

GOVERNOR'S COMMITTEE AND INVITED CONSULTANTS

Brigadier General Joe M. Blumberg, M. D., Director of Pathology, Armed Forces Institute of Pathology, Washington, D. C. Participated in pathology studies and preparation of report.

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*Stuart L. Brown, M. D., Assistant Professor of Psychiatry, Department of Psychiatry, Baylor University College of Medicine, Houston, Texas. Assigned for full-time effort in collecting psychiatric facts and writing initial report.

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*R. Lee Clark, M. D., Director, Surgeon-in-Chief, and Professor of Surgery, The University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas. Chairman of the Governor's study group.

*Coloman de Chenar, M. D. (Pathologist, Neuropathologist), Austin State Hospital, Austin, Texas. Performed the autopsy.

Russell N. de Jong, M. D., Professor and Chairman of the Department of Neurology, University of Michigan Medical School, Ann Arbor, Michigan. Assisted in the evaluation of neurological and psychiatric aspect of Whitman case.

*Donald Duncan, Ph.D. (Neuroanatomist), Professor and Chairman, Department of Anatomy, The University of Texas Medical Branch, Galveston, Texas; and Associate Dean, Graduate School of The University of Texas. Doctor Duncan, expert in neuroanatomy, assisted in assembling brain fragments.

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*Kenneth M. Earle, M.D., Chief, Neuropathology Branch, Armed Forces Institute of Pathology, Washington, D.C. Doctor Earle is a Texan who was formerly Professor of Pathology and Dean of the Medical School in Galveston. (President, American Association of Neuropathologists, 1966-67; M.D., University of Texas Medical Branch, Galveston, 1945; M.Sc., McGill University, 1951). Principal scientist for the study of brain specimens assigned to our institute full-time for one week to work on this problem. Has personally studied over 5,000 brain tumor specimens.

Fred Elmadjian, Ph.D. (Stress Physiologist), Chief, Biological Sciences Section, Behavioral Sciences Training Branch, National Institute of Mental Health, Bethesda, Maryland. Consultant in neurochemistry and the study of the psychopathic personality.

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Jack R. Ewalt, M.D., Director, Massachusetts Mental Health Center, Boston, Massachusetts; Bullard Professor of Psychiatry and Chairman of the Department, Harvard University Medical School. Chairman for the planning of the national program of mental health and formerly at The University of Texas Medical Branch.

Dana L. Farnsworth, M.D., Henry K. Oliver Professor of Hygiene and Director of University Health Services, Harvard University, Cambridge, Mass. Planner and director of outstanding student health program at Harvard.

Hamilton Ford, M.D., Professor and Chairman, Department of Neurology and Psychiatry, The University of Texas Medical Branch, Galveston, Texas. Consultant to Texas Commission on Mental Health and Mental Retardation.

*Shervert H. Frazier, Jr., M.D., Professor and Chairman of the Department of Psychiatry, Baylor University College of Medicine; Psychiatrist-in-Chief, Ben Taub General Hospital; Consultant in Psychiatry, Veterans Administration Hospital; Senior Attending Psychiatrist, Methodist Hospital; Consulting Psychiatrist, Rice University, Houston, Texas; former Commissioner of Mental Health and Mental Retardation for Texas. Head of psychiatric work group of Governor's study panel and responsible for final report of psychiatric information.

*Frank Harrison, M.D. (Neurophysiologist), Professor of Anatomy and Associate Dean, The University of Texas Southwestern Medical School, Dallas, Texas. Assisted in anatomic study of brain fragments.

Maurice D. Heatly, M.D., Staff Psychiatrist, The University of Texas Health Center, The University of Texas, Austin, Texas. Interviewed C. J. Whitman while alive.

Justin M. Hope, M.D., Psychiatrist to the Wiswall Hospital, Wellesley, Massachusetts; formerly: Professor of Neurology and Neuropsychiatry, Howard University Medical School, Washington, D.C.; Professor of Psychiatry, Tufts University Medical School; and Chief of the Psychiatric Service of the New England Center Hospital. Consultant in behavioral pattern of the psychiatrically disturbed person.

