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## **Arlen Specter and The "Magic" Bullet**

*By Jim Fetzer*

Madison, WI (OpEdNews) May 1, 2009 – Senator Arlen Specter (R-PA) has switched parties to join the Democrats and, when Al Franken eventually prevails in his contest with Norman Coleman for the Minnesota seat, potentially provides a 60th vote in the Senate for [cloture](#), which terminates filibusters. The GOP, especially, has used this maneuver effectively in the past to defeat legislation, without regard for its popularity or benefits for the American people. This occasion therefore invites consideration of Specter's history as a public servant, where his role as a junior counselor to the Warren Commission in its investigation of the death of President John F. Kennedy, especially, deserves public scrutiny. My purpose here is not to support or to oppose him but to explain his role in the inquiry.

The afternoon and evening of the assassination, radio and television reported two wounds to the body, one to the throat, the other to the right temple, which caused a massive blowout to the back of the head. Those who watch, "JFK: As It Happened", NBC footage from November 22, 1963, as broadcast over A&E (1988), for example, can observe as Chet Huntley reported that he had a wound to the throat and that his death was "a simple matter" of a bullet right through the head, later adding that it "entered his right temple", attributing that finding to Admiral George Burkley, the president's personal physician. Later, Frank McGee, told the shots had been fired from above and behind, remarked, "This is incongruous. How can the man have been shot from in front from behind?"

The Secret Service and the FBI would conclude by the end of the day that there had been three shots with three hits: a shot to JFK's back (about 5 ½ inches below the collar), a shot to Connally's back (which shattered a rib, exited his chest, hit his right wrist and embedded itself in his left thigh), and a shot that hit JFK in the back of the head, killing him. When it turned out that a distant bystander named James Tague had been injured by fragments from a shot that hit the curbing beside him in the vicinity of the Triple Underpass, however, there were only two bullets available to

account for all of these wounds. The commission would eventually solve all of these problems by simply reversing the trajectories of the shots, so they were no longer coming from in front but were now fired from above and behind, and by "relocating" the wound to JFK's back.

## Early Reports

There was ample proof that the bullet that hit JFK in the throat was fired from in front rather than from behind. During the Parkland Press Conference that began at 3:16 PM that afternoon, Kemp Clark, M.D., Director of Neurosurgery, who had declared him dead at 1 PM, and Malcolm Perry, M.D., who had performed a tracheotomy incision through the wound, met together with reporters to discuss the medical treatment the president had received. In response to questions, Dr. Perry explained—three times, in fact—that the bullet had been coming toward him and that the wound was a wound of entry. This might have undermined the commission's conclusions but a transcript of the conference was never made available to its members on the purported grounds that it was part of hundreds of hours of television footage and difficult to locate. Procrastination appears to have worked and, to the best of my knowledge, it was only brought to the attention of the public when I published it in *ASSASSINATION SCIENCE* (1998). (See Appendix C.)

In the meanwhile, Robert B. Livingston, M.D., the Scientific Director of the National Institute for Mental Health and of the National Institute for Neurological Diseases and Blindness, heard descriptions of the throat wound over the radio, which he recognized had to be an entry wound from a shot fired from in front. Livingston, who was both a world authority on the human brain and an expert on wound ballistics, having managed an emergency medical hospital for injured Okinawans and Japanese prisoners of war during the Battle of Okinawa, was well positioned to make that observation. (See pp. 161-166 of *ASSASSINATION SCIENCE*.) Charles Crenshaw, M.D., would later draw diagrams of the wounds he had observed during the President's treatment at Parkland (See Appendix A). Bob also took keen interest in reports of large quantities of cerebral and of cerebellar tissue extruding from the wound at the back of the president's head.

Livingston knew several members of the cabinet—including Elliott Richardson and Robert McNamara—and other principals personally and given his position as the nation's leading expert on the human brain, he decided to call the Bethesda Naval Hospital, which is located across the street from the National Institutes of Health, and asked the Officer of the Day to connect him with the physician who would conduct the autopsy. He explained to James Humes, USN/MC, that reports from Dallas indicated to him that the injury to the

throat was a wound of entrance, that the neck needed to be dissected very carefully, and that, if there were any indications of shots from behind, that there must have been at least two shooters and therefore a conspiracy. Before they had concluded their conversation, however, Dr. Humes was called away from the phone and returned to tell him that the FBI would not allow them to continue speaking.

### Obfuscating the Throat Wound

The interruption of their conversation bothered Livingston considerably, since he knew from direct personal experience that he had directed Humes' attention to the small neck wound of bullet entry and explained its significance for the autopsy that Humes was to conduct. That Humes would subsequently testify to the Warren Commission that he had only learned of the next wound the day after the autopsy when he talked to Perry over the phone means, in his words, "that the autopsy (and Dr. Humes) were already under explicit non-medical control prior to the start of the autopsy" (p. 163). Indeed, Humes would eventually concede that he had been directed to destroy and rewrite his autopsy report, which would now include the seeds of the "magic bullet" hypothesis—that the same bullet that caused JFK's throat wound had also caused all the wounds to Connally—by suggesting that the wound to the president's back at the upper right was "presumably of entry" and that the wound to the throat was "presumably of exit" (see Appendix F, especially p. 433). In spite of Dr. Livingston's admonitions, the neck was not subject to dissection and the body was released for preparation for burial before Humes would acknowledge having received any information about any "neck wound".

