

**Captain Gordon Hess – Homicide or Suicide?
An Equivocal Death Analysis
and Case Study**

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Introduction

The purpose of this case study is twofold: (1) to define Equivocal Death Analysis, identifying the process one should go through to conduct a proper and accurate analysis and (2) to use the death of Captain Gordon Hess as the backdrop (case example) that will demonstrate the key characteristics of an Equivocal Death Analysis and show the reader how easy it is for information to be misinterpreted ultimately adversely affecting the lives of many, especially the surviving family members and instill distrust with the investigative system.

In the course of describing this incident, the evidence, the information, the behavioral issues, etc. there were many exceptional and well respected experts (about 12) that became involved providing their advice and rendering conclusions on the manner of death concerning Gordon Hess. However, none of these persons are going to be named, because this evaluation is not about who did what, said what or wrote what, but rather how and why this case became so misinterpreted and convoluted. In the end you are welcome to agree or disagree and if anyone wants to discuss this further and/or see my references and documentation, I will gladly provide them. Remember: *“We work for Truth.”*

What is an Equivocal Death Analysis? And how does one conduct it?

Equivocal death is a death where it is uncertain as to what happened. To be more specific, what was the manner of death? These are cases where we are tasked to determine between Suicide and Homicide, Accident and Suicide or Homicide and Accident. Vernon

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Geberth¹, one of the foremost authorities on homicide investigation, makes a very profound statement: "...Suicide cases can cause more problems for detectives than homicide investigations."(p 359) In my 30 plus years of experience if there was ever a true statement that is it.

Therefore we are frequently faced with this dilemma and need to be able, to the best of our ability, make the correct determination. People's livelihood may depend on it. Family members need to know the truth in order to reach a point of acceptance and move on with their lives, not to mention that our legal system requires it as well. So, while discussing the Hess case I will outline the process that should be incorporated into any death investigation team or unit protocol. However, keep in mind that not all cases can be resolved to the satisfaction of all those concerned.

The tough decision of making an accurate manner of death determination needs to be made without bias and prejudice. While it is the responsibility of the Medical Examiner and/or Coroner to make this final decision, no one should make it in a vacuum without full knowledge and consideration of all the facts. You must consider everything known to the case and armed with that knowledge apply your experiences to the decision making process. Your decision must be made within a reasonable amount of certainty that is supported by the evidence, not just your supposition. Remember that nothing in death investigation is absolute. We have to work with probabilities and coupled with our knowledge and experiences we make life altering decisions.

When conducting an equivocal death analysis I think it is important to consider the steps listed in my design of the Scientific Method for Investigators, especially Steps 4-7.

The Scientific Method for Investigators

1. Obtain from witnesses the accounts of what happened.
2. Based on these accounts anticipate the questions you will be asked by others so you can properly collect and record the physical evidence.
3. Collect and record the physical evidence
4. Formulate hypotheses about the events that occurred and anticipate the questions you will be asked.
5. Determine whether or not the witness statements are consistent with the physical evidence; gather more information or evidence as needed.
6. Through the process of verifying witness statements, admissions/confessions consider the evidence at hand and disprove as many hypotheses as you can.
7. Formulate an assessment (final hypothesis) to a reasonable degree of certainty, recognizing the existing limitations.

While conducting an equivocal death analysis it would be prudent of the investigator or evaluator to consider this method. Go to step four and start off with formulating hypotheses about the events and anticipate questions that you may be asked or that may arise. Can you

answer those questions? Does the evidence support your answers? Then move on to whether or not the witness statements are consistent with the physical evidence; gather more information as needed. Through the process of verifying these statements, consider the evidence at hand and attempt to disprove as many hypotheses as you can; understanding that it is impossible to disprove all of them. Finally, formulate an assessment (final hypothesis) that is supported by the evidence to a reasonable degree of certainty, recognizing the existing limitations. Adhering to this process will solidify your evaluation and will help you present conclusions that are supported by the evidence while addressing possible alternatives.

Keep in mind that before anyone can take on the daunting task of conducting a reliable Equivocal Death Analysis s/he must have access to copies of the entire case file, without exception. Making a determination in lieu of all the documents or just on a few is just plain wrong and reckless with no regard for the actual truth. It is unfair to the family of those who survived and unfair to the system we support and serve.

I also warn you that there are many “consultants” who claim to have all the requisite knowledge and experience to conduct an Equivocal Death Analysis, when in fact they may not be what they say they are. A valid consultant will admit his/her weaknesses up front and will not hesitate to seek the advice of other experts with more knowledge in a particular area. S/he will require to have access to the entire investigative file including all photographs, sketches, crime scene processing documents, a listing and status of all evidence and laboratory work, copies of all interviews, all records collected during the investigation, etc. In short everything must be viewed and considered. Personally, I have declined to review cases where the documentation was lacking or non-existent or I didn’t have critical information that I knew should be in the file. As I said earlier, to have reviewed them anyway and provided a conclusion would have been reckless of me.

During the course of conducting the analysis remember that investigations are comprised of three major components, the physical evidence, the informational pieces and the behavioral aspects. And that we consider what happened before, during and after the incident. The process begins with a comprehensive review of all the police supplemental reports or agents reports starting with the first notification and continuing to the most recent date of investigative activity. These reports will help set the tone of the investigation at the time it was conducted as they will frequently contain tell tale signs of objectivity or the lack of objectivity. All investigators are humans and as humans they make mistakes but if their system is properly structured they correct these potential problems while in stride investigating the circumstances of what happened. Then a review and analysis needs to be performed concerning all evidentiary issues from the scene, to the lab, etc. Additionally the equivocal death analysis reviewer needs to evaluate all other pieces of information in conjunction with the behavioral aspects of the primary persons involved. It is the totality of the circumstances that should guide one to a proper conclusion.