Ira Iscoe, Ph.D., Professor of Psychology, The University of Texas, Austin, Texas. Representing Clinical Psychologist of The University of Texas.

Joseph A. Jachimczyk, M.D., LL.B., Clinical Professor of Forensic Pathology, Division of Continuing Education, The University of Texas Graduate School of Biomedical Sciences; Chief Medical Examiner of Harris County; Senior Consultant in Forensic Pathology, The University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas. In addition to specialty boards in pathology and forensic pathology, Doctor Jachimczyk's qualifications include a law degree and law license. Advisor on the many problems of the medicolegal aspects of this study.

Gardner Lindzey, Ph.D., Chairman, Department of Psychology, The University of Texas, Austin, Texas. Representing Clinical Psychologist.

Horace W. Magoun, Ph.D. (Neurophysiologist), Professor of Anatomy, University of California at Los Angeles, Los Angeles, California. Advisor on neurophysiology and functional behavioral problems.

Jeff Minckler, Ph.D., M.D., Director of Laboratories, General Rose Memorial Hospital; Associate Clinical Professor of Pathology, University of Colorado Medical School; and Adjunct Professor, Speech Pathology, University of Denver, Denver, Colorado. Doctor Minckler is the editor of a two-volume text on neuropathology. Outstanding authority on brain tumors; assigned to aid in study of pathologic specimens and report.

*Tate M. Minckler, M.D., Assistant Pathologist, Medical Systems Analyst, The University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas; Assistant Professor of Pathology, The University of Texas. Staff pathologist assigned full-time to the collection of all medical facts and compilation of initial report.

Alan R. Moritz, M.D., Provost, Western Reserve University, Cleveland, Ohio; formerly: Professor of Legal Medicine, Harvard University, and Director of Pathology, Western Reserve University Medical School. Doctor Moritz occupied the first Professorship of Forensic Pathology in the United States. He has contributed to the establishment of medical examiner systems in many states and municipalities. Advisor on the medicolegal aspects of the C. J. Whitman case and director of study section in regard to recommendations.

*Robert D. Moreton, M.D., Assistant to the Director, Office of the Director; Vice-President, University Cancer Foundation and Professor of Radiology, The University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas. In charge of all organization.

Jack Otis, Ph.D., Professor and Director, Graduate School of Social Work, The University of Texas, Austin, Texas.

Augustus S. Rose, M.D., Professor of Neurologic Medicine, U.C.L.A., Los Angeles, California; Director, American Board of Psychiatry and Neurology. Advisor regarding neuromedical and clinical aspects of this study.

*William O. Russell, M.D., Head, Department of Pathology, and Chief, Section of Anatomical Pathology, The University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas; and Professor of Pathology, The University of Texas. Head of pathology work group of Governor's study panel. Responsible for all pathology reports.

*Robert L. Stubblefield, M.D., Professor and Chairman, Department of Psychiatry, The University of Texas Southwestern Medical School, Dallas, Texas. Consultant to: U. S. Air Force; U.S.P.H.S. National Institute of Mental Health Council; U.S. Veterans Administration; and Texas Department of Mental Health and Mental Retardation. Expert in psychiatric problems associated with acts of violence. Served in General Walker and Oswald cases.

5 Robert Sutherland, Ph.D., Hogg Professor of Sociology, The University of Texas, Austin, Texas; and Director of Hogg Foundation for Mental Health. Has worked many years for improvement in mental health programs in Texas. Chairman of Study Committee to recommend program in mental health for The University of Texas.

William H. Sweet, M.D., D.Sc., Professor of Surgery, Harvard Medical School, and Chief, Neurosurgical Service, Massachusetts General Hospital. Doctor Sweet has a major interest in behavior problems accompanying tumors of the brain.

Paul L. White, M.D., Director and Physician, Specialist, Student Health Center, The University of Texas, Austin, Texas. Doctor Heatly who interviewed C. J. Whitman worked for Doctor White.

