The Assassination of JFK: A Plastic Surgery Perspective 50 Years Later

Rod J. Rohrich, M.D.
Aaron Weinstein, M.S.
Mike Stokes, M.A., M.B.A.
Dallas, Texas; and Chicago, Ill.

Change is the law of life. And those who look only to the past or present are certain to miss the future.
—John F. Kennedy

All of us know where we were on September 11, 2001. I was in the operating room at our university hospital at the University of Texas Southwestern Medical Center in disbelief of the events in New York City, the Pentagon, and aboard Flight 93 over southwestern Pennsylvania. Similarly, I will never forget November 22, 1963: I was a 10-year-old in school in a small, rural North Dakota town when President John F. Kennedy was assassinated. I remember both events as if they had happened yesterday. They changed me—and all of us in the United States and the world—forever. Although we may not all be students of history, we are all its children. Directly or indirectly, the events of the past ripple through time and shape our collective futures and destinies. There are just a few historic moments that have changed the modern world and civilization: 1066; 1492; 1776; December 7, 1941; September 11, 2001. This month, we remember November 22, 1963.

As you can tell by the image on the cover and the special content within this month’s issue of Plastic and Reconstructive Surgery, the significance of the 22nd day of November is not lost on anyone in the world of plastic surgery, our Journal’s staff, or our editorial board; frankly, I feel that everyone in the United States is aware of the day’s meaning. Fifty years have passed since the assassination of John Fitzgerald Kennedy, the 35th President of the United States of America. We have chosen to celebrate Kennedy’s life and commemorate and comment on his death in the pages of Plastic and Reconstructive Surgery, as you’ll read in the special topics and editorial pieces in this issue.

There are several links between the Journal and that pivotal moment in history. First of all, ever since I took over as Editor-in-Chief of Plastic and Reconstructive Surgery in 2004, the Journal editorial office has been based in Dallas, Texas, the city in which JFK drew his last breath. The University of Texas Southwestern, the university and hospital at which I serve as Chair of the Plastic Surgery Department, is an affiliate of Parkland Hospital—the same hospital in which JFK was pronounced dead. Furthermore, I was honored to work and converse with some of the doctors who held the president’s hand and his head as they tried to save his life 50 years ago. The Journal’s editorial office is less than a mile from the ambulance bay where JFK was delivered to the emergency physicians at Parkland.

My staff at the editorial office is made up of native or transplanted Texans and Dallasites; I am one of them. When you live in Dallas, it is impossible to escape the shadow cast from Dealey Plaza, where Lee Harvey Oswald perched in a sixth-floor window of the Texas Book Depository with a rifle on November 22, 1963 (Fig. 1). Of all the millions of stories that make up the book of Dallas’ rich fictional and factual history, which include the Dallas Cowboys and Texas Instruments, Ross Perot and Stevie Ray Vaughan, Neiman Marcus, Mary Kay—and even J. R. Ewing—none has struck such a chord with the global memory and imagination as the assassination of John F. Kennedy. Aaron Weinstein, Plastic and Reconstructive Surgery’s managing editor, once described Dealey Plaza to me as a “mythical landscape.” I find this to be true as well. Even 50 years after the assassination, the site of the death...
of President Kennedy has become far more consequential than the sum of its parts. It is ingrained in the mythos of the city of Dallas and the country at large. Today, the Texas Book Depository is home to The Sixth Floor Museum at Dealey Plaza, a valuable resource for citizens of Dallas and people all around the world (Fig. 2).

From a medical and plastic surgery standpoint, a discussion of the JFK assassination is one of severe craniofacial trauma. Plastic surgeons are integral in the posttrauma care and recovery of patients, many of whom have gained national attention for the catastrophic injuries they have suffered and the remarkable recoveries they have made with the help of our colleagues. Take, for example, Bob Woodruff, the ABC News reporter who was severely injured by an improvised explosive device in Iraq, or Connie Culp and Dallas Wiens, recipients of the United States’ first successful partial and full face transplants, respectively, or U.S. Representative Gabrielle Giffords, the survivor of an attempted assassination by a gunshot wound to the head. Plastic surgery has had a significant role in each of these people’s reconstructions and ultimate
recoveries. Thanks to those in our field, these (and many more patients who do not appear in headlines) were able to get a second chance at life.