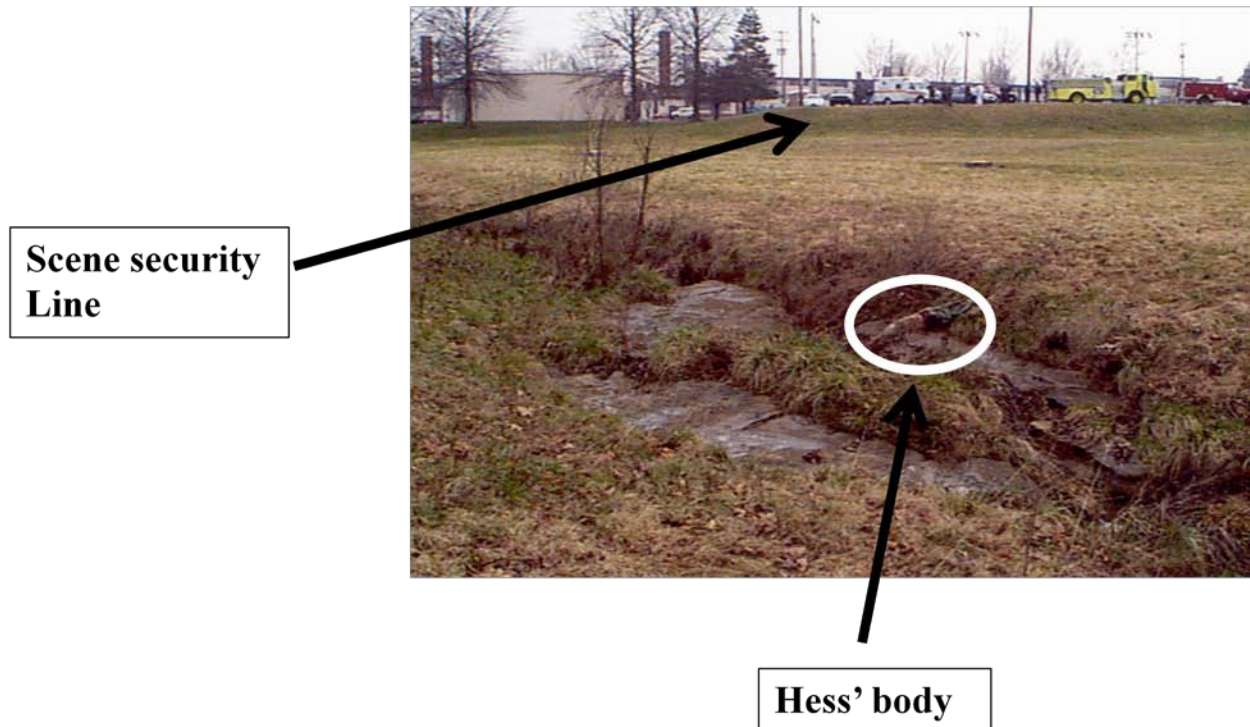
The Case Study and the Scene

This all began in the month of March 1998 where the deceased person, Gordon Hess, a Captain in the Army National Guard from the State of New York was conducting his annual training at Ft. Knox, KY. About 0445, March 3, 1998, Hess was seen by his bunk mate leaving their area dressed in his US Army physical training gear consisting of sweat pants and a hooded US Army Sweatshirt. He had stopped by his wall locker and grabbed his wallet as he left the building. He then went to another building for a cup of coffee but it hadn't been made yet. That was the last Hess was seen alive. It was also noted that this rising at 0445 hours was almost an hour earlier than Hess normally got up, which was totally out of character for him as he was known to be a late sleeper. Hess then failed to show up for breakfast and failed to report for duty that day. A close colleague spent most of the day searching for Hess at nearby hotels, train stations, hospitals, airlines and called home. About 1600, March 3rd, he officially reported to his superiors that Hess was missing. The Military Police and many others conducted a search for Hess until darkness had set in to no avail.

The following morning, March 4th, they reinitiated the search that resulted in Hess's body being located about 0800 Hours face down in a small creek bed or ravine with shallow water still on Ft. Knox, close to his barracks. He was dressed in the same sweatpants and jacket as previously mentioned when he was last seen alive. The soldiers turned Hess over and pulled his shoulders and head out of the bloody water then one soldier covered his head with a field jacket out of respect for Hess in what is considered to be a typical human reaction (see Photographs 1 & 2). While looking at Photograph 2 note that the crime scene perimeter was well delineated some distance away from the center of the scene where Hess' body was located. Security was quickly established after the discovery and was maintained throughout the scene processing.