Paul I. Yakovlev, M.D., Clinical Professor of Neuropathology and Curator, Warren Museum; Emeritus, Harvard University Medical School, Cambridge, Massachusetts; Consultant in Neuropathology, Massachusetts General Hospital. Doctor Yakovlev is one of the outstanding authorities on microscopic anatomy of the brain. Assisted in study of neuroanatomy and neuropathology. Authority on the normal and pathological anatomy of nervous system.

Harry M. Zimmerman, M.D., Chief, Laboratory Division, Montefiore Hospital, New York; Professor of Pathology, Albert Einstein College of Medicine; formerly: Professor of Pathology, College of Physicians and Surgeons of Columbia University. Doctor Zimmerman has a special interest in tumors of the central nervous system and assisted in total study of brain tissue and preparation of pathologic report. Has personally studied one of the largest series of brain tumor patients.

Miss Joan McCay, M.A., Associate Editor, and Russell W. Cumley, Ph. D., Editor, Department of Publications, The University of Texas M. D. Anderson Hospital and Tumor Institute assisted in editorial matters and in preparation of the reports.

*Fact-finding Committee members

A 3011431

Austin, Texas
September 8, 1966

PRESS CONFERENCE

Report to the Governor
Medical Aspects
Charles J. Whitman Catastrophe

1

Findings and Recommendations

Pursuant to the request of the Governor of the State of Texas and the Chairman of the Board of Regents of The University of Texas that a detailed investigation be made of all the available medical and related psychiatric facts concerning the late Charles J. Whitman, perpetrator of the catastrophe which occurred in Austin, Texas, on August 1, 1966, the objectives of study were outlined:

1. To determine the events and circumstances which surrounded the actions of Charles J. Whitman on August 1, 1966.
2. To explore the findings and to make such additional examinations as might be indicated by the factual information which is available.
3. To prepare the material for its maximal utilization in evaluating the problem for our society.
4. To make recommendations aimed at the detection and prevention of circumstances which might lead to similar incidents.

In compliance with this mandate, facts were compiled by the Fact-Finding Committee and are herewith reported.

Appended to this report is a list of the consultants who comprised the Fact-Finding Committee, and a list of the consultants who reviewed the facts.

Charles Joseph Whitman was born on June 24, 1941, following an apparently full-term pregnancy and normal delivery. He had the usual childhood illnesses, none of which had any recorded sequelae. At the age of 16 he underwent an appendectomy, and three months later was hospitalized because of a motorbike accident.

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During the first six years of his life, he and his family moved eight times. They settled in their present home in Lake Worth, Florida, in June, 1947. In September of that year, Charles entered the Catholic grade school. His brother Patrick was born in 1945, and his brother John Mike in 1947. In 1948, Charles began piano lessons, in which his father expected him to excel. Charles joined the Boy Scouts in 1952 at the age of 11. When he was 12, he had attained the rank of Eagle Scout, and received national recognition for being the youngest Scout to achieve that rating. At that same time he was considered to be quite good at the piano. Charles graduated from the eighth grade in June, 1955, and in September of that year he entered a Catholic high school. He was graduated from that same school in June, 1959, in the upper 25 per cent of his class.

Although he was reported as having been accepted for enrollment at the Georgia Institute of Technology after graduating from high school, Whitman enlisted in the Marine Corps at the age of 18. During the next 26 months of active duty, he underwent the normal physical examinations, which indicated no unusual findings.

In September, 1961, at the age of 20, Whitman was awarded a Naval Enlisted Science Education Program (NESEP) scholarship to The University of Texas in Austin. In the next 17 months (until February, 1963, when his scholarship was withdrawn for unacceptable academic performance) he underwent several complete routine physical examinations which showed no new data.

In February of 1962, Whitman began dating Kathryn Leissner of Needville, Texas, then a student at The University of Texas at Austin. They were married on August 17, 1962. During this

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period at The University of Texas before his marriage, Whitman had served as a dormitory counselor. At some time during the preceding year, (November 1961), he was found guilty of illegal possession of a deer which he had "poached," and for which he was fined. In March of 1962, a check given for a gambling debt (he gambled often) was returned for insufficient funds.

