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### Physical Marks on Abductees

From: [jvif@spacelab.net](mailto:jvif@spacelab.net) (John Velez)  
Date: Fri, 10 Jan 1997 02:54:07 -0500  
Fwd Date: Fri, 10 Jan 1997 13:45:53 -0500  
Subject: Physical Marks on Abductees

Hiya Errol, hi all,

There has always been much controversy over the 'scoop marks' and other assorted and sundry marks and scars that follow on the heels of many abduction episodes. In hopes of adding something of value to the subject, I am posting a series of e-mails that I have exchanged with a Radiologist who specializes in analysis and interpretation of neurological x-rays, MRI scans and the like.

The doctor wrote to me after he had downloaded a copy of Linda 'Cortiles' x-ray from the Intruders Foundation website. I have deleted any reference that may expose the doctors identity.

I'm not an academic, so excuse me if I didn't ask the 'right questions' I did my best. Do with this information what you will. I hope that someone finds it of some value to their inquiries or research on the abduction phenom.

John Velez

=====  
The first e-mail that I recieved from the doctor.

Dear sirs,

Interestingly, your "Gif" formatted x-ray of Ms. Cortile's nose can't be displayed on Paint Shop Pro...can you e-mail me a high res. jpg or bmp?

Anyways, there is definitely a radio-opaque foreign body of 6-8 mm [guesstimate] in the cartilaginous/soft tissue of her nose. It is hard to say if this is midline without an AP view or CT scan. The maxillary sinuses are clear. It would be of interest to see the rest of her sinuses with a Water's [chin-up] and true lateral of the skull.

Also, there are 2 round high density 3 and 6mm [roughly] objects in the submental region, in the subQ (subcutaneous,JV) soft tissue, about 1 cm from the edge of her chin. These could be sub-maxillary gland duct stones, or something else. She should have a CT scan to check out her sinuses and brain, with thin 1mm cuts! [Just complain of chronic headache to get one paid for by insurance].

Quite fascinating skin slides. I'm only a radiologist, but any medical grad knows the "scooped-out" dermal lesions are artificially made 'punch biopsy' scars. These are done by dermatologists all the time, and range from 2-8mm in diameter, the most common being 4mm.

Also, the photos of the thoracic spine raised lesions could be from prior removal of cerebrospinal fluid. We see similar,

but much smaller lesions, after myelographic procedures in X-ray.

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All of the pix that the doctor is refering to can be viewed at the  
Intruders Foundation website. Oppinions from qualified medical  
professionals is always encouraged and welcome. JV

<http://www.spacelab.net/~jvif/bhhp.html>

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If you have any interesting x-rays, feel free to send them  
to me, preferably in high resolution jpeg format. I will  
be starting a neuroradiology fellowship in 6 months, and  
could show them around for any extra input.

Very entertaining site.

Sincerely

x (deleted) x (deleted), M.D.  
deleted - College 'year deleted'  
deleted - Hospital, Radiology  
Address Deleted

=====  
My response.

Hiya Doc,

Thank you so much for taking the time to send your analysis. If we could  
only get the attention of trained mainstream professionals like yourself,  
to help to conduct a comprehensive investigation, we'd have many more  
answers than we now have, and in very short order. The fact of the matter  
is, we're being written off, dismissed and ignored.

As it stands now, we're (all) considered to be delusional, hallucinating,  
or suffering from "false" memories! Nothing, could be farther from the  
truth. For the most part, we are quite 'ordinary' individuals that are  
having 'extraordinary' experiences. I will provide you with whatever  
materials I can. I promise that your anonymity will be maintained and  
protected to the utmost. Someone like you is a valuable resource. It's like  
finding a diamond.

I can tell you that NOT ONE of the individuals in the photos has ever had a  
"punch biopsy." At least not any that was administered by any earthly  
physician! Folks remember getting those during abduction episodes, as a  
part of 'other' equally intrusive "medical" proceedures.

I realize how ludicrous (and incredulous) all this must sound to you, but  
here goes. I remember having a long silver needle with a tiny silver bead  
on the end of it shoved up my nose. I didn't feel any pain, only pressure,  
as the being performing the proceedure pressed it against what must have  
been bone. I remember hearing the dull crunch inside my head as it  
penetrated. (My brain pan? Who knows!)

I have had semen samples taken by these "aliens" on more than one occasion.  
There's more, but I don't want to scare you off too soon! <Grin>

The real kicker is, that I'm not alone! Many others from all over the globe  
remember the (EXACT SAME PROCEEDURES, ADMINISTERED IN THE SAME SEQUENCE, BY  
THE SAME CREATURES, USING THE SAME INSTRUMENTS!) How can that be? How can  
thousands of otherwise average / normal individuals be shareing the same  
hallucination? If it was all in our imaginations, you'd think that there  
would be radical differences in the stories we report. But that is not the  
case. We corroborate each others stories down to minutia of detail. That  
would not be possible if it was simply the product of overworked  
imaginations. And then there is this "physical component,"... dreams and  
hallucinations do not leave (physical) marks and scars behind! How do  
(fully healed) cuts, marks and scars appear overnight doctor?

