

NAME: James C. Jenkins

ADDRESS/TELEPHONE: 5010 Dauphine Island Parkway, Mobile, Alabama 36605
Telephone: (205) 476-6348

ROLE DURING PRESIDENT'S AUTOPSY: Was an enlisted laboratory technician who assisted with the President's autopsy at Bethesda Naval Hospital. (Technically, was a student enrolled at the Bethesda laboratory school, studying to become a medical technologist.) As an enlisted man enrolled in the laboratory school, he stood duty "watches," and as such assisted the pathologists on duty with any autopsies which occurred "on his watch." November 22, 1963 was his "duty day," and as such he was tasked with assisting in JFK's autopsy.

-Along with Paul K. O'Connor, Jenkins helped set up for the autopsy, assisted the prosecutors in performing it, and was tasked with cleaning the morgue after the autopsy and embalming were completed.

-See Master List for summary of interviews (including HSCA interview).

INTERESTING LEADS/CONFLICTS WITH OFFICIAL RECORD:

-THE 2-CASKET CONTROVERSY: Told HSCA staff personnel that an Air Force Colonel and a child were autopsied "that night", i.e., November 22-23, 1963. He believes these would have been logged in a ledger book before it was "retired." It is unclear from the HSCA interview report whether Jenkins was recounting hearsay about these 2 other autopsies, or whether he had first-hand, direct knowledge of these two other alleged autopsies. If they took place, particularly the Air Force Colonel, this could possibly account for some of the confusion in the record today (over shipping casket vs. ornate bronze casket for JFK, over body bag vs. sheets as body wrappings for JFK, and over which casket entry at the Bethesda morgue loading dock contained which body--2 casket entries seem to have occurred at the rear of the morgue, one a plain, grey metal shipping casket delivered in a black hearse and unloaded by men in suits, and another the ornate Dallas bronze casket, unloaded from a grey Navy ambulance by the military honor guard). On the other hand, Jenkins told Lifton in 1979 that although he had no recollection of a body bag, that the casket "...was not a really ornamental kind of thing...it was kind of a plain casket...awful clean and simple...as a matter of fact, it was not something you'd expect a President to be in," thus providing possible corroboration for Paul O'Connor's claim that the President's body was brought into the morgue in a cheap, gray metal box or shipping casket. Jenkins further clarified to Livingstone that the Air Force Officer was in a rather ornate casket, and that the officer's casket remained in the cold room, the morgue anteroom, on a cart, but that he did not see it opened. (Points of interest: Even though Jenkins subsequently told researcher Livingstone that Navy personnel were told "not to log in" the body of the Air Force Officer, ARRB should continue to pursue the whereabouts of the morgue logbook from 11/22/63, and the whereabouts of the Duty Officer logs from both the Bethesda Medical Center and Medical School

commands. One log may contain an entry that another does not, and together, different pieces of a large puzzle may help assemble a better picture than now exists of events at the autopsy.)

-BRAIN: Reportedly told HSCA interviewers that he couldn't recall whether or not the brain was removed but said that "...it is normally my function to remove the brain and infiltrate it." In sharp opposition to this, Jenkins is quoted by researcher/author Livingstone as telling him on two occasions in 1990 and 1991 that (directly quoting from High Treason 2): "It wasn't necessary to surgically remove the brain from the skull. I remember Humes saying, 'This brain fell out in my hands. The brain stem has been surgically cut.' The brain was there and it was intact, but it was damaged. I remember it was difficult to infuse it because the circle of Willis was damaged and it was difficult to get the needles in;" and "I remember Dr. Humes questioning whether or not the brain stem had been severed by a bullet, because the brain fell out in his hand. It was a smooth cut that looked like it had been severed with a knife or a scalpel--at the area of the axis which is at the first vertebra. Humes asked someone in the gallery if there had been any surgery at Parkland. From the discussion that I heard, from Humes asking someone in the gallery if there had been surgery to the head area, from the surgical cuts in the area of the wound, from the fact that the brain stem was severed, there had to be an extensive professional exam of the head area before it ever got to Bethesda. I'm sure that minimum incisions were made to get to the brain...but it had to be obvious enough for Dr. Humes to question it." On May 29, 1991 Jenkins told Livingstone: "I am willing to say that when the body had arrived at Bethesda, the brain stem was cut with a knife before it got there. There were enough surgical cuts in the head and scalp area to indicate the brain had been removed and thoroughly examined. There was surgery down in there." Jenkins further explained to Livingstone on July 14, 1991 that Humes asked someone in the Gallery "Did they do surgery at *Parkland?*", and that the answer from this same individual in the Gallery was that there was no surgery done at *Parkland*. (Emphasis present in Livingstone's book.) Jenkins explained to Livingstone that he was sure the brain stem had been cut, because he had seen torn brain stems which occurred when the brain was improperly removed, and in those cases, the brain stem stretches and tears like taffy, and that the brain stem he saw on November 22, 1963 did not resemble a torn brain stem, and had clearly been cut. Jenkins told Livingstone on May 29, 1991: "I have a tendency to think that it was Kennedy's brain and that it had been thoroughly examined and bullets removed...the bottom line is that the head had been very extensively examined." (Discrepancy: Both Jenkins and the HSCA's Andy Purdy admit that a good rapport was not established during the 1977 HSCA interview with Jenkins--he was admittedly hesitant to talk to the 2 HSCA interviewers, and very uneasy during the interview. Under these circumstances, he may have chosen the safe refuge of "I don't recall" in regard to these brain and surgery allegations in 1977, and simply have been more willing to talk, in 1990 and 1991, with someone he trusted more, after a greater passage of time. His military secrecy oath had just recently been lifted when the HSCA interview took place, and both Andy Purdy and David Lifton described him circa 1977-79 as clearly disturbed by what he had witnessed, and afraid to discuss the case. In this context, initially stating "I don't recall," and later describing in detail certain details about removal of the brain, do not

necessarily impugn the witness. The 1977 interview was neither taped, nor done under oath. Doing so now, in light of the potential significance of these allegations, would seem to be useful from the standpoint of history.)

