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Alen J Salerian M.D.

## INTRODUCTION

On November 22nd, 1963, President John F Kennedy was assassinated on Elm Street in Dallas TX and was pronounced dead at Parkland hospital at 1:00 PM (1).

Within a week of Kennedy's death, the new President, Lyndon B. Johnson, created the President's Commission on the Assassination of President John F. Kennedy to investigate the deaths of both Kennedy and Lee Harvey Oswald the accused assassin (1).

The Report of the President's Commission on the Assassination of President John F. Kennedy presented two key findings (1):

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# What Caused President Kennedy's Wounds

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## I. INTRODUCTION

On November 22<sup>nd</sup>, 1963, President John F Kennedy was assassinated on Elm Street in Dallas TX and was pronounced dead at Parkland hospital at 1:00 PM (1).

Within a week of Kennedy's death, the new President, Lyndon B. Johnson, created the President's Commission on the Assassination of President John F. Kennedy to investigate the deaths of both Kennedy and Lee Harvey Oswald the accused assassin (1).

The Report of the President's Commission on the Assassination of President John F. Kennedy presented two key findings (1):

1. Lee Harvey Oswald killed John F. Kennedy by firing a "magic bullet" which entered the president's back and exited through the throat before injuring Governor Connally, and two head shots from a sixth-floor window of the Texas School Book Depository.
2. Lee Harvey Oswald acted alone when he killed the president.

According to the new information revealed by recent scholarly publications (2-9), JFK was struck by five projectiles during the ambush. He had a small entry throat wound, a small back wound 5 inches below the collar line. He also had catastrophic brain injuries from three head shots: A posterior entry bullet shot, a frontal entry bullet shot above right eye/near hair line and a frontal entry bullet shot on right temple.

The aim of this study is to answer a central question. What caused president Kennedy's throat and back wounds? These two wounds are of essence because they represent the medical premise of Warren reports" Magic bullet" theory.

Also the origin of both wounds remain a topic of controversy : A bullet or a poison weapon.

Furthermore, it is of profound importance to know whether a special weapon developed by the US intelligence services was instrumental in JFK's assassination for the consequences of JFK's murder continue to influence the course of history. Knowing the truth might contribute to restoring our trust in government to insure that errors would not be repeated again.

## II. METHODS

Three major publications and their references represent the new evidence on JFK assassination research:

1. Inside the Assassination Records Review Board. The US government's final attempt to reconcile the conflicting medical evidence in the assassination of JFK 2009. By Douglas Horne,(2009).
2. The Final Analysis by Dr David W Mantik (2024).
3. Assassination Research (1998).

Assassination Science was edited by James H Fetzer, distinguished McKnight University Professor at the University of Minnesota, Duluth with contributions from a large number of scholars including David Mantik M.D., PhD (who studied the national archives the official x-rays and have authored numerous articles and books on JFK's assassination), Robert Livingston M.D. (The scientific director of both the National Institute for Mental Health and the National Institute for Neurological Diseases and Blindness, Charles Crenshaw (one of the doctors who participated in the care of the president in Dallas) and Jack White(a leading expert on photography, an advisor to the House Select Committee on Assassination during its reinvestigation and other independent researchers.

These three books, their references and also peer reviewed articles on the assassination of President John F Kennedy in medical journals published from January 2000 to April 2024 were included.

We will first review the new information on JFK's injuries and medical interventions at the Parkland Hospital to be followed by the timing of the president's death. We will then study any evidence of neurotoxin intoxication.

#### *JFK's Injuries:*

*Based upon the new data (2-8) the president* was struck by five projectiles during the ambush. He had a small entry throat wound, a small back wound 5 inches below the collar line, and three head shots: A posterior entry bullet shot, a frontal entry bullet shot above right eye/near hair line and a frontal entry bullet shot on right temple.

#### *When Did JFK Die?*

Officially the president was declared dead at 1pm, some 20 minutes after he was registered as patient number 24740 at Parkland hospital at 12:38 pm on November 22, 1963 (1,2).

