

Assassination Records Review Board
Staff Report to Accompany July Release of Medical and Autopsy Records
July 31, 1998

Properly conducted forensic autopsies are an important component of homicide investigations. Doctors (or “prosectors”) who conduct full forensic autopsies of gunshot victims should consider ballistics evidence, speak with the doctors who treated the victim before his death, examine thoroughly the clothing the victim wore at the time of the shooting, conduct a thorough and conscientious autopsy, and create a detailed, specific, and fully documented accounting of the cause of death. In cases where a suspect is subsequently tried in court for murder, the doctor who performed the autopsy typically will be cross-examined and challenged on even the most minute of issues related to the cause of death. The autopsy and court records become evidence that can be fully examined and evaluated by medical and forensic experts.

One of the many tragedies of the assassination of President Kennedy has been the incompleteness of the autopsy record and the suspicion caused by the shroud of secrecy that has surrounded the records that do exist. Although the professionals who participated in the creation and the handling of the medical evidence may well have had the best of intentions in not publicly disclosing information – protecting the privacy and the sensibilities of the President’s family – the legacy of such secrecy ultimately has caused distrust and suspicion. There have been serious and legitimate reasons for questioning not only the completeness of the autopsy records of President Kennedy, but the lack of a prompt and complete analysis of the records by the Warren Commission.

Among the several shortcomings regarding the disposition of the autopsy records, the following points illustrate the problem. First, there has been confusion and uncertainty as to whether the principal autopsy prosector, Dr. James J. Humes, destroyed the original draft of the autopsy or if he destroyed notes taken at the time of the autopsy. Second, the autopsy measurements were frequently imprecise and sometimes inexplicably absent. Third, the prosectors were not shown the original autopsy photographs by the Warren Commission, nor were they asked enough detailed questions about the autopsy or the photographs. Fourth, the persons handling the autopsy records did not create a complete and contemporaneous accounting of the number of photographs nor was a proper chain of custody established for all of the autopsy materials. Fifth, when Dr. Humes was shown some copies of autopsy photographs during his testimony before the HSCA, he made statements that were interpreted as suggesting that he had revised his original opinion significantly on the location of the entrance wound. These shortcomings should have been remedied shortly after the assassination while memories were fresh and records were more readily recoverable.

The President John F. Kennedy Assassination Records Collection Act of 1992, 44 U.S.C. § 2107 (JFK Act), did not entrust the Assassinations Records Review Board

with the mission of investigating the assassination or of attempting to resolve any of the substantive issues surrounding it. But the JFK Act did authorize the Review Board to pursue issues related to the documentary record, including the completeness of records and the destruction of records. In an informal discussion with the Review Board, Congressman Louis Stokes, former Chairman of the House Select Committee on Assassinations (HSCA), strongly encouraged the Review Board to do what it could to help resolve issues surrounding the documentary record of the autopsy. He advised the Board that the medical evidence is of particular importance and that he hoped that it would do all it could to complete the record. Despite being hampered by a thirty-year-old paper trail, the Review Board vigorously pursued additional records related to the medical evidence and the autopsy.

The first step taken by the Review Board in regard to the medical evidence was to arrange for the earliest possible release of all relevant information in the Warren Commission and HSCA files. Prior to the passage of the JFK Act, the files from the HSCA contained numerous medical records that had never been released to the public. After the JFK Act came into effect, but before the Review Board was created, the National Archives released many of these records. Once the Review Board staff was in place in November 1994, it attempted to identify all remaining records that appeared to be connected to the medical evidence and arranged for their prompt release.¹ All of these records were sent to the National Archives by early 1995 without redactions and without postponements.

The Review Board queried several government entities about possible files related to the autopsy, including the Bethesda National Naval Medical Center, the Armed Forces Institute of Pathology, the military services, the Naval Photographic Center, the Senate Select Committee on Intelligence (for Church Committee Records), and the President John F. Kennedy Library. The Review Board also attempted to contact all former staff members of the House Select Committee on Assassinations. With the exception of the autopsy photographs and x-rays, which are exempt from public disclosure under the JFK Act, the Review Board has now arranged for the release of *all* governmental records related to the autopsy. There are no other restricted records related to the autopsy of which the Review Board is aware.

The Review Board's search for records thereupon extended to conducting informal interviews of numerous witnesses, taking depositions under oath of the principal persons who created autopsy records, and arranging for the digitizing of the autopsy photographs. A list of the reports and records related to the actions taken to complete its work is attached to this memorandum. Most of the reports are included in

¹ Members of the research community contacted the Review Board and identified records that were apparently related to medical evidence that had not yet been released. Those records were tracked down and released.

the Master Set of Exhibits that is being released on July 31, 1998. The remainder will be available to the public upon the transfer of the Review Board's files to the National Archives in September 1998.

There were many notable successes resulting from the Board's work, a few of which may briefly be mentioned here. With the generous and public-spirited cooperation of Kodak, the National Archives, the FBI, and a representative of the Kennedy family, the Review Board was able to provide secure transportation to ship the autopsy photographs to Rochester, New York, to be digitized on the best digital scanner in the world. The digitized images will be capable of further enhancement as technology and science advance. The digitizing should also provide assistance for those who wish to pursue the question whether the autopsy photographs were altered.²

The Review Board also was able to identify additional latent autopsy photographs on a roll of film that had (inaccurately) been described as "exposed." Again with the generous cooperation of Kodak, the latent photographs were digitized and enhanced for further evaluation. These digitized records have already been transferred to the JFK Collection at the National Archives.