Photograph 1



Photograph 2

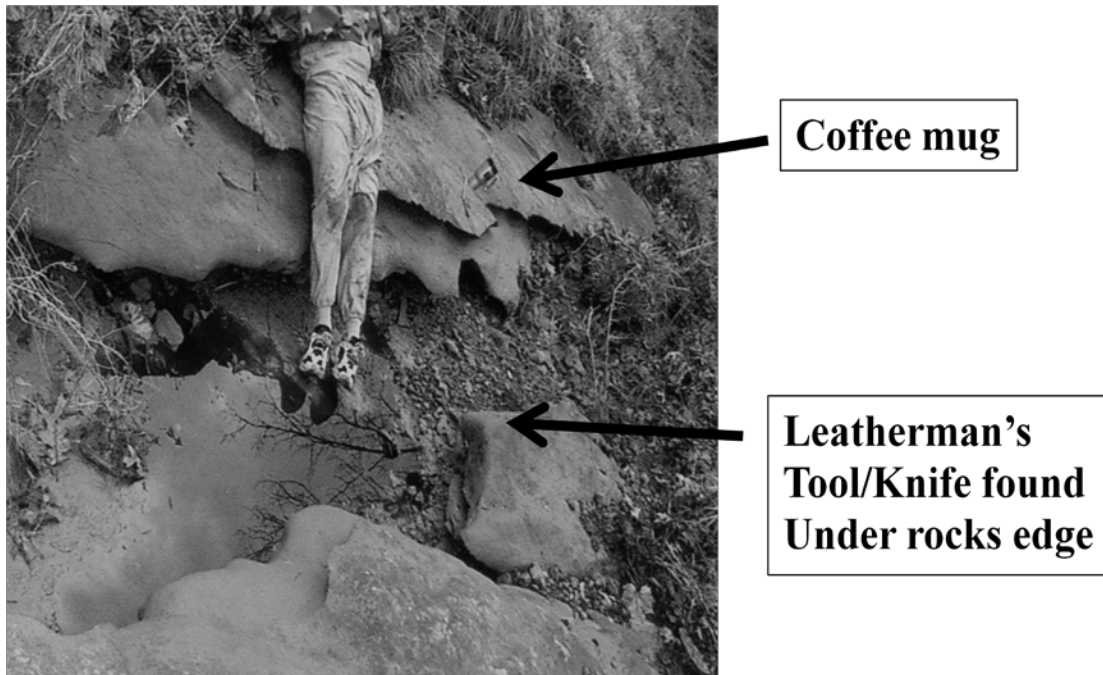
The Army CID was the lead investigative agency charged to conduct the death investigation and from the onset the situation was treated as a homicide. With this charge they began the crime scene processing; detailed agents to canvass the area; interviewed all those in the unit that knew Hess; collected any information that would help prepare the victimology report; while all along looking for reasons why Hess' death occurred that would lead to potential suspects. During the course of the canvass of all unit members no interpersonal conflicts or grudges or motives to hurt Hess were uncovered. While he was well liked many of his fellow soldiers commented that Hess' demeanor significantly changed after the Fratricide^B incident in that Hess became hesitant and unaggressive in their practical exercises which was out of character for him.

Ultimately there were no signs of a struggle anywhere near the body site in the ravine. Some soldiers had walked in and around the scene prior to the arrival of the CID, in fact one of the soldiers that found Hess left his coffee mug on a nearby rock (see Photograph 3) while another one threw his cigarette into the water. While this is not acceptable it happened, in fact

^B Fratricide is defined as the employment of friendly weapons that results in the unforeseen and unintentional death or injury of friendly personnel or damage to friendly equipment. In this particular case, during a computer based battlefield simulation, Hess' unit, at his direction, killed the members of two friendly companies.

there are very few crime scenes that have not been altered or contaminated prior to the arrival of the investigative agency. This is something we deal with every day and while we attempt to minimize the intrusions they will and do occur.

Photograph 3



Besides Hess' body the crime scene search resulted in the recovery of a bloody Leatherman's Tool (knife) from under the edge of a nearby rock (see photographs 3, 4 and 5). This later became critical because the crime lab was able to identify the blood on the knife portion of the tool as that of Hess. Closer views of the tool/knife can be seen in Photographs 4 and 5. No other blood types were detected. Furthermore, Hess still had his wallet, with all its contents including money; his keys, ring and the case for a Leatherman's Tool with the instructions in his pockets. The investigation learned that Hess had bought the Leatherman's Tool the previous evening to replace the one he lost sometime in the past. The plastic covering to the tool and case were found discarded in a nearby dumpster. A latent print examination of that container found Hess' prints on it.

Photographs 4

**Leatherman's
Tool/knife**

Photograph 5

**Leatherman's
Tool/knife**

Nearby it was interesting to note that some tree branches were broken (see Photograph 6). The first question that comes to mind is whether not they were broken in a struggle? As it turns out an analysis of those branches by the crime lab indicated the branches were initially cut with a sharp instrument before being broken further they also identified wood fragments collected from the hands of Hess. Speculation is that Hess may have cut them to start while pondering his future actions. Are there other possibilities? Maybe, but the evidence strongly supports this hypothesis. Bottom line, the scene showed no indications of a struggle or that a robbery occurred and the possible death weapon was close at hand.

Photograph 6



Over the past few years the Army and CID have been criticized for allowing the scene to be covered with two tons of dirt under the belief that Hess' blood created a bio-hazard. Actually that really did happen but it was two days after the scene had been released. I would wager a guess that any city or jurisdiction would not wait even a day to hose off human blood from their street or sidewalks after a bloody incident.

The Autopsy of Captain Hess

While the investigative process continued an autopsy of Hess was conducted by a Forensic Pathologist from the Armed Forces Medical Examiner's Office. This process was witnessed by other members from the Armed Forces Medical Examiner's office and CID Agents. The physiological changes of Hess' body were consistent with him dying during the early morning hours of the previous day, soon after leaving his barracks. The autopsy revealed that Hess had sustained Twenty-six stab or incised wounds, six to the neck and twenty to the chest, many of which were "superficial" (see Photographs 7, 8 & 9). Two of these penetrated the left ventricle, four penetrated the lungs and two penetrated the liver. None of these wounds were out of the range of Hess. There were no defensive wounds found anywhere. And there was no evidence to support Hess had been sexually assaulted. Cause of death was Cardiac Tamponade, not exsanguinations, not trauma to the heart or lungs. The wounds were serious but not incapacitating, were fatal but not instantaneous. Based on the scene, the injuries and the initial background information the Forensic Pathologist ruled that Hess' injuries appeared to have been self-inflicted and that the death was tentatively being listed as a suicide. However, this was subject to change after toxicology and further investigative measures had been accomplished to either validate or refute the initial findings.

