EXHIBIT 14

Tab 98

MDReview

University of Southern California Engemann Student Health Center Consultation

Report of Consultation Performed By:

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Date of Consultation:

The site visit for the consultants took place November 15-16, 2016.

Purpose of Engagement:

MDReview was asked by the interim co-medical directors, William Leavitt, MD, and Mildred Wenger, MD, of University of Southern California (USC) Engemann Student Health Center to assist with the internal investigation concerning Dr. George Tyndall, a staff gynecologist who sees students in the Women's Health Division at the Engemann Student Health Center. The leadership of the Student Health Center received a report that described certain practices used by Dr. Tyndall during his examinations of female patients. Dr. Schlichter and Ms. Beckwith were appointed to an ad hoc committee to review Dr. Tyndall's clinical practice and behavior.

Dr. Tyndall came to the Student Health Center in 1989. He has held the position of staff physician in the Women's Health Division since then. During his time at USC, several complaints have been made about Dr. Tyndall's behavior and/or practice of medicine. In 2013, Dr. Larry Neinstein, then executive director of Student Health, reported to the Office of Equity and Diversity (OED) that several personnel, as well as a patient, had made allegations related to Dr. Tyndall. Several of the personnel were interviewed, but a formal investigation was never opened.

Earlier this year, allegations regarding Dr. Tyndall's behavior were again taken to the OED. This complaint was initiated by the nursing supervisor. She felt that his comments and conduct constituted sexual harassment. In the course of the investigation, several other members of the Nursing Department and two patients also made similar complaints regarding Dr. Tyndall. During the course of this investigation, Dr. Tyndall was put on administrative leave. Several people have been interviewed by an investigator for the OED. Dr. Tyndall has also been interviewed twice and has defended his behavior and medical care verbally and in writing as appropriate. As many of the issues are related to the appropriateness of his medical care, MDReview was hired to act as an ad hoc committee to assist with the investigation, including a determination as to whether Dr. Tyndall's practices constituted standard of care.

In addition, in relation to the need to fumigate his office while he was on administrative leave, Dr. Tyndall's office was entered and searched for the source of an infestation. In so doing, a

locked cabinet was found containing photographs and slides of female genitalia. A separate inquiry was started regarding the appropriateness of Dr. Tyndall possessing this material, and Dr. Tyndall responded. The ad hoc committee was also asked to address this issue, including Dr. Tyndall's responses.

This report used information obtained during interviews done over the course of two days with colleagues and coworkers of Dr. Tyndall, as well as Dr. Tyndall himself; review of 28 medical records, documents provided by USC regarding the allegations, including Dr. Tyndall's responses, and documents related to photographs and slides found in Dr. Tyndall's office; and Dr. Tyndall's explanation regarding his possession of these images.

Background:

Dr. Tyndall came to the Student Health Center at USC immediately after completion of a residency (information not verified by ad hoc committee) in obstetrics and gynecology at Kaiser Foundation Hospital, Sunset Boulevard. He has stated that he passed the written board exam at the completion of his residence (information not verified by ad hoc committee). As his work as a staff physician in Women's Health did not involve performance of gynecologic surgery or obstetrics, he was not allowed to sit for oral boards for the American Board of Obstetrics and Gynecology, and therefore could not become board certified. It is assumed that he has maintained a license in the state of California to practice medicine. His job responsibilities have consisted of caring for female patients at the Student Health Center. At no point during his employment at the Student Health Center has Dr. Tyndall had teaching responsibilities of any type or been involved in university-sanctioned research or any outside research to the knowledge of the current co-interim directors of the Student Health Center.

Prior to 2013, complaints regarding Dr. Tyndall's behavior and conduct had been taken to Dr. Neinstein. These included Dr. Tyndall interviewing female patients in his office with the door locked and insisting that medical assistants (MA) remain on the other side of the curtain while he examined patients. Dr. Neinstein reported that he counseled Dr. Tyndall and that following counseling, Dr. Tyndall had responded by altering his behavior. Other complaints included Dr. Tyndall keeping an excessive amount of material, primarily papers but also food wrappers and other trash, in his office to the point it was felt to be a safety and hygiene hazard, and he was forced to discard of some of the material.

Scope of Engagement:

The ad hoc committee performed an onsite evaluation and series of interviews to obtain a broad set of opinions regarding Dr. Tyndall's conduct and medical care. It was felt that an onsite evaluation would allow coworkers and employees to be more willing to express their concerns without fear of recrimination and to maximize candor and openness. Those interviewed were told that all efforts would be made to preserve anonymity and confidentiality.

On November 15 and 16, 2016, Dr. Schlichter and Ms. Beckwith interviewed and/or participated in discussions with 17 people, including:

1. Administrators, both physicians and nursing
2. Colleagues in the Women's Health Division
3. Nursing staff (RN's and MA's) in the Women's Health Division
4. Dr. George Tyndall

It should be noted that the majority of those interviewed had worked with Dr. Tyndall for more than 10 years, and that eight had worked with him for 14 or more years.

In addition, medical records of 28 students were reviewed by Dr. Schlichter; these included encounters from 2009 through 2016. Eight of these records were of colposcopies only. Reports related to this review were submitted separately. Information obtained from this clinical review is included in this report.

Other documents provided to the ad hoc committee included memorandums related to the complaint made by the nursing supervisor; the inquiry regarding Dr. Tyndall's possession of images of female genitalia, some of which have student/patient identification information on them; and a curriculum vitae provided by Dr. Tyndall.

Summary Findings from Interviews:

All Student Health Center personnel who were interviewed, save Dr. Tyndall, expressed a desire to maintain high standards of care for the student-patients at the Student Health Center. While some concerns were expressed about possible involvement in legal action, the majority of interviewees were open and forthcoming and provided detailed information regarding Dr. Tyndall's conduct and medical care. Based upon these discussions, several consistent themes became evident:

1. Frustration with prior lack of action on concerns raised regarding Dr. Tyndall

   Several people interviewed expressed frustration with the administration of the Student Health Center. This was related to their feeling that prior complaints were either ignored or resulted in only limited and/or temporary improvement in Dr. Tyndall's behavior. Personnel indicated they felt it was necessary to take their concerns outside the Student Health Center to be taken seriously and/or result in any permanent improvement in a situation they felt put patients at risk and made them very uncomfortable professionally. Several were concerned that the current investigation would again be fruitless. Multiple people said they had seen Dr. Tyndall's behavior as worsening significantly in the last few years.

2. Both personnel and patients were frequently upset after their encounters with Dr. Tyndall.

   Several interviewees indicated that patients frequently asked to see other providers after seeing Dr. Tyndall. At times, this seemed to be due to a lack of comfort with Dr. Tyndall's care that they were either unwilling or unable to express. At other times, it was due to Dr.

Tyndall's inability to complete the needed services in the scheduled time, either because he was running late or because he took an inordinate amount of time to perform the scheduled services. It was also noted that those patients who did indicate a desire not to return to Dr. Tyndall's care, if they were international students, had better command of the English language.

In addition, several nursing staff said they had reached a point that they preferred not to go into a patient exam room with Dr. Tyndall because the way he dealt with the patients made them uncomfortable. This included seeing patients who were in tears, upset, or obviously offended by Dr. Tyndall's conduct, all of which Dr. Tyndall would be oblivious to, or he would make condescending comments to the patients about their discomfort.

3. Belief that Dr. Tyndall had a preference for a particular patient population

Almost all interviewees commented emphatically that Dr. Tyndall had a clear preference for the type of patient he saw. These patients were described as international and/or Asian, most typically non-American Asian, with a lower level of fluency with English. The opinion was that these patients had a reduced understanding of what they were being told. In addition, Dr. Tyndall's exams and behavior differed depending on what type of patient he was seeing. If the patients were young or Asian, they were more likely to have a pelvic exam completed, while if they were non-Asian, obese, or older, it was less likely that a pelvic exam would be deemed necessary (by Dr. Tyndall or the patient). Also, comments made to patients that the nursing staff were uncomfortable with or felt were inappropriate were more likely to be made to students for whom English was their second language.

4. Reports of inappropriate, unprofessional, and/or unusual behavior

Nursing staff were particularly troubled by what they saw as inappropriate comments being made to patients. The description of the comments was uniformly similar among multiple interviewees who indicated this was a concern. Patients were frequently told they had "flawless skin." During the pelvic exam, Dr. Tyndall would make comments about vaginal caliber or tightness by saying "you are toned" or "your PC (pubococcygeus) muscle is tight," and ask whether the patients exercised, typically whether they ran or swam. If patients asked what that meant, he would tell them that running and other forms of exercise led to a tight PC muscle and that their boyfriend or spouse would be "really happy about it." Dr. Tyndall would comment on the status of the patient's hymen. He would tell patients they had "perky breasts" and frequently ask if they had breast implants.

