

LAW OFFICES
SPRAGUE & SPRAGUE

SUITE 400
THE WELLINGTON BUILDING
135 S. 19TH STREET
PHILADELPHIA, PENNSYLVANIA 19103-4919
(215) 561-7681

TELECOPIER: (215) 561-6913
E-MAIL: LAWFIRM@SPRAGUEANDSPRAGUE.COM
OF COUNSEL
DREW KATZ **
LEWIS KATZ (*IN MEMORIAM*)

NEW JERSEY OFFICE
41 GROVE STREET
HADDONFIELD, NJ 08033
(856) 216-1212
FAX (856) 354-2322

† MANAGING ATTORNEY
FOR NEW JERSEY

RICHARD A. SPRAGUE †
THOMAS A. SPRAGUE ††
JOSEPH R. PODRAZA, JR. *
PETER A. GREINER *
BROOKE SPIGLER COHEN ‡
ALAN STARKER *
JORDANN R. CONABOY †
WILLIAM H. TRASK
SCOTT E. DIAMOND *
DAVID C. FEDERMAN *

* ALSO MEMBER NJ BAR
‡ ALSO MEMBER NY BAR
** INACTIVE MEMBER PA. BAR

June 19, 2019

VIA HAND DELIVERY

Sam P. Gulino, M.D.
Chief Medical Examiner
Philadelphia Medical Examiner's Office
321 University Avenue
Philadelphia, Pennsylvania 19104

Re: *Death Investigation of Ellen Greenberg*

Dear Dr. Gulino:

I write in regards to the 2011 death of Ellen Greenberg and your office's findings to alert you to a number of questions that cast serious doubt in the minds of various medical and neuropathological experts as to the conclusion of your office as to Ellen's cause of death as being a suicide. In our view, these questions warrant a closer examination of the case and further investigation of the circumstances surrounding her untimely death.

Experts Unanimously Conclude Ellen's Death Was Not A Suicide

Enclosed are copies of reports by several eminently qualified experts in the fields of medical forensics and neuropathology who have unanimously concluded that Ellen's death could not have been the result of a suicide. Wayne K. Ross, M.D., a well-credentialed, board-certified pathologist who specializes in forensic pathology and neuropathology, conducted his own independent investigation, including a reexamination of Ellen's spinal cord specimen retained by the Medical Examiner's office and concluded beyond a doubt, among other things, that it simply is not possible that all of the wounds suffered by Ellen were self-inflicted. Similarly, Cyril M. Wecht, M.D., also a preeminent forensic pathologist, after conducting his own examination of the complete reports, concluded consistently with Dr. Ross, that not only could this have not been a suicide, but that all pathological indications pointed toward homicide. Henry C. Lee, Ph.D., of the Institute of Forensic Science at the University of New Haven, concluded after reviewing the entire case file that the number and type of wounds inflicted as well as the bloodstain patterns observed, were consistent with the scene of a homicide, not a suicide. Consistent with these findings, as set forth in a March 15, 2019 article published in the

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Philadelphia Inquirer, Guy D'Andrea, a former Philadelphia homicide prosecutor who reviewed the entire case file before leaving the District Attorney's Office, Gregory McDonald, chief deputy coroner for Montgomery County, and Robert D. Keppel, retired chief criminal investigator for the Washington State Attorney General's Office, all determined the physical evidence raised serious questions that undermined a finding of suicide in Ellen's case and, in some cases, warranted a determination of homicide.

As briefly summarized below, the unanimous conclusions of these experts coupled with other serious concerns militating against a finding of suicide, warrant a reopening of Ellen's case and a further investigation of her death.

Other Material Considerations Warranting the Reconsideration of Ellen's Cause of Death

1. Evidence that two knives were used in Ellen's death

According to Wayne K. Ross, M.D., there is substantial forensic evidence suggesting more than one weapon was used in Ellen's death, although only one was recovered at the scene. Dr. Ross concluded a strong likelihood that two knives -- one serrated, one smooth-bladed -- were used in Ellen's death, although the only knife recovered at the scene was of the serrated variety and found imbedded four inches in Ellen's chest. The import of Dr. Ross' conclusion cannot be overstated. If a second knife was used in Ellen's death but not recovered at the scene, someone other than Ellen necessarily disposed of it, which alone rules out suicide as a cause of death

2. Studies of the wound pattern suggest not all could have been self-inflicted

According to Dr. Ross, it is very unlikely that several of the wounds suffered by Ellen could have been administered by Ellen herself, and categorically impossible for all of the wounds to have been self-inflicted. The cumulative effect of the wounds suggest that before the final stab was administered to Ellen's chest, she would have been rendered physically incapable of inflicting more wounds. Ellen suffered a significant wound at the base of her skull that penetrated her brain by several centimeters. This particular wound resulted from an upward strike to the base of the skull that would have been difficult, if not impossible, for an individual to inflict on herself. Moreover, Dr. Ross conducted a forensic examination of a preserved sample of spinal tissue and concluded that the injury inflicted on the nervous system by this blow would have rendered Ellen incapacitated and incapable of performing further harm, including the final stab-wound to the chest.