Following withdrawal of his scholarship, Whitman returned to active duty with the Marine Corps in February, 1963. His wife "Kathy" was graduated from the University and stayed in Austin as a teacher. In April, 1963, he attempted unsuccessfully to re-enroll in the NESEP program.

During his second period of active duty in the Marine Corps, he again underwent the usual physical examinations. At one time he was hospitalized for four days following a jeep accident in which Whitman and another Marine went over an embankment. According to witnesses, Whitman, although groggy, lifted the jeep from his pinned companion, then collapsed and was unconscious for several hours. His medical records stated that the findings were unremarkable. His physical examination for release from the service in November, 1964, revealed nothing of note.

By July, 1963, Whitman had advanced to the rank of Lance Corporal in the Marine Corps. However, on February 7, 1964, his rank was reduced to that of Private as the result of a summary court martial convicting him to 90 days of hard labor because he had loaned money at usurious rates.

In January, 1965, Whitman returned to The University of Texas. During this period of study, he maintained a B average,

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with an A minus average for one semester. In January, 1965, Whitman became a Scout Master, a position which he filled for a year. From April to June, 1965, he served as a bank teller to earn extra money. On May 1, 1965, he was bonded as an insurance agent and as a real estate broker. He received two traffic tickets for speeding in 1966, one on February 24, and one on March 20.

In late February, 1966, his parents' marital problems reached a climax, and on March 2, Whitman drove to Florida and assisted his mother in moving to Austin and she left her husband. In Austin, Whitman made arrangements for a separate apartment for his mother.

It is known that Whitman visited the Tower at The University of Texas twice during the recent months of 1966, once on April 5 with a friend, and once on July 22 with relatives.

On March 29, 1966, he sought psychiatric help at the Student Health Center and after approximately an hour's session with the psychiatrist, was told to return in one week and whom to call if he needed help in the meantime. He did not return nor did he call.

Following the Tower Incident, close friends and associates were questioned regarding possible neurologic deficit. No evidence of disability in speech, gait, face, or hand movements, or state of consciousness was described by those interviewed.

It required nearly an hour and a half to positively identify the sniper as 25-year-old college junior, Charles Joseph Whitman. A check of his and his mother's apartments then revealed two

additional murders. His wife of four years was found stabbed four times in the chest and his mother dead with a stab wound in the chest and a gunshot wound in the back of the head.

Whitman had begun about midnight by killing his wife and mother, according to notes found with the bodies. In the morning, after calmly purchasing guns and ammunition from three stores and preparing an elaborate trunk full of supplies, he had ascended the Tower to continue his murderous action which left 16 dead and 32 wounded. Whitman's own death brought the toll to 49.

Since Whitman's father signed a release granting permission for the study, the study of the autopsy findings and related consultations was undertaken by a group of nine specialists with the assistance of Dr. Coloman de Chenar who had performed the autopsy on the 25-year-old, white male, in Austin on August 2, 1966. The autopsy had been requested by Justice of the Peace Jerry A. Dellana. The information and materials provided by Dr. de Chenar were reviewed by Drs. Russell, Earle, Zimmerman and J. Minckler.

3 The group were provided with: 1) Autopsy protocol including the microscopic findings; 2) various specimens of brain tissue; 3) paraffin block containing two pieces of brain tumor; 4) two stained and two unstained sections of brain tumor; 5) two kidneys; 6) a slice of liver with the gallbladder attached, and 7) the stomach.

These materials formed the basis of the pathologic study conducted at The University of Texas M. D. Anderson Hospital and Tumor Institute by Dr. Russell, Dr. Jachimczyk, Dr. Earle, and Dr. Yakovlev. The slides and record of findings were

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RECEIVED AND STUDIED BY DR. ZIMMERMAN AND T. MINCKLER
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reviewed and studied by Drs. Zimmerman and T. Minckler. The pathologic diagnosis and comments are the concerted opinions of the seven pathologists.