Photograph 7



Photograph 8



Photograph 9



Hess' clothing was also collected at the autopsy. It was interesting to note that there was only one defect (possibly a knife puncture) through the hooded sweatshirt that was unzipped. Underneath Hess had on a dark colored T-Shirt that bore multiple defects that were consistent with the wounds in his chest. Speculation is that he may have tried to stab himself through the sweatshirt finding it to be too difficult, therefore opened (unzipped) it and continued to stab himself the other 20 some odd times. Unzipping or opening the sweatshirt is not the action of a person trying to kill you. However, sufficient information has not been gathered to cause a final manner of death determination to be made. Note that the temperature in the early morning hours was around 30 degrees.

Photograph 10



One puncture defect

**Multiple puncture defects
That correspond to injuries.**

Photograph 11



Prior to this, on March 4th, after the discovery of Hess' body, Mrs. Hess received a death notification from Army Representatives. Unfortunately these representatives made statements that were not appropriate at this point in time. They stated, without a proper basis of knowledge "...that person or persons unknown had assaulted her husband." While it was true that the CID was investigating the death as a homicide these representatives were not acting in accordance with proper death notification protocol, especially since the criminal investigation was in its beginning stages. To add insult to injury, a couple of days later, after the autopsy, the Public Affairs Officer for Ft. Knox, without consulting the CID first and definitely without consideration for the family, made a press release in which he stated that the autopsy results reflect Hess' injuries were self-inflicted, implying the death was a suicide. To make matters worse this occurred near the time the funeral was to commence and set the Hess family into an

emotional spin that should never have happened. They deserved better, but admittedly our system is not perfect.

The criminal investigation was still in its infancy and no one had received or documented enough information to formalize such a finding. All leads have to be exhausted; all potential hypotheses of what happened have to be explored; and then, with the totality of circumstances at hand, a final determination can be made. Ultimately this took the CID over a year before they concluded their investigation. From the beginning and well into all interim reports to the very end the CID had the death listed as “undetermined”. Only others outside the investigation labeled it or inferred otherwise.

As I understand it, the family at the suggestion of an attorney and through the attorney stopped the funeral and requested a second autopsy be conducted by another Forensic Pathologist from New York. This pathologist mentions that the body showed evidence of being embalmed; that nine injuries to the chest were superficial in that they did not penetrate the chest cavity and with one exception basically supported the findings of the initial autopsy. That exception was described as a one inch superficial wound to Hess’ upper right arm. This pathologist suggested that it strongly indicated a violent struggle. Based on this he concluded Hess’ death was a homicide. However, photographic documentation from the first autopsy of the area in question clearly reflects there were no injuries to Hess’ upper arms, right or left (see Photographs 12 & 13). Furthermore, there were no blood stains on Hess’ clothing that would coincide with an upper arm injury. One can only assume that what this second pathologist saw on Hess’ upper arm was a post mortem artifact.

Photograph 12



Photograph 13



No injuries to upper arm as described by second autopsy doctor

The Victimology²

In time the historic aspects or victimology relating to Hess began to unveil itself to the investigators. That, coupled with the Psychological Autopsy, provided much needed data. Gordon Hess was dedicated and devoted to his family, friends and community. He loved his family and children and was a dedicated father and husband. Hess had been described by many as a “Perfectionist.” He consistently strived to be the best and to do things better. “He was competitive and struggled to be number one while he begrudgingly tolerated second best.”

According to the report his career path was erratic and frustrating. For a competitive and dedicated man he struggled early in his career after leaving the Army, working at several jobs. Although he was personally successful, this all led to financial strain due to the failures of several employers. He always wanted to be on a winning team which finally seemed to have happened when he became a fireman. Hess appeared at this time to excel at all his endeavors and likely expected nothing less from himself. It was indicated that earlier in his life Hess loved the Army and initially did not want to get out but family issues and concerns made it happen. Therefore, his affiliation and participation with the National Guard was probably one of the most cherished endeavors in his life. He enjoyed status and achievement in a structured environment that was team oriented and was a respected leader.

It also reflected that becoming a company commander was viewed by him as a significant achievement. The Army and this status was a big part of his identity; one that he did not just turn off after a training cycle because he continued to be involved by being at the Armory frequently well beyond the expectations of his supervisors and his stated responsibilities. The Army was a part of him. Yet he was not depressive and did not appear to suffer from any psychiatric disorder or medical problem. While he had conquered much adversity in the past, Hess was a man who struggled with feelings of inferiority that “fueled his drive to prove to others and to himself that he was competent and worthy of his achievements.” He strongly identified with his roles as a fireman and an Army Captain. However, he had difficulty tolerating self perceived failure in the audience of those he sought and received affirmation.

The Psychological Autopsy

The Psychological Autopsy Report was prepared by a Forensic Psychologist. According to his report, “A psychological autopsy is a reconstructive study of a decedent’s behavior, personality, motivation and frame of mind at the time of death.”³ This report, without benefit of interviews of the Hess family, who either refused to be interviewed or did not return the doctors calls, fully outlines the psychological observations and provides findings that directly relate to Hess’ demise.

In the evaluators' opinion, "...there appears to have been a tragic series of events beginning on March 1, 1998, following the simulated fratricide (previously defined) incident that led to a rapid regression and loss of control for Cpt Hess. A series of events that were distorted beyond their realistic boundaries led to a loss of perspective and a feeling of complete and utter desperation for Cpt Hess."

