Horne, Supervisory Analyst, ARRB
T. Jeremy Gunn, General Counsel and Executive Director, ARRB

SUBJECT: ARRB Efforts to "Clarify the Record" Regarding the Medical Evidence in the Assassination of President John F. Kennedy

The staff of the Assassination Records Review Board has conducted numerous unsworn interviews, and 10 sworn depositions, of personnel involved in either the treatment of President Kennedy at Parkland Hospital in Dallas, or in President Kennedy's autopsy at the Bethesda National Naval Medical Center (NNMC) as pathologists, photographers, x-ray technicians, morticians, or official law enforcement witnesses. This memo is being released to the public coincident with the transcripts of the ten aforementioned depositions, and selected staff interview reports of pertinent unsworn interviews.

Arguably, the Assassination Records Review Board did not have to conduct any medical interviews or depositions whatsoever, and could have limited its efforts in this area to searching for new records, or for originals of records for which only copies were present in the National Archives.¹ However,

¹Although the Review Board was tasked only with the responsibility for locating, identifying, and opening assassination records (to the maximum extent possible under Section 6 of the JFK Act), the Review Board was also granted the power in its enabling legislation to hold hearings, administer oaths, subpoena witnesses and documents, and grant witness immunity. The Review Board struck a balance, therefore, between its limited tasking under the law to identify, open, and transfer records (which did *not* empower the ARRB to reinvestigate the assassination), and its statutory empowerment to subpoena witnesses and documents, hold hearings, and grant witness immunity---making the decision, early on in its tenure, to periodically, where appropriate, conduct unsworn interviews and take sworn testimony, in an attempt to "clarify the record," thus creating new assassination records that would hopefully better complete, or enhance, the historical record of the assassination.

because of the many apparent conflicts and uncertainties in the existing medical evidence bequeathed to history by the Warren Commission and the House Select Committee on Assassinations (HSCA), and because of the high interest in this area of the evidence within the research community, it was felt advisable to create *new assassination records* by conducting unsworn interviews of certain witnesses, and where advisable, sworn depositions.

Any objective study of the ARRB's attempts to "clarify the medical record" in the assassination of President Kennedy is a cautionary tale, for the following reasons: inevitably, some witnesses who observe the same event will have different recollections of it; recollections can change and evolve over the passage of time (without the witness being aware that this has happened); some witnesses are better observers than others, *etc.* The reader should be cautioned that the Review Board did not authorize the staff to embark upon this effort in an attempt to draw any conclusions, for this would have constituted a *reinvestigation* of the assassination, something well outside the Review Board's charter. However, in many areas where the existing record of events appeared incomplete, or fraught with apparent contradictions, the Review Board and the staff felt it appropriate to conduct unsworn interviews or depositions, for later placement in the JFK Collection in the National Archives.

Each citizen or researcher will be free to examine these new records and draw his or her own conclusions. However, it is appropriate to state up-front that *selective use* of witness statements or testimony will inevitably result in a distorted representation of the results of the ARRB's efforts in this area. For example, some testimony supports Warren Commission findings and conclusions; some testimony supports HSCA findings and conclusions; and some testimony is at variance with both Warren Commission and HSCA findings and conclusions. [Examples of each of these instances will be provided later in this memo.] The prudent researcher will take the time to carefully review *all* of our interviews and depositions, as a whole, and then compare this new evidence to the findings and conclusions of previous official bodies, and the previous statements and testimony of each witness (for consistency), before drawing any final conclusions as to the importance of any given ARRB unsworn interview or deposition. Inevitably, each individual researcher will end up assigning more weight and veracity to some testimony than to others--this is normal. However, the staff cautions all readers to carefully and patiently review the *entire mix* of testimony before deciding which is more important, or worthy of belief, than other, perhaps conflicting, testimony.

Why Conduct Any Interviews or Depositions So Long After the Assassination?