3. Questions concerning the involvement of Dr. Lucy Rorke-Adams

Although the police investigators relied heavily on the conclusions of Lucy Rorke-Adams, M.D., in justifying their findings of suicide, serious questions have arisen regarding Dr.

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Rorke-Adams' involvement. According to the police investigators, when confronted with questions arising from the irregular wound pattern, particularly the above frequency and severity of certain injuries preceding the final chest wound, but determined to find a medical explanation consistent with a finding of suicide, investigators reached out to Dr. Rorke-Adams, a neuropathologist with whom the Philadelphia Police and Medical Examiner's Office consulted from time to time. According to the report, Dr. Rorke-Adams concluded after conducting an examination of the spinal tissue that the damage inflicted at the base of the skull to the brain and spine could have resulted in Ellen becoming numb to the pain of the subsequent stab wounds while leaving her still sufficiently ambulatory to inflict those further wounds. But there is no evidence that Dr. Rorke-Adams ever conducted any examination of Ellen's spinal tissue. She never issued a report, was never paid for her services, and although there are records of Dr. Rorke-Adams performing examinations on the days preceding and following the date of her alleged examination of Ellen's spinal tissue, there are no records that she performed any work for the City of Philadelphia on the date noted in the report. Furthermore, Dr. Rorke-Adams has no recollection of consulting with the Police Department or ME's office on that date, and there is no corroborating record of her being picked up and brought to the ME's office as the reports suggest. In fact, in interviews with the *Philadelphia Inquirer*, Dr. Rorke-Adams claimed to have no recollection of the case at all and further stated the lack of any invoice or report of her findings confirms that she had no involvement in the case.

Dr. Rorke-Adams' involvement is crucial as her medical conclusion is a necessary element in the ultimate suicide finding, for without any explanation as to how it was physiologically possible for Ellen to inflict further wounds to her own person after suffering a blow that substantially severed her spinal cord, the ultimate finding of suicide would have been impossible.

4. Blood pattern evidence suggests Ellen's body was moved or repositioned

Upon review of the crime scene photographs and other evidence, the independent experts have concluded that Ellen was lying down and later moved into the sitting position in which she was discovered by investigators. For example, clear from the photographs of the scene is a trail of blood running horizontally, parallel to the floor, along the side of Ellen's face, which Detective Scott Eelman concluded defies the laws of gravity and suggests Ellen was moved from the original position she had been in when the blood dried. Detective Eelman, a specialist in crime scene reconstruction who regularly pairs with Dr. Ross, also analyzed the bloodstains on Ellen's sweatpants, sweatshirt and shoes and found other evidence consistent with her being moved or repositioned postmortem, concluding that she had been in a position different from that in which she was found at the time the blood was deposited on her sweatpants, sweatshirt and shoes. He further concluded that Ellen's head had been in several positions during the time of blood flow and for long enough as to have the blood flow across her face and back toward her ear, upward toward her eyes and also downward toward her chin in a manner that is inconsistent with the position in which Ellen was found by investigators.

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5. Knife block suggests altercation

The condition of the crime scene raised serious questions for the independent experts that, for these experts, support a finding of homicide rather than suicide. Among these questionable conditions, the heavy knife block from which at least one weapon was retrieved was found laying on its side, pulled over with sufficient force to have knocked two of the knives stored therein across the counter and into the sink. The condition of the knife block and knives is consistent with someone grabbing a knife quickly and forcefully as if in the midst of an altercation with another individual rather than that of a person who, alone in the kitchen, pulled a knife out for use, at least initially, for the preparation of a fruit salad.

6. Ellen's behavior that day is not consistent with suicide

Events leading up to Ellen's death are also inconsistent with suicide. After leaving work early that day due to the snow storm, Ellen filled her car's empty gas tank. Also, Ellen was halfway through preparing a fruit salad, which was left unfinished on the counter as seen in the photographs of the scene. In addition, Ellen's treating psychiatrist, Ellen Berman, M.D., is firm Ellen was not suicidal. Finally, all the wounds to Ellen's chest and abdomen were inflicted through her clothing, which as the investigators concluded, is highly unusual in cases of suicide. In nearly all documented cases, an individual will lift his or her clothing and stab directly into the skin. As the independent experts have indicated, Ellen's behavior is not consistent with someone preparing to commit suicide and when considered in light of the other serious questions surrounding her death, suggest another explanation.