The medical records suggest the President was neither declared "dead upon arrival" at Parkland hospital nor any member of the medical team, Charles Crenshaw, Mary Ann Jenkins, Charles Carrico, Malcolm Perry, Robert McClelland, Charles Baxter, or Kemp Clark suggested that JFK was dead as they performed multiple medical procedures to save his life (2,8). Dr. C. James ("Jim") Carrico was the first physician to see him. He found "Slow agonal respiratory efforts and scant cardiac beats by auscultation." (2,8).

*Medical interventions included the following procedures:*

1. Insertion of endotracheal tube.
2. Tracheostomy.
3. Administration of Intravenous fluids.

*Dr Charles Crenshaw made the following observations (8):*

- The president was barely breathing
- His eyes were still.
- A nurse said "no blood pressure".
- Someone else said "I hear a heartbeat".

- After the medical procedures that lasted 10 minutes fluids were moving through the president.
- Doctor Baxter said "we are losing him".

In essence, JFK seemed to have been physiologically alive at Parkland hospital until 1:00 PM.

#### *JFK's Throat Wound:*

Several Parkland doctors described the throat wound as a bullet entry wound of 5 millimeter in diameter (2,3,8):

*Dr Perry spoke about a gunshot wound to the president's throat at 3:16 PM conference that was broadcasted live from Parkland hospital (2,3,8). During a press conference at 3:15 PM Malcolm Perry MD who had performed a tracheotomy through a small incision in the president's throat explained three times that the wound was a wound of entry (2,3,8). The medical staff at Parkland was in complete agreement that the wound was frontal. Speaking for the Parkland medical team Charles Crenshaw MD witnessed a small opening about the diameter of a pencil at the midline of his throat to be an entry bullet hole. "There was no doubt in my mind about the wound. I'd seen dozens of them in the emergency room doctor" Dr Crenshaw said (2,3,8).*

*They Warren report concluded that a bullet entered the president's neck and exited through a large throat wound (1).*

Dr. Robert Livingston a world authority on brain, concluded that the diagrams of JFK's brain stored in the national archives which displayed an intact cerebellum were not authentic (10). The cerebellum was not forced out by a posterior entry shot and perhaps a frontal entry neck wound caused the cerebellar extrusion. This point is worthy of emphasis for Dr. Livingstone suggested a frontal entry neck wound (10).

Mantik proved that the throat wound was surgically enlarged by Dr. Humes during autopsy at the Bethesda Naval Hospital (2,3). Furthermore, it has been established that the throat wound was not caused by a bullet: no cervical

vertebra damage, no neck exit wound and negative copper test. Mantik proposed that the throat wound was caused by a glass shard.

Visually it is impossible to differentiate a small bullet entry wound from a wound inflicted by a flechette (11,12,13).

A study published in Medical Hypotheses in 2010 suggested that JFK's throat wound was caused by a neurotoxin flechette (11).

Hence It is reasonable to conclude there were only two possibilities; either a flechette or a glass shard. Table A presents 18 independent observations consistent with the conclusion that the throat wound was not caused by a bullet.

Audiovisual recordings suggest for approximately eight seconds before the fatal head shots JFK had been immobilized(1,2,3). And Jackie Kennedy told the Warren commission: The president was totally silent(1).

JFK's silence was a classic neurotoxin induced vocal paralysis.

Noteworthy is the observation that JFK remained mummified in contrast to Governor Connelly's wild body motions and loud screams.

JFK showed no natural fight or flight response a perfect image for someone poisoned by a neurotoxin. JFK's instant and total paralysis (Figure A,B) and a plethora of poison arrow specific cover-up evidence are consistent with a poison flechette and inconsistent with a glass shard thesis. Worthy of emphasis is the observation that the cover-up actions were specifically designed to prevent detection of poisons:

1. All microscopic slides of tissue sections taken from the margins of the wounds of entrance as well as from various areas of the brain are missing ( 2,3).
2. JFK's brain has also disappeared, and it was not included in the materials presented to the National Archives (2,3).
3. Multiple proven alterations of photographic and video evidence (2,3,9).