It would fall to Arlen Specter, then a junior counsel to the commission, to refine what would become the official account of the death of JFK based upon three shots with two hits and one miss. He proved quite adept at doing this. As Mark Lane, *RUSH TO JUDGMENT* (1967), observed, when he finally questioned the medical witnesses from Parkland, he did not ask them what they had observed or what they had inferred from what they observed, but instead resorted to a hypothetical question. Thus, in querying Malcolm Perry, who had observed this wound "up close and personal", Specter asked—here I paraphrase—"If we assume that the bullet entered here (at the base of the back of the neck), traversed the neck without hitting any bony structures, and came out here (at the throat just above the tie), would that be consistent with describing it as a wound of exit?" Specter actually made the question even more complex, but this was the point. And Perry replied, "Yes," that [this was a wound of exit] would be consistent with the assumptions that he had been asked to assume, but that he was not in the position to

vouch for or verify the assumptions he had been asked to make (Appendix 2, pp. 403-404). And no doubt that was the case because Malcolm Perry knew they were false.

An excellent discussion of the Parkland physicians observations of the throat wound may be found in Sylvia Meager, *ACCESSORIES AFTER THE FACT* (1967), pp. 149-154, where she explains that other physicians who had been present, including Charles Carrico, M.D., described a "small penetrating wound" of the anterior neck (throat)" and Ronald Jones, M.D., "a small hole in anterior midline of neck thought to be a bullet entrance wound", and Paul C. Peters, M.D., "we saw the wound of entry in the throat", among others, which combined with Perry's reports during the press conference and Crenshaw's diagram makes the matter beyond dispute. But that did not preclude a substantial and sustained effort to obfuscate and obscure these reports, in relation to which, as Meagher also explains, Arlen Specter took a leading role. An article about the entry wound to the throat was even published in the *St. Louis Post-Dispatch* (December 21, 1963), by Richard Dudman, which I reprinted in *ASSASSINATION SCIENCE*, p. 167.

#### Obfuscating the Back Wound

Although THE WARREN REPORT (1964) suggested that the "magic bullet" theory was not essential to its findings, it concluded "there is very persuasive evidence that the same bullet which pierced the President's throat also caused Governor Connally's wounds", while acknowledging that the governor's own testimony "and certain other factors" have given rise to "some difference of opinion". He explained that, when shots were first fired, he turned to his right to see what was going on, then turned back to his left when he felt a "doubling-up" in his chest, which suggests that he was shot from the side.

In fact, to his dying day, John Connally would insist that he was not hit by the same bullet that hit JFK. While the report asserts that there is "no question in the mind of any member of the commission" that all the shots were fired from the sixth floor of the Texas School Book Depository, the evidence overwhelmingly contradicts that claim. Moreover, as Michael Baden, M.D., the chair of the medical panel that reviewed the autopsy evidence for the House Select Committee on Assassinations (HSCA) when it reconsidered the case in 1977-78, would observe on the 40th observance of the death of JFK, if the "magic bullet" theory is false, then there had to have been at least six shots from three directions", which means that the "magic bullet" represents the difference between a lone assassin and a conspiracy.

As I explained in [a presentation](#) during an international

conference held at Cambridge University, which has been published following peer-review in the *International Journal of the Humanities* (2005-06), which is easily accessible via a google search by its title, "Reasoning about Assassinations", but is also archived at [assassinationsscience.com](http://assassinationsscience.com), the available relevant evidence demonstrates that the shot that hit the president in the back was not at the base of his neck but about 5 ½ inches below the collar as follows:

Figure 1 shows the official drawings of the wounds to JFK by a Navy artist who was not allowed to view the body;

Figure 2 shows the "magic" bullet's purported trajectory as presented in a diagram from Gerald Posner's *CASE CLOSED* (1963);

Figure 3 shows the jacket and the shirt that JFK was wearing, which have holes about 5 ½ inches below the collar, the shirt hole slightly lower than the jacket;

Figure 4 shows the autopsy diagram prepared by J. Thornton Boswell, and verified by Admiral Burkely, with a wound about 5 ½ inches below the collar;

Figure 5 shows a diagram prepared by FBI Special Agent James Sibert's diagram showing the wound to the back well below the wound to the throat;

Figure 6 shows the location of the third thoracic vertebra, which Admiral Burkely identified as the location of the shot to the back, about 5 ½ inches below the collar; and,

Figure 7 shows a re-enactment photograph from *The New York Times* that shows the location of the back wound about 5 ½ inches below the collar.