I will talk to Budd about securing originals and/or copies of the x-rays  
for you to study. I'll get back to you on that. In the meantime, thanx  
again for your valuable time spent on our behalf, and for any that you may  
dedicate in the future. Believe me Doc, it is greatly appreciated.

Talk to you again soon.

John Velez

=====  
The doctors response to my e-mail

> in "quotes" John V

To: John Velez <jvif@spacelab.net>  
Subject: Re: Linda Cortile's X-Ray, et al.

John Velez wrote:

> Thank you so much for taking the time to send your analysis. If we >could  
>only get the attention of trained mainstream professionals like >yourself,  
>to conduct a comprehensive investigation, we'd have many >more answers  
>than we now have, in very short order. The fact of the >matter is, we're  
>being written off, dismissed and ignored.

Well, don't be dismayed. Even though I have a medical degree,  
I've still read Budd Hopkins' works with an open mind.

>I can tell you that NOT ONE of the individuals in the photos has ever >had  
>a "punch biopsy." At least not any that was administered by any >earthly  
>physician!

Actually, I didn't think they did, since they had no obvious skin lesions  
where the biopsy marks were.

>I remember having a long silver needle with a tiny silver bead on the >end  
>of it shoved up my nose. I didn't feel any pain, only  
>pressure, as the being pressed it against what must have been bone. I  
>>remember hearing the dull crunch inside my head as it penetrated. (My  
>>brain pan? Who knows!)

I've heard of this before. The paranasal sinuses connect far posterior  
almost to the skull base. The dull crunch was probably the thin  
bony septae popping.

YOU should get a CT scan to see if anything is back there...Complain  
of severe maxillary sinus pain or transient visual black spots or even a  
severe migraine next time in the ER to get this done free!

>How do (fully healed) cuts, marks and scars appear overnight doctor?

I have no answer for that one!

>I will talk to Budd about securing originals and/or copies of the >x-rays  
>for you to study.

Those would be excellent. Even jpeg'd versions would be great.

x x, MD

My latest to the Doctor,

>in "quotes" the doctor

-----  
From: jvif@spacelab.net (John Velez)  
Subject: Re: Linda Cortile's X-Ray, et al.  
Cc:  
Bcc:  
X-Attachments:

Hello,

You wrote,

>Actually, I didn't think they did, since they had no obvious  
>skin lesions where the biopsy marks were.

Could you please elaborate just a bit about the "absence of skin lesions?"  
What would cause them, and why would they be "expected" to accompany a  
punch biopsy site. Why do physicians perform 'punch biopsys?'

>I've heard of this before.

In abduction literature or somewhere else?

>The paranasal sinuses connect far posterior almost to the skull base. >The  
>dull crunch was probably the thin bony septae popping.

What lies directly behind the "thin bony septae?" Pituitary gland? Parts of  
the brain that control involuntary body functions such as breathing or  
heart beat? This is an important piece of info as it may provide some  
insight as to the purpose of the implants and procedures relating to them.

I've already told you, that you are welcome to view the x-rays in person at Budds home at any time that it can be arranged. Again, thanx for your time.

Look forward to hearing from you again.

John Velez

=====  
the doctors response

> in "quotes" John V

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To: John Velez <jvif@spacelab.net>  
Subject: Thank you for the info; very interesting cases overall.

John Velez wrote:

> Could you please elaborate just a bit about the "absence of skin  
>>lesions?" What would cause them, and why would they be "expected" to  
>>accompany a punch biopsy site. Why do physicians perform 'punch  
>>biopsys?"

These are done to confirm a diagnosis using histology, ie., with suspected herpetic vesicles. Cells can be used for DNA analysis as well. These people, [abductees whose photos appear on the website-JV] had no obvious skin conditions, so why would these marks be there?

> In abduction literature or somewhere else?

Yes, I have read two of Mr. Hopkins' books. The sinuses are the only bones in the body beside the mastoids which have large air pockets; ideal 'storage spaces.'

> What lies directly behind the "thin bony septae?" Pituitary gland? >Parts  
>of the brain that control involuntary body functions such as >breathing or  
>heart beat? This is an important piece of info as it may >provide some  
>insight as to the purpose of the implants and procedures relating to  
>them.

Yes! The pituitary lies immediately behind the most posterior sinus, the sphenoid. The pituitary connects to our body's 'cruise control' - the hypothalamus via its stalk.

That's kind of you to give me Hopkins' home phone. The bitmap image doesn't view well on a PC. If I have any time, I'll give him a ring. Other abductees reportedly also have disturbingly strange x-rays/MRIs and medical conditions. I simply cannot make a timely trip in person to view these, but thank you for offering. Ms. Cortille's case is apparently controversial [pros and cons, including the 'secret service' agents], so that one can argue she could have faked the x-ray by inserting the object into her nasal cavity. On the other hand, due to the object's position, this would be difficult. A CT scan could have helped.

Sincerely

x, x, MD  
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Hi,

I'm back!

I hope that this material will prove to be of some value to someone. I tried my best to ask the "right questions", and some of the doctors observations/oppinions ARE quite compelling.

Although as always, I'm sure that there are those that will vehemently disagree with my oppinion! <G>

See you guys out there,

John Velez

jvif@spacelab.net  
"INTRUDERS FOUNDATION ONLINE"  
<http://www.spacelab.net/~jvif/bhhp.html>

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