Many people who support either the findings and conclusions of the Warren Commission, or the findings and conclusions of the House Select Committee on Assassinations (hereafter referred to as

Subpoenas were issued only in cases where sworn testimony was considered essential, and voluntary cooperation could not be obtained (or, in rare cases, when requested by the witness).

the HSCA), will question the validity and usefulness of questioning witnesses 32-34 years after an event has occurred. In response to this concern, and reiterating what was stated above, the Review Board staff was acutely aware that there were many areas where the medical evidence appeared incomplete, or fraught with contradiction; some more noteworthy examples of these problems, summarized below, justified an attempt by the ARRB to clarify the medical record in the death of President Kennedy:

(1) The Warren Commission elected not to introduce the autopsy photographs and x-rays of President Kennedy into evidence. Without going into the reasons for this decision (which others have freely speculated on), the failure to do so meant that the autopsy photographs and x-rays were not authenticated by the first official investigation into his assassination; that is, in 1963 and 1964 they were shown to neither the Parkland Hospital treating physicians, nor the NNMC Bethesda autopsy prosectors and photographers. This would have been standard procedure if a murder trial for the assassination of President Kennedy had been held, and was an option the Warren Commission still could have pursued during its sworn testimony of Parkland Hospital treating physicians, and Bethesda pathologists, had it wanted to. However, because these materials were left unauthenticated in September of 1964 when the Warren Commission Report was published, doubt has existed in the minds of some as to the provenance, and completeness, of the Kennedy Deed-of-Gift collection of autopsy materials at the National Archives.

(2) Doubt over the completeness, and provenance, of President Kennedy's autopsy photographs and x-rays is not without foundation. For example, the sworn testimony of Bethesda NNMC Medical School Director of Laboratories, pathologist Dr. James J. Humes (who was chief prosector at President Kennedy's autopsy) before the Warren Commission,² and some sworn and unsworn statements of Bethesda autopsy medical³ and photographic staff⁴ before the HSCA Forensic

²In WH 2, on page 363, Dr. Humes testified that photographs were taken at President Kennedy's autopsy of the wedge-shaped 5 cm-wide bruise on the apical portion of the right lung--yet no such photographs are present in the Kennedy family Deed-of-Gift collection of autopsy photographs.

³In HSCA volume 7, on page 253, Dr. Humes stated during his September 16, 1977 interview before the HSCA Forensic Pathology Panel, "...and then we described a contusion in the apex of the lung and the inferior surface of the dome of the right pleural cavity, and that's one photograph that we were distressed not to find when we first went through and catalogued these photographs, because I distinctly recall going to great lengths to try and get the interior upper portion of the right thorax illuminated...and what happened to that film, I don't know." Furthermore, Dr. Finck testified to the HSCA Forensic Pathology Panel on March 11, 1978 (*see* pages 85, 88 and 90 of subject transcript) that he recalled directing the taking of photographs of the entry wound (or inshoot) in the back of the

Pathology Panel and HSCA staff members, if correct, together indicate that some photographs exposed at the autopsy are not, for whatever reason, present in the collection placed in the National Archives on October 31, 1966 via the Kennedy family Deed-of-Gift. (The same thing is true for the x-rays, based on repeated unsworn interviews given by one of the two autopsy x-ray technicians⁵ to various researchers.) These apparent discrepancies in numbers and types of views taken became known after the November 10, 1966 catalogue, or inventory, of photographs and x-rays was made available to the public, and even more apparent after selected members of the public were allowed by the Kennedy family to view the materials in the Archives commencing in 1972. Furthermore, strong disagreement between autopsy prosecutors Drs. Humes, Boswell and Finck and the HSCA Forensic Pathology Panel as to the location of the entry wound in the back of President Kennedy's head on autopsy photographs, together with the apparent variance between the majority of Dallas (Parkland Hospital) treating physicians' contemporaneous November 22, 1963, and sworn 1964 descriptions of

head, showing *both* the entry hole in the exterior surface (outer table) of the skull with scalp reflected, *and* the cratering, or beveling, of the corresponding perforation on the interior surface (inner table) of the skull after the brain had been removed--and that he had not seen these photographs in the collection of autopsy materials in the National Archives. Additionally, Dr. Robert F. Karnei, Jr. (a third year resident at Bethesda NNMC) told HSCA staffers Jim Kelly and Andy Purdy on August 23, 1977 (*see* page 5 of HSCA staff interview report dated August 29, 1977) that he recalled photographs being taken while probes were in the body of the President--yet there are no existing photographic images of probes in the body in the National Archives.

