

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Congressman Anthony Beilenson, To: Mrs. Clinton [partial] (1 page)	7/20/93	b(6)
002. letter	From: Constituent, To: Congressman Anthony Beilenson [partial] (3 pages)	7/19/93	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Pam Cicetti
OA/Box Number: 10600

FOLDER TITLE:

Beilenson, Anthony [103rd Congress]

2014-0159-S

sb263

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Beilenson, Anthony

PHOTOCOPY
PRESERVATION

Withdrawal/Redaction Marker

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ANTHONY C. BEILENSON
24TH DISTRICT, CALIFORNIA

COMMITTEE ON RULES
CHAIRMAN
SUBCOMMITTEE ON RULES OF THE HOUSE

COMMITTEE ON THE BUDGET

Congress of the United States
House of Representatives
Washington, DC 20515-0524

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(805) 496-4333

July 20, 1993

Mrs. Hillary Rodham Clinton
Health Care Task Force
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Mrs. Clinton:

Enclosed is a letter from a constituent, (b)(6) 001
001 (b)(6) feels that his experiences with
his physician and HMO serve as excellent examples of why we should
move to a single defendant system.

As you will note, (b)(6) 001 is willing to share his
experiences as a witness before your task force or any other
appropriate public arena. Your attention to this matter would be
greatly appreciated.

Sincerely,



ANTHONY C. BEILENSON
Member of Congress

ACB:jeo
Enclosure

CRR

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(b)(6)

002

July 19, 1993

Honorable Congressman Anthony Beilenson
21031 Ventura Blvd.
Woodland Hills, CA 91367-6400

Dear Congressman:

In accordance with this morning's telephone conversation with Jason of your office, I am writing this letter for you to transmit to Dr. Berenson, even without comment if this be your wish.

As you know, there is no substitute for the concrete example to support an idea or a proposal.

Mine is a classic example of what Dr. Berenson of the Task Force on National Care Reform is interested in advocating over the objections of the insurance companies and the HMO's.

I have stated the details of my case because my request to appear as a witness in favor of the Berenson proposal needs to be the weight that specifics often provide, even if the material is of value in itself, without my live testimony.

The heart of the matter in my case is the indifference by both the provider and the HMO to my claim of malpractice, and the need therefore to secure the statute of limitations by filing on our own in pro per hoping still for a settlement.

But, instead of a settlement (of what is a small amount in the light of the injuries suffered) I have three law firms answering against us, one from the firm representing the provider and two from the two insurance companies of the HMO.

The provider has chosen to go it alone rather than have its insurance company's lawyers represent them, in which case the provider would have to pay them \$4,000. up front and be responsible for the damage award because of the deductible of \$50,000.

Also, there is disagreement between the provider and the HMO on the point of "binding arbitration" between them.

A lawyer in the HMO alleges there will be a settlement but the filings were "business decision."

So I have to contend with multiple defendants instead of with one defendant as advocated by Dr. Berenson of the Task Force.

(b)(6)

002

enc. Letter to Dr. Berenson with two page attachment.

(THROUGH THE OFFICE OF CONGRESSMAN ANTHONY BEILENSON, 23RD DIST.)

Dr. Robert Berenson
Task Force on National Health Care Reform
Washington, D. C.

(b)(6)

002

July 20, 1993

Sir:

I would like to appear as a witness before your committee to speak in favor of your recommendation:

"We would move to a single defendant as opposed to the current system, where we have multiple defendants, all sort of pointing the finger at each other."

As you can see by the attached summary of my malpractice claim by my wife and me, in pro per, three law firms are doing exactly what you seek to correct.

In my case, with re-occurrence of depression, a "serious mental illness" by the National Alliance for the Mentally Ill, my fighting back is part of my therapy.

Also, in my case, 75 years of age, I experienced a violation of my civil rights, when the Administrator of the Center, sent us home at the risk of my life, saying to my wife, "Why are you so worried about your husband? He is seventy-four years old. Why, you do not know that."

The fact is that precisely because of my age of 74 at the time, I was especially vulnerable. Six years before then I had another traumatic experience when I was supposed to have a biopsy of an enlarged prostate, but where the surgeon for the provider under the HMO at the time, was going to operate. It was only after he already proceeded to cut and my wife's earlier protestations that it was aborted, but with much suffering in my recovery. That traumatic experience did not result in the "Post Traumatic Stress Disorder" that followed the strangulated hernia of last year. My being six years older made a difference.

I have filed a complaint with the Medical Board of California and with California Medical Review, Inc., the agency empowered by Medicare. Their investigations are continuing.

In conclusion, your proposals will eliminate much cost for all concerned, especially the emotional in my case. It is high time that the lawyers-insurance-providers defendants consider the bad ethics of promoting their business at the expense of plaintiffs.

(b)(6)

002

attachment

002

(ATTACHMENT: (b)(6) TO BERENSON OF NATIONAL TASK FORCE, 7/20/93)

Joined Sevan Medical Center, neighborhood provider, under United Health Plan, January 1992.

Experienced four instances of seeking to avoid medical services in the next four months.

Learned that UHP had discontinued Sevan, effective June 1, 1992.

Transferred to Family Health Plan with new providers, to be effective June 1st.

Upon arising May 26 found the bulging out of my lower bowels.

Called UHP provider, Sevan at 9AM, but there was no doctor then.

