

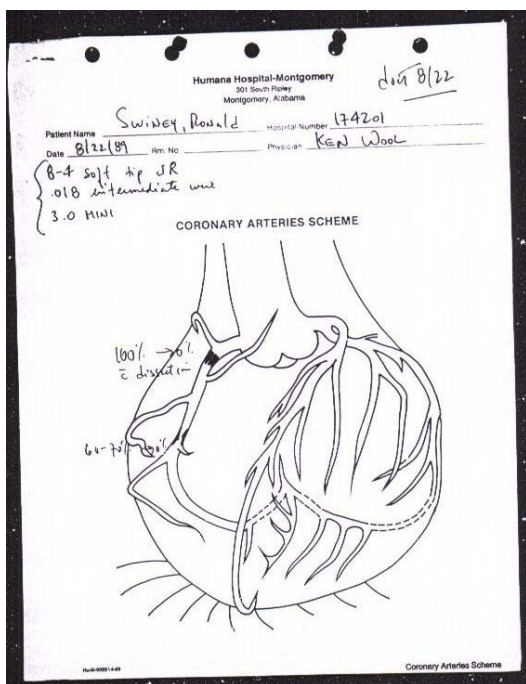
REPORT – REQUEST FOR MEDICAL CARE PATRICK SWINEY CASE

(The urgent need for an appointment with a qualified Cardiovascular Surgeon)

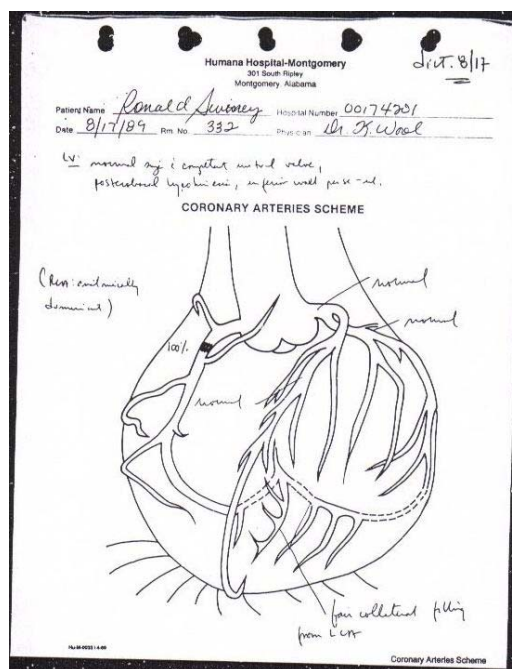
by Sherry Swiney
August 19, 2005

MEDICAL HISTORY BACKGROUND

Patrick Swiney (Ronald Patrick Swiney) suffered three heart attacks in 1989 with 100% blockage in one artery, 85% in another: in total blockage in four arteries. An angioplasty was performed two days later which included terrible abuse while in the hospital <http://www.patrickcrusade.org/abuse.htm> He had not had a stress test or angiogram since 1989 – that's 16 years ago. Should either of these tests be performed, it would surely show an immediate need to have bypass surgery. Yet, the medical provider for the Alabama Prison system (a publicly owned corporation on the US stock market, PHS, with a long history of medical abuse http://www.patrickcrusade.org/PRIVATE_HEALTH_CARE_DEATH_SENTENCE.html) waits for a massive-fatal heart attack before anything will be done.



The heart is a precious lifeline that keeps us alive. A cardiovascular surgeon performs operations on the heart and blood vessels of the body. There are a number of different types of operations on the heart, including replacement of heart valves, or bypasses of blocked coronary arteries. Specific surgeries include:



permanent transvenous pacemaker insertion and follow-up care, cardiac surgery of the coronary artery (bypass), surgical treatment of valvular heart disease, surgical treatment of artery problems for lower extremity occlusion, and aortic aneurysm, surgical treatment of carotid artery problems and of lung and esophagus problems.

If a person's heart condition poses a significant risk to their health and livelihood, surgery is the preferred method of treatment. Cardiovascular surgeons most commonly perform coronary artery bypass surgery, involving bypassing the blockage in the coronary arteries with a blood vessel taken from another part of the patient's body. Since the first operation successfully completed in the 1960s, many different improvements and variations in techniques have been developed, including a new technique called minimally invasive coronary artery bypass (MIDCAB), or limited access coronary artery bypass. In contrast with conventional CABG, which is an open-heart surgery, this procedure is done through a smaller incision over the heart to access the coronary arteries.

CARDIOLOGIST

A physician specially trained in the diagnosis and treatment of heart disease. Cardiology is the study of the heart and its functions.

