

20 June 1994

To Whom It May Concern:

I am a Professor of Neuroscience and Chair of the Department of Physiological Science at UCLA. I am a recognized authority on the control of breathing. On 13 August 1993 I agreed with J.D. Sabow, M.D. to act as a consultant with respect to matters surrounding the death of his brother, Marine Col. James Emery Sabow. Specifically, I was asked to render an opinion as to whether the autopsy report and other information concerning the death of Col. Sabow was consistent with suicide resulting from a self-inflicted gunshot wound.

The pertinent facts are:

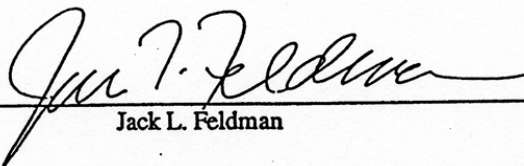
- the gunshot entered the pharynx and traveled posteriorly through the brain without exiting.
- there was significant damage to the brainstem evidenced in the autopsy ("multiple fractures of the skull with massive trauma to the brain and upper spinal cord").
- there was considerable amounts of aspirated blood in the lung.
- the body was found in a lying in a right lateral position.

The obvious anomaly in this evidence is how did the blood enter the lung? There are several possibilities that need to be considered:

- The "self-inflicted gunshot wound" caused Col. Sabow to die instantly and caused breathing to cease immediately, but the body remained in an upright position for an indeterminate time (at least several minutes), allowing the blood from the wound in the pharynx to pass through the larynx and enter the lung. Yet, the body was found on the ground, lying on the right side. This scenario would require the body to remain upright for several minutes before falling. This must be considered unlikely.
- The "self-inflicted gunshot wound" caused Col. Sabow to die instantly and caused breathing to cease immediately, and the body fell to the ground. Blood from the wound in the pharynx passed through the larynx and entered the lung. Given the position of the head, neck and lung with the body lying on the ground, it must be considered unlikely that so much blood would have flowed into the lung, including uphill into the left lung. If there is any doubt of the possibility of this occurring, I recommend an actual experiment with a cadaver. Based on current evidence, this scenario must be considered unlikely.
- The "self-inflicted gunshot wound" mortally wounded Col. Sabow, but he continued to breathe, aspirating the blood from the wound in his throat into his lung. The amount of blood would at least take several large breaths/gasps. This would require breathing to continue following the massive damage to Col. Sabow's brainstem that resulted direct projectile damage and shock waves from the expanding gases and the shotgun pellets [as evidenced by the "small vertical tears on the corners (sides) of the mouth]. Breathing (including gasping) requires an intact brainstem and spinal cord, so the possibility that Col. Sabow took several large breaths subsequent to the gunshot wound is highly unlikely.

- Col. Sabow was rendered unconscious or immobile by a blow to the head that fractured the base of the skull, causing bleeding into the pharynx. Breathing continued after this injury, aspirating blood into the lung. At sometime later, a shotgun was placed in the mouth and triggered (by another party), causing death and obscuring any evidence of prior injury. This scenerio is consistent with the evidence available.

I conclude that the preponderance of evidence does not support the finding that Col. James E. Sabow died of a self-inflicted gunshot wound.

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Jack L. Feldman