Which raises the question, "How could the Warren Commission have gotten its location so wrong?", the answer to which appears to be multifaceted. The shirt and the jacket were left behind at Parkland Hospital and not transported to Bethesda, in violation of standard autopsy protocols. Humes and Boswell, neither of whom had conducted an autopsy on a gunshot victim before, appear to have been under military control. And, as the Assassination Records Review Board—a five-member committee established by an act of Congress to declassify documents and records held by the Secret Service, the FBI, the CIA, and other agencies related to the death of JFK—would disclose in one of their first official releases, Gerald Ford (R-MI), then a junior member of the commission, had the wound redescribed from "his uppermost back", already an exaggeration, to "the base of the back of his neck", in a transparent effort to make the "magic bullet" theory more plausible, an event that was even reported in *The New York Times* (July 3, 1997), which was in time for

me to include it in ASSASSINATION SCIENCE (1998), p. 177.

As if that were not proof enough that the official account cannot be sustained, David W. Mantik, M.D., Ph.D., who is board-certified in radiation oncology, took a patient with chest and neck dimensions similar to those of JFK and took a CAT scan of his neck:

Figure 8 shows that, if you plot the alleged trajectory of the "magic bullet", it is not even anatomically possible, because "bony structures"—cervical vertebrae—intervene.

Cerebrum and cerebellum, of course, could not have been extruding from a non-existent wound. Mantik has visited the National Archives repeatedly and has discovered that the official autopsy X-rays were altered to conceal that massive blow out to the back of his head:

Figure 9 shows the area that was "patched" using material that was far too dense to be human bone in order to conceal the blow-out caused by a shot from the front.

Which means that, if there was also a shot to the back of the head, as Humes and Boswell both maintained, then there had to have been four shots to JFK: the shot to the throat (from in front), the shot to the back (from behind), and two shots to the head (one from behind and the other from in front), which shows that Baden was right: not only is the "magic bullet" provably false but assuming one shot to Connally (from the side) and one shot that missed (injuring Tague), there were at least six shots from three directions. This conclusion, moreover, receives support from Thomas Evan Robinson, who prepared the body for burial and who described the wounds he observed during a phone interview:

Figure 10 shows that the mortician observed the massive blow-out to the back of the head, the small wound to the right temple, and a wound to the back five to six inches below the shoulder, as well as no swelling or discoloration to the face (he died instantly).

Which means that the wound to JFK's throat and the wounds to Connally have to be accounted for on the basis of other shots and other shooters, which means that THE WARREN REPORT (1964) and other studies based upon the "magic bullet" theory, including THE HSCA FINAL REPORT (1979) and Gerald Posner's CASE CLOSED (1993) are based upon a false premise, which represents the difference between the official conclusion of a lone, demented shooter and a conspiracy involving multiple shooters who fired a minimum of six shots from at least three locations. And the key player in obfuscating the truth from the American people was Arlen

Specter, with a little help from his friends, one of whom would also become President of the United States.

## PASSION FOR TRUTH

Specter would publish a book, *PASSION FOR TRUTH* (2001), in which he discusses his involvement in the investigation of the death of JFK, the Anita Hill hearings, and other controversial events in which he played important roles. On March 4, 2001, he gave [an interview](#) to Paul Alexander and John Batchelor on WABC, which lasted just seven minutes, during which he made seven claims about the assassination and the "magic bullet" that are not simply false but actually provably false as follows:

- (1) that JFK was standing when he was hit;
- (2) that a bullet entered at the back of his neck;
- (3) that the bullet hit nothing solid (no "bony structures");
- (4) that he has "looked" at the X-rays, which support the report;
- (5) that there is no evidence of conspiracy in the assassination;
- (6) that we now know that Humes burned his autopsy notes; and,
- (7) that you can't prove a negative.

Not even the Zapruder film—which we have discovered to be [a recreation](#)—supports claim (1). Indeed, you can find a technically enhanced version of the film in a video lecture that I presented on JFK, which is archived at the bottom of my public issues web site, [assassinationsscience.com](http://assassinationsscience.com), and can be found on [YouTube](#). I have already explained enough about (2), (3), and (4) to demonstrate that they are also false. It follows from what we have found that there is substantial evidence of a conspiracy, enough to make the matter beyond reasonable doubt, which means that (5) is also false. What is interesting about (6) is not that Humes had burned his "notes", which was not news, but it turned out that he had also burned the first draft of his autopsy report as well, as the ARRB disclosed and as *MURDER IN DEALEY PLAZA* (2000)—especially the brilliant synthesis of the medical evidence by Mantik—explains.

Claim (7)—that you can't prove a negative—has been disproven six times already in this context alone, but can be shown to be false on simpler grounds, such as by proving

that there is no elephant in your living room by observing its contents and not finding one present or by demonstrating that not all ducks are white by locating a single non-white duck. This is a popular opinion, but that does not make it true. That JFK had an entry wound to his throat, that the "magic bullet" theory is anatomically impossible, and that the autopsy X-rays have been altered not only implicates the government in a conspiracy to conceal the truth about the death of our 35th president but suggests that the most likely explanation for governmental complicity in the cover-up is governmental complicity in the crime. So if this man, Arlen Specter, really has a "passion for truth", as his book proclaims, why is he saying so many things to the American people that are provably false?

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