Called Dr. Freeman, our new provider-to-be under Family Health Plan, our new HMO. They said we could come in on a private basis.

He told us I had a strangulated hernia and needed a surgeon right away but that I would have to get Sevan to provide one since I was still under their contract.

He called Mrs. Shapoory, the Sevan administrator at 10 AM. She said she would have a surgeon at the Sevan Center at 4 PM. When we arrived there, there was no surgeon, and we waited while an advertizing film was being made in Spanish for Spanish speaking customers on medical.

We complained that I could not take even a drop of water without regurgetating and that I was dehydrating.

Finally, Dr. Shapoory arrived with a person who claimed to be a visitor from Iran and a surgeon in Iran. They told us to wait for something they were sending out to get.

About a half hour later what they had ordered came and it was an injection to put me out while they would try to push back the hernia. After about fifteen minutes, my wife protested that if it burst, I would die. They stopped and said I should go home. Liza, my wife called Dr. Freeman from their office. He repeated that I needed to be admitted to the hospital right away.

Mrs. Shappory made two phone calls, in which she stated "hernia" instead of "strangulated hernia." She told Liza she could not get an authorization from UHP. In another call, she spoke Iranian to an Iranian surgeon. She told me that he refused to do the job because he would not do it on an outpatient basis, as she wished.

Dr. Shapoory complained about having recently incurred the cost of more than \$10,000 for a surgeon. Mrs. Shapoory also told Liza that it was then too late to get an authorization and she should call in the morning. It was then that Mrs. Shapoory told Liza not to worry since I was 74 years old already.

Liza and I had known a person who died from the delay in surgery for a strangulated hernia that burst and became septic. We were terrified. The first thing the next morning, Liza called UHP and spoke to Alma Graham, the Legal Counsel, who said she would call Shapoory herself.

Liza called Shapoory soon thereafter. Mrs. Shapoory complained that Liza was getting her into trouble, that she was trying to get a surgeon but he was in surgery.

It was about 1 PM by now, May 27th, almost 30 hours after the call by Dr. Freeman to Mrs. Shapoory. Liza called Mrs. Shapoory and pleaded in effect for my life, to have me admitted to the hospital at least so that I could be given liquids intravenously.

Calls to UHP continued and finally Dr. Ross's office told Liza to take me to Thompson Memorial Hospital in Burbank, since this was the one Dr. Shapoory was associated with and from which he was to get a surgeon.

While on IV I waited for a surgeon until 5 PM, when Dr. Emmons came in to see me to tell me he was contacted only one hour before and would be the surgeon and would operate very soon. It took place about 6:20 PM.

After the surgery, Dr. Shapoory told Liza that everything went well, and it cost him \$10,000. and that she could take me home the next day.

About 20 minutes later, Dr. Emmons told her that I was a very sick man, that the intestine had become gangrenous and part of it had to be cut out, that I would have to remain in the hospital for several days, and he laughed when Liza told him the \$10,000 story of Dr. Shapoory.

Dr. Turcillo, the Chief of Staff, told me later that what Dr. Shapoory tried to do in his office would never be allowed.

Before I realized that my five-year depression of twenty years earlier had recurred with this trauma, I wrote demand letters to the defendants requesting \$25,000, in compensatory damages, and was willing to settle. But there was no interest, not even for negotiation.

A UHP lawyer told me that the Shapoories were adamant about any settlement, that I had better file in pro per by the year's end. He said the UHP contract with Sevan requires them to indemnify UHP for damages awarded to me and my wife. Also, that Sevan's insurance company requires \$4,000 up front and a \$50,000 deductible for Sevan. He disagrees with Sevan's binding arbitration with UHP, and with the Shapoory lawyers. UHP has lawyers for each of its two insurance companies, and Sevan decided to go it alone, rather than to have its insurance company defend. It is no wonder that "woe to the lawyers" is in the Bible.

SORTING SHEET

CODER:

INPUT DATE:_____

GENERAL SORT:

POSTCARD 1: **General mail** **Personal stories**
 Other Health Providers **Letter Campaign**

POSTCARD 2: Offers to help/Employment

FORM LETTER: Letterhead Policy Physicians

[illegible]

POLICY AND PERSONAL STORIES:

ORGANIZATION (I)

- ☐ insurance premiums
- ☐ insurance reform
- ☐ insurance pools
- ☐ boards and oversight

COST ISSUES (VI)

- ___ drug prices
- ___ physician fees
- ___ hospital fees
- ___ medical equipment
- ___ fraud & abuse

COVERAGE (II)

- ___ working families
- ___ unemployed/low income
- ___ benefits
- ___ providers

FINANCING (VII)

MENTAL HEALTH (IX)

INFRASTRUCTURE/WORKFORCE (III)

- ___ quality assurance (guidelines)
- ___ administration, reimbursement
 & information systems
- ___ malpractice & tort reform
- ___ manpower issues (training)
- ___ unnecessary procedures

 LONG-TERM CARE (X)

**___PUBLIC HEALTH/
SPECIAL POPULATIONS (XII)**

- ☐ prevention
☐ AIDS
☐ women's health
☐ immunizations/children
☐ rural
☐ urban

GOVERNMENT PROGRAMS (IV)

- ☐ medicare
- ☐ medicaid
- ☐ veterans
- ☐ DoD
- ☐ Indian health

OTHER