Nursing staff were uncomfortable when Dr. Tyndall asked them to stand beside him while the patient was in lithotomy position to hold a light rather than use the available self-supporting light source. He would then frequently ask them to "look at this" and point out an area of the patient's anatomy.

When chaperones were allowed to stand at patients' sides, they were frequently instructed not to talk to patients and/or hold patients' hands as a gesture of support during pelvic exams. Several years ago, Dr. Tyndall refused to allow chaperones into the room during his exams

or insisted that chaperones stay on the other side of a dividing curtain. Dr. Neinstein counseled Dr. Tyndall on this inappropriate behavior in the past, and he ceased, but the MAs indicated that they frequently felt Dr. Tyndall preferred chaperones not be in the room with him or interact with the patient.

In interviewing Dr. Tyndall, he indicated he was aware that the nursing staff had raised this issue and seemed perplexed by it. He raised two issues relevant to this. He contended that his patients would never need a person to support them or hold their hand as his exams never caused patient discomfort. He also contended that the patient holding someone's hand interfered with performing an accurate exam.

While several of the staff described Dr. Tyndall as being nice, several also described his making comments to them personally that involved racial stereotypes. When some of them told Dr. Tyndall that these comments were not appropriate, he was perplexed and did not understand why they were inappropriate.

Two separate members of the nursing staff said that Dr. Tyndall asked to keep an intrauterine device (IUD) that had been removed from a patient. In one case, he asked the patient's permission. In the other, after the patient had left, he came back into the room and asked the MA to clean it and put it in a bag for him.

Multiple people stated that Dr. Tyndall's office was full of papers, trash, and old food wrappers. They said it caused the office to have a bad odor and they felt it was behavior that would be considered hoarding. They also commented that his personal hygiene was not good. It was noted that he would wear an obviously dirty shirt and would smell bad. This latter issue was reported by several to be getting worse recently.

Multiple interviewees also reported that Dr. Tyndall kept some type of rag or cloth in his pocket that he would always use to grasp a door knob to open it, but that he would also use this same cloth to wipe his face or blow his nose. He was also said to be unwilling to shake hands. (The latter was noted when Dr. Tyndall was interviewed by the ad hoc committee. He claimed he did not want to shake hands as he had a cold, although both interviewers noted that during the hour that was spent with him, no outward signs of illness were observed.)

5. Poor or questionable medical care

   a. Inadequate exams

      Several people interviewed reported that Dr. Tyndall seemed to lead students into saying they did not want an exam or a part of it. In addition, his breast exams were described as brief or not thorough. He would comment to patients either prior to doing the breast exam, when it was still under discussion, or during the exam itself that they were too young to get breast cancer.

      Dr. Tyndall's answers to questions regarding breast exams during his interview supported the above statement. He indicated that he felt that if he palpated a breast lump in a young woman and referred her for evaluation, it would always result in an open biopsy for what

would be found to be a benign lesion. In addition, he said that he felt a breast exam when the patient had implants was not useful as the implant was in front of the breast tissue, which is factually incorrect.

Uniformly, he was described by those interviewed as rarely obtaining a biopsy when a colposcopy was performed. One interviewee also stated that in cases in which he did do an endocervical curettage (ECC, a form of biopsy), he would always remove the curette and say "there's no tissue" and not submit it, but that the patients never reacted with the typical discomfort related to this procedure being performed correctly.

Review of medical records supported the staff's contentions regarding Dr. Tyndall's performance of colposcopies. Medical records of 13 colposcopies were reviewed. No biopsies were performed because in all cases, the findings were documented as normal. In five cases, Dr. Tyndall said he performed an ECC but did not submit the specimen due to "no tissue obtained." This procedure does not produce grossly visible tissue when done correctly.

b. Infection control issues

Almost all interviewees either volunteered or confirmed, when asked, that Dr. Tyndall was never seen to wash his hands, and that in many instances, he even commented to or asked a patient if it was OK not to wash his hands and "just wear gloves" as the soap was "too harsh."

Dr. Tyndall started performing what sounds to be total body checks for skin lesions in the last several years. He did this after the pelvic exam. He removed the first set of gloves and donned clean gloves. He turned the patient prone and then separated the buttocks to check the anal area. Without changing his gloves, he then went on to examine the patient's upper torso, neck, and scalp. As described, this is a violation of the standard to proceed from "clean to dirty" in the course of an exam or procedure.

Several personnel reported that he poorly controlled body fluids that can accumulate on the speculum or his gloves during the exam, resulting in frequent contamination of surrounding equipment and his own clothes. In addition, he used the gloved hand that he has just used to perform a pelvic exam to touch the exam room curtain.

c. Inappropriate pelvic exam technique

Dr. Tyndall was described by multiple interviewees of modifying his pelvic exam technique in the last several years. He is now described uniformly as always beginning his pelvic exam by asking the patient's permission to insert one gloved lubricated finger, regardless of the purpose of the exam, his prior experience examining the patient, or her sexual experience or history of traumatic exam. He would then remove it and ask the patient's permission to insert two fingers. It was during this portion of the exam he typically made comments about the patient being "toned" or having a "tight PC muscle," frequently seeming to palpate this tight area while he talked with the patient. Typically, a bimanual exam was not done at this time. Dr. Tyndall would then perform the speculum exam and then might, but not always, perform a bimanual exam. At times, the patient would be

uncomfortable and ask him to stop, which some personnel reported he did not always do, and that if the patient did complain of pain, he would make a condescending comment that she should not be feeling any discomfort.

(Dr. Tyndall stated during his interview that his patients never experienced any discomfort during his exams because he thoroughly explained everything to them ahead of time.)

Ad Hoc Committee Feedback to Dr. Tyndall's Responses to the Initial Complaint:

One of the issues raised was Dr. Tyndall's insistence that the Student Health Center's policy (stated by Dr. Tyndall) of only requiring a chaperone in the room when a male provider does a pelvic exam is a violation of "APGO/ACOG standard." Dr. Tyndall stated that "according to APGO/ACOG, there should always be an assistant/chaperone present during physical exams of unclothed women ... regardless of the gender of the clinician"; he attached a footnote to this statement to *Obstetrics and Gynecology*, 7th edition, Wolters Kluwer/Lippincott, Williams & Wilkins, 2014. During his interview, he referenced this book as containing the standards of care by which he practices. This book was not written to establish guidelines but rather is a medical student textbook. That said, it actually does not state what Dr. Tyndall contends. There is a short reference to chaperones that states that any request for a chaperone by physician or patient, regardless of sex, should be accommodated. A better resource for guidelines, *Guidelines for Women's Health Care: A Resource Manual*, 4th edition, The American College of Obstetrics and Gynecology, 2014, states that a chaperone is not required and at times can be deleterious (page 100).

Dr. Tyndall also contended that his technique for performing pelvic exams is "by the book." But the technique described by all nursing personnel is not by the book. *Guidelines for Women's Health Care: A Resource Manual*, 4th edition, states that the speculum exam is to be done after the external inspection, and that if lubricant is used it should be minimized to prevent contamination of any specimens that should be collected (page 228). That said, there are isolated instances in which it may be appropriate to probe the vagina before the speculum exam is done to check for any obstructions or anatomic abnormalities that may hinder the speculum exam, most typically if the patient's history suggests such an issue. But these are isolated instances and clearly not present in all of the patients that Dr. Tyndall examines.

Dr. Tyndall also defended his statements to a patient being "toned" or having a "tight PC muscle" as a response to their answer to Question 12 on the Student Health Center health history form. He stated he does this only under certain circumstances: if the patient checks (reviewer assumes this means checks in the affirmative) Question 12, and if he also notes a "toned PC muscle" during the exam. He then educates the patient about Kegel exercises and how they relate to orgasms. Dr. Tyndall stated that if the patient was not complaining about sexual functioning, no comment about vaginal muscles or Kegel exercises would be made. Per documents supplied to the reviewer, Dr. Tyndall stated that "he cannot remember a single incident where a patient did not check question 12." Question 12 is actually a four-part question. In fact, upon review of 20 Student Health Center health history forms attached to the medical records sent for review, none of the four parts of Question 12 were ever checked in the affirmative.

Upon interviewing Dr. Tyndall, he confirmed that he felt there was a connection between Kegel exercises and orgasms. Dr. Tyndall stated during his interview that he only practiced "evidence-based medicine," but when asked for the source of this belief, he referred to a *Reader's Digest* article he read more than 20 years ago. The belief that there is a connection between doing Kegel exercises and orgasms is certainly not widely accepted among gynecologists, and the reviewer is unaware of any scientific literature supporting this connection.