4. Secret Service washing off the presidential limousine and destroying crucial crime scene chemical evidence (Figure C).

JFK survived the throat shot, was silent stiff immobilized and a perfect sitting duck for eight seconds before the fatal head shots.

The catastrophic head injuries should have killed JFK instantly. Surprisingly, JFK physiologically remained alive for the next 30 minutes until 1 PM when he was declared dead at the Parkland Hospital (1,2,3). His slow death could only be explained by neurotoxin's physiological effects. Bruising in the lung was consistent with a flechette entering through the throat during saxitoxin's latency (!3,14,15,16). Paradoxically, the absence of pallor mortis reported by the mortician was also consistent with saxitoxin's psychopharmacology and the Arrhenius law-the higher the temperature the faster the chemical reactions. Several hours had passed since JFK's death by the time the mortician examined the body, hence the absence of pallor mortis was consistent with saxitoxin's influence (13,14,15,16).

JFK's initial behavior with the appearance of Thornburg position corresponded to JFK's acute pain response before saxitoxin induced paralysis. The patients described by Thorburn in Brain in 1887 had suffered injuries to the 6<sup>th</sup> cervical vertebrae with total severance of the spinal cord and they could speak (17).

In summary, there is compelling evidence to suggest that jFK's throat wound was not caused by a bullet. There seems to be two possibilities of origin; a glass shard proposed by Dr. Mantik or a flechette hypothesized by Dr Salerien (11). 11 observations are incompatible with a glass shard and compatible with a poison flechette (Table B).

The application of probability theory suggests the odds of the throat wound being caused by a glass shard is %0.03 vs %99.97 for" a flechette. weapon. (Table C).

#### *JFK's Back Wound*

Admiral Burkley, the president's doctor was present both at Parkland and Bethesda Naval

hospital and signed the official death certificate corresponding exactly with the holes in JFK's shirt and coat, the autopsy diagram and the eyewitness observations(2,3).

The autopsy disclosed a hole 7 x 4 mm located 14 cm from the acromion(figure D).

Secret Service agent Clint Hill recalled that he observed a wound about 6 inches down from the neck line on the back just to the right of the spinal column. FBI agents Francis O'Neal and James Sibert present at the autopsy show a bullet hole which was below the shoulders and 2 inches to the right of the middle line of the spinal column(2,3).

Dr Mantik located the back wound 14cm below the acromion(2,3).

A declassified transcript of a Warren Commission meeting held on 27 January 1964 ,suggests a bullet entered in the back below the shoulder blade .

Dr David Osborne the chief of surgery at Bethesda In 1963 informed HSCA that he found a fully intact missile which rolled out of JFK's clothing onto the table when his shoulders were raised to remove the clothing (18). Jerrol F Custer the autopsy radiologist confirmed the same observation (19).

This bullet may correspond to JFK's back wound 5 inches below the collar line matching a hole in JFK's jacket. Yet no bullet was observed in the chest X-rays. And there was no exit wound. So it is reasonable. to conclude that Dr Osborne's intact bullet never penetrated JFK' body.

The origin oh President Kennedy's back wound remained a topic of controversy. The fact that it was copper positive supported the likelihood of a none penetrating wound corresponding to a bullet retrieved by Dr. Osborne during the autopsy at the Bethesda Naval Hospital. Dr. Cinque hypothesized that it was caused by a neurotoxin weapon. He pointed out JFK's silent and total paralysis immobilizing him before the fatal headshots, the absence of a bullet.

#### *JFK's Back Wound Summary:*

A small( 7 x 4 mm) entry nonpenetrating wound at T3 level located 14 cm from the tip of the right

acromion process that is incompatible with the Warren report's magic bullet.

