

AFFIDAVIT of John Victor Ramses regarding the health of Stuart William Dugan

1, JOHN VICTOR RAMSES, currently a prisoner at Acacia Prison, Great Eastern Highway Wooroloo in the state of Western Australia, being duly sworn, make oath as follows:

1. On the morning of Tuesday 31 January 2017, at approximately 6:55 AM, I left my cell in Unit 3, J-Block at Acacia Prison, to put my milk container in the unit fridge as per usual. On the way I stopped by the cell of fellow prisoner, Stuart Dugan, to say good morning, also as per usual.
2. On this morning I found Mr Dugan sitting on the edge of his bed hunched over. I ask him if he was OK. He shook his head and replied 'No'. Concerned, I asked him what the problem was. He told me he had had a hard time breathing through the night and didn't feel well, then pointed to a Styrofoam cup sitting on his desktop. I noticed the cup was filled nearly to the top with a reddish liquid. When I asked Mr Dugan what was in the cup he told me it was blood. My concern deepened. Questioning him further he told me that he had coughed it up through the night. He further told me that he had first noticed the appearance of blood when he coughed beginning some 3-4 weeks prior and that he had been feeling increasingly tired.
3. Realizing this was a potentially serious medical situation I then went out and informed an on duty prison officer, David Boyd, of the situation. This occurred at 7:05 AM, just as a group of prisoners were preparing to be escorted to medical for their morning medical run. Officer Boyd realized the potential emergency where a prisoner was coughing up copious amounts of blood and held up the escort while I collected Mr Dugan.
4. I encouraged Mr Dugan to take with him the cup of blood as evidence of the seriousness of his condition. The cup was wrapped inside an empty plastic bread bag then Mr Dugan was escorted to medical along with the group of prisoners. I did not expect to see Mr Dugan again that day whereas logic and reason dictated that a condition of coughing up blood (internal bleeding) would necessitate hospitalization, or at least a thorough medical examination at a qualified off-site medical facility. However, within a short time I was surprised to see Mr Dugan had returned back to his cell. I then queried Mr Dugan on what had occurred at medical.
5. Mr Dugan informed me that the on-duty nurse had 'only cared' to take his temperature and blood pressure and nothing more. She had not questioned him for more detail regarding the bleeding, when it began or how he was feeling physically. She did not weigh Mr Dugan, which would have shown a sudden weight loss over a short period of time. When Mr Dugan had attempted to show the nurse the cup of blood she told him she 'didn't need to see it' and threw it into a hazardous waste receptacle.
6. After this brief checkup, Mr Dugan was told by the nurse that she would approach the on-duty doctor with the matter and left the room to do so. Upon returning minutes later, Mr Dugan was told by the nurse that the doctor believed his condition to be a 'chest infection' and had prescribed 7 tablets of Doxycycline (100mg) (generic) to take for 7 days. It is not known whether the nurse had explained the bleeding to the doctor whereas she had been disinterested in that subject from the onset and had not questioned Mr Dugan further about it. In any case, the doctor had prescribed a medication to a patient based on scant and incomplete medical

3 information given word of mouth by a nurse, and without seeing Mr Dugan personally.