CARDIOVASCULAR SURGEON

A physician who specializes in surgery dealing with heart and circulatory treatment.

In April 2005, after fighting diligently for over a year for Patrick Swiney to be sent to a free world hospital for a stress test, that stress test was finally performed. The results were verbally given to Patrick as follows: "43% of your heart is gone. You will not survive another heart attack. We are prescribing that you see a cardiovascular physician for an arteriogram."

For reasons unknown to us, Patrick was then given a new prescription. The drug was niacin and he had an allergic reaction to it which he immediately tried to report to "Medical". He was prevented from being seen by a physician. He immediately ceased taking the niacin because it was making him so sick.

The Cardiac Stress Test

<http://www.answers.com/cardiac%20stress%20test>

A **cardiac stress test** is performed to evaluate the ability of [arterial blood flow](#) to the left ventricular [heart muscle](#), to increase with exercise, as compared to resting blood flow rates, and some indication of overall physical fitness. The test is not capable of detecting the presence/absence of the [atheroma](#) lesions of [atherosclerosis](#), thus usually misses disease which most commonly produces future [angina](#) or [heart attack](#) events. Also, it is not designed to evaluate the presence or influences of [emotional](#) stresses,

even though these probably play a role in [heart attacks](#).

The patient either walks on a treadmill or is given IV medications to "simulate exercise" while connected to an [EKG](#) machine, usually the standard 10 connections used to record a 12 lead [EKG](#), and [blood pressure](#) response is repeatedly checked. Using EKG and blood pressure monitoring alone, the test is variously called a cardiac stress test, exercise stress test, exercise treadmill test or exercise [EKG](#) test. If [radioactive isotopes](#) are also used, then it is usually called a

nuclear [Thalium](#) or [Cardiolite](#) (Technetium Tc99m Sestamibi) stress test (see [gamma camera](#)) or a [Rubidium](#) (Rubidium, RB-82) [PET](#) stress test.

Purpose

The stress test is used to check both overall physical exercise capacity and is generally able to detect high grade, 75% or greater [stenosis](#) of the [coronary arteries](#) supplying the [cardiac muscle](#). Stress tests are based on research, first done in the 1960s, which demonstrated that [coronary artery](#) blood flow rate must increase several fold and in proportion to [heart](#) muscle wall tension, reflected by [systolic blood pressure](#) and heart rate. Heart rate is the most important variable for stress testing because heart muscle contraction blocks heart muscle [capillary](#) blood flow during each heart beat and the time for blood flow between heart contractions progressively shortens as heart rate increases; e.g. about 40 seconds per minute, at heart rates of about 60 BPM, down to less than 10 seconds per minute, at heart rates in the 180 BPM range.

Generally, if one or more of the major [epicardial heart arteries](#) has a [stenosis](#) of 75% or greater, then abnormalities in the [EKG](#) waveforms, [nuclear](#) scan or [echocardiographic](#) images can usually be detected while the individual is at an elevated heart rate and exercise workload. Such high grade [narrowing](#) are typically responsible for angina episodes which reproducibly occur at a given level of exercise. However,

most [heart attacks](#) result from rupture of [atheroma](#) lesions associated with only mild [narrowing](#), 20-30% on average by [IVUS](#) clinical studies, thus the tests do not work well for detecting likelihood of impending heart attack.

Diagnostic Value

Unfortunately, the value of such a test is limited, especially for asymptomatic individuals. According to United States data, 2004, for about 65% of men and 47% of women, the first [symptom](#) of cardiovascular disease is heart attack or [sudden death](#) (death within one hour of symptom onset.)

Stress testing, even if done in time, will detect only some of these people before symptoms, disability or death. Stress testing methods, though more effective than a resting EKG, only detect high grade flow limitations; this assuming the testing is fully and aggressively performed. However, most artery flow disrupting events occur at locations with less than 50% [lumen](#) narrowing, a degree of [stenosis](#) too small for stress testing methods to detect.

Historically, through the mid-1980s, it was believed that detecting these high grade stenoses was the key to recognizing people who would have [heart attacks](#) in the future. However, there was also long-standing experience that some people could exercise all the way to maximum predicted heart rate, have no abnormal symptoms and completely normal stress test results, only to die of a massive [heart attack](#) within a

few days to weeks. From the 1960s to 1990s, despite the success of stress testing identifying many who were at high risk for [heart attack](#), its failure to correctly identify many others was a conundrum, discussed in medical circles but *unexplained*.