In summary, the back wound was either caused by a bullet or a poison weapon but it is impossible with scientific certainty to rule out either.

#### *Head Wounds:*

Dr. Mantik's research presented in The Final Analysis suggests that the president was struck by three bullets, a posterior entry shot, a frontal entry shot above right eye/near hair line and a frontal entry shot on right temple(2,3,4). The catastrophic head shots correspond to the Zapruder frames and Moorman's photograph and occurred before the president was immobilized by a poison weapon(2,3,4).

#### *Saxitoxin:*

Saxitoxin is the best-known paralytic shellfish toxin, a highly potent non -polypeptide neurotoxin of relatively low molecular weight (13,14,15,16). Its chief action is an interference with the production of action potentials in nerves and involuntary muscles. in this regard saxitoxin is 100,000 times more important than cocaine (13). Saxitoxin induced neurotoxicity seems to be associated with paralysis due to reduced sympathetic tone and hypotension (13). Animal studies indicated that with 0.1 saxitoxin, muscle fibers were rendered incapable of producing excitability. Saxitoxin has been pharmacologically utilized to treat anal fissures due to its anti-bruising properties (13,14,15,16). Saxitoxin has a latency of one or two seconds when administered intra muscularly (13).

#### *The Poison Flechette Shooter?*

The influence of the infamous Zapruder movie in studying JFK's death has been enormous despite its shortcomings (9). There are plenty of man-made inaccuracies in the Zapruder movie which is much an illustration of government's loss of integrity nevertheless, the film lucidly captures some of the key features of JFK's death.

#### *Do the alterations offer any clues to identify the shooter of a poison flechette?*

I suggest the audiovisual alterations are of significance. This was a military style ambush.

Multiple shooters from different locations shot JFK.

My educated guess is either the umbrella man who opened and closed his umbrella or William Greer is the most likely candidate to be the shooter of a neurotoxin weapon.

Photo evidence suggests Greer hit the brakes and stopped the car momentarily (Image E), he did not accelerate and furthermore the missing frames perfectly match my educated guess that "Greer shot JFK with a poison Flechette".

*Greer stopped the limo for several seconds during the ambush. (Figure A)*

James Chaney (one of the four Presidential motorcyclists) - stated that the limousine "After the shooting, from the time the first shot rang out, the car stopped completely, pulled to the left and stopped." Mary Woodward, a journalist with the Dallas Morning News wrote: "Instead of speeding up the car, the car came to a halt... after the first shot"(2,3).

Kenneth O'Donnell (Special Assistant to Kennedy), who was riding in the motorcade, later wrote: "If the Secret Service men in the front had reacted quicker to the first two shots at the President's car, if the driver had stepped on the gas before instead of after the fatal third shot was fired, would President Kennedy be alive TODAY? (2,3)

Senator Ralph Yarborough, who was riding with Lyndon B. Johnson was highly critical of the actions of Greer: "When the noise of the shot was heard, the motorcade slowed to what seemed to me a complete stop... After the third shot was fired, but only after the third shot was fired, the cavalcade speeded up, gained speed rapidly, and roared away to the Parkland Hospital... The cars all stopped... I don't want to hurt anyone's feelings but for the protection of future Presidents, they (the Secret Service) should be trained to take off when a shot is fired."(2,3)

Another evidence in support of Greer's stopping the limo can be heard in the James Chaney testimony before the Warren commission. Robert Weldon Hargis and James Cheney were the motorcycle officers escorting the presidential

limousine. Cheney described how Bobby Hargis ran in front of him and in between the two limos honks way up the grassy knoll and up to the pedestal. For Bobby Hargis to have had enough time to park his motorcycle and then pass it in between the two vehicles in front of Cheney suggest both limos stop for a substantial amount of time (2,3).

*Did Greer stop the limo for the head shots ?*

Mary Moorman's Polaroid photograph (Figure E) was taken an instant after a headshot. This is consistent with her Warren commission testimony. Mormon informed the Dallas the sheriffs department.