"Despite positive feedback and reassurances from peers and seniors, Cpt Hess became very fixated on the fratricide incident. In the days and hours that followed there were numerous observations that Cpt Hess was painfully preoccupied with the incident and may have been losing perspective." During the night and day that followed, Cpt Hess was observed:

1. Once Cpt Hess learned of the fratricide he reportedly took the criticism more harshly than intended.
2. During the day that followed Cpt Hess was quiet and showed little emotion.
3. During the next training simulation Cpt Hess seemed apprehensive and reluctant to engage the enemy.
4. The commander was critical of all the companies but did not single out one commander. Later Cpt Hess approached the commander, obviously concerned over his actions causing the fratricide, and asked the commander how he was doing. He assured Hess he had nothing to worry about.
5. During that next evening Hess had dinner and some beer with fellow soldiers, watched training videos and went bowling. At 2300, when his bunk mate went to bed, Hess was reading a training manual.
6. The following day he arose earlier than usual. After the last mission of the day, Hess was seen entering the after action area with his face "flush, blood shot eyes, and dripping with sweat."
7. That evening while talking to his wife, she reported later that Hess sounded frustrated and that he was not getting enough practice and was being rushed. Further, that another company from New York was blaming him for everything that went wrong. She told investigators that during that phone conversation Hess frequently sighed and couldn't complete several sentences.
8. That same evening, after a few beers, Hess was observed as being despondent, lying in bed in his PT outfit, reading a book on tank operations. He allegedly told another Captain that he was upset and blamed himself for the failed exercises.

9. About 2340 hours a senior officer saw Hess pacing the floor outside his room. As he approached Hess, Hess said he wanted to discuss the fratricide incident. They went outside the building where Hess was observed as being visibly upset and shivering. According to him Hess looked exhausted, nervous and emotional.
10. On the following day, after learning of Hess' disappearance, this senior officer feared Hess might have killed himself.
11. Another Captain, a detective with the New York State Police, told the evaluator, that he found it odd that the bunk mate searched hotels, airports and bars for the missing Hess instead of looking for him on base where he was known to run and could have injured himself. As if he also suspected Hess had hurt himself.

In conclusion, the doctor/evaluator writes that there is "...some evidence to suggest that Hess was agitated and distressed, unable to tolerate the stress of continued training, in combination with his own self perceived failings. He subsequently self inflicted numerous lethal and non-lethal stab wounds using his Leatherman tool to his neck and torso resulting in death, either to relieve his stress or punish himself."⁴

In reading all this one needs to understand that this report was not submitted until the end of February 1999 and only after the evaluator had thoroughly reviewed the entire investigative case file, autopsy reports, photographs and after conducting numerous interviews of the actors involved. It is not something that is taken lightly and like everything else in a death investigation it is just another piece of the puzzle that has to be considered in order to see the totality of the circumstances.

A Review of the literature

In December of 1998 I was asked to conduct an equivocal death analysis of the Hess case. In order to accomplish this I received the entire investigative file consisting of four large folders, all photographs of the scene and autopsy, and copies of reports from outside experts for the family and for the government. In addition to what I am provided I always try to search outside the box a little to see what else may be out there because no single person has all the knowledge or experience necessary and as a result needs to either confirm beliefs or refute them.

Therefore, after a careful review of the documents and photographs I conducted a review of the literature to see what else might be out there that could influence my decision. Specifically I was looking for studies, research articles, etc. that dealt with homicides and suicides where sharp instruments were utilized. In this search I located a study by Karlsson et al⁵ from Sweden that was directly related to the topic at hand.

One of the first things that caught my eye was their comparison of Homicide versus Suicide in regards to the distribution and angle of the stab wounds (see Table 1). Notice that with suicide the predominance of horizontal wounds is about 80% of the time while in homicides they are predominantly vertical. Now if you look at Photograph 7 that has been duplicated below, count the vertical versus the horizontal wounds. On the left chest area Hess has two (2) vertical and sixteen (16) horizontal stab wounds. On the right side of his body he has two (2) horizontal stab wounds. Then look at photograph 14.

Table 1

Direction	Suicide	Homicide
Vertical	20%	75%
Horizontal	80%	25%

Duplicate of Photograph 7 – Hess' Chest Wounds

The next photograph (# 14) is of a man who committed suicide by stabbing himself more than 33 times. This occurred in his house in July 2000 in Camden, NJ. He also had hesitation cuts on his neck. Notice that these are localized in the left chest and that approximately 31-32 of those stab wounds are horizontal with only about 3-4 being vertical. This is one of many that I have seen since the Hess case in 1998.

Photograph 14

The Karlsson study also reflects that the most self-inflicted stabbings was thirty-one (31) by a female while Hess had Twenty-six. The above New Jersey guy exceeded that with at least 34-35. As to the location of injuries the concentration of the injuries on Hess was also consistent with Karlsson's study and with the person in Photograph 14. They focused on the left side and primarily upper left side. And when considering clothed versus not clothed only 6% stabbed themselves through their clothing.

I couldn't conduct this analysis without reviewing the authoritative piece on homicide investigation by Vernon J. Geberth. In his book, Geberth⁶ provides some very valuable information especially in Chapter 13, "Suicide Investigations". In the "Investigative Considerations" portion of this book (p 363), Geberth writes the following:

"The investigator should be aware of three basic considerations to establish if a death is suicidal in nature.

1. The presence of the weapon or means of death at the scene.
2. Injuries or wounds that are obviously self-inflicted, or could have been inflicted by the deceased.
3. The existence of a motive or intent on the part of the victim to take his or her own life."

Geberth goes on to write, "It should be noted that the final determination of suicide is made by the medical examiner/coroner after all the facts are evaluated."