The other defenses Dr. Tyndall gave of doing a digital exploration of the vagina before doing the speculum exam was to check to see if the patient would tolerate the speculum exam as she may have vaginismus, or because if the "PC muscle is highly toned" and she is not sexually active, he would give the patient the opportunity to skip having a speculum exam as it might cause pain. If the patient gave a history suggesting vaginismus, this would be appropriate. But according to nursing staff, regardless of whether he had examined the patient previously or she gave a history suggestive of vaginismus, the exam was done the same way. The medical records that were reviewed supported that in many cases, Dr. Tyndall examined patients he had previously examined himself without difficulty. ACOG standards recommend a pelvic exam, including speculum exam, in patients older than 20 regardless of their sexual history (see *Guidelines for Women's Health Care: A Resource Manual*, 4th edition, and the ACOG Committee Opinion *Well-Woman Visit*, August 2012, reaffirmed 2016). While these guidelines allow for flexibility depending on the patient's preferences and history, routinely exploring the vagina before the speculum exam to determine if the patient might have discomfort is not standard of care or appropriate.

Dr. Tyndall defended questions he asked patients about whether they ran or exercised based upon his assessment of their PC muscle as relevant to informing the patient about what he found during the exam. But this does not in any way explain or defend his questioning of the patient. And, factually, while many muscle groups may be strengthened by running, the pelvic floor (of which the PC muscle is a part) may actually be damaged by running because of the repetitive impact. The only form of exercise that is commonly felt to strengthen the pelvic floor is Kegel exercises.

Dr. Tyndall's statement that he comments on the status of the patient's hymen to determine if she is having problems with intercourse contradicts his own contention that he has paid attention to her answer to Question 12 on the Student Health Center health history form, which includes whether the patient has questions or concerns about sexual functioning. The appearance of the hymen even after a patient has become sexually active is highly variable, and there is no medical reason to make an issue of this with the patient unless the patient herself raises questions regarding it.

Telling a patient that she has "flawless skin" is not the way it would typically be described from a medical standpoint. In that case, it would be more appropriate to say, "I don't see any suspicious areas." This may simply be a poor choice of words on Dr. Tyndall's part, as it sounds more like a compliment than a medical statement. Complimenting a patient on any aspect of her appearance may confuse the physician-patient relationship and should be avoided.

As discussed above, Dr. Tyndall's contention that a breast exam is unnecessary if the patient has implants is simply incorrect. There is also no risk of rupturing an implant by a clinical breast exam, as he stated he was concerned might happen if he examined a patient with breast implants. At no time would it be appropriate for a physician to comment to a patient that she has "perky

breasts," a statement Dr. Tyndall denied making but which multiple personnel stated they had heard him make.

It is impossible to determine if the way in which Dr. Tyndall discussed contraceptive options unduly emphasized IUDs/intrauterine systems (IUS). It is certainly appropriate to try to fit the method of contraception to the patient's needs and habits, and it is well documented that long-acting reversible contraception methods, including IUDs, IUSs, and Nexplanon, have a lower failure rate. Dr. Tyndall's documentation in his medical records showed a very high level of concern about contraceptive failure, including advising a patient to fill a prescription for emergency contraception before it was needed and carry it with her in a Ziploc bag he provided to the patient (a highly atypical and puzzling practice). It is possible that because of his very strong concern about contraceptive failure that he, without recognizing it himself, unduly emphasized use of IUDs/IUSs to patients.

Ad Hoc Committee Feedback to Dr. Tyndall's Explanations of His Possession of Images of Female Genitalia:

The ad hoc committee was asked to consider the issues and comment upon standard of care relevant to the discovery in Dr. Tyndall's office of slides and photographs of female genitalia, both external and cervices. These items were found when the office required fumigation while Dr. Tyndall was on administrative leave. Of the more than 200 images found, 38 had patient identifying information on them (22 of which were slides of cervices). The remainder were unlabeled. The photographs included some taken using Polaroid-type film. The images that contained identifying information were dated between 1990-1991. There were also receipts for film development by a commercial processing lab in Rochester, New York (date information was not provided). It should be noted that neither the images nor the receipts themselves were reviewed by the ad hoc committee.

Dr. Tyndall stated that he obtained consent to take the photographs, but medical records to support this contention were not available for those dates. Information provided by other medical personnel who have been at the Student Health Center for more than 20 years indicated that there has never been a consent for photography included on the standard forms. At this time, there does not appear to be any way to determine whether the patient's consent for photography was obtained.

The use of photography to document findings was somewhat more pervasive in the late 1980s and early 1990s than it is today. At one time, the use of a specialized camera with a close-up lens to perform "cervicography" as an adjunct to the Pap smear was promulgated by a company that would then interpret the photographs. This does not sound consistent with what Dr. Tyndall described as a camera attached to a colposcope. Due to the magnification on the colposcope, it is difficult to imagine how anything other than a very small area of the external genitalia could be photographed in one frame. Without seeing the images, it could not be determined whether the images were likely to have been taken through a colposcope or whether a different type of camera was used.

Dr. Tyndall's defenses for possessing these photographs were dubious, at best. He stated that he retained an extra copy of the patients' cervices as a defense in the event the patient later

developed cervical cancer. But since less than 15% of the images contained any patient identifying information, that justification fails to explain the possession of more than 85% of the images.

Dr. Tyndall also stated that he used the photographs to educate patients on the findings of his exams. The problem with that defense is that only the Polaroid images would have been available immediately for the patient's viewing. It is certainly much more typical to use a mirror to show a patient a finding if this is needed. He also stated that the patients liked seeing the photographs and would even make a return appointment solely to see the pictures after they were developed. But again, in light of the very low percentage of the images that had patient identifying information, this explanation does not support his possession of the vast majority of the images.

The document provided to MDReview regarding these images stated that they appeared to show abnormalities such as warts and skin lesions, but Dr. Tyndall apparently disputed this. Dr. Tyndall's ongoing possession of the unidentified images was not standard of care unless they were of notable pathology, which is contrary to Dr. Tyndall's statement.

The use of photography to record images of the cervix and external genitalia might have had some benign clinical purpose 25-plus years ago, which Dr. Tyndall no longer recollects, but his current defenses are not plausible.

Considerations:

After considering all information provided to and obtained by the ad hoc committee, including the interviews and review of patient records, significant concern exists that many of Dr. Tyndall's practices are not within current standard of care. In addition, he repeatedly exhibits behavior that is unprofessional, inappropriate, and/or unusual. Of greatest concern are the issues with infection control and inadequate or inappropriate breast, pelvic, and colposcopic exams. The issue with Dr. Tyndall refusing to wash his hands is a serious violation of infection control standards. *Guidelines for Women's Health Care: A Resource Manual*, 4th edition, devotes an entire section to hand hygiene (pages 147-148). It specifically states that the use of gloves alone is not adequate.

Dr. Tyndall has some unusual and potentially dangerous opinions about breast exams. While he stated in his records that he discusses the "controversy" regarding breast exam with his patients and lets them decide whether to have one, his bias against breast exams would make it likely that the information he provides is similarly biased, and therefore, the patient cannot make a true informed decision. Dr. Tyndall's reviewed medical records documented that the exam was "offered" rather than recommended, as it should have been.

His technique for pelvic exam by performing a digital exploration of the vagina before doing the speculum exam in all patients is not standard of care. While he asked the patient's permission at the time of the exam, if he told the patient that was how an exam was done, the patient, again, was not allowed to make a truly informed consent to what could be considered a violation of her body.

It is simply not plausible that 100 percent of 13 colposcopies done because of Pap smear abnormalities or the presence of high-risk human papilloma virus would be normal. It also

appeared likely that the ECC was not being performed correctly. Nursing personnel indicated that when Dr. Tyndall did this procedure, the patients did not react to what is uniformly an uncomfortable or painful procedure if performed correctly. In addition, Dr. Tyndall made the unusual decision not to submit the specimen he purportedly obtained because of "no tissue obtained"; even when the procedure is done correctly, there is no grossly visible tissue obtained. Fortunately, none of the colposcopies that were reviewed were for the more concerning high-grade abnormalities, and therefore, the plan for repeat Pap smear in one year would be appropriate even if a low-grade lesion were present but was not identified by Dr. Tyndall.

Dr. Tyndall was reported to exhibit several behaviors that would be considered unusual at best, and inappropriate or unprofessional at worst. As previously discussed, comments made to patients about "being toned," the status of their hymen, or the appearance of their breasts were not adequately defended by Dr. Tyndall and were inappropriate and not within standard of care. To answer a question from a patient about what it means if she has a "tight PC muscle" by saying to "ask your boyfriend" is demeaning to a woman and highly unprofessional. While he stated that he performs a pelvic exam in the unusual way discussed above to avoid patient discomfort, he unrealistically contended that his exams never cause patient discomfort and was resistant to allowing the nursing and MA personnel to provide support and comfort to the patient during the exam, which is unprofessional.

