MEETING REPORT

Document's Author: Doug Horne/ARRB **Date Created:** 2/29/96

Meeting Logistics

Date: 1/26/96
Agency Name: Assassination Records Review Board
Attendees: Dr. Douglas Ubelaker (Forensic Anthropologist), David Marwell, Jeremy Gunn, Dennis Quinn, Douglas Horne, and Steve Tilley of NARA
Topic: Independent Review of JFK Autopsy X-Rays and Photographs By Outside Consultant (Forensic Anthropologist)

Summary of the Meeting

At the request of David Marwell (ARRB Executive Director), Mr. Douglas Ubelaker, a Forensic Anthropologist employed by the Smithsonian Institution, agreed to conduct an independent review of the JFK autopsy X-Rays and photographs for the benefit of ARRB staff members who were preparing to depose Drs. Humes and Boswell. The goal of this independent review was to allow a forensic anthropologist who was not immersed in the debate over the medical evidence in the JFK assassination to view these critical materials and pass on to the staff any pertinent observations or concerns.

The meeting was held on January 26, 1996 in the offices of Steve Tilley at NARA in College Park, Maryland.

Dr. Ubelaker was requested to simply view the photographs and X-Rays taken at the autopsy of President Kennedy, and pass on any observations or questions which came to mind. While commenting on the materials, Dr. Ubelaker stressed repeatedly that he was neither a forensic pathologist, nor a forensic radiologist, and asked us to take this into account when evaluating his comments. For the ease of the reader, this summary of his observations is recorded in categories (shown below in bold type) by general subject matter, in a somewhat arbitrary order which does not necessarily reflect the order in which the comments were made, or their relative importance:

Autopsy Photographs:

Head:

(1) On the photographs showing the back of the head (#s 15, 16, 42 and 43), it was observed that the red spot in the upper part of the photo near the end of the ruler does not really look like a wound. The red spot looks like a spot of blood--it could be a wound, but probably isn't. The white spot which is much lower in the picture, near the hairline, could be a flesh wound, and is much more likely to be a flesh wound than the red spot higher in the photograph. These comments were immediately followed by the caveat that a forensic

anthropologist is really not a "soft tissue man", and the photographs should be viewed by a forensic pathologist for more definitive opinions on what they are depicting.

(2) The damage pattern (displacement of scalp and bone) evident when viewing the photos showing the right side of the head and right shoulder (#s 5, 6, 26, 27 and 28) and the photos showing the superior view of the head (#s 7, 8, 9, 10, 32, 33, 34, 35, 36 and 37) is suggestive of a head wound resulting from a bullet traversing from front-to-rear, from the front or right-front, but at the same time is not conclusive in this regard. It is unclear how much of this displacement pattern in these photographs is really due to gunshot, and how much is due to the simple force of gravity on a body which is laying supine (and possible dislocation due to transportation of the body from Parkland Hospital to Bethesda).

(3) It was noted that when the two photo series mentioned above in subparagraph 2 are compared with the photographs mentioned in subparagraph 1, the appearance of the "lay" of the scalp (in regard to its pattern of displacement near the superior-posterior edge of the large skull defect) does not match.

(4) The photograph series showing the large skull defect (#s 17, 18, 44 and 45) could not be oriented, because of a lack of identifying anatomical landmarks, and because so much blood was present in the photographs.

(5) When asked to locate the approximate position of the external occipital protruberance on the photos of the back of the head (#s 15, 16, 42 and 43), the forensic pathologist estimated that it would probably be slightly above and to the left of the white spot near the hairline, and was closer to the white spot than the red spot in the photo.

X-Rays:

Lateral X-Rays of the Head (#s 2 and 3):

(1) It was observed that one fracture line occurred prior to the other, because the longer one stopped the shorter one. But in and of themselves, 2 fracture lines occurring at different times do not indicate 1 bullet or 2 bullets to the head.

(2) The forensic anthropologist could not locate any entry wound to the head on the lateral X-Rays.

(3) Overlapping bone fragments were noted in the temporal-parietal region of the lateral X-Rays.

(4) The forensic anthropologist was puzzled by the very dark regions in the anterior portions of the lateral X-Rays, for two reasons: first, because they look so unusually dark compared with normal X-Rays; and second, because

the apparent absence of bone in much of the anterior portion of these X-Rays seems inconsistent with the intact appearance of the right forehead in the photos of the right side of the head and right shoulder (#s 5, 6, 26, 27 and 28). Because the consultant could not distinguish very many anterior features in the lateral X-Rays of the head, he wondered whether there had been some processing defect when the X-Rays were developed.
(5) The consultant could not see any lamboid suture(s) in the lateral X-Rays, and was puzzled by this.

Anterior-Posterior X-Ray of the Head (# 1):

(1) The forensic anthropologists' first comment was about the bright radio-opaque object which appears in the vicinity of the orbit of the right eye in the X-Ray; he immediately noted that he could not find this object anywhere on the lateral X-Rays of the head.
(2) No entry wound could be located anywhere on the A-P X-Ray.
(3) It was noted that the orbit of the orbit of the right eye appears displaced on the A-P X-Ray.
(4) It was noted that the nasal septum is deviated on the A-P X-Ray.

X-Rays of Bone Fragments (#s 4, 5 and 6)

(1) After examining this series of X-Rays, the consultant could not ultimately determine where in the skull any of the 3 fragments came from. Although there is some suture visible on the largest fragment in each of these X-Rays, it could not be determined from the X-Rays alone which suture was shown in the X-Rays, or from where in the skull even that large fragment had come.
(2) Fragments of metal were noted on the largest of the 3 fragments in all of the X-Rays.

Following completion of his independent examinations, ARRB staff members explained various findings of the Clark Panel and HSCA to Dr. Ubelaker. He was surprised that the HSCA had determined the red spot in the back of the head photos (#s 15, 16, 42 and 43) was the entry wound on President Kennedy's head. He was further surprised to find that the Clark Panel had determined that the bright, 6.5 mm wide radio-opaque object seen on the A-P X-Ray was a bullet fragment on the outer table on the back of the skull near the fragment bilocation at the vertex of the skull--when informed of this, he reexamined the lateral X-Rays of the skull and still could not locate a corresponding object on the lateral X-Rays.

Dr. Ubelaker stated that in general, pathologists were not precise in their descriptions of bones

in the skull, and that any such wording in the autopsy protocol which describes the head wound in terminology which alludes to specific bones should not be given too much credence, or taken literally.

Finally, Dr. Ubelaker once again repeated that he is not a radiologist, and that all of his comments about the X-Rays should not be considered expert opinions--rather, just his individual comments made when asked to view these X-Rays in conjunction with the photographs. He strongly recommended that ARRB obtain a forensic radiologist as a consultant, and that the forensic radiologist was more important than obtaining a forensic pathologist. END