Doctors, especially those of us with interest and training in craniofacial trauma care and reconstruction, often find ourselves pondering “What if?” with our patients. What if the improvised explosive device had gone off a second later? What if the bullet had been fired a second later? Beyond these hypothetical ponderings, wondering “What if?” is at the core of the professional life of the academic surgeon, and the heart of this Journal. What if we could reapproximate severed blood vessels? What if we could simply transplant a healthy kidney into an ailing body? What if we could repair a cleft palate with minimal scarring? What if we could make wounds heal better and faster? What if we could transplant an entire face? In a similar vein, I find that the greater public community indeed assumes the role of doctor and surgeon in wondering “What if?” with regard to the Kennedy assassination. What if the bullet had hit a centimeter to the left or right? What if this had happened today? Would the outcomes have been different?

Asking hypothetical questions about the Kennedy assassination reaches far beyond the medical realm, however. What if JFK’s flight into Love Field on Air Force One was delayed by an hour? What if the presidential motorcade hadn’t turned left on Elm Street past the Book Depository and instead continued straight on Main Street as initially planned? I find my medical curiosity amplified by the national memory and keen interest in President Kennedy and, as with many of you, this curiosity often leads me to wonder about conspiracies and the “Magic Bullet Theory,” the Warren Report, and the Grassy Knoll saga.

I have had a deep interest in the subject of the Kennedy assassination since being asked to deliver a lecture on the critical review of the medical data related to the JFK assassination in 1992. There are some areas of concern and miscommunication that occurred while analyzing the medical data during this challenging time period that have helped to spur and perpetuate the ongoing “conspiracy theories” about the death of JFK.

Living in this city, walking the streets of downtown Dallas alongside the Book Depository and the Grassy Knoll, and living among the spectre of what happened 50 years ago will have an effect on you (Fig. 3). I must admit, I have always loved history; even before I moved to Dallas, I was perplexed and fascinated by the medical details of the JFK assassination. Following my curiosity and my unique position at Parkland Hospital, however, I began to review the medical data present in autopsy reports and the Warren Report proceedings, and interviewed some of the doctors who examined and treated the president. A seed of doubt was planted; that seed has grown into a passionate interest, which I’ve channeled into a lecture that I’ve given around the world: “JFK Assassination: The Medical Data Revisited.” That lecture appears in a modified form for the first time in print in this edition of the Journal.

I certainly am not a “conspiracy theorist”; rather, I am a pragmatic, fact-seeking physician who believes that we may never know the entire medical story of what happened that fateful day in Dallas, Texas. In fact, a recent poll showed that—even today in 2013—a majority of Americans believe that multiple people were involved in the assassination. Fifty-nine percent of American citizens believe that Oswald did not act alone, and an additional 16 percent have doubts but remain unsure one way or the other. The remaining 24 percent of those polled believe Oswald acted alone—the highest level since the mid-1960s.

The special topic article in this issue, the complete Warren Report, and the mountain of analyses and commentaries that have been written on this topic have tremendous detail on what really happened. I encourage you to review these data and decide for yourself what you believe. The debate between “conspiracy versus single-shooter” will not rage in the pages of this Journal; I respect those
from both schools of thought and the landmark work of the Warren Commission. The purpose of this thematic issue of Plastic and Reconstructive Surgery is to simply provide food for thought based on the medical data presented to the U.S. public.

The 1960s were tumultuous times for the world and a pivotal time in the maturation of the United States. Under the leadership of John F. Kennedy, the country was forced to stretch and see what kind of world power the United States could be. Kennedy set the tone for all of us to reach new plateaus and to explore beyond the confines of our planet. In my opinion, the death of JFK marked the beginning of the end of a time of innocence and introduced a national sense of skepticism and mortality. Although John F. Kennedy, Medgar Evers, Martin Luther King, Jr., and Robert Kennedy each were struck down by assassins’ bullets, their positive impacts on history have rippled through time to shape our futures; thanks to them and many more like them, the United States became a true and lasting world power, taking meaningful steps toward equality, peace, and exploration. We integrated our schools and cities, we went to the moon, we asked not what our country could do for us but what we could do for our country. And we have a lot more work to do.

In remembering an impactful man on the 50th anniversary of his death, I hope that you will take up the challenge and not be afraid to write your own history (Fig. 4). Make each day a historical one by striving for greatness in the questions you ask, the goals you accomplish, the obstacles you rise above and, most importantly, the way you treat your fellow woman and man.

A man may die, nations may rise and fall, but an idea lives on.

—John F. Kennedy

Rod J. Rohrich, M.D.
Editor-in-Chief
Plastic and Reconstructive Surgery
5959 Harry Hines Boulevard
POB 1, Suite 300
Dallas, Texas 75390-8820
rjreditor_prs@plasticsurgery.org

REFERENCES