⁴Navy civilian photographer John T. Stringer, Jr., the photographer of record at President Kennedy's autopsy, was interviewed twice by HSCA staff (*see* HSCA multiple interview summary dated August 17, 1977 written by Andy Purdy). On August 12, 1977 he told Jim Kelly and Andy Purdy (*see* page 11) that when he first saw the photographs in 1966, "...it was his recollection that all the photographs he had taken were not present;" and on August 15, 1977, Mr. Stringer told Jim Kelly, Andy Purdy and Colleen Boland of the HSCA staff (*see* page 16), QUOTE: "...I believe some pictures were taken of the body cavity...at least two exposures of the body cavity," END QUOTE. Furthermore, although not officially listed as the photographer of record at President Kennedy's autopsy, White House military photographer (and Navy Chief Petty Officer) Robert L. Knudsen testified under oath to the HSCA on August 11, 1978 that on Saturday, November 23, 1963, he had personally developed black-and-white negatives of President Kennedy at autopsy showing probes in the body (*see* pages 22-23, 33-35, and 41 of his HSCA deposition transcript)--this not only corroborates Dr. Karnei's recollection (see footnote 3 above) of seeing the body of President Kennedy photographed with probes inserted, but is troubling because no such images are in the collection of autopsy photographs placed in the National Archives by the Kennedy family in 1966.

⁵Mr. Jerrol F. Custer

the location and size of the large cranial wound observed in Trauma Room One, *vs.* the location and size of the cranial wound depicted in the Bethesda autopsy photographs, have together given rise, in the minds of some, to questions of authenticity in regard to the autopsy photographs in the National Archives today.

(3) The forensic review panel of four pathologists convened on February 26 and 27, 1968 by Attorney General Ramsey Clark (hereafter called the "Clark Panel"), after examining President Kennedy's autopsy photographs and x-rays, relocated the entry wound in the rear of the head *upwards* by a distance of nearly 100 mm (specifically, 100 mm above the EOP)⁶, nearly 4 inches above the location identified by the 3 autopsy prosectors, Drs. Humes, Boswell, and Finck, in the Navy autopsy report.⁷ The HSCA Forensic Pathology Panel agreed with the relocation of the entry wound to the higher location postulated by the Clark Panel,⁸ but also wrote that it "...continued to be concerned about the persistent disparity between its findings and those of the autopsy pathologists and the rigid tenacity with which the prosectors maintained that the entrance wound was at or near the external occipital protuberance."⁹ Findings such as these (by the Clark Panel and the HSCA Forensic Pathology Panel), based upon examination of photographs and x-rays alone, that contradicted the findings of the three autopsy prosectors who actually viewed, palpated, and measured the wounds on the body of the President (and thus, the findings and conclusions of the Warren Commission), did not engender public confidence in the findings of either the Warren Commission, or the HSCA.

⁶Clark Panel Report, page 11.

⁷CE 387, Navy Autopsy Protocol, page 4; Autopsy Descriptive Sheet [NMS PATH-8 (1-63)]; and Commission Exhibits 386 and 388 (medical illustrations prepared by Navy petty officer H. A. Rydberg, under the supervision of Dr. James J. Humes, Chief Prosector at President Kennedy's autopsy).

⁸HSCA volume 7, pages 106-7, and 125-126 (figures 29 and 30).

⁹HSCA volume 7, page 115.

(4) On November 22, 1963, the two FBI agents at the President's autopsy signed a receipt acknowledging "receipt of a missile removed by Commander James J. Humes" at the autopsy, yet the Navy autopsy report states that the only metal removed from the President's body were two small fragments (7 X 2 mm and 3 X 1 mm in size).¹⁰

¹⁰Navy Autopsy Report, page 4.