Some of Dr. Tyndall's behaviors are potentially indicative of underlying psychopathy. These include his request to save removed IUDs, his hoarding behavior and poor personal hygiene, as well as the use of a rag to open doors and refusal to shake hands. While MDReview was not specifically asked to address these behaviors, including the issues with infection control, the repetitive description of these very concerning behaviors during the interviews makes them impossible to ignore.

Lastly, the ad hoc committee was very concerned that the bulk of the patients whom Dr. Tyndall sees are unusually vulnerable. Younger women in general are less familiar with the normal conduct of a female exam. Language and cultural barriers would make it even more difficult to know what to expect during the exam. It would be easy for a healthcare provider to take advantage of this and perform medically unnecessary exams and make comments that patients may assume are appropriate. The patient, not recognizing that she has undergone an inappropriate exam or that an inappropriate/unprofessional comment has been made, would make no complaint regarding the behavior.

Potential Interventions and Remedies

Officials at the Student Health Center need to decide whether to maintain Dr. Tyndall's employment as a Women's Health provider. Based on the ad hoc committee's comprehensive review, a number of significant concerns exist that would raise serious questions about patient physical and psychological safety were Dr. Tyndall to return to practice. These include but are not limited to:

- Gaps in fund of knowledge, clinical judgment, and adherence to current accepted practice guidelines regarding women's health.
- Failure to acknowledge and follow current basic fundamentals of hygiene and infection control practices.
- Applying differing practice patterns based on the age, ethnicity, and appearance of patients, based on multiple similar reports from staff members.
- Using physical exam techniques that vary from standard accepted practices and could be, and likely were (based on patient feedback), considered to represent inappropriate physical contact with patients that would likely be considered serious boundary violations by a professional conduct, licensing, or credentialing committee.
- Making highly inappropriate comments to patients, particularly those more vulnerable based on young age and language barriers, regarding physical appearance and behaviors that would also constitute significant professional boundary violations.
- Taking and retaining photographs of patient genitalia without clear informed consent, appropriate patient identification, and safe storage and disposal, and lacking any clear clinical reasons for such images to exist.
- A combination of behaviors, physical hygiene, and interpersonal relations that raise questions about the presence of some underlying physical or mental health condition affecting his safe practice of medicine.

Should the officials at Engemann Student Health Center decide to try to remediate these concerns and create a pathway for Dr. Tyndall's safe return to practice, the ad hoc committee has included some potential interventions and remedies that could be instituted to further evaluate and remediate Dr. Tyndall's current practice and limit risk to patients. Options include the following:

1. Contemporaneous proctoring of all exams and patient interactions by a board-certified obstetrician-gynecologist with experience in the student health setting. This would allow a shoulder-to-shoulder evaluation of current clinical skills, exam techniques, and interactions with patients. Staff who currently have concerns about inappropriate exams and behavior are likely to see this as the most definitive intervention that would show that their voices have been heard by leadership and administration. This is a costly and labor-intensive intervention that would require the collegial cooperation of Dr. Tyndall.

2. Dr. Tyndall could agree to undergo a full and comprehensive physical, medical, and psychological evaluation, based on concerns about his practice patterns, personal hygiene, infection control concerns, and interactions with patients. The ad hoc committee was not equipped to diagnose physical or psychological conditions that could be affecting Dr. Tyndall's clinical practice. However, issues such as undiagnosed psychiatric conditions are often a major contributing factor in similar situations. Entities such as California Public Protection & Public Health, Inc., offer a comprehensive evaluation to look for both physical

and or psychological/psychiatric concerns that may lead to some degree of physician impairment or decreased performance capabilities (please see Appendix B for a list of potential programs). Dr. Tyndall would have to agree to undergo such a comprehensive evaluation as well as be willing to share all results, uncensored, with leadership at the Student Health Center.

3. Dr. Tyndall could undergo a comprehensive evaluation of his clinical capabilities, including fund of knowledge, adequacy of training, exam techniques, and decision-making, to determine whether there are gaps in his overall approach to patient care. There are a number of national organizations, such as the Center for Personalized Education for Physicians in Colorado or the Physician Assessment and Clinical Education Program in California, that have the capacity to perform this kind of evaluation (please see Appendix B for a list of potential programs). Once again, Dr. Tyndall would have to agree to undergo such a comprehensive evaluation and be willing to spend the time and resources necessary to have such an evaluation completed.

While items 2 and 3 both can be costly and time-consuming, they can also help identify possible underlying issues affecting the physician's current practice. From previous experience with comprehensive physician evaluation programs required by leadership, the cost of such evaluations is often shared between the physician and the facility.

Kimberly Schlichter MD (Nov 30, 2016) Nov 30, 2016

Kimberly Schlichter, MD

Sharon Beckwith (Nov 30, 2016) Nov 30, 2016

Sharon Beckwith, CEO, MDReview

Appendix A:

The following are a few verbatim quotes from the interviews of nursing and other medical personnel. These quotes stand out as they reflect behaviors exhibited or statements made by Dr. Tyndall that were repeatedly stated to be of concern and were highly troubling to those who observed them:

- Described as a hoarder. Office is very unclean.
- Never washes hands.
- Uses a rag in his pocket to open doors.
- Rarely does biopsy during colposcopy.
- Prefers Asian and/or international patients.
- One finger and then two fingers.
- "Flawless skin."
- "At your age you won't have breast cancer."
- "You are very toned."
- "Are you a runner?"
- "Ask your boyfriend."
- "Your husband will be happy."

Appendix B:

Below are referral details for organizations that are able to provide recommended comprehensive medical knowledge/skill and mental health/fitness for duty evaluations.

1. The Center for Personalized Education for Physicians (CPEP). http://www.cpepdoc.org/

   a. Competence Assessment

      This in-depth evaluation is tailored to the participant's specialty and practice and provides detailed information about clinical competence in the areas of medical knowledge, clinical decision-making, interpersonal communication skills, documentation skills, and practice systems, while also identifying areas of educational need. The components of an assessment vary and are dependent upon a participant's specialty and scope of practice and may include structured clinical interviews, multiple-choice examinations, technical skills simulations, cognitive function screening, review of health information, simulated patient encounters, documentation review and evaluation, electrocardiogram interpretation, fetal monitor strip interpretation, and a radiology documentation exercise. The competence assessment generally takes place over a two-day period. The fee for the assessment and report compilation is $8,995 to $11,995 depending on specialty.

   b. Assessment Report Compilation

      The medical director or associate medical director has primary responsibility for collecting assessment data, interpreting performance results, and preparing a detailed report of the assessment findings. Reports are generally produced within eight weeks of the assessment.

      - Assessment performance data is reviewed and interpreted by specialty-matched physicians, neuropsychologists, and communication consultants.
      - Educational recommendations as part of a formal education intervention are included based on the participant's performance.
      - Participant's performance on the cognitive function screen is commented upon.
      - Observed behaviors or health concerns that could impact ability to practice are noted.

   c. Educational Intervention

      Based on the assessment findings, a highly personalized educational plan is developed from a broad range of learning resources and is measured through patient case review as well as ongoing progress and compliance monitoring. Every effort is made to take advantage of educational resources within the physician's home and practice area. As a result, licensed physicians can maintain normal clinical practice activities while participating in the process. The components of the educational intervention may include a supervised practice experience with a preceptor, professional reading and self-study, specialty field updates and continuing medical education courses, and documentation and communication courses. The duration of an educational intervention averages between six and 12 months, and the fee ranges from $1,900 to $2,200, depending on specialty, with a monthly monitoring fee of $725-$925 for the duration of the plan.

2. Physician Health Program for California (CPPPH). http://www.cppph.org/

   a. Program Overview

      CPPPH is dedicated to the establishment of an ideal physician health program in California. The program is designed to encourage and assist all organizations, institutions, and entities where physicians practice or affiliate in their efforts to maintain the health of their physician population. Its services are available to assist the citizens of California, the regulatory board, associations, hospitals, clinics, and individual physicians. California's ideal physician health program (PHP) identifies, provides, or supports clinically based health services for physicians with physical, mental health, or addiction issues, which, if undetected or not appropriately treated and monitored, could compromise the physician's ability to practice medicine safely.

   b. Program Components

      A well-designed PHP will include:

      - Education throughout the medical community
      - Orientation to the role and function of physician health committees
      - Consultation to physician health committees and all with the responsibility for physician health, public safety, and the maintenance of quality-of-care advocacy for activities that promote wellness
      - Activities designed to support case-finding intervention evaluation, both initial assessment and continuing evaluation as needed, including evaluation for the resumption of patient care responsibilities
      - Design of treatment and monitoring plan referral to initial treatment
      - Referral to ongoing treatment monitoring, case management, and quality assurance activities

   c. Policies and procedures for the operation of the PHP

      Once a PHP is established, it will provide consistency and continuity in approaching and managing physician health across the state. Referrals into the program are accepted from all sources. Eligibility for the program is designed for persons with substance use, mental health disorders, or physical illness when a clinical evaluation determines that the condition can be monitored and treated with the resources available to the program. The length of time a person is required to be in the program is in the range of three to five years, based on the severity of illness and clinical recommendation.