President Kennedy was opposite to me I. took a picture of him. As I snapped the picture of President Kennedy I heard a shot ring out.. President Kennedy kind of jumped over then I heard another shot ring out and Mrs. Kennedy jumped up in the car and said my God he has been shot when I heard this charge ring out. I fell to the ground to keep from being hit myself I heard ' three or four shots all (2,3).

*C and D:*

Greer twice lied to Warren Commission (1,3).

"I saw no cracks on the windshield " Greer told the Warren Commision(2,3). Altgen's photos show (Figure F,G) the crack on the wind shield. "I never stopped" Greer told the Warren commission(2,3). Figure E contradicts Greer.

*Greer's image was removed or blacked out in Altgen's 6*

Image F shows Kellerman, Connaly, JFK and Jackie Kennedy's arm but no Greer.

*Greers image was removed or blacked out in Zapruder frames.*

Zapruder 174,198 Greer is visible, in 202,204, 207 invisible. (Figure H, I, J, K, L)

*Greer is blocked by an artificially enlarged Stemmons Sign in Zapruder 214 (9) (Figure M).*

*Zapruder frames of Greer were removed*

Frames 302-303(Figure N) and 316-317 prove the removal of many frames consistent with Greer's impossibly fast head turns in one frame as observed by Noel Twyman (18). Zapruder movie frames represent one second per 18.3 frames. It is impossible for Greer to turn his head 150° in one frame/ 0.56 seconds. This is indicative of missing frames.

*Greer let Kellerman wash off the presidential limousine before the president passed away (Figure D).*

There is no other logical explanation except this was an attempt to conceal the poison evidence, for the blood and the brain fragments, had already been witnessed by many or recorded visually.

### III. CONCLUSION

it is reasonable to conclude that JFK was struck by a poison flechette near the TSBD building on Elm Street which immobilized him until the limousine stopped by Mary Moorman on Elm street where three head shots splattered JFK's brain on the presidential limousine and on officer Hargis. Greer stopped the car during the ambush for the headshots to devastate JFK's brain and also covered up the crime scene evidence, lied to the Warren Commission. Most importantly the proven alterations of photographic evidence with a common denominator," Greer's artificial disappearance "suggest Greer was the more likely candidate than the umbrella man to be the poison flechette shooter . However it is impossible to rule out the possibility that the umbrella man was the shooter.

#### *Reconstruction of the Ambush on Elm Street:*

The following description may represent a realistic reconstruction of the ambush:

The most probable sequence suggests, the ambush on Elm Street began with William Greer the driver firing a flechette-saxitoxin shot that struck the President's on the throat in front of the TSBD building , as the intense burning pain -from the flechette's high velocity triggered instant frowning and grasping hand motions mimicking the Thorburn position. (Figure R, S, T)

Several seconds approximately 50 yards down on Elm Street the driver pulled the limo to the left and stopped. A second volley of shots rendered JFK a stationary target, before the final head shots exploding the President's head, shattering his brain and protruding the cerebellum out of the skull. A shot from the Dal-Tex building hit JFK in the back of the head. A shot from the Grassy Knoll and a shot from the north side of the Triple Underpass hit his right temple and above the right eye. No shots were fired from the assassin's lair.

#### *Conclusion:*

William Colby's testimony before the senate intelligence committee in 1975 let us entertain the possibility that a neurotoxin weapon might have been instrumental in the assassination of President Kennedy. This study reveals that the signature traits of death by a neurotoxin weapon (NW)-a small entry throat wound without a neck exit wound , no bruising of the entry wound, vocal and generalized paralysis and delayed death - represent a perfect match for JFK's assassination (Table 1).

This observation was further strengthened by the cover up efforts specifically aimed at concealing a neurotoxin weapon: the alteration of photographic evidence and the washing off the presidential limousine .

Future laboratory studies of tissue and blood samples from Parkland hospital and or from the autopsy would be very helpful to validate this conclusion.