The week-long examination necessarily was limited in depth and scope for five reasons. 1. The autopsy was not performed until approximately 24 hours after death. 2. The body had received arterial and trochar embalming before Dr. de Chenar's initial examination. 3. Many parts of the brain were damaged by the penetrating fragments of bone which had been created by the gunshot wounds. 4. All of the pieces of the brain were not recovered for the examination. 5. The brain had been sectioned at the time of the autopsy.

Two consultants in neuroanatomy and neurophysiology, Drs. Duncan and Harrison, respectively, contributed to the identification of the portions of the brain and the selection of the microscopic sections during the period of gross examination at M. D. Anderson Hospital on August 8, by Drs. Russell, Earle, and T. Minckler. Drs. Zimmerman and J. Minckler independently reviewed slides subsequently.

On August 8, after several days of study and discussion, a formal plan was outlined for the Governor by the initial study group. It was approved in general by the Governor and consultants were notified of the request for their services.

The final pathologic diagnosis was as follows:

1. Multiple contusions and lacerations of brain, with bilateral focal hemorrhages in the frontal, parietal and temporal lobes, with multiple small fragments of bone in the white and gray matter (history of multiple gunshot wounds of the head and face).
2. Recent subarachnoid hemorrhage of both frontal and parietal lobes and the pons.
3. Recent multiple contusions of white matter in the frontal, parietal and temporal lobes, and the brain stem.
4. Glioblastoma multiforme (sections of two pieces of tumor reportedly removed from the right temporo-occipital white matter by Dr. de Chenar on August 2, 1966).
5. Flattening of cerebral convolutions, slight.
6. No significant pathologic change in liver, kidneys, and stomach.
7. Multiple wounds of the body.

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The malignant tumor removed from the brain by Dr. de Chenar microscopically exhibited the features of a glioblastoma multiforme with a remarkable vascular component of the nature of a small congenital vascular malformation. It contained widespread areas of necrosis with palisading of cells characteristic of glioblastoma multiforme.

No evidence of other disease or previous trauma was observed although the destruction of the brain by the gunshot wounds was so extensive that anatomic relationships could not be completely evaluated and the examination of all the major nerve tracts and nuclei of the brain was impossible.

Specialists at the Armed Forces Institute of Pathology in Washington, D. C., reviewed formalin-fixed and embalmed specimens of tissue from the brain, kidney, stomach, and liver for toxicological analysis. The report indicated:

Kidney, stomach and brain--no finding of basic drugs
Liver--no findings of barbituates
Kidney--no findings of neutral drugs

Consultation with the Office of Drug Surveillance, Bureau of Medicine, Food and Drug Administration also confirmed the negative findings.

⊕ The data obtained provide no evidence that this man had a clinical neurological abnormality, and there is no evidence from the pathological reports that ^{the humor} ~~its presence~~ interrupted pathways leading to detectable neurological signs.

However the committee of neurologists, neurosurgeons, and neurophysiologists interested in the clinical and physiological aspects of the nervous system recognizes that abnormal aggressive behavior may be a manifestation of organic brain disease.

While both physiological and clinical studies are pointing increasingly to certain deeper portions of the brain and the temporal lobe as the substrate for normal and abnormal behavioral patterns involving emotion, the application of existing knowledge of organic brain function does not enable us to explain the actions of Whitman on August first.

Consultants on the psychiatric portion of the study were Drs. Frazier, Stubblefield, and Brown. The group of six psychiatrists was concerned with arriving at reasonable conclusions as to the

possible origins of Whitman's behavior within the limitations imposed by the lack of opportunity to interview the subject himself. Accrual of data began with assembling and reviewing all available written material, including police records, service records, school records, personal diaries and letters, and interviews with Whitman's friends and acquaintances. Press reports were also reviewed.

After a review of the written data, personal interviews were conducted by the investigators in an effort to obtain information and attitudes about him. The information is not exhaustive and all encompassing.