      The program does not report information about a participant to any person or organization other than the referring person or entity, unless there has been failure to comply with the agreement and it was determined that the physician was a danger to the public. The organization will assign the resources necessary for appropriate quality assurance activities.

3. Colorado Physician Health Program (CPHP). http://cphp.org/welcome

   a. Evaluation

   CPHP evaluates any health issue including medical, psychiatric, emotional problems, or situational stresses. A client is provided a clinician and psychiatrist who will manage the case during the course of involvement with CPHP. The initial intake evaluation by CPHP will take approximately 2.5 hours.

   Components of a CPHP evaluation include:

   - An electronic questionnaire (inclusive of health history)
   - A full psychiatric assessment by a medical director
   - Execution of materials such as releases and confidentiality agreements

   b. Assessment

   CPHP assessments take place over time, typically 30 to 45 days but potentially up to 90 days if an extended evaluation is warranted, and may involve multiple phone interviews with collateral sources, other data collection such as laboratory or further medical testing, gathering any additional collateral information, appointments with CPHP, and/or referrals for outside evaluation or testing.

   Evaluation and assessment fees vary but are generally about $3,600.

   c. Treatment Referral and Monitoring

   Treatment referrals and monitoring with CPHP may include:

   - Referral for further evaluation or treatment
   - Regular monitoring appointments with CPHP
   - Urine drug screen monitoring
   - Case management services
   - Reports generated to various entities
   - Family services

   Useful points pertaining to treatment referral and monitoring:

   - CPHP does not provide treatment. It does provide treatment referrals, with an elite cadre of highly qualified professionals in the community who specialize in working with medical professionals.
   - CPHP also refers to specialized national programs if a condition requires treatment not available locally.
   - CPHP may monitor an individual for several months to several years, depending on the particular clinical aspects.

- CPHP may collect ongoing collateral data gathered from treatment providers, family members, and/or workplaces, if the CPHP client approves the requisite release to do so within CPHP's confidentiality guidelines.

4. Other Programs

   a. University of California San Diego PACE Program offers a two-phase physician competence assessment program. When inquiring, any referring organization should seek information about phase 1 and phase 2 of this program. http://www.paceprogram.ucsd.edu/

   b. University of Florida CARES Program offers competence assessment and remedial education services. http://floridacares.med.ufl.edu/

   c. Professional Renewal Center in Kansas offers individualized, comprehensive assessment programs depending upon the need. It provides a thorough, in-depth, total health evaluation. http://www.prckansas.org/

Tab 99

To: Trina Wallace <trinawal@usc.edu>
Cc: cindygilbert@earthlink.net
Subject: Follow Up

Hi Trina,

I am resending the documentation because I believe it did not go through first attempt due to size. Please let me know when you receive it and are able to open attachments. It is with a heavy heart that I send this after hearing today that it was announced yesterday that Tammie was offered and accepted a promotion as Executive Director of Clinical Operations. Knowing how dysfunctional the management is under her guidance this is not good news for those remaining at the health center or our students. With Tammie Akiyoshi and Maria Francisco at the helm the health center, we don't follow our own Core Values of communication in a respectful manner, integrity, positive attitudes while maintaining a friendly and pleasant atmosphere. Treating each other, students, co-workers with mutual respect, understanding and kindness or maintain flexible, positive approach when working as a multidisciplinary team. At ESHC the listed Core Values are not upheld or even encouraged by leadership which results in chaos and hostility. I will however follow through and submit a few of the examples of mismanagement and lack of integrity.

There is a document showing that Tammie not only was aware, but was the one to schedule appointments to interview the MA's and nurses following my reporting to her Dr. Tyndall's inappropriateness back in 2013. She was also involved in investigation involving him while still in the old health center/building prior to my involvement so the statement she had no idea is just not true. Once Dr. Neinstein was gone the reporting of events to Tammie went unanswered requiring us to go outside of our health center for assistance. Our Quality & Safety Director and Center for Women and Men Director did assist us and lead us to HR and OED for reporting where we finally got a true investigation even though we were told to not go to HR by our leadership.

Unfortunately after hearing confirmation of the promotion it is clear that the health center, students and good caring staff will continue dealing with an uphill battle. They will continue to have to deal with hostile, intimidating and retaliatory behavior if they speak up. It is Tammie, Maria Francisco and Dr. Wenger who continually tell staff they are not to go to HR, or talk to anyone from Keck concerning problems. Now they are even more fearful about speaking up. I find it hard to believe Keck would make this decision without hearing from the people working under her. The current leadership have a way of being the only contact outsiders have so it continues.

I really do appreciate all your assistance and will continue to hope for the best that people will look into to concerns so many have. I do hope that Keck will bring new leadership in to work along with the current leadership so the staff have someone available to be honest with without feeling afraid of losing their jobs.

Thank you,

Cindy

Tab 100

USC University of Southern California

OFFICE OF EQUITY AND DIVERSITY

MEMORANDUM

To: Karen Nutter, Director, Office of Equity & Diversity

From: Tatiana Small, Senior Equity & Diversity Specialist

Date: January 31, 2017

Subject: Dr. George Tyndall Investigation Regarding Allegations of Race Harassment

On June 6, 2016, Cindy Gilbert, Nursing Supervisor (Employee ID # 0162045), at the University of Southern California ("USC") Engemann Student Health Center ("Engemann") filed a complaint against Dr. George Tyndall, Physician (Employee ID # 0018650), also employed at Engemann, regarding conduct and comments she believed constituted both race and sexual harassment. During the investigation into Ms. Gilbert's concerns, two patients, two Nurses, and six Medical Assistants alleged similar complaints against Dr. Tyndall.

In response to the allegations of sexual harassment, Dr. Tyndall offered medical justifications that he argued constituted proper patient care. Because only other members of the medical community may properly assess whether or not Dr. Tyndall was providing an appropriate standard of care, the facts of the investigation regarding these allegations will be forwarded to the Ad Hoc Subcommittee for review and assessment. Therefore, this memorandum only analyzes whether Dr. Tyndall violated the University policy against race harassment.

I. BACKGROUND

In June of 2013, Dr. Larry Neinstein, then-Executive Director of Engemann, contacted OED and reported that a number of staff members and a student had recently alleged that Dr. Tyndall made inappropriate comments or otherwise made them feel uncomfortable. Dr. Neinstein reported to the OED Investigator that in 2002, Dr. Tyndall was not permitting Medical Assistants behind the curtain with him while doing pelvic exams; in 2009, Dr. Tyndall complimented a student on her pubic hair; and in 2010, a student came forward complaining that in 2003, Dr. Tyndall performed a pelvic exam on the student without wearing gloves. According to Dr. Neinstein, he counseled Dr. Tyndall on the foregoing allegations, and Dr. Tyndall complied and commenced allowing Medical Assistants behind the curtain.

Dr. Neinstein also reported to the Investigator that two individuals complained that Dr. Tyndall had mentioned in a conversation that "Mexicans are taking over," and that there was going to be a "Reconquista." The Investigator interviewed Tammy Akyoshi, Director of Clinical Operations, a female student who complained to the Center and declined to provide her name, Medical Assistants Lizette Esparza and Elizabeth Rangel, Nurses Cindy Gilbert and Bernie Degener, Nurse

Practitioner Donna Beard, and Licensed Vocational Nurse Irene Martinez. The Investigator's memo stated that interviews with these individuals yielded mixed opinions of Dr. Tyndall, but none yielded actionable evidence of any policy violation. An investigation was never opened; instead, the general information gleaned from the interviews was communicated to Dr. Neinstein for appropriate action. Dr. Tyndall was not interviewed by OED.

Dr. Tyndall's current supervisor is Dr. William Leavitt, Interim Medical Director. On August 26, 2016, Dr. Leavitt was interviewed and he confirmed that he was present in a 2013 meeting with Dr. Tyndall and Dr. Neinstein. Dr. Leavitt also confirmed that Dr. Neinstein counseled Dr. Tyndall regarding the above concerns. Dr. Leavitt did not provide any other information relative to this investigation.