(5) On Saturday, November 23, 1963, Billy A. Harper, a premedical student, found a piece of bone in the grass in the middle of Dealey Plaza (just south of Elm Street), and took it to his uncle, Jack C. Harper, M.D., who subsequently delivered it to A. B. Cairns, M.D., chief pathologist at the Methodist Hospital in Dallas, for examination. Two each color positive transparencies of both the convex and concave surfaces of the fragment, shown next to an inch ruler for scale, were exposed by M. Wayne Balleter, chief medical photographer at that hospital (and later picked up from Mrs. Jack Harper by the FBI on July 10, 1964).¹¹ This piece of bone was subsequently delivered to Military Physician to the President, RADM George Burkley, MC, USN, on November 27, 1963.¹² Dr. J. Lawrence Angel, an eminent physical anthropologist who served as a consultant to the HSCA Forensic Pathology Panel of 9 pathologists, determined from examination of the photographic images alone (since the Harper fragment was by then missing), along with JFK autopsy cranial fragment x-rays 4, 5 and 6 (of four other skull fragments--also missing by the time of the HSCA's investigation) that it was a portion of the right parietal bone of President Kennedy's skull.¹³ However, nowhere in HSCA, volume 7 is it mentioned that an HSCA staff member interviewed Dr. Jack C. Harper and Dr. A. B. Cairns, who both personally examined and handled the piece of skull bone on the weekend following the assassination, and that Dr. Harper told staff interviewer Andy Purdy on August 8, 1977 that "...the consensus of the doctors who viewed the skull fragment was that it was part of the occipital region;"¹⁴ nor is it mentioned anywhere in HSCA volume 7 that Dr. Cairns told HSCA staff member Andy Purdy that "...the piece of skull fragment came from an area approximately 2.5 to 3 inches above the spine area...it had the markings of a piece of skull fragment from the lower occipital area, specifically: suture and inner markings where blood vessels run around the base of the skull."¹⁵ Andy Purdy's staff interview report summarizing his discussions with Drs. Harper and Cairns did not become public until 1993, following passage of the JFK Act. Failure by the HSCA to publish this interview report, or to mention in any way in its final report or accompanying volumes, this dissenting opinion of the head of the pathology department at a local hospital (that was contrary to Dr. Angel's opinion), raised new doubts about the conclusions reached by the HSCA Forensic Pathology Panel. Furthermore, given the location of the occipital bone (in the posterior skull), Dr. Cairns' professional opinion (that the "Harper" bone fragment was occipital) seems to provide corroboration for the generally consistent Parkland Hospital Trauma Room One

¹¹HSCA volume 7, page 122.

¹²Receipt for two bone fragments signed by RADM Burkley on 11/27/63, HSCA Record Number 10910385, Agency File No. 002631.

¹³HSCA volume 7, pgs. 123 and 228-230.

¹⁴Andy Purdy staff interview report dated August 17, 1977, page 1.

¹⁵*Ibid.*, page 2

testimony that President Kennedy's head wound was posterior (in the back of the head), vice superior and lateral (in the top and right side of the head), as shown in the autopsy photographs--making more problematic the disparity between Parkland and Bethesda descriptions of the large (exit) wound in President Kennedy's head.

(6) The Navy's Supplemental Autopsy Report¹⁶ states that the brain weight of President Kennedy's brain following formalin fixation was 1500 grams, a weight that all medical sources consulted by the ARRB staff agreed was *above that* of the average intact male brain; this seems very much inconsistent with both the descriptions of missing brain matter in the sworn testimony of some Parkland Hospital doctors,¹⁷ and also with the superior image of the President's brain taken at the supplementary brain examination.¹⁸ This problem is compounded by the HSCA admission that the "...brain shown in photographs 46 to 52 cannot positively be identified as that of John F. Kennedy."¹⁹

¹⁶CE 391.

¹⁷See Dr. McClelland's testimony in WH 6, page 33, given on March 21, 1964; Dr. Jenkins' testimony in WH 6, page 48, given on March 25, 1964; and Dr. Peters' testimony in WH 6, page 71, given on March 24, 1964.

¹⁸See the Ida Dox drawing of autopsy brain photograph in HSCA volume 7, page 130, figure 32.

¹⁹HSCA volume 7, page 51.