7. When Mr Dugan told me this I was furious. Apparently neither the doctor nor the nurse had been concerned enough about the bleeding to conduct a more thorough examination, such as listening to his lungs or asking further questions in relation to the history or circumstances of the bleeding. Only temperature and blood pressure were taken. No samples of his fluids were taken. Without a properly diagnosing Mr Dugan's actual ailment the doctor simply assumed it was a chest infection and prescribed a generic antibiotic.
8. In my view it was extremely reckless and irresponsible for a medical practitioner to prescribe any type medication without first determining through proper medical forensic procedure why bleeding was occurring on Mr Dugan's lungs. Under such conditions, the prescribed medication could cause further complications. Moreover, where the condition of bleeding in the lungs had increased significantly over a week period, any delay in proper treatment could exacerbate the problem, perhaps irreversibly or lethally.
9. Mr Dugan's daughter, 'M', (in Victoria) is a highly trained nurse employed at a major hospital. I advised Mr Dugan to immediately contact his daughter via phone and inform her of his medical condition and the mistreatment he had received, as well as the name of the medication he had been prescribed. 'M', however, was not at home likely due to being at work.
10. I and my family in the United States have become closely acquainted with Mr Dugan's family in Victoria over the past five years. After Mr Dugan failed to contact his daughter I then contacted my family and instructed them to send an email to 'M' to inform her of the situation in the event Mr Dugan could not himself make contact. In that instruction I asked my family to stress the importance of the email as well as to outline what had occurred with her father, Mr Dugan, and that his life might be in danger due to neglect or improper diagnosis and medication by the Acacia medical staff. My family assured me that they would contact Mr Dugan's family immediately and would pray for him.
11. In addition to the above statement:


I have known Mr Stuart Dugan on a personal basis for some five-plus years now while incarcerated at Acacia Prison. I consider Mr Dugan to be a friend in every sense of the word, in spite of being a prisoner. I have come to know his family in Victoria. I have spent countless hours researching and preparing Mr Dugan's legal matters towards an appeal of his conviction, which is now before the Supreme Court. I reside in the same unit as Mr Dugan and have significant contact with him on a daily basis. Needless to then say, there is very little about Mr Dugan that I don't know.


12. Over the past two months I have noted a significant change in Mr Dugan's demeanor and typical daily routines as well as with his overall appearance. I have noted my concerns on a few occasions in my personal journals. Of significance, I have noted a considerable weight loss and that his shoulder bones appear to be protruding more prominently, in spite of eating meals normally. He has begun to walk with a more apparent hunch than in the past. Moreover, he spends much of his time in his cell, usually lying down in the dark, where in the past he had commonly been sitting up with his light on or out in the yard enjoying the open air and interacting with other people. His sharp wit and sense of humour has also diminished due to not feeling well. This relatively sudden change has also been noted and mention to me by other

prisoners who are close to Mr Dugan.

- 13. I had previously attributed this change in him due to stress over his pending hearing in the Supreme Court regarding his appeal, which will occur on 17 February 2017. I had applied to join him at the hearing to assist him in interpreting what might be said or making further necessary arguments, but my application had been rejected for understandable reasons. I believed Mr Dugan had simply become worried about having to appear before the Supreme Court on his own. While that much was a partial concern, I now know from Mr Dugan that he has not felt well for the past two months with increasing loss of energy. I noticed Mr Dugan had been coughing more frequently. Then, 3-4 weeks ago, he apparently began seeing blood in his saliva and coughing it. Mr Dugan told me that during the recent nights he has coughed up enough blood to fill a cup, one of which I personally saw this morning. This is a significant loss of blood throughout a day for his small stature and weight no doubt contributing to his weakened state.
- 14. I include this additional comment in order to document herein a more thorough picture of Mr Dugan's health and history. Indeed, something is seriously wrong medically, and I feel that if it is not addressed professionally and immediately his condition may become irreversible or fatal.
- 15. This statement is being made as a matter of record in the event that said indifference and lack of duty of care by Acacia and Serco with regard to Mr Stuart Dugan's health should result in further complications or unnecessary death. No doubt Mr Dugan's family will require this statement in the event that legal action might be pursued in such an event. Moreover, where my determination in the past to defend or assist prisoners or myself against neglect of duty of care or abuse by Acacia / Serco has resulted in retaliatory punishments against me (documented in detail with the US State Department), a copy of this affidavit has also been provided to my US consulate for record.
- 16. This concludes my statement with regard to the above matter.

Sworn by the said: )  
 JOHN VICTOR RAMSES at Acacia Prison )  
 Wooroloo, in the state of Western Australia )

 Date: 2 / 2 / 2017

Before me:  
 Date: 2 / 2 / 2017

Justice of the Peace  
 8504  
 Western Australia