[redacted] Complaint

On or about January 29, 2016, USC student [redacted] left a comment card with the Engemann Quality & Assurance Department. On the comment card, Ms. [redacted] wrote "Dr. Tyndall is a racist. He treated me like a criminal and made me feel less than a person." Ms. [redacted] is African-American.

After receipt of the comment card, Sandra Villafan, Director of Quality & Safety at Engemann, reached out to Ms. [redacted] regarding her complaint. On January 29, 2016, Ms. Villafan sent an e-mail to Dr. James Jacobs, former Acting Executive Director of Engemann regarding her discussion with Ms. [redacted]. In said e-mail, Ms. Villafan stated that Ms [redacted] recounted the following:

"On Wednesday night I was on my way to the health center because my Faculty Advisor is on the physical therapy floor. I had lost my keys, but I know the security guard, Charles, and I was waiting outside to see if I saw him and ask if anyone had turned in my keys. It was around 8:45 p.m. or 8:50 p.m. when a man was about to exit the building. When he saw me, he immediately closed the door. I think it was because of the color of my skin and because I'm a black woman. I didn't understand the reaction, as I had my USC backpack and my laptop out. The man finally opened the door a quarter of an inch, and I was able to ask for Charles. He said, 'he already left' and then under his breath he said 'go away,' and then left the building in a hurry. The next day, I came back during regular hours, and I was talking to my friend at the concierge desk and the man walked in. I told my friend, 'he's the one,' and my friend responds, 'That's Dr. Tyndall. I saw him on[ce] for a visit. He had me wait for over two hours. When I commented to the nurse, she said that is typical for the appointments with Black women."

On February 1, 2016, Dr. Jacobs forwarded the e-mail from Ms. Villafan to OED.

On February 5, 2016, Ms. [redacted] was interviewed via phone regarding her complaint about Dr. Tyndall. Ms. [redacted] reiterated the statement of facts set forth in Ms. Villafan's e-mail. Further, Ms. [redacted] provided the contact information for [redacted], the USC student Ms. [redacted] referenced who waited for almost two hours for an appointment with Dr. Tyndall. Additionally, Ms. [redacted] stated that her roommate was also a patient of Dr. Tyndall's and while Dr. Tyndall did not do anything that was racist to her roommate, her roommate complained that he was not polite and had bad bed side manners.

On February 5, 2016, Ms. [redacted] was interviewed via phone. Ms. [redacted]. Ms. [redacted] works at [redacted]. During the interview, Ms. [redacted] stated that she could not recall the exact date, but at some point last year she waited for an hour and a half for an appointment with Dr. Tyndall. Further, Ms. [redacted] stated that Dr. Tyndall did not provide her with the proper instructions for an Intrauterine Device (IUD) appointment. The day after her appointment with Dr. Tyndall, Ms. [redacted] had a conversation with Linda Byrd, a Medical Assistant at Engemann. According to Ms. [redacted], Ms. Byrd told her that Dr. Tyndall always makes African-American patients wait longer than other patients for their visits.

On February 12, 2016, Ms. Byrd was interviewed. During the interview, Ms. Byrd stated that Dr. Tyndall makes African-American patients wait longer than Asian-American patients. In response to a question regarding how Dr. Tyndall would know the race of his patients prior to their respective visit, Ms. Byrd stated "maybe in the chart," or "maybe by the names [of the patients]." After the interview with Ms. Byrd, Monique Menke, Director, Administrative Operations, was contacted in order to inquire if the Engemann Technology Department (ETD) could provide data regarding the waiting time of each patient. Ms. Menke advised that ETD did not have this data available.

After evaluating Ms. [redacted] and Ms. [redacted] complaints, it was determined that there was not enough evidence to substantiate a violation of USC's policy against race discrimination. However, an appointment with Dr. Tyndall was scheduled to discuss their allegations. Prior to the scheduled appointment with Dr. Tyndall, Ms. Gilbert filed the instant complaint with OED, which led to the expanded investigation.

II. INDIVIDUALS INTERVIEWED AND DOCUMENTARY EVIDENCE

The following witnesses were interviewed on the dates listed. All dates are 2016, and unless otherwise stated were conducted in person:

1. [redacted]	February 5 (via phone)
2. [redacted]	February 5 (via phone)
3. Linda Byrd, MA	February 12, June 15
4. Cindy Gilbert, RN	June 6
5. Cynthia Bobo, MA	June 15
6. Marlina Pinney, MA	June 15
7. Juan Alonso, MA	June 15
8. Jerri Kosydar, RN	June 15
9. [redacted]	June 27 (via phone)
10. [redacted]	August 24 (via phone)
11. Dr. George Tyndall	August 10, 12, and 22

12. Dr. William Leavitt August 26

[redacted] a USC graduate student, who Ms. Villafan suggested may have a complaint regarding her experience with Dr. Tyndall was contacted. However, Ms. [redacted] declined the request for an interview.

Before each interview, each witness was advised that he or she was protected from retaliation for participating in the investigation and had a duty not to retaliate against anyone else for that person's participation in the investigation.

On October 24, 2016, Dr. Tyndall submitted a memorandum to Gretchen Means, Executive Director of the Office of Equity & Diversity, which Dr. Tyndall wrote represented his recollection of his responses during the interviews to the foregoing allegations. Dr. Tyndall requested that this memorandum only be reviewed by Ms. Means. Dr. Tyndall's written responses are discussed below.

III. FACT FINDING: ALLEGATIONS AGAINST DR. TYNDALL

Complaints from the Medical Assistants and Nurses at Engemann

Cindy Gilbert, R.N.

Ms. Gilbert's complaint initiated the instant investigation. Ms. Gilbert could not recall the date, but reported that she witnessed Dr. Tyndall proclaiming that he prefers Hispanic gardeners because they have green thumbs. According to Ms. Gilbert, she told Dr. Tyndall, "you shouldn't say that," and Dr. Tyndall responded, "why?" Ms. Gilbert could not recall her response to Dr. Tyndall.

Cynthia Bobo, M.A.

Ms. Bobo reported that in October of 2015, Dr. Tyndall walked by the Medical Assistants' work station and proclaimed, "I like to get Hispanics to watch my plants because they know how to make things grow."

Marlina Pinney, M.A.

Ms. Pinney's statement was not included in this report because her complaint concerned only allegations of sexual harassment.

Juan Alonso, M.A.

Ms. Alonso did not report anything relative to this investigation.

Linda Byrd, M.A.

In addition to her allegation that Dr. Tyndall makes African-American patients wait longer than Asian-American patients, Ms. Byrd reported that about ten years ago, Dr. Tyndall told her that she was the first Black woman he knew to say the word, "ask" correctly. Ms. Byrd reported that she was not offended by Dr. Tyndall's comment and considered it to be a compliment. Therefore, there is no finding regarding this comment, but it is included in this memorandum for context.

Jerri Kosydar, R.N.

Ms. Kosydar reported that last summer before Dr. Tyndall took a vacation, he walked by the Nursing station and said, "I'm going to have Mexican girls water my plants because they have green thumbs."

Lisbeth Ramirez, M.A.

Ms. Ramirez could not recall the exact date, but reported that in the Spring of 2015, Dr. Tyndall asked her if she could take care of his plants and said something to the effect of, "Latina women have a certain touch to keep plants alive," and she responded, "you shouldn't say that, that's inappropriate." Ms. Ramirez could not recall Dr. Tyndall's response.

Patient Complaints

[redacted]

[redacted] statement was not included in this report because her complaint concerned allegations of sexual harassment.

[redacted]

Sandra Villafan, Director of Quality & Assurance at Engemann forwarded a complaint to OED regarding Dr. Tyndall from patient, [redacted].

Ms. [redacted]s reported that she had an appointment with Dr. Tyndall in November of 2015 to discuss birth control options. Ms. [redacted] reported that during this visit, Dr. Tyndall asked her about her career interests and she responded that she wanted to become a social entrepreneur in the Black community. Ms [redacted] could not recall Dr. Tyndall's exact statement, but reported that he said something along the lines of, "you should open a clinic for Black women because they have too many babies." Ms. [redacted] reported that she was in shock and responded, "umm…no, that's not what I want to do," and the conversation ended. Ms. [redacted] also reported that she felt that Dr. Tyndall was pushing her to get an IUD. According to Ms. [redacted], Dr. Tyndall sent her a secure message inquiring if she went to Planned Parenthood to get an IUD. Ms. [redacted] did not respond.

The portion of Ms. [redacted] complaint regarding Dr. Tyndall's process and procedures for recommending an IUD was forwarded to the Ad Hoc Sub-Committee for assessment and will not be analyzed in this memorandum.

IV. FACT FINDING: DR. TYNDALL'S RESPONSE TO THE ALLEGATIONS

As demonstrated above, the Medical Assistants and Nurses had similar complaints against Dr. Tyndall. Thus, Dr. Tyndall's responses to their complaints are separated by allegation rather than individual.