A sad and painful Inference from the observation that a neurotoxin weapon developed by CIA was used to kill JFK, and the criminal acts of some members of the CIA and the Secret Service and the unethical conduct of some members of the Bethesda Naval Hospital actively participated in the assassination of President Kennedy are worthy of further public discussion.

Evolution and progress of our society would require pragmatic measures of prevention against the use of deadly weapons developed by our armed forces to kill our elected representatives. This necessary mission would require collective efforts from all segments of our society.

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## Table A

18 *Observations Incompatible With "A Bullet Caused The Throat Wound".*

- Small entry wound on JFK's THROAT consistent with a flechette inflicted wound.
- No exit wound in JFK's NECK. consistent with a flechette inflicted wound.
- No damage to JFK's cervical VERTEBRAE consistent with a flechette inflicted wound.
- No bruising on the throat wound consistent with saxitoxin's anti- bruising effect (neurotoxin specific effect).
- JFK's instant vocal PARALYSIS. consistent with saxitoxin's rapid effect.
- JFK's paralysis and IMMOBILIZATION consistent with saxitoxin's rapid effect. (Neurotoxin specific effect).
- JFK's delayed DEATH after catastrophic head wounds by 3 bullets consistent with saxitoxin's effect of paralysis due to reduced sympathetic. (Neurotoxin specific effect)
- JFK's slumping due to saxitoxins hypotensive effect. (Neurotoxin specific effect)
- The umbrella man with an unobscured view of JFK opening and closing the umbrella during the ambush. (Neurotoxin specific cover-up).
- William Colby testimony confirming the existence of a silent neurotoxin weapon to neutralize large and dressed dogs suggesting that this weapon was designed for humans. Neurotoxin specific testimony.
- Mortician's report that JFK's body did not show discoloration hours after death consistent with saxitoxin's anti-bruising effect. The mortician's report was consistent with

saxitoxin's psychopharmacology and the Arrhenius law-the higher the temperature the faster the chemical reactions. Several hours had passed since JFK's death by the time the mortician examined the body, hence the absence of pallor mortis was consistent with saxitoxin's influence. (Neurotoxin specific effect).

12. All microscopic slides of tissue sections taken from the margins of the wounds of entrance as well as from various areas of the brain are missing.(Neurotoxin specific cover-up)
13. JFK's brain has also disappeared, and it was not included in the materials presented to the National Archives (Neurotoxin specific cover up)
14. The secret service washing off the limo. Neurotoxin specific cover up).
15. Zapruder missing frames 160 to frame 213 to cover up the actions of the shooter Neurotoxin specific cover up).
16. Zapruder missing frames 306-316 to cover up the actions of the shooter. Neurotoxin specific cover up).
17. Enlargement of the throat wound to coverup the flechette inflicted wound.
18. Zapruder alterations to enlarge the Stemmons sign. Neurotoxin specific cover up). *Result: It is .%0.0003 for" a bullet caused the throat wound" vs %99.999 for" a glass shard or a flechette weapon caused the throat wound".*

*Table B*

*11 Observations Incompatible with a glass shard induced throat wound vs. a flechette induced throat wound*

1. No bruising throat wound -anti-bruising effect
2. No pallor Mortis- anti-bruising effect
3. Delayed neurological death – reduced sympathetic tone
4. No fight or flight response- paralysis effect
5. Surgical enlargement of the throat wound.
6. Lost brain- to conceal chemical detection.
7. Lost tissue samples -to conceal chemical detection.