On another front, through painstaking staff efforts, the Review Board was able to locate a new witness, Ms. Sandra Spencer, who worked at the Naval Photographic Center in 1963. She was interviewed by phone and then brought to Washington where her deposition was taken under oath in the presence of the autopsy photographs. Ms. Spencer testified that she developed post-mortem photographs of President Kennedy in November 1963. In another deposition under oath, Dr. Humes, one of the three autopsy prosecutors, finally acknowledged under persistent questioning – in testimony that differs from what he told the Warren Commission – that he had destroyed both his notes taken at the autopsy and the first draft of the autopsy report. Autopsy prosecutor Dr. "J" Thornton Boswell, in an effort to clarify the imprecision in the autopsy materials, marked on an anatomically correct plastic skull his best recollection of the nature of the wounds on the President's cranium. The autopsy photographer, Mr. John Stringer, in painstaking and detailed testimony, explained the photographic procedures he followed at the autopsy and he raised some questions about whether the supplemental brain photographs that he took are those that are now in the National Archives. His former assistant, Mr. Floyd Riebe, who had earlier told several researchers that the autopsy photographs had been altered based upon his examination of photographs that have been circulating in the public domain,

² Although the Review Board does not offer opinions on the substantive issues related to the assassination, it believes that trained medical personnel will possibly be able to provide additional illuminating explanations regarding the autopsy after examining the enhanced images. It should be noted, however, that although the digitizing significantly enhanced the clarity of the images, many questions are likely to remain unanswered.

re-evaluated his earlier opinion when shown the actual photographs at the National Archives.

Perhaps the most difficult and challenging aspect of the Review Board's work on the medical evidence was the preparation and taking of the depositions of the principal persons with knowledge about the autopsy and autopsy records. Although conducting such work was not required by the JFK Act, the Review Board sought to obtain as much information as possible regarding the documentary record. Accordingly, it identified all of the still-living principal persons who were involved in the creation of autopsy records and brought them to the National Archives. For the first time, in the presence of the original color transparencies and sometimes first-generation black-and-white prints, the witnesses were asked questions about the authenticity of the photographs, the completeness of the autopsy records, the apparent gaps in the records, and any additional information in their possession regarding the medical evidence. The witnesses came from as far away as Switzerland (Dr. Pierre Finck) and as close as Maryland (Dr. Boswell). The questions were placed to the personnel in a straightforward but pointed manner. There was no attempt made to trick the witnesses, although they were asked questions, when appropriate, about prior inconsistent statements. In conducting the depositions, the Review Board staff sought to approach the questioning in a professional manner and without prejudging the evidence or the witnesses.

There were three closely related problems that seriously impeded the Review Board's efforts to complete the documentary record surrounding the autopsy: a cold paper trail, faded memories, and the unreliability of eyewitness testimony. An example of the cold paper trail comes from Admiral George Burkley, who was President Kennedy's military physician and the only medical doctor who was present both during emergency treatment at Parkland Memorial Hospital and at the autopsy at Bethesda Naval Hospital. In the late 1970s, at the time of the HSCA's investigation, Dr. Burkley, through his attorney, suggested that he might have some additional information about the autopsy. Because Dr. Burkley is now deceased, the Review Board sought additional information both from his former lawyer's firm and from Dr. Burkley's family. None agreed to supply any additional information.

Memories of course fade over time. A very important figure in the chain-of-custody on the autopsy materials, and the living person who perhaps more than any other would have been able to resolve some of the lingering questions related to the disposition of the original autopsy materials, is Robert Bouck of the Secret Service. At the time he was interviewed he was quite elderly and little able to remember the important details. Similarly, the records show that Mr. Carl Belcher, formerly of the Department of Justice, played an important role in preparing the inventory of autopsy records. He was, however, unable to identify or illuminate the records that, on their face, appear to have been written by him.

Finally, a significant problem that is well known to trial lawyers, judges, and psychologists, is the unreliability of eyewitness testimony. Witnesses frequently, and inaccurately, believe that they have a vivid recollection of events. Psychologists and scholars have long-since demonstrated the serious unreliability of peoples' recollections of what they hear and see. One illustration of this was an interview statement made by Dr. Robert Grossman, one of the treating physicians at Parkland. He explained that he was in Trauma Room Number 1 with the President. He recounted how he observed the First Lady wearing a white dress. Of course, she was wearing a pink suit, a fact known to most Americans. The inaccuracy of Dr. Grossman's recollection probably says little about the quality of the doctor's memory, but it is revealing of how the memory works and how cautious one must be when attempting to evaluate eyewitness testimony.

The deposition transcripts and other medical evidence being released by the Review Board should be evaluated cautiously and prudently by the public. Often the witnesses contradict not only each other, but sometimes themselves. For events that transpired almost thirty-five years ago, all persons will have failures of memory. It would be more prudent to weigh all of the evidence, with due concern for human error, rather than take single statements as "proof" for one theory or another.

To the extent that the Review Board obtains additional relevant information on medical evidence or the autopsy, it will be released to the public before September 30, 1998.