Alleged Comments: "Hispanics have green thumbs" and/or "Latina women have a certain touch to keep plants alive," or any similar comment

During his interviews, Dr. Tyndall responded to these allegations, by stating "guilty." Dr. Tyndall then explained that he thought the foregoing comments were compliments. When questioned as to how the foregoing comments were complimentary, he failed to articulate an answer.

In his written memorandum, Dr. Tyndall wrote, "There was a time, when I was going away on vacation, that I asked one of the MAs, who happened to be a Latina, whether she would be willing to water the plant in Rm. 215 while I was away. When I returned, the plant was looking better than when I departed. So I asked her whether she could be the one to water my plant in the future." "Also, when I asked her whether she would water my plant during my absence, it was not because she is a Latina. It merely happened that she was the one present when I was exiting the building to go away on vacation."

Alleged Comment: Black women's pronunciation of the word, "ask"

During the interviews, Dr. Tyndall stated that he asked Lynda Byrd why most Black women pronounce "ask," with an "x," instead of a "k," yet she pronounces the term, "ask." During the interview, it was explained to Dr. Tyndall that question to Ms. Byrd could be perceived as offensive because some could view it as promulgating negative stereotypes about the African-American community. Dr. Tyndall responded that he did not understand how this question could be offensive because it was based on his observation.

In Dr. Tyndall's written memorandum, he wrote, "I do recall asking a black client who had pronounced the word as "asked" whether she knows why some of my clients would pronounce the word as "aksed"? Keep in mind that I am dealing in that clinic every day with some of the sharpest and most inquisitive people in the world, especially the many grad students, and I am Mr. Inquisitive. So, if I have an opportunity to learn something from one of them, and if we have sufficient time, I'm naturally going to go for it." Dr. Tyndall also provided positive e-mails and other written documentation from students, which he expressed supported his written statement that he is inquisitive. Dr. Tyndall also wrote the following, "I never said, or implied, that blacks in general cannot articulate. I simply asked a client whether she knew why some of my clients, like her, would say "ask," while others would say "aks". There's no stereotyping whatsoever there. I'd be the last person in the world to engage in stereotyping."

Dr. Tyndall's Response to Patient, [redacted] Complaint

[redacted]

Dr. Tyndall denied saying something to the effect of, "you should open a clinic for Black women because they have too many babies," stating, "that is completely ridiculous."

V. CONCLUSION

Under University policy, race harassment is defined as any physical or verbal hostility, or any unwelcome or offensive conduct or communication, directed toward someone or toward a group of individuals, because of their protected category status. Here, it was found that Dr. Tyndall *did* violate University policy against race harassment.

Medical Assistants and Nurses reported that on various separate dates Dr. Tyndall made comments that Hispanics have green thumbs and/or Latina women have a certain touch to keep plants alive. These Medical Assistants and Nurses all reported that these comments were unwelcome and they were offended. During his interview, Dr. Tyndall admitted to making said comments; nonchalantly stating, "guilty," and that he thought the comments were complimentary. When questioned how these comments were complimentary, Dr. Tyndall failed to articulate a response. Several months after the interviews, Dr. Tyndall submitted a written memorandum, which he requested to be reviewed only by Ms. Means. In this memorandum, Dr. Tyndall materially alters his response to the foregoing allegation stating that he asked a Latina MA to water his plant while he was on vacation, but did not ask her this because she was Latina. There is a clear discrepancy between his verbal and written statements, which diminishes the credibility of his written statement. Further, it is significant that all five Medical Assistants reported a very similar statement.

During the interview, Dr. Tyndall admitted to asking Ms. Byrd why most Black women pronounce "ask," with an "x," instead of a "k." In his written memorandum, he wrote that he recalled asking a black client who had pronounced the word "asked," whether she knew why some of his Black clients pronounce the word as "aksed." These admissions, combined with Dr. Tyndall's comments regarding Latina gardeners and evidence that in 2013, individuals reported to Dr. Neinstein that Dr. Tyndall stated "Mexicans are taking over," and there is going to be a Reconquista, illustrate a pattern of racial and/or culturally offensive behavior and conduct. Dr. Tyndall's professed disbelief that his comment regarding Ms. Byrd's pronunciation of the word "ask," could be considered offensive, also demonstrates his inability to understand culturally or racially offensive language.

Dr. Tyndall denied stating to Ms. [redacted] that "Black women have too many babies," or anything similar. However, there is absolutely no evidence of an underlying motive for Ms. [redacted] to falsify said claim. The prior contradictory statements regarding Latino gardeners also diminish Dr. Tyndall's overall credibility. Further, Dr. Tyndall's pattern of behavior illustrates that he has no filter or recognition of when comments are racially or culturally offensive. Therefore, it was found that more likely than not Dr. Tyndall also said "Black women have too many babies," or something to that effect to Ms. [redacted]

In conclusion, Dr. Tyndall violated the University policy against race harassment when he stated to the Medical Assistants and Nurses that Hispanics have green thumbs and/or Latina women have a certain touch to keep plants alive and when he stated to Ms. [redacted] that "Black women have too many babies"

Please contact me at (213) 740-5086 if you have any questions.

cc: James M. Ball

EXHIBIT 15

Tab 101

USC University of Southern California

OFFICE OF EQUITY AND DIVERSITY

MEMORANDUM

To: Karen Nutter, Director, Office of Equity & Diversity

From: Tatiana Small, Senior Equity & Diversity Specialist

Date: January 31, 2017

Subject: Dr. George Tyndall Investigation

On June 6, 2016, Cindy Gilbert, Nursing Supervisor (Employee ID # 0162045), at the University of Southern California ("USC") Engemann Student Health Center ("Engemann") filed a complaint against Dr. George Tyndall, Physician (Employee ID # 0018650), also employed at Engemann as a Gynecologist, concerning conduct and comments that she alleged constituted sexual harassment. During the investigation into Ms. Gilbert's concerns, two patients, two Nurses, and six Medical Assistants also brought forth similar complaints against Dr. Tyndall.

In response to these allegations, Dr. Tyndall offered medical explanations that he argued constitute proper patient care. Because only other members of the medical community may properly assess whether Dr. Tyndall's rationales fall within appropriate patient care, MDReview, Kimberly Schlichter, MD, FACOG, and Sharon Beckwith, CEO were hired to act as an Ad Hoc Sub Committee ("MDReview") to assist with the investigation, including a determination as to whether Dr. Tyndall's practices constituted a proper standard of care.

I. BACKGROUND

In June of 2013, Dr. Larry Neinstein, then-Executive Director of Engemann, contacted OED and reported that a number of staff members and a student had recently alleged that Dr. Tyndall made inappropriate comments or otherwise made them feel uncomfortable. Dr. Neinstein reported to the OED Investigator that in 2002, Dr. Tyndall was not permitting Medical Assistants behind the curtain with him while doing pelvic exams; in 2009, Dr. Tyndall complimented a student on her pubic hair; and in 2010, a student came forward complaining that in 2003, Dr. Tyndall performed a pelvic exam on the student without wearing gloves. According to Dr. Neinstein, he counseled Dr. Tyndall on the foregoing allegations, and Dr. Tyndall complied and commenced allowing Medical Assistants behind the curtain.

The Investigator interviewed Tammy Akyoshi, Director of Clinical Operations, a female student who complained to the Center and declined to provide her name, Medical Assistants Lizette Esparza and Elizabeth Rangel, Nurses Cindy Gilbert and Bernie Degener, Nurse Practitioner Donna Beard, and Licensed Vocational Nurse Irene Martinez. The Investigator's memo stated that interviews with these individuals yielded mixed opinions of Dr. Tyndall, but none yielded

actionable evidence of any policy violation, and the investigation was never opened. Dr. Tyndall was not interviewed.

Dr. Tyndall's current supervisor is Dr. William Leavitt, Interim Medical Director. On August 26, 2016, I interviewed Dr. Leavitt and he confirmed that he was present in a 2013 meeting with Dr. Tyndall and Dr. Neinstein. Dr. Leavitt also confirmed that Dr. Neinstein counseled Dr. Tyndall regarding the above concerns. Dr. Leavitt did not provide any other information relative to this investigation.

II. INDIVIDUALS INTERVIEWED AND DOCUMENTARY EVIDENCE

I interviewed the following witnesses on the dates listed. All dates are 2016, and unless otherwise stated were conducted in person:

1. [redacted]	February 5 (via phone)
2. [redacted]	February 5 (via phone)
3. Linda Byrd, MA	February 12, June 15
4. Cindy Gilbert, RN	June 6
5. Cynthia Bobo, MA	June 15
6. Marlina Pinney, MA	June 15
7. Juan Alonso, MA	June 15
8. Jerri Kosydar, RN	June 15
9. [redacted]	June 27 (via phone)
10. [redacted]	August 24 (via phone)
11. Dr. George Tyndall	August 10, 12, and 22
12. Dr. William Leavitt	August 26

[redacted], Juan Alonso, and Lisbeth Ramirez's statements were not included in this memorandum because they did not share information that implicated patient care issues.