As we look at the Hess case the knife with only Hess' blood on it was found at the scene. All of his injuries were well within Hess' reach and therefore could have been self-inflicted. Now motive (or intent) is always the most difficult thing to prove. In one of his books Maris⁷ writes that some victims suffer from "unbearable psychological pain" that could correlate where Hess' perceived himself as rejected, deprived, distressed and boxed in, in that everyone was blaming him for what went wrong with the simulated exercise. Another expert David Lester⁸ suggests that "...suicidal behavior may follow anger, disappointment or frustration." This may only be temporary, "but for an impulsive person it could be very dangerous." (p. 5). However, I would suggest that the Psychological Autopsy in conjunction with information from the writings of Maris and Lester, coupled with the fact that it can be shown within a reasonable amount of certainty that Hess did inflict those injuries to his body, he therefore demonstrated his intent.

In further review of Geberth's book I found the following to also be informative and relative: Under the classification of "wounds" (p.364) Geberth writes "Most suicidal stab wounds involve the mid and left chest area and are multiple in nature." Then (p.367) "...investigators should not presume homicide based merely on the extent of injury, they should not be fooled by the method." He also writes that "... some people's motives never *surface*; the motive died with the deceased. (p.370) Under the heading (p.378) "Investigative Considerations

Evaluation of the Wounds", Geberth provides some very sound advice for those evaluating potential suicide cases (Note that at least 5 of the 7 correlate with the Hess Case):

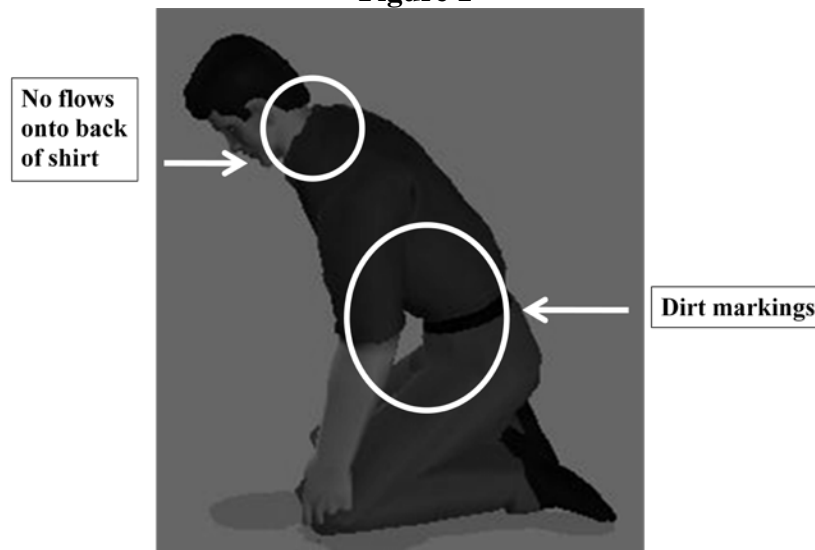
- “1. Could the deceased have caused the injuries and death?
2. Was the person physically able to accomplish the act?
3. Are the wounds within reach of the deceased?
4. Are the wounds grouped together?
5. Is there more than one cause of death?
6. Describe the nature and position of the injuries.
7. Are there any hesitation marks?”

Additionally, Geberth addresses depression as a clinical perspective in suicidal behavior. Under his category of “Cognitive Symptoms”⁹ he writes “The depressed individual thinks or perceives of himself or herself in a very negative way.” “The individual may feel that they have failed in some way or that they are the cause for their own problems.” “They believe they are inferior, inadequate, and incompetent. Their depressed cognitive functioning causes them to have intense feelings of low self esteem.” And, “The depressed individual actually believes that he or she is doomed and there is no way out.” There seems to be a noticeable correlation between Geberth’s writings and the facts and circumstances of the Hess case.

Reconstruction through Bloodstain Pattern Analysis

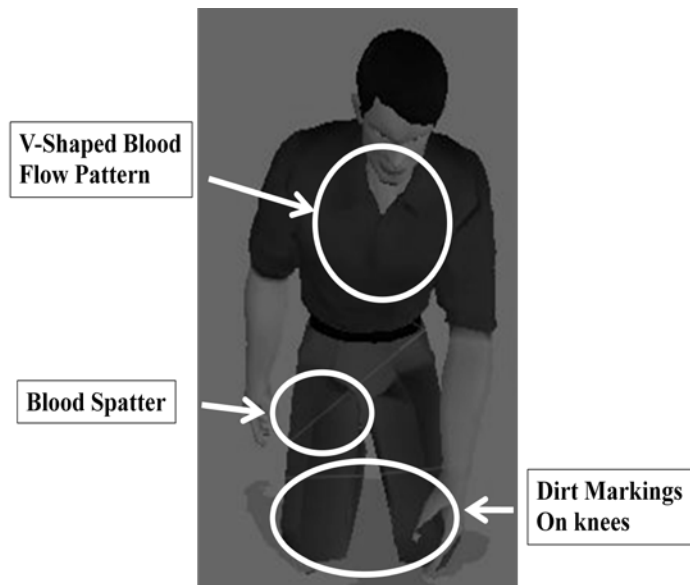
As a part of this review I also considered the Bloodstain Pattern Analysis report prepared by an expert for the government. One of the reasons this report is significant is because evaluator concluded, based on the bloodstains and the condition of Hess’ clothing that for the most part Hess was on his knees during the infliction of the wounds as illustrated in Figures 1, 2 & 3 and Photograph 15.