-HEAD WOUND: Jenkins told researcher Livingstone that he does not recall any discussion of beveling of bone by the prosecutors during the autopsy, but that he does recall some discussion by the prosecutors of graying of some bone in the temporal area, right in front of the ear. (The implication here is that the graying of bone would be lead from a bullet.) He does not recall seeing the low occipital entry wound in the back of the head described in the Autopsy Protocol--only one large, gaping defect. Jenkins told Livingstone on October 8, 1990 that there was not enough scalp in the back of the head to completely cover up the large head wound, explaining "There was a hole in all of it. There was a wound in the occipital-parietal area." Jenkins told his HSCA interviewers in August 1977 that the visitors in the morgue gallery were "...so intense...about finding the (entry) wound in the back of the head." Jenkins recounted to the HSCA investigators (Purdy and Kelley) that he thought the bullet which struck JFK in the head seemed to come in the right side above the ear and out the top left (see page 8); elsewhere he told them that the wound to the head entered the top rear quadrant from the front side (see page 11). On page 4 of the HSCA interview he is quoted as saying he saw a head wound in the "...middle temporal region back to the occipital." On page 5 of his HSCA interview report, Jenkins is quoted as saying he was not clear about who was giving the autopsy doctors their orders, saying "...a lot of people were making suggestions," and was quoted again on page 10 as saying he had the distinct impression that someone in the gallery was "...telling them what to do." On page 12 of the HSCA interview the report says that Jenkins did not recall a small (entry) hole in the head as drawn on the autopsy face sheet, but that the big hole (in the skull) would have covered the area where the little hole was drawn on the sheet. (Point of interest: this is consistent with Dr. Boswell's story of how the entry wound was "reconstructed" only late in the autopsy when a fragment was brought back into the room and placed in the margin of the large cranial defect. Both of these descriptions, in turn, appear to be inconsistent with the back of the President's head as seen in the autopsy photos.) Jenkins told David Lifton in 1979 that at least a third or so of the President's skull was gone as first observed at autopsy, and that from the way the fragments were dislocated and exploded toward the rear of the skull, he was sure the bullet had entered from the right front and exited at the rear of the head. Regarding the Warren Commission's conclusions that JFK was shot only from the rear, Jenkins told the HSCA staffers in 1977 he was "...surprised at the conclusions the doctors reached," and in 1979 told Lifton "I was very surprised by the conclusion...I just couldn't believe it, and have never been able to believe it." Regarding whether any firm conclusions about the head wound were drawn that night, Jenkins told Lifton "There were no conclusions that night...there were some speculations--discussions--between the three physicians, with a couple of other people--I don't know who they were. They seemed to be in charge, or seemed to be some type of authority." Jenkins' drawing indicating the size and location of the JFK head wound which is appended to his HSCA interview is generally compatible with the drawing O'Connor made in 1977, and very much a

match for the O'Connor drawing made for Livingstone circa 1991.

-BACK WOUND: Jenkins consistently describes, to both his HSCA interviewers and JFK researchers, a back wound which slanted downward at a sharp angle, and which definitely did not transit the body because it did not even penetrate the pleura, the lining around the lungs. To the HSCA staffers, he stated in 1977 that the back wound was "...very shallow...it didn't enter the peritoneal cavity...;" that Humes reached the end of the wound when he probed it with his finger; and that the prosecutors extensively attempted to probe the back wound with a metal probe, recalling that the approximately 8-inch long probe went in only 2-4 inches, and could only be inserted between the skin, and not into the chest cavity...stating that the only way the probe was able to go in was at a "...fairly drastic angle downward so as not to enter the cavity."(Reference here is to the upper body or chest cavity, after removal of the lungs.) Jenkins told his HSCA interviewers that he thought the entry wound in the back was lower than that shown in the drawing. (The meaning here is unclear, but apparently the drawing referred to is CE 385.) To David Lifton, in 1979, he stated "...Commander Humes put his finger in it, and, you know, said that...he could probe the bottom of it with his finger...I remember looking inside the chest cavity and I could see the probe...through the pleura...you could actually see where it was making an indentation...it was pushing the skin up...there was no entry into the chest cavity...somewhere around the juncture of the descending aorta or the bronchus in the lungs." Jenkins recalled to Lifton that he clearly recalled the prosecutors viewing the wound in the anterior neck as only a tracheotomy, and not a bullet wound (confirmed by the Sibert-O'Neill report); he further recalled to Lifton that the civilians who seemed to be in charge of the autopsy seemed to be trying to get Humes to conclude that a bullet passed from back to front through the body.

-CIVILIAN CONTROL OR INTERFERENCE WITH AUTOPSY: Jenkins told his HSCA interviewers in 1977 that he had the distinct impression that someone in the gallery was "...telling them (the prosecutors) what to do;" Jenkins had the impression that everything "...seemed like it was predesignated...seemed they had an answer and wanted to prove it."To David Lifton in 1979, he said there was "temperament...anger...rumblings...animosity..." from the civilian observers in the gallery, adding: "The people running around in civilian clothes...had a preconcluded idea, and...because it was not panning out, you know, they were--there were a lot of animosities...there were very short tempers...you know, this would be found, and somebody would say, 'no, that's not right; can't be...,' that type of thing... 'That's not possible.' To the point that, at the time, I felt like Doctor Humes and Commander Boswell were...getting irritated...that...someone was chastising them." See paragraphs above on head wound and back wound for more details.