

1 MARK J. REICHEL, State Bar #155034
2 THE LAW OFFICES OF MARK J. REICHEL
3 555 CAPITOL MALL, 6TH FLOOR, Suite 600
4 Sacramento, California 95814
5 Telephone: (916) 498-9258
6 FAX: (916) 441-6553
7 mreichel@donaldhellerlaw.com
8 www.reichellaw.com

9 Attorney for Defendant
10 ERIC MCDAVID

11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE EASTERN DISTRICT OF CALIFORNIA

13 UNITED STATES OF AMERICA,)

14 Plaintiff,)

15 v.)

16 ERIC MCDAVID,)

17 Defendant.)

Case No. CR.S-06-0035-MCE

**DECLARATION OF RAYE
BELLINGER, M.D. REGARDING
PRESENT HEALTH OF DEFENDANT
ERIC MCDAVID**

Date: April 16, 2007

Time: 8:30 A.m.

Judge: Hon. Morrison C.
England

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19 1. My name is Raye Bellinger, M.D., and I submit this
20 declaration in regard to the present health situation of
21 defendant Eric McDavid at the request of his attorney, Mark
22 J. Reichel.

23 2. I am a board-certified cardiologist licensed to
24 practice in the State of California (License No. A44408). I
25 have provided expert witness testimony both in Federal and
26 State court on behalf of both plaintiffs and defendants. I
27 have also been retained as an expert witness by the

28 Declaration Of Raye Bellinger, M.D.

1 Sacramento County Sheriff's Department to review healthcare
2 delivery at the county jail for inmates who died under
3 custody. I have a full time cardiovascular practice in
4 Sacramento County for over 20 years. I have attached my
5 curriculum vitae as an exhibit to this declaration.

6 3. I have been advised on Sunday, April 15, 2007, by
7 attorney Mark J. Reichel as follows:

8 A. Eric McDavid is currently at the Sacramento County
9 Jail, having been housed there since January of 2006. He is
10 in custody awaiting trial on federal charges. That Mr.
11 Reichel found the following with regard to Mr. McDavid on
12 Sunday Morning at 11:00 a.m. during a visit to the Sacramento
13 County Jail with Mr. McDavid.

14 B. Mr. McDavid advised that he had felt severe symptoms
15 Saturday evening at 10:30 p.m., symptoms involving pressure
16 from his heart area, a spike in heart rate and in his blood
17 pressure. He felt an inability to breathe easily, fever,
18 chest pain, fatigue, shortness of breath and an inability to
19 lie flat. Mr. McDavid immediately requested to see medical
20 personnel, and was seen by a doctor at the jail at 10:00 a.m.
21 Sunday morning, April 15, 2007.

22 C. Mr. McDavid was provided an EKG report, and diagnosed
23 with the "swelling of the 'sack' around the heart," according
24 to Mr. McDavid. He was found to have normal blood pressure.
25 He was prescribed the following medication: steroids,
26 aspirin, Ibuprofen, and prilosec.

27 D. When Mr. Reichel saw Mr. McDavid after the doctor's
28 visit, he found the following: Mr. McDavid had extreme

1 difficulty in walking and moving. Any change in "pressure"
2 in his body, like sitting down or adjusting his position in
3 the seat, caused extreme discomfort. McDavid was very pale
4 and shivering from cold. His extremities-feet and hands-were
5 extremely cold. He had shortness of breath, chest
6 pain-specifically that it felt like a "rock" was lodged
7 underneath his sternum area. That he cannot lie down as there
8 is extreme pressure built up in his upper chest and head
9 area, making it impossible for McDavid to lie down. That Mr.
10 Reichel asked McDavid to squeeze Mr. Reichel's hand and Mr.
11 McDavid had hardly any strength in his grip to do this.
12 Mr. Reichel advised that Mr. McDavid had been in fine health
13 prior to this visit.

14 4. I believe that Mr. McDavid has acute pericarditis.
15 Acute pericarditis (inflammation of the sac of the heart) may
16 be caused from a variety of conditions ranging from a
17 bacterial infection, viral infection, myocardial infarction,
18 (heart attack), idiopathic (unknown) and other more rare
19 causes. In about 20% of cases, inflammation involves the
20 heart muscle and may cause heart muscle damage. The other
21 more common and potentially fatal complication of acute
22 pericarditis is accumulation of fluid around the heart
23 restricting the heart's ability to pump. This potentially
24 fatal condition, also known as pericardial tamponade,
25 requires removal of the fluid generally on an emergency basis
26 and, if untreated, is typically fatal.

27 5. Before appropriate treatment is rendered, diagnostic
28 testing should be performed to exclude the accumulation of

1 fluid around the heart and heart muscle damage. An
2 echocardiogram (sound wave test of the heart) is a test of
3 choice to exclude these conditions. An EKG, although
4 diagnostic, is not sufficient to exclude fluid accumulation
5 or myocardial damage. Following an adequate evaluation, a
6 more specific treatment regimen may be used depending on the
7 results of the evaluation. Although Mr. McDavid may have
8 received therapy typical for patients with acute
9 pericarditis, the underlying cause has not been sufficiently
10 established nor the most potential for life-threatening
11 complications have been excluded.

12 6. I recommend that Mr. McDavid be provided an
13 appropriate and thorough evaluation on an emergency basis at
14 a local hospital that can provide echocardiography, computed
15 tomography of the chest and, if necessary, heart
16 catheterization to relieve fluid accumulation. Following an
17 adequate evaluation, a and other diagnostic techniques that
18 may be sufficient to exclude life-threatening complications
19 followed by a more specific treatment regimen tailored to the
20 potential etiology of his acute pericarditis.

21 7. The failure to treat Mr. McDavid in this manner as
22 recommended would be below the appropriate medical standard
23 of care for an individual with the same or similar medical
24 condition.

25 8. Mr. Reichel has advised me that this matter will be
26 presented to the court on April 16, 2007 at 10:00 a.m. I am
27 available by phone at that time for consult with the court or
28 parties, and can be reached at 916-830-2000.

1 I declare under the penalty of perjury that the
2 foregoing is true and correct.

3 DATED: April 15, 2007

4 /S/

5 Raye Bellinger, M.D.
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