The review of behavioral data received in confidence led to the conclusions that:

✓1. Charles J. Whitman was an intelligent, intense, and driven young man;

✓2. Charles J. Whitman was living under conditions of increasing personal stress from which he felt he could not escape, and which he could not master. He experienced this stress essentially in increasing personal psychological isolation, and had done so for years;

✓3. Charles J. Whitman experienced profound personal dissatisfactions. His inner image of himself seems to have been poorly formulated, resulting in a deep sense of unrest;

✓4. Charles J. Whitman was prone to impulsive action and loss of control at times, not always adhering to the expectations of the groups to which he belonged;

✓5. Charles J. Whitman had acquired skill with firearms from childhood and this had been supplemented through intensive

training in military service;

✓6. Charles J. Whitman, despite reasonable good grades, had not chosen academic pursuits for which he was best equipped, and he experienced much difficulty in the abstraction of ideas and organization of his studies. He took stimulating drugs to assist him in keeping academic deadlines, the net effect of which was further loss of efficiency and a decrease in clarity of thinking at these times. However, there was no evidence of acute or chronic drug toxicity on August 1, 1966;

✓7. Charles J. Whitman was deeply concerned over the chronic marital discord and recent separation of his parents. He often had strong, variable, inconsistent feelings of hostility toward members of his family, particularly his father. Because of his emotional conflicts and at the suggestion of his wife and friends he consulted a psychiatrist on March 29, 1966; no diagnosis was made; he was requested to return for further evaluation, but did not do so;

✓8. There is much evidence that Charles J. Whitman had developed strong loving ties to his wife though his behavior toward her was inconsistent;

✓9. There is evidence that Charles J. Whitman made good friends and was admired and respected by many;

✓10. Charles J. Whitman was known to express his concern about physical symptoms frequently; however, he is not known to have consulted a physician in the last four months of his life for physical complaints, including headaches;

✓11. It is the opinion of the task force that the relationship between the brain tumor and Charles J. Whitman's actions

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on the last day of his life cannot be established with clarity. However, the highly malignant brain tumor conceivably could have contributed to his inability to control his emotions and actions;

12. Without a recent psychiatric evaluation of Charles J. Whitman, the task force finds it impossible to make a formal psychiatric diagnosis.

The Governor's Committee composed of the Fact-Finding Committees and the invited consultants have made the following recommendations:

Recommendations

A. Direct results of tragedy

1. Aid to injured survivors

Aid toward recovery and rehabilitation of victims of a catastrophe caused by the elements usually is readily available through established agencies. It is believed that all available such resources should likewise be channeled to assist those whose careers have been interrupted or permanently altered as a result of this tragedy, to include rehabilitation, temporary financial aid, and student loans, depending upon the exigencies of the individual situation.

Recommendation

It is recommended that specific responsibility for following the progress of the injured survivors and assisting them in meeting their needs be assigned to an existing group or element of The University of Texas or of the State, or to a group commissioned for this purpose. It is the objective of this recommendation not that these individuals be made the objects of "relief" or of

continued, unwanted surveillance, but that they be aided as much as possible in recovery from the problems associated with the disaster through existing channels.

B. The University of Texas' relationship to the tragedy*

1. Development of a University Health Program for students and faculty

It is desirable that The University of Texas have the best possible health program in the broadest meaning of the term for both students and faculty. #

The University of Texas has many health resources in three medical schools, a dental school, a cancer research hospital and institute, a graduate school of biomedical sciences, and a program in continuing medical education. None of these units, however, is located in Austin. Additionally, the University has a Medical Affairs Advisory Council, composed of the heads of these biomedical units and, since July 1, 1966, an office of Vice-Chancellor for Health Affairs in Central Administration for the university system, located in Austin. The incumbent of this Office is a qualified practitioner, a professor of medicine, and a former professor of preventive medicine.

Recommendation 2

It is recommended that consideration be given by The University of Texas to the formulation of a broad health program for both students and faculty of all divisions of the University. It is suggested that the specific responsibility for development of

*(While the recommendations in Section B concern only The University of Texas, ~~they~~ could well apply, in the opinion of the Consultants, to all ~~state-supported~~ colleges and universities.)

the general principles

plans and policy would be appropriately placed with the Vice-Chancellor for Health Affairs, who would call upon the University's health units, the Medical Affairs Council and such internal and external consultation as might be required to attain the desired goal. It is envisioned that such planning would include recommendations regarding scope, personnel, building and financing.

