



Speaker Therese M. Terlaje <senatorterlajeguam@gmail.com>

Fwd: Testimony In Support of Bill 112-36

1 message

Speaker Therese M. Terlaje <speaker@guamlegislature.org>
To: Senator Therese Terlaje <senatorterlajeguam@gmail.com>

Thu, Jul 15, 2021 at 10:49 AM

Office of Speaker Therese M. Terlaje

Committee on Health, Land, Justice and Culture

I Mina'trentai Sais na Liheslaturan Guåhan

36th Guam Legislature

Office Location: Ada Plaza Center, Suite 207, [173 Aspinall Avenue](#), Hagåtña, Guam 96910

Address: Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910

T: (671) 472-3586 F: (671) 989-3590 Email: speaker@guamlegislature.orgwebsite: www.senatorterlaje.com

----- Forwarded message -----

From: **Paul Hattori** [REDACTED] <[REDACTED]@[REDACTED].com>

Date: Thu, Jul 15, 2021 at 10:44 AM

Subject: Testimony In Support of Bill 112-36

To: speaker@guamlegislature.org <speaker@guamlegislature.org>

Hafa Adai Madam Speaker,

I would like to submit the attached statement in favor of Bill 112-36, as it relates to medical malpractice in the Territory of Guam. I would like to add, however, that I feel the statute of limitations does not allow a grieving family a reasonable amount of time to get their lives in order enough to seek help. My Jeannie has been gone for 11 months now, and I'm still struggling to cope. I respectfully suggest the statute of limitations be extended to a period of two (2) years rather than one (1) year.

Thank you for sponsoring this very important piece of legislation not only for me, but for the many other human beings that have been adversely affected by a lack of accountability by member of our medical community.

Very Respectfully,

Paul Anthony Perez Hattori
[REDACTED]**Testimony.docx**

16K

Madam Speaker,

July 15, 2021

Hafa Adai. My name is Paul Hattori, and I would like to testify in favor of Bill No. 112-36 (COR), An Act to add a new chapter 10 to Division 1, Title 10, Guam Code Annotated, etc., relative to Medical Malpractice in the Territory of Guam.

My late wife, Jeannie Almoguera Hattori, and I felt her stated medical conditions were grossly mismanaged when she was admitted to the Guam Regional Medical Center on February 12, 2020. February 12, 2020 also marks the last day she was ever able to walk on under her own power. The loss of my wife on August 16 of that same year is still very painful - I will try to articulate this as best as I can:

My dear Jeannie had recently began chemotherapy with Dr. Friedman for metastatic liver cancer for which she was diagnosed in January 2020. She began to experience unbearable abdominal pain in the second week of February, 2020, so we presented ourselves to the Emergency Room at the Guam Regional Medical Center on February 12, 2020. Jeannie was admitted that day and diagnosed with an ulcer (as it was explained to me).

Jeannie had a condition called Myasthenia Gravis (MG), which was conveyed to the medical staff numerous times, and she actively taking her prescription of Pyridostigmine (120mg) in addition to Xeloda for her cancer. GRMC prescribed the antibiotic Ciproflaxin (Cipro) despite knowing that she has MG. This antibiotic has a Black Box warning and should not be used for individuals with MG, as it has been proven and published that that exacerbation of myasthenia gravis Fluoroquinolones, including CIPRO®, have neuromuscular blocking activity and may exacerbate muscle weakness in persons with myasthenia gravis. Postmarketing serious adverse events, including deaths and requirement for ventilatory support, have been associated with fluoroquinolone use in persons with myasthenia gravis. Avoid CIPRO® in patients with known history of myasthenia gravis. Well, this is exactly what happened to my Jeannie.

That same evening, a Code Blue was called for her because she appeared catatonic (my observation). She was rushed for a CT scan and subsequently sent to the ICU for observation. Incidentally, the Ciproflaxin was replaced with an antibiotic that was safe for people with MG.

Surgery was deferred due to her extremely weak condition we believe exacerbated by the Ciproflaxin. Jeannie also somehow got C. diff while hospitalized, further exacerbating her weakened condition. Eventually, but still at high risk, surgery was performed to the affected area on February 28, 2020, and she was discharged on March 17, 2020. Still weakened, she endured subsequent hospitalizations with confinement on April 11, 2020 and July 24, 2020. I'd like to point out that these were during the heightened periods of the COVID-19 time period, so I was not allowed to be by her side during the last two hospitalizations.

Jeannie was never able to gain the strength to return to work nor continue with her chemotherapy. Additionally, she was placed on Hospice around the end of July. Yes, Jeannie had medical conditions that may have presented her medical care as more of a challenge, but it is our contention that had Dr. Ricardo Eusebio and GRMC paid attention to the fact that Ciproflaxin was dangerous for my late wife, she would have at least had a chance to recover and continue with her chemotherapy. Blood tests after her chemotherapy indicated a decrease of her tumor markers. We believe that this prescription caused a terrible chain of medical events that she was never able to fully recover. The bottom line is that we feel that a medical trust was violated, and they were negligent in administering the initial medical care. In hindsight, I wish that I had gotten written statements from numerous members of the medical staff there that told us that the Cipro should never have been prescribed. We were robbed by poor medical decision.

Jeannie was the primary wage earner in our household, earning a generous salary at the Executive level of hotel management. I am now left with my income from my federal position to support myself and our 9 year old daughter. Our intent was to purchase a home that we could call our own, provide for our daughter, continue with her parochial education, and to work until she finished post-secondary education, meaning we would still have been working for at least another 15 years. Those opportunities are now gone or at a minimum, seemingly out of reach for a single wage-earner.

I am of the opinion that while there are many committed and caring Health Professionals on our beautiful island, there are those who must be held accountable for their mistakes. I do not subscribe to any medical opinion that Ciproflaxin may have been the best choice of antibiotics, especially knowing of her medical conditions. The current system of mandatory arbitration does not consider a reasonable timeline for a claimant to take action. As I understand it, the statute of limitations found at 7 GCA, 11308 states... "An action to recover damages for injuries to the person arising from any medical, surgical or dental treatment, omission or operation shall be commenced with one (1) year from the date when the injury is first discovered; provided, that such action shall be commenced within three (3) years from the date of treatment, omission or operation upon which the action is based." I think that this limitation should be extended from one year to two years. The one year limitation places an enormous burden on grieving family members. It has been eleven tear-filled months since I lost my Jeannie, filled with sleepless nights and forced adjustments to our daily lives. I've grown resentful of sentiment such as "she's in a better place," or "at least she's no longer in pain." I can assure you that my Jeannie was willing to endure the pain so that we could live our lives out together as husband and wife. To this day, I am haunted by witnessing what my wife had to endure – the numerous venous and arterial blood draws, the numerous CT scans, the few times she was intubated, the blood transfusions, the immense pain she was in, and the killing her of her spirit.

I thank you for your time and consideration in this matter

V/R,

Paul A.P. Hattori

