

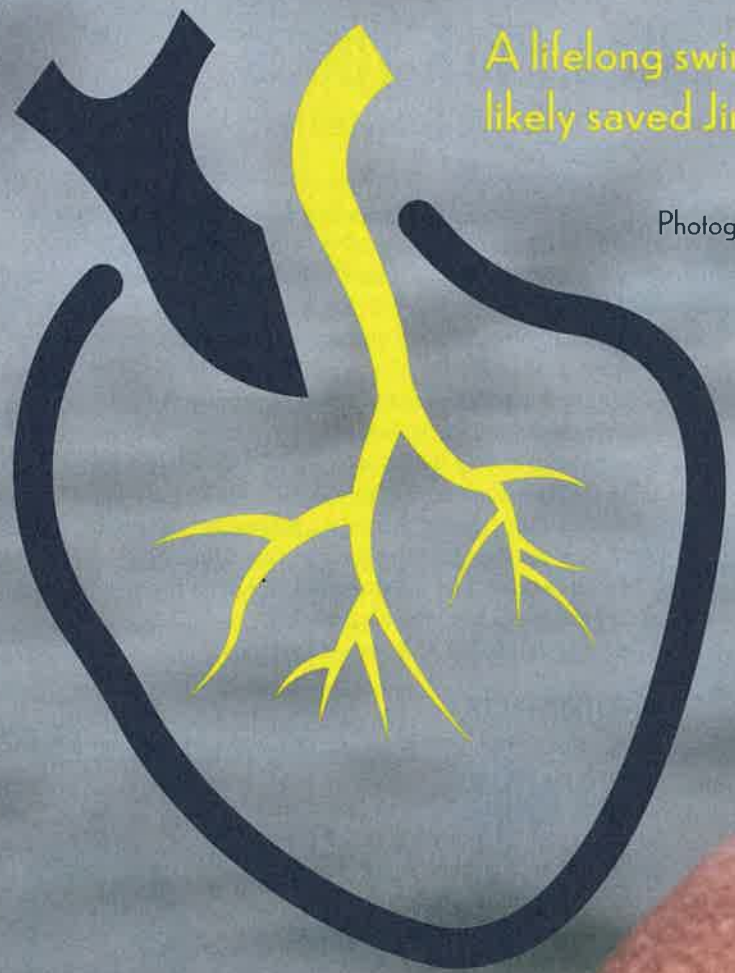
Jim Clifford has spent much time training in Deep Creek Lake, a reservoir in Maryland.

# Matters of the Heart

A lifelong swimming routine likely saved Jim Clifford's life

By Elaine K. Howley

Photographs by Janet Manning





# Last fall,

Jim Clifford was building up his stamina for four marathon swim events in 2024. “I call it the Legends Tour,” he says with a chuckle. “Each swim I was planning has a legendary race director.”

He plotted a whirlwind season that would see him start with the 20.5K Infinityman around Honeymoon Island, Florida, in February, the 25-mile In Search of Memphre swim between Vermont and Quebec in July, the 25K Swim Across the Sound in Connecticut in August, and the 30K Three Rivers Marathon Swim in Pittsburgh in September.

Clifford, 73, had plenty of time to prepare and the know-how to build up for such an intense schedule. No stranger to ultramarathon swimming and tough open water racing, he once held the

record for being the oldest swimmer to cross the Catalina Channel, which he did in 2014. In 2015, he became the oldest swimmer to complete the Triple Crown of Open Water Swimming (solo crossings of the Catalina and English Channels and a solo loop around Manhattan, a total of just under 70 miles) while also setting the speed record for English Channel swimmers over 50 in a lickety-split 10 hours, 3 minutes.

By November 2023, Clifford was feeling good, in shape, and on target, he says. But then, suddenly, something changed.

He was doing much of his training in a pool as winter closed in, and he says for no apparent reason, his 1,000-yard repeat splits—typically rock steady at 15 minutes—began creeping up. “It wasn’t a plateau,” he says.