Figure 1

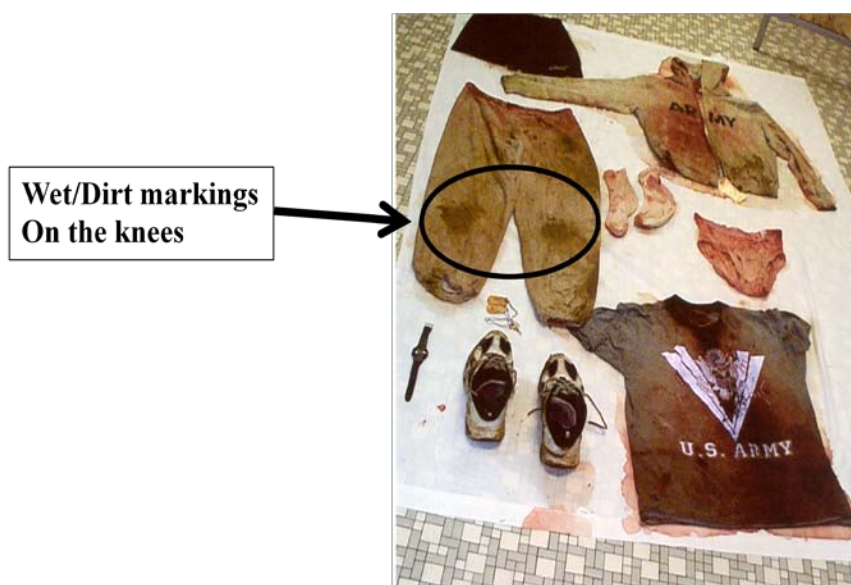


For example in Figure 2 there was a V-shaped blood flow pattern down the front of Hess. Also there was blood spatter on the front of his right thigh along with concentrated dirt stains on his knees.

Figure 2

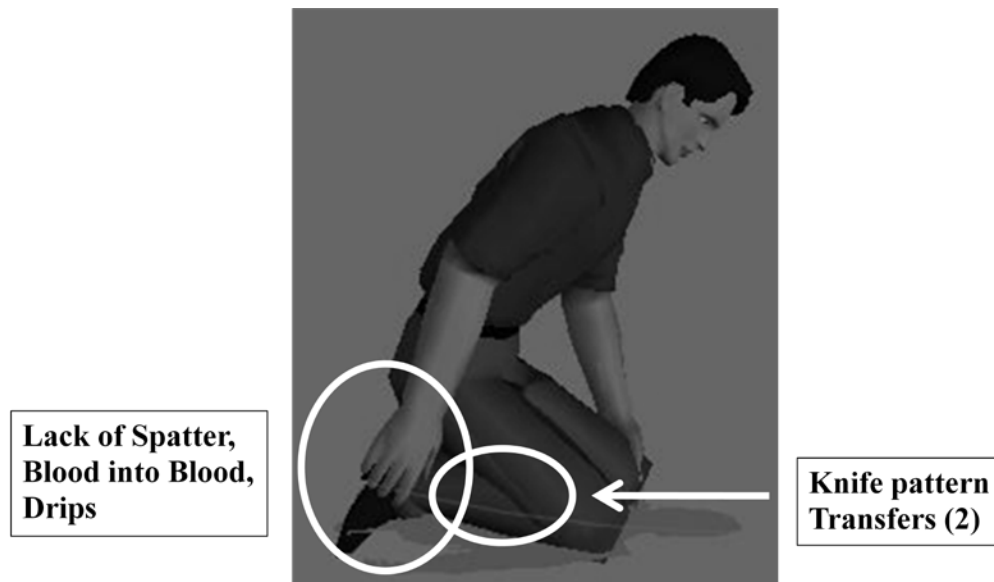


Photograph 15



Plus in Figure 3, there were no blood spatter or drips on the lower portions of his legs or on his shoes. All this becomes critical because it counters any supposition that he was attacked standing up and then became incapacitated lying on his back from his injuries while the assault continued.

Figure 3



Outside Experts for the family and the Government

Because the Army has the policy to not release their investigative products until after the investigation has been completed and the report has been finalized only the experts for the government had access to the entire investigative file. As a result those who were asked by the family's representatives to review and comment were given limited access to investigative information and were consequently at a great disadvantage.

In addition to the doctor who conducted the second autopsy, the family through their lawyer had obtained the services of at least one expert who in turn brought others into the equation. Most of these were doctors or forensic pathologists who are well respected within their fields of study and work but, as previously mentioned, were given limited information to work with. All three of them affirm that the Hess case should be labeled a homicide not a suicide. But the usual caveat is found at the end of these reports. Basically that with the receipt of additional information they reserve the right to re-review and/or change their opinion(s) accordingly. But in my experience, even when presented with information to the contrary, they still may refuse to change their initial opinions.

To my knowledge all points raised by these representatives have been countered with sound facts, evidence and circumstances as reflected in the final investigative report. These are enumerated below:

1. Two pathologist for the family commented that the “Y” shaped stab/incised wound on the chest of Hess could have been caused by Hess’ attacker (homicide) but neither seemed to consider that it could have also occurred during a suicide attempt. In other words there were other possibilities that needed exploring and all the wounds were within Hess’ reach.
2. Another observation was made that viewed Hess’ wounds as haphazard with no similar orientation to each other. I would suggest that if one looks at the wounds to Hess’ chest (Photograph 7) that they do have a similar orientation by being anatomically in the same general area of the left upper chest and that they were predominantly horizontal versus vertical. This is also consistent with the New Jersey case seen in Photograph 14.
3. There was also a comment made about not having any hesitation wounds therefore this should be listed as a homicide. This turns out to have been a misinterpretation of the terminology reported in the initial autopsy report. The initial autopsy report did reflect the term “superficial” and when asked by the investigators to clarify this, the doctor said they could also be labeled as “hesitation” cuts.
4. An expert forensic pathologist for the government who reviewed not only the investigative files but Hess’ clothing and the Leatherman’s Tool/Knife, found many similarities with the wound patterns, the T-Shirt and the Leatherman’s Tool. This person concluded that all injuries to Hess could have been self-inflicted and that there was no evidence to the contrary; especially no defensive wounds.
5. A question that was raised was how could a 2 ½ inch blade on a knife create a stab wound with a depth of three inches? Those of us who have had medico-legal death investigation training have always been taught that due to the compression of the chest or almost any body part the depth of the wound is not a reliable indicator for the length of the knife blade. This is further described and clarified in Froede’s Forensic Pathology Handbook.¹⁰
6. A well respected forensic pathologist for the homicide conclusion cited a series of reasons why Hess’ death was not a suicide. Some of this goes back to the misinterpretation of the terms “Superficial” versus “hesitation”. This doctor also was not aware of the incised wound of the upper right arm observed in the second autopsy as being an artifact. The number of wounds (26) while large is uncommon but possible; that thought also applies to the self-inflicted stabbing through clothing, uncommon (6% by Karlsson’s study) but still within the realm of possibilities. Last but not least this person did not know that Hess’ blood had been found on the knife portion of the Leatherman’s tool.

7. Another observation reportedly made by one of the family's expert was that the Karlsson study isn't applicable because it occurred in Sweden versus the USA. Further that many of those in that study were either under the influence of drugs or alcohol and/or had mental issues whereas Hess had neither. It is true that Hess' toxicology was negative but based on the investigative report and the psychological autopsy Hess was suffering emotionally, albeit self imposed. As to the self-inflicted multiple stab wounds it is also true that they are seen more often with those who are either drugged or intoxicated; but it is not out of the realm of possibilities to occur as other cases have been documented, especially when no defensive wounds are found. Furthermore, homicidal multiple stabbings are more likely than not to be erratic as in a frenzy attack with wounds scattered over the body.

Conclusions

“Can We Believe What We See If See What We Believe?”¹¹

Personally, I feel that this quote speaks a lot to what happened in the Hess case. At the onset, especially with the misstatements by the Army, this case got off on the wrong track for the family. In a time of high emotions they did not know who or what to believe. This in itself was a tragedy that the family should never have had to endure but they did. They did what I probably would have done not knowing how the system functions thinking a “cover up” etc. This led to the hiring of a lawyer who in turn engaged the services of other experts to find out what happened and who was responsible. The answers that everyone would like to have and deserve to receive in these situations.

The system is sometimes complicated and the Armed Forces are probably worse. As previously mentioned they do not allow any part of their investigative files to be released to the family until after the entire investigation has been completed. In some respects I understand that position but in this case, if the Army had been a little more forthcoming, I think this whole matter of debating over the correct manner of death would have been avoided and resolved early on. Consequently saving all of us a lot of money and tax dollars. Hopefully we have learned from all this. But the sad part of those comments and the position taken to not release the information sooner is that it kept the truth from coming out in a timely manner.

But as you can see from the sequence of events, death reported as possible homicide, then shortly thereafter changed to suicide; then a second autopsy says homicide due to what was later determined to be a post mortem artifact; to numerous reviews of only limited documents and information that promulgated the homicide hypothesis. I am confident that all of these experts rendered what they believed at the time to be correct based on the information they were provided. I think it is important to note one more thing, we can disagree with forensic findings if we have an expert of equal stature to perform analysis and come up with a different result; but

we cannot discount or refuse to consider forensic examinations from a reputable examiner, just because they don't agree with our theory of the crime.

In one of the opening paragraphs I wrote: "Keep in mind that before anyone can take on the daunting task of conducting a reliable Equivocal Death Analysis s/he must have access to copies of the entire case file, without exception. Making a determination in lieu of all the documents or just on a few is just plain wrong and reckless with no regard for the actual truth. It is unfair to the family of those who survived and unfair to the system we support and serve." It is paramount that we follow this rule as closely as we can.

"We work for Truth"

Endnotes

¹ Geberth, Vernon J. 1996. "Practical Homicide Investigation". CRC Press, Boca Raton, FL, P. 359.

² Taken from investigative case file documents and the Psychological Autopsy Report.

³ Psychological Autopsy Report of Gordon Hess, February 26, 1999.

⁴ Ibid – all taken directly from the Psychological Autopsy Report.

⁵ Karlsson, Thore. Kari Ormstad MD, PhD. And Jovan Rajs, MD, PhD. 1988. "Patterns in Sharp Force Fatalities – A comprehensive Forensic Medical Study: Part 2, Suicidal Sharp Force Injury in the Stockholm Area 1972-1984." *Journal of Forensic Sciences*; Vol 33, No. 2, March 1988.

⁶ Geberth, Vernon J. 1996. "Practical Homicide Investigation". CRC Press, Boca Raton, FL.

⁷ Maris, Ronald W., Alan L. Berman., John T. Maltzberger & Robert I. Yufit. Editors. 1992. *Assessment and Prediction of Suicide*. The Guilford Press, New York, NY.

⁸ Lester, David. 1997. *Making Sense of Suicide*. The Charles Press Publishers, Philadelphia, PA.

⁹ Geberth, Vernon J. 1996. "Practical Homicide Investigation". CRC Press, Boca Raton, FL, P. 345.

¹⁰ Froede, Richard C. (MD and Editor) 2003. *Forensic Pathology Handbook*, College of American Pathologists.

¹¹ Nordby, Jon. 1992. "Can We Believe What We See If We See What We Believe? Expert Disagreement". *Journal of Forensic Sciences*, Vol. 37, No. 4, July 1992.