2. Development of a Mental Health Program for students and faculty

For the university student, undergoing one of the most stressful periods of his development, a mental health program is considered vital--not only through implementation of known practices but also through ongoing research and application of new knowledge. No more fitting memorial to those who suffered from this tragic event, and no more worthwhile effort than to anticipate or prevent similar catastrophes, can be conceived.

Recommendation 3

It is recommended that the planning for the Mental Health Program utilize all of the appropriate University resources, coordinated with the guidance of the Vice-Chancellor for Health Affairs. It is suggested that the resources and influence of the Hogg Foundation, long a symbol of progress in mental health in the Southwest, might well be applied to this goal for good mental health of the student of today and the adjusted and productive adult citizen of tomorrow.

3. Expansion and strengthening of a student counseling service

Closely allied to the above recommendations is the need for the development of an effective student counseling service.

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Recommendation

It is recommended that The University of Texas develop a student counseling service of such depth and scope as to personalize the abilities and educational and life goals of, and provide counsel and aid to, each student in need at any time. This program should be coordinated with the Mental Health Program for most effective implementation.

4. Study and strengthening of safety factors within
The University of Texas system

Recommendation

It is recommended that there be instituted a study of safety factors of the individual campuses of the University system with a view to anticipation of problems which may arise and the devising of plans for their ready solution. If necessary to obtain additional laws for protective measures, it is recommended that they be introduced at the next session of the Legislature. On the main campus, utilization of the Tower Building must have special consideration for the prevention of further tragedies. Decision has already been made by The University to install warning signals and communications media in the top of the Tower for use in time of emergency. We would recommend specific study for safety measures for the continued use of the observation deck.

C. Social implications of the tragedy

1. Medical Examiner System

The investigation of violent deaths should be conducted by a qualified Medical Examiner, preferably a qualified forensic pathologist. Present laws in Texas permit the establishment of

an Office of the Medical Examiner at the county level subject to population requirements.

Recommendation **5**

It is recommended that appropriate legislation be introduced to establish an Office of the Medical Examiner on a statewide basis.

2. Self-study by news media concerning dissemination of information on acts of violence

Acts of violence and tragedy are given prominence in all news media. Additionally, there is much discussion currently concerning the presentation of acts of brutality and violence in entertainment programs freely accessible to young as well as old.

Recommendation **6**

It is recommended that the communications media review their own role and attitude in obtaining and disseminating information concerning acts of violence and conduct research, with appropriate educational agencies, to determine means to best serve the public welfare in regard to these matters.

3. Re-learning process for combat-trained military personnel

It is believed possible for military personnel who have been trained to kill to re-learn in such a way as to de-emphasize in their minds those hostile acts taught as laudatory in time of war.

Recommendation **7**

It is recommended that appropriate consideration be given to programs for re-learning among combat-trained military personnel

prior to their return to civilian life and that, if such programs are found to be effective, they be required by all military forces as a prerequisite for separation from the service.

4. Special studies on abnormal behavior

This case is a dramatic indication of the urgent need for further understanding of brain function related to behavior, and particularly to violent and aggressive behavior. With sufficient knowledge in this area, logical approaches to correction of abnormal behavior can be pursued.

Recommendation

We recommend that for the public good such studies be supported at a level which would insure rapid progress.

5. Confidentiality of health records

The individual's free cooperation with his physician ~~or~~ ~~physician~~ in time of illness or distress is dependent upon his feeling secure from injury or embarrassment in making personal revelations in matters of health and emotion.

Recommendation

It is recommended that the confidentiality of all health records be preserved short of legal compulsion for their release.

D. The qualities of man are best tested in times of danger and stress. A heartening aspect of the catastrophe on August 1 was the heroic behavior of many individuals.

Recommendation

It is recommended that the appropriate officials take cognizance of this heroism in commending those peace officers, university officials, students, doctors, hospital personnel, and other citizens who rose so courageously to the occasion on that fateful day.