Rather, he was slowing down—significantly—while putting in the same effort. Concerned, he talked to a coach who’s often at the pool when he’s training and explained the issue. Seeing a then-72-year-old in front of him, “The coach laughed and said, ‘You’re fine!’” Clifford recalls.

But Clifford knew deep down that something was terribly wrong. “I didn’t feel bad, but I knew it wasn’t right,” he says.

Clifford also talked to his training partner, Janet Manning, a fellow open water swimmer and close friend of 12 years. When Clifford told her about his health concerns, she scoffed for the same reason the coach did—the slowing down of age is inevitable, isn’t it? “I was a bad friend,” she admits.

Thankfully, Clifford didn’t listen to her either.

“He’s a super-smart guy and super in tune with what is supposed to be, and he’s not somebody who ever pushes aside those con-

cerns,” says Manning, 60. “He doesn’t fiddle around. He finds an expert. And thank goodness for that.”

**The cardiologist** a college friend recommended set an appointment with Clifford immediately and conducted a standard stress test and EKG. “He said, ‘Jim, you’re in perfect shape. You’re in better shape than anybody. Your plumbing is working fantastic,’” Clifford recalls.

The only potential issue that showed up was atrial fibrillation, an abnormal heartbeat condition that had been diagnosed over a decade prior and was well managed. Afib is not unusual for marathon swimmers, Clifford was told, and with no family history of heart disease, there was no reason to be overly concerned.

Clifford insisted he wasn’t fine: “I said, ‘Doc, something ain’t right. I’m telling you, right now, listen to my body.’”

So the cardiologist referred Clifford to a sports cardiologist in his practice who ran some more tests, including a calcium scan, an imaging test that looks for calcium deposits in and around the heart that can detect blockages in some patients before noticeable symptoms arise. In Clifford’s case, the scan uncovered a hard, plaque-like formation.

To correct the problem, Clifford would need a surgical procedure in which the doctor would insert a catheter into his heart with a device at the end that would send pressure waves to break up the plaque. Once the calcium deposit had been pulverized, the doctor would place a stent into the affected area to keep the vessel open, allowing blood to pass through freely. They scheduled the relatively simple procedure—during which Clifford would be awake—for a couple of days later.

Once the doctor had threaded the catheter into Clifford’s heart, however, he discovered the issue was much worse than it had appeared on the scan.

“He said, ‘I can’t fix this,’” Clifford recalls, and brought in a surgeon to have a look. They determined two of the arteries were about 80% blocked and the affected vessels had distended in response to Clifford’s continued high-level training, meaning they couldn’t fix the blockage with a stent. One of the arteries that was blocked was the one they call the “widowmaker,” Clifford notes, so “I had to move quickly to surgery.”

Suddenly, Clifford’s condition was far scarier than some missed pool splits. “I started to think I’m trying to run an eight-cylinder engine off three cylinders, and I blew these things out,” Clifford recalls.

Although the surgeon wanted to wheel Clifford into emergency surgery right then, Clifford insisted on waiting a week to get his affairs in order. Clifford, a father of two and grandfather of three, wasn’t sure he’d survive the surgery. But as the primary caregiver for his wife, Carol, who has advanced frontotemporal dementia, he needed to be certain she would be cared for properly while he was incapacitated.

Reluctantly, the doctor agreed to give him some time; Clifford hadn’t yet had a heart attack and there didn’t seem to be any lasting damage to the heart, so they relented.

A week later, Clifford underwent double bypass surgery.

**After the surgery,** Clifford connected with Ankit B. Shah, an associate professor at the Georgetown University School of Medicine in Washington, D.C., president of Sports and Performance Cardiology, and USA Swimming’s team cardiologist, to help him monitor his progress and advise him on how his heart was respond-



Mark Smitherman, Ion Tiron, and Jim Clifford enjoy a laugh after a cold-water swim in Myrtleville, Ireland, in 2016 as part of the annual Cork Distance Week training camp.

ing to training in recovery. With a cardiology practice dedicated to treating elite athletes, specifically swimmers, Shah was the right man for the job.