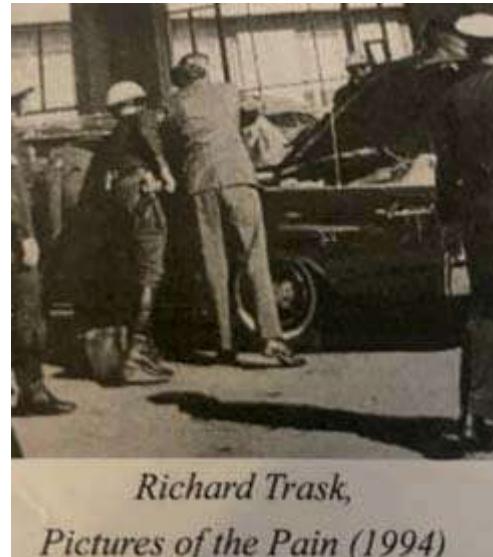
8. Washing off the limo to conceal chemical detection.
9. Missing Zapruder frames(160 to frame 213 ) to conceal the shooter.
10. Enlarging the Stemmons sign in the Zapruder movie to conceal the shooter.
11. William Colby testimony September 1975.



*Figure A: Zapruder 255. : JFK immobilized*

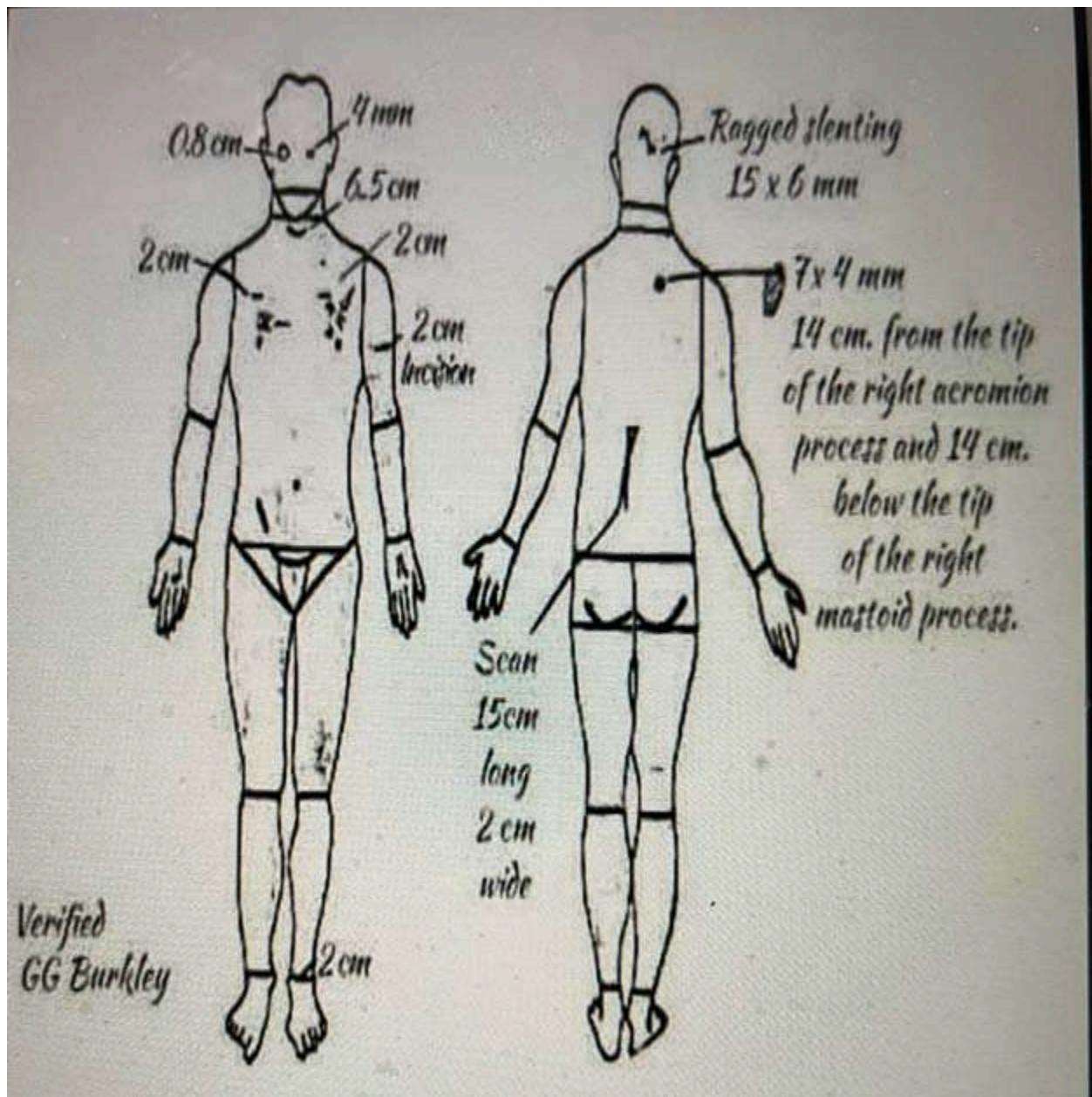


*Figure B*



*Richard Trask,  
Pictures of the Pain (1994)*

*Figure C: Secret Service Washing off the Limo*



**Figure D:** Boswell/Burkley Autopsy Diagram Throat Wound=6.5 Cm ??? ( Parkland Hospital Report:1cm) Back Wound:7/4mm ( Parkland Hospital Report; No Exam)



Figure E: Break Light on