The high grade [stenoses](#) which are detected by stress test methods are often, though not always, responsible for recurring symptoms of [angina](#). Cardiac stress tests do detect some individuals who already have with very advanced [coronary arterial](#) disease and stenosis, some of whom did not recognize that they had advanced disease. However, stress test results are also sometimes abnormal in some people who do not have high grade [narrowings](#) of their coronary arteries as visualized by [coronary angiography](#), which provides more accurate information and partial visualization of the [coronary artery lumens](#). This was long viewed as a [false positive](#) result, with some of these individuals diagnosed as having [Syndrome X](#), i.e meaning clear recurring signs of angina, though with smooth open [coronary artery](#) lumens on [coronary angiography](#). The actual underlying issues responsible for this apparent

conundrum are now better understood, see [atheroma](#).

By the early to mid-1990s, it became more widely recognized that rupture of more rapidly evolving and unstable [atheroma](#), *hidden* within the walls of the coronary arteries, even though they often produce little or no [stenosis](#) of the coronary lumen, is the primary event which produces most [heart attacks](#), thus somewhat back to the [coronary thrombosis](#) view, though with more sophistication of understanding some of the complexities.

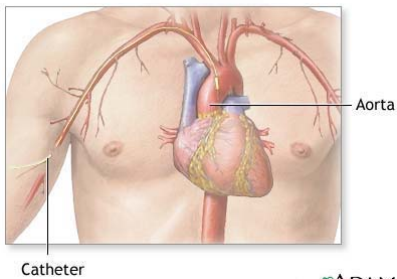
Unfortunately, cardiac stress tests are only capable of detecting high grade limitations of blood flow to the left ventricular heart muscle (provided the limitations are not matched by similar limitations to the opposite portion of the left ventricular muscle), such as may produce recurring [angina](#), not the [atheroma](#) which produce [heart attacks](#). Stress test methods do not evaluate blood flow to non-left-ventricle heart muscle. Thus stress test results are often [falsely negative](#) for far too many people, in terms of predicting who is at high risk for [myocardial infarction](#), missing the majority destined to have a [heart attack](#).

Today, Patrick is continuously out of breath. The blood circulation is so poor that insufficient oxygen is available for him to breathe normally. He has difficulty walking from the dorm to pill call and the guards merely tease him about not being able to breathe, laughing heartily. Rather than be alarmed as normal human beings would, his well-being is a joke to them.

This is not a joke to us; Patrick needs help. As a prisoner he is at the mercy of his keepers who are not doing the job we are paying them to do.

As stated above, an appointment with a cardiovascular surgeon and an arteriogram was ordered by the doctor. This order has been repeatedly ignored. Patrick Swiney needs to see a cardiovascular surgeon now. He is provably innocent of the crime for which he was convicted <http://www.patrickswiney.com> and has spent 16 years in prison for something he did not do, and now the prison system ignores even the most basic of medical treatment for this innocent man! Let the doctors decide after the arteriogram what surgical treatment is needed to sustain his life while his legal team adjudicates his case – not the prison guards, DOC, or LPN's for PHS who are assigned to the prison where Patrick lives! Left to them, they would just as soon see Patrick die. All of their actions and inactions over the years (which by the way have been documented) attest to their complete indifference to Patrick's medical needs.

Arteriogram



An arteriogram is the injection of contrast material or dye into one or more arteries to make them visible on an x-ray. The blood flow through the area can be evaluated with fluoroscopy (i.e., continuous X-rays that allow one to see the contrast material in movement).

ADAM.

Standard for Medical Care in Prisons

Justice Marshall, in *Estelle v Gamble*, 429 US 97 (1976) http://biotech.law.lsu.edu/cases/prisons/Estelle_v_Gamble.htm clearly states that lack, or indifferent medical care, is a violation of the eighth amendment of the United States Constitution, and 42 USC § 1983. Alabama is part of the United States, and is bound by the rulings of the United States Supreme Court. Patrick Swiney's grievances are a claim that he is being denied a legal right—that of adequate medical care, and that his denial is just one example of a pattern of deliberate and indifferent medical care of inmates.

In a landmark decision from 1803 (*Marbury v Madison*, 5 US 137, Cranch 137-153) which has not been overturned and still applies today <http://caselaw.lp.findlaw.com/scripts/getcase.pl?navby=case&court=us&vol=5&page=137> Chief Justice John Marshall stated: "It is a general and indispensable rule that where there is a legal right, there is a legal remedy."

Patrick needs your help right now. Please do not wait!

We demand the doctor's orders from April 2005 are finally followed: he needs to see a cardiovascular surgeon for an arteriogram for proper diagnosis and

treatment (most likely bypass surgery) or he will not live to see the freedom he so justly deserves.

WHO TO CONTACT

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