Shah notes that Clifford’s diagnosis of coronary artery disease is not uncommon among U.S. adults his age. More than 20 million Americans have it, and heart disease remains the leading cause of death in the U.S. More than half of U.S. adults don’t even know they have it, according to figures from the National Institutes of Health and the American Heart Association.

What was unusual was Clifford’s high level of cardiovascular fitness and how his heart adapted to the blockage so he could continue swimming fast and far. Shah explains that when you start exercising, more blood needs to move through your heart to the rest of your body to bring oxygen and nutrients to hard-working muscles. But in Clifford’s case, the blockages in his arteries had narrowed those “pipes” bringing blood around his body. This meant his heart was not pumping as efficiently as it should have been, which manifested as a loss of swimming speed.

It was a lucky catch, given that blocked blood vessels can lead to several dangerous health issues including heart attack and stroke.

But Clifford read the signals his body was sending and sought help. Doing so likely saved his life, and that’s the first of a few key takeaways from Clifford’s story that other Masters swimmers should pay attention to, Shah says.

It’s also important for Masters athletes to partner with a doctor who has expertise in sport and exercise physiology, Shah urges, noting these experts know that older athletes like Clifford often have adapted to certain physiological restrictions. Because of this, deploying a standard stress test isn’t always going to uncover the



Jim Clifford enjoys swimming with his three grandchildren, two of whom—Conner and William Clifford—are pictured here at a summer swim club in Severna Park, Maryland.

In July 2021, Jim Clifford swam the 19.2-kilometer width of Lake Tahoe from Homewood to Glenbrook in just over 6 hours at age 69.



problem as it would in someone who's sedentary, out of shape, or otherwise untrained.

"When you work with a cardiologist or sports medicine doc who really understands the athlete, they would tailor the test to try to provoke the symptoms and push as hard as they can to make you feel what you're feeling in training," he says.

He underscores Masters swimmers are at risk of heart disease just like anybody else. Even though swimming is especially good at supporting overall cardiovascular health, it doesn't erase genetic predisposition to developing coronary artery disease or lifestyle factors such as poor diet. Most Masters athletes have many of the same risk factors as the rest of the adult population.

"There's this misconception that high volumes of exercise make you immune to cardiovascular disease, and that's just wrong," Shah says. "Exercise is fantastic. It can improve your cholesterol, lower your blood pressure, and decrease your overall risk. But that doesn't make you immune to heart disease."

Shah also notes that although some doctors might dismiss Masters athletes as fine when the problem doesn't show up on standard tests, "the flip side is athletes sometimes are more reluctant to admit or acknowledge risk factors because they're exercising a lot."

For his part, Clifford says he underestimated his recovery. "I spent eight weeks recovering from surgery and then a month swimming lightly. I've been training hard for four months and am still only about 80%" back to normal, he says.

**Luckily, Clifford knew** how he should feel and paid attention when his body sent him subtle warning signs. It likely helped him avoid a massive heart attack and possibly sudden death.

"And this is a really good educational point here," Shah says. "You guys know your bodies." If you notice that something seems wrong, keep asking questions until you find the answer.

For example, if your pace unexpectedly drops or you suddenly can't keep up with your lanemates, but you can explain it away with work or family stress, a poor night of sleep, having had a few drinks the night before, or not eating prior to your workout, it's likely not a big deal.

"But if you see a continued, unexplained drop over a few days or a week or two, that should be a signal to ask, 'What's going on here?'" Shah says.

In addition, if you suddenly begin experiencing acid reflux or heartburn while you're exercising, that can be a warning sign that something's wrong with your coronary arteries, Shah says.

A third warning sign is chest pain, pressure, or tightness during the first few minutes of exercise that goes away with continued exercise. "That's usually a sign that you're recruiting other blood vessels" to compensate for a blocked vessel, Shah says.

In all these instances, it's important to contact your doctor or connect with a sports cardiologist for evaluation and guidance. It may be nothing, but with matters of the heart, it's always better to err on the side of caution. 🏊

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