Facts Cited In Support of Suicide Finding Are Inconclusive/Require Further Investigation

1. Door locked from the inside

That the door was locked from the inside with the safety bar engaged was the principal factor in concluding that Ellen's death was a suicide. Indeed, this factor was so critical in the minds of the original investigators, the remainder of the investigation seemed an exercise in uncovering explanations, no matter how unlikely, to justify that initial prejudice. But that the door was locked from the inside at the time of Ellen's death was merely accepted and was never itself properly tested. As noted in the expert reports and visible in the photographs of the apartment, the safety bar remained intact and undamaged, and, although disengaged, was still attached, albeit loosely, to the door and doorframe, respectively. Had the door been forced open from the outside without first disengaging the safety bar as the investigators concluded, at least one of its ends would necessarily have been ripped from its screws in either the door or the doorframe. Tests performed by one investigator using an identical mechanism repeatedly confirmed this. Contrarywise, the damaged but functional safety bar depicted in the photograph was consistent with the application of force to the door, but not entry, as if the door had been

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pulled from the inside causing the damage seen in the photographs and then manually disengaged.

Although a forced entry was reported by Ellen's fiancé, who told the police investigators that, upon finding the safety bar engaged and Ellen not responding to his text messages, he kicked the door open in the presence of a member of the building's security, the member of the security staff allegedly present when Ellen's fiancé kicked the door is firm that he was not present as alleged.

2. Lack of defensive wounds

Another of the factors cited in support of the finding of suicide was the lack of defensive wounds on Ellen's hands and arms, which would be expected on the victim of a knife attack of this nature. However, as Dr. Ross explained in his report, the stab wound inflicted upward at the base of Ellen's skull to her spine and brain would have been incapacitating and made further resistance impossible. Moreover, Dr. Ross did find evidence of fresh bruises and a fingernail imprint on Ellen's neck, suggesting she may have been physically overwhelmed and rendered defenseless by her attacker at the outset of the altercation, further explaining the lack of defensive wounds customary in knife attacks. Moreover, a lack of defensive wounds is not unheard of in these instances, particularly when the victim is attacked quickly so as not to be able to defend herself, the proverbial "blitz attack."

3. Mental state

Ellen had obtained treatment for her anxiety in the weeks preceding her death, and there is no indication from her therapist or elsewhere that Ellen had exhibited a predisposition toward self-harm or that she entertained any suicidal ideations at any time. In fact, Dr. Berman maintains Ellen did not exhibit any indications of suicidal ideation while under her professional care. Prescribed Klonopin for her anxiety, the toxicology screens showed levels in her system that were consistent with the prescribed dosage and that Ellen was using the medication as directed.

Putting aside for the moment obvious conflict-of-interest concerns involving certain members of the OAG who became involved in this matter once the Philadelphia DA's Office recused, the OAG's "investigation" is fraught with many problems. The OAG investigators conducted a forensic analysis of Ellen's laptop computer and found in her Internet search history evidence of an interest in painless death. The OAG concluded this was consistent with a finding of suicide, but made no determination whether this was consistent with a finding that Ellen committed suicide. Further, OAG nowhere addresses known chain-of-custody concerns pertaining to Ellen's laptops and cell phone, or how these concerns may have impacted information now stored on these devices. Finally, leaving aside questions related to the chain of evidence and reliability of these findings, the OAG was unable to explain how an individual interested in painless death would have reached the unlikely conclusion, after allegedly

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conducting research on the subject, that a preferred means of suicide was to stab oneself 20 times, front and back.

Conclusion

This is a case that requires a closer examination and more thorough investigation, which can only be accomplished by changing the cause of death listed on the death certificate from suicide to inconclusive or homicide. The prior definitive conclusion of suicide is simply not supported by the evidence and, in light of the facts and circumstances raised by independent experts, constitutes a capricious exercise of discretion. This matter unquestionably warrants further consideration, and the certificate of death should be changed to reflect that need.

Thank you for your prompt attention to this matter. I would request a meeting with you to further expound and elaborate on the reasons why the death listed on Ellen's death certificate must be changed. I will have my assistant contact your office to schedule this meeting. In the interim, please do not hesitate to contact me should you require more information or other material in support of the foregoing, or have any questions.

Respectfully yours,



JOSEPH R. PODRAZA, JR.

cc: Dr. Joshua Greenberg