(7) In section IV of HSCA volume 7, in the section labeled “Authenticity,”²⁰ the HSCA discussed the disparity between the Parkland Hospital descriptions of the President’s head wound made by most of the treatment physicians (that of a single gaping posterior wound in the rear of the head behind the right ear), and the cranial defect depicted in the autopsy photographs taken at Bethesda NNMC (that of a much larger, superior and lateral wound apparently primarily on the top and right side of the head). On page 37, in section (155), the report reads: “In disagreement with the observations of the Parkland doctors are the 26 people present at the autopsy. *All of those interviewed who attended the autopsy corroborated the general location of the wounds as depicted in the photographs; none had differing accounts* (emphasis added).” Following passage of the JFK Act in 1992, and the first releases of previously sealed HSCA staff records in 1993 to the JFK Collection at the National Archives, it became clear that this statement was *patently untrue*--numerous autopsy witnesses interviewed by the HSCA staff provided descriptions of President Kennedy’s head wound that do *not* match the “general location” of the head wound in the autopsy photographs, and it is *completely incorrect* that “none had differing accounts.”²¹

²⁰HSCA volume 7, pages 37-39.

²¹Among those who were present at President Kennedy’s autopsy and subsequently interviewed by HSCA staff who gave accounts or descriptions of the President’s head wound *differing from the images in the autopsy photographs* were:

-Dr. John H. Ebersole: “...my recollection is more of a gaping occipital wound than this [photo 42] but I can certainly not state that this is the way it looked...[the wound in photograph 32 is] much more lateral and superior than I remembered...,” from pages 62 and 63 of his March 11, 1978 sworn testimony before the HSCA Forensic Pathology Panel; and “...the back of the head was missing...,” from page 3; as well as “...a large fragment of the occipital bone was received from Dallas...,” from page 5.

-USSS ASAIC Roy Kellerman: drawing executed by Roy Kellerman (showing apparent entry *and* exit holes in posterior skull), dated 8/24/77, during 8/24/77 interview with Jim Kelley and Andy Purdy, appended to HSCA Staff Interview Report dated August 29, 1977.

-FBI Special Agent Francis X. O’Neill, Jr.: drawing executed by Francis X. O’Neill of head wound size and location on template of lateral view of right side of head (showing gaping wound in right posterior skull), dated 1/10/78, during 1/10/78 interview with Andy Purdy and Mark Flanagan, appended to HSCA Staff Interview Report transcribed on 1/31/78.

-FBI Special Agent James W. Sibert: drawing executed by James W. Sibert of head wound size and location on template of rear of head (showing defect high in center of posterior skull), dated 8/25/77, during 8/25/77 interview with Jim Kelley and Andy Purdy, appended to HSCA Staff Interview Report dated August 29, 1977.

-Gawler’s Mortician Tom Robinson: drawing executed by Tom Robinson of head wound size and location (apparently showing defect in low center of posterior skull), dated Jan 12, 1977, during Jan 12, 1977 interview with Andy Purdy and Jim Conzelman; also, his

description, to wit “the size of a small orange...circular...ragged...directly behind the back of the head...pretty much between them [the ears],” from the HSCA Interview Transcript of same interview dated Jan 12, 1977.

-Navy Corpsman Floyd A. Riebe: “Riebe recalled...one very large wound located around the rear of the head near the top...,” from page 2 of HSCA Staff Interview Report transcribed May 12, 1978, recounting his 4/30/78 interview with Mark Flanagan.

-Navy X-Ray Technician Edward F. Reed: “Reed recalled seeing three wounds. The first was very large and located in the right hemisphere in the occipital region,” from HSCA Staff Interview Report transcribed May 11, 1978 of 4/21/78 interview with Mark Flanagan.

In summary, realization that these HSCA staff interviews (that contradicted its own report's conclusions) had originally been sealed for 50 years; combined with the failure of the Warren Commission to authenticate and account for chain-of-custody of the autopsy photographs in 1964; and the disparity between the placement of the entry wound in the head between the autopsy prosecutors on the one hand,²² and the Clark Panel and HSCA on the other hand,²³ were the three primary reasons why the Review Board staff advocated taking proactive steps, where possible, to attempt to clarify, and better complete, the record of the President's autopsy, and his treatment at Parkland Hospital. [Of almost equal concern were questions related to brain weight at the supplementary autopsy, and the troubling disparity between Parkland Hospital and Bethesda NNMC descriptions of the location and size of the large exit defect in the cranium.]

²²"2.5 cm. laterally to the right and slightly above the external occipital protuberance," from page 4 of Navy Autopsy Protocol; *i.e.*, low in the occipital bone.

²³"Approximately 100 mm. above the external occipital protuberance," from page 11 of the Clark Panel Report; *i.e.*, in the right parietal bone.