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### **A justification for the request to change the hearing location**

The investigators for the Department of Special Investigation (DSI) has issued a summons for Phrathepyanmahamuni (Phra Chaiyaboon Suthipol) to hear his allegations at the Bureau of Financial Services, DSI, on May 16th, 2016, at 9.00 am.

As a result of the recent April 22nd ceremony and Phrathepyanmahamuni's arduous activities throughout the day of, his chronic medical conditions have acutely exacerbated. He has experienced significantly increased swelling in his left lower extremity. His primary care physician requested the professional expertise of a radiologist to perform a preliminary diagnosis with use of an ultrasound. Both a vascular surgeon and hematologist were consulted to make the diagnosis. The following are their conclusions:

1. Patient has chronic venous insufficiency in his left lower extremity. Magnetic Resonance Venography (MRV) revealed findings highly suggestive of May-Thurner syndrome. Patient has complete occlusion of the left common femoral vein from chronic compression by the right common iliac artery in addition to posterior bone spur of the L5 vertebral body with secondary chronic deep vein thrombosis at the proximal left superficial femoral vein, absent of the left common iliac and left external iliac vein, and deep veins of the left leg. Patient has multiple superficial collateral veins as described above.
2. Acute left lower extremity edema due to DVT and chronic venous stasis began in the beginning of May. Due to increased pressure and swelling, patient's left lower extremity is now becoming more acutely ischemic and vascular surgeons have discussed the possibility of amputation.
3. Acute deep vein thrombosis in the left lower extremity places patient at risk for an acute pulmonary embolism, which is fatal. Patient is to decrease physical activity to avoid a pulmonary embolus.
4. Chronic venous stasis ulcer on left ankle is secondary to diabetes. Chronic venous stasis ulcers increase the risk of secondary complications such as cellulitis, abscesses, bacteremia and osteomyelitis in an immunocompromised patient.

Therefore, the medical team has prescribed patient with medications along with strict instructions to keep lower extremities elevated above the heart and restrict physical activity.

After discussion with primary care doctors and specialists, it was agreed upon that patient is to avoid moving his body unnecessarily and is not to travel for a minimum of 2-3 months. Movement increases the risk of pulmonary embolus in a patient with confirmed DVT and chronic venous stasis from diabetes.

For these acute on chronic medical concerns, Phrathepyanmahamuni is unable to travel to DSI for the summoned date.



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The representatives of the Sangha of Wat Phra Dhammakaya would like to ask the director general of DSI to assign investigators to give him his hearing at Wat Phra Dhammakaya on May 16, 2016 at 14.00.

Phrathepyanmahamuni has no intention of evading DSI investigators. To confirm the truth and bear witness to the reasons stated, the Sangha would be pleased to send the medical team to testify on his behalf, or DSI may assign their own physicians to confirm his conditions before the stated appointment.

Blessings,

Phra Sanitwong Wuttiwangso  
Director of Communications, Wat Phra Dhammakaya

[en.dhammadakaya.net](http://en.dhammadakaya.net),  
[www.dmc.tv](http://www.dmc.tv)