Figure F: Moorman Photo



Figure G: Altgen's 6 Crack on Windshield, no Greer



Figure H: Altgen's Photo Crack on Windshield

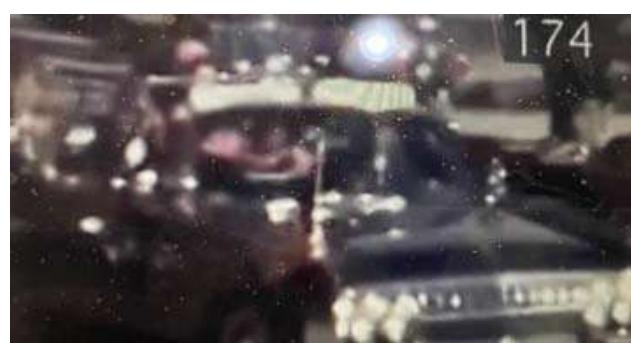


Figure I: Zapruder 174: Greer Visible



Figure J: Zapruder 198: Greer Visible

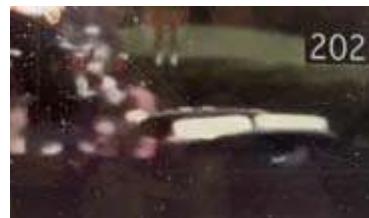


Figure K: Zapruder 202: Greer invisible



Figure L: Zapruder 203: No Greer



Figure M: Zapruder 207: No Greer

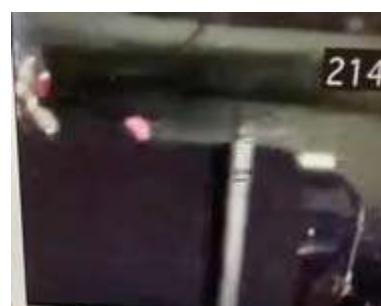
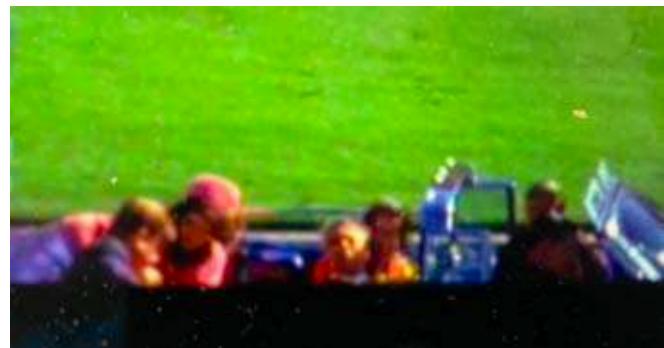


Figure N: Zapruder 214 No Greer



*Figure O:* Zapruder 302 Greer 's head turned back



*Figure P:* Zapruder 303 Greer 's head turned forward