Before each interview, I advised each witness that he or she was protected from retaliation for participating in the investigation and had a duty not to retaliate against anyone else for that person's participation in the investigation.

Dr. Tyndall's Documentary Submission

On September 2, 2016, Dr. Tyndall submitted a memorandum in which he stated that Engemann's policy of requiring male providers to have chaperones/assistants during pelvic exams constituted gender discrimination. Dr. Tyndall argues that the APGO/ACOG standard requires assistants/chaperones for pelvic exams regardless of the gender of the clinician.

On October 24, 2016, approximately three months after his interviews, Dr. Tyndall submitted a second memorandum to Gretchen Dahlinger Means, Executive Director of OED. In this document, Dr. Tyndall provided his recollection of verbal responses during his interviews to the allegations from the Nurses, Medical Assistants, and patients. These responses were in transcript form and contained omissions, inconsistencies, and more descriptive analysis to the instant allegations than provided in his interviews. Some of this memorandum was dedicated to allegations outside the scope of this Subcommittee; the portions which conflict with Dr. Tyndall's verbal statements are noted below.

In his October 24, 2016 memorandum, Dr. Tyndall also expressed that the Nurses and Medical Assistants are "gunning for him" because the "MAs are under tremendous pressure to 'room' a patient every ten minutes, six an hour and the only other clinician they assist/chaperone is Physician Assistant Michael Creamer, but he sees only 5 women's health patients per week, whereas [Dr. Tyndall] is scheduled to see 65, not counting add-ons." Dr. Tyndall concludes that the Medical Assistants and Nurses lodged the instant complaints to get him terminated so that the Nurses and Medical Assistants have a smaller load of patients to "room." Dr. Tyndall also attached seven complimentary e-mails from patients and one from a nurse received from 2013-2015, each praising him for his care. These e-mails are not relevant to the instant allegations.

III. FACT FINDING: ALLEGATIONS AGAINST DR. TYNDALL

Complaints from the Medical Assistants and Nurses at Engemann

Cindy Gilbert, R.N.

Ms. Gilbert's complaint initiated the instant investigation. During her interview, Ms. Gilbert reported that her colleague, Jerri Koysdar, informed her that during a breast exam, Dr. Tyndall lifted the sheet covering the patient's upper body and said, "my, your breasts are perky." During at least four patient exams in the last three years, Ms. Gilbert reported witnessing Dr. Tyndall commenting to a patient, "oh, my, you're toned," and asking the patient, "are you a runner?"

Ms. Gilbert also submitted the following written statement regarding a patient, [redacted] complaint:

"Ms. [redacted] explained that Dr. Tyndall was inappropriate because, 'she was there for birth control yet he went on about how Middle Eastern women can fake being a virgin. At first he told her that her hymen was intact, but then later backtracked by saying how she could make it look like she was a virgin because of her culture that was important.'"

Upon my request, Ms. Gilbert contacted Ms [redacted] and asked Ms. [redacted] if I could interview her. Ms. [redacted] entire complaint against Dr. Tyndall is detailed in a section below.

Cynthia Bobo, M.A.

Ms. Bobo could not recall dates, but reported that during every exam with which she has assisted Dr. Tyndall, he informs the patient that they have a tight Pubococcygeus ("PC") muscle and then proceeds to tell the patient what the PC muscle is and how it functions. Ms. Bobo also reported that Dr. Tyndall will frequently ask patients "are you a runner?" or "do you some sort of exercise?" Ms. Bobo also reported that after Dr. Tyndall conducts a full body check, he always states, "oh, you have flawless skin."

Marlina Pinney, M.A.

Ms. Pinney could not recall dates, but reported that during every pelvic exam, Dr. Tyndall tells patients, "oh, you're a runner," or "my, you're toned," referring to the patient's vaginal muscles. Ms. Pinney also reported that in April of 2016, she witnessed Dr. Tyndall informing a patient that her hymen was partially intact. Further, Ms. Pinney reported that after conducting full body checks, Dr. Tyndall always tells the patients, "oh, my, you have flawless skin."

Linda Byrd, M.A.

Linda Byrd is a Medical Assistant. Ms. Byrd reported that during every pelvic exam Dr. Tyndall will ask the patient "are you a runner?" Ms. Byrd could not recall dates or duration, but also reported that she has witnessed Dr. Tyndall informing patients that their hymens were intact. Ms. Byrd could not recall dates, but also reported that she has frequently heard Dr. Tyndall tell patients to "open wide."

Jerri Kosydar, R.N.

Ms. Kosydar reported that in about ninety percent of pelvic exams with which she has assisted Dr. Tyndall, he states "my, you're toned," or will ask the patient "do you work out?" or "what exercises do you do, this muscle is very strong," referencing the patient's vaginal muscle. Ms. Kosydar also reported that she witnessed Dr. Tyndall tell a patient, "go talk to your boyfriend about this muscle, he will tell you how much he likes that strong muscle," referring to the patient's vaginal muscles.

After Dr. Tyndall conducts full body checks, Ms. Kosydar reported that Dr. Tyndall always tells patients "what flawless skin you have."

Ms. Kosydar could not recall the exact date, but reported that in April or May, about six weeks prior to her interview date, during a full body exam, she witnessed Dr. Tyndall lifting up the sheet used to cover the patient's upper body and stating, "my, you have perky breasts," "look at that, they look straight up."

Ms. Koysdar also reported that recently she assisted Dr. Tyndall with a patient who had a tattoo near her vagina. During this visit, Dr. Tyndall asked the patient if he could read the patient's tattoo.

Patient Complaints

[redacted] is a senior at USC. Ms. [redacted] reported that she complained to a Nurse regarding Dr. Tyndall's procedures for refilling birth control prescriptions and the Nurse advised her that if she had any other concerns regarding Dr. Tyndall to fill out a comment card or make a report to the Nursing Supervisor.

Ms [redacted] reported that her first appointment with Dr. Tyndall was April 21, 2015. Ms. [redacted] explained that she scheduled the appointment with Dr. Tyndall because she wanted to discuss birth control options. Ms. [redacted] could not recall the exact details of her conversation with Dr. Tyndall, but reported that she advised Dr. Tyndall that her family had a history of breast cancer and that she was an exchange student from Lebanon. Ms. [redacted] also advised Dr. Tyndall that she was not sexually active. In response, Dr. Tyndall asked Ms [redacted] if she was not sexually active because of her family's views or her religion. Ms. [redacted] reported that she advised Dr. Tyndall that it was her personal choice not to be sexually active and that her family was very open and is not preventing her from having sex. Ms. [redacted] could not recall Dr. Tyndall's exact statement or how this part of their conversation began, but also reported that Dr. Tyndall said that he could give her a tip: if she was not a virgin when she got married she could fill a small bag of blood and pop it on her bed on her wedding night. [redacted] could not recall his exact statement, but also reported that Dr. Tyndall said that he had to wait to have sex with his wife until they were married because she was Asian, but that he did not mind waiting.

Ms [redacted] reported that she was initially shocked by Dr. Tyndall's comments, and assumed that the doctors in the United States were more outspoken than they were in Lebanon. After she discussed her interaction with Dr. Tyndall with her roommates and parents she reported that she was insulted by his comments.

IV. FACT FINDING: DR. TYNDALL'S RESPONSE TO THE ALLEGATIONS

As demonstrated above, the Medical Assistants and Nurses had similar complaints against Dr. Tyndall. Thus, I have separated Dr. Tyndall's response to their complaints by allegation rather than individual.

Dr. Tyndall provided a blanket response that the "Medical Assistants only have seven months of training and I am practicing by the book so if they have complaints with my comments then they need training."

Alleged Comments: "Tight Pubococcygeus ("PC") muscles," "oh, my you're toned," or any other reference to the tightness of the patient's vaginal muscles

Dr. Tyndall has various rationales for commenting on a patient's vaginal muscles. Dr. Tyndall reported that question 12 on the Engemann Health History Form (Form) requests the patient to check a box if they have questions or concerns regarding orgasms or sexual functioning. According to Dr. Tyndall, if a patient checks question 12 on the Form and she has a highly toned PC muscle, he will educate the patient about Kegel exercises and how it relates to orgasms. Dr. Tyndall stated that he cannot remember a single incident where a patient did not check question

12. If the patient is not complaining about orgasms or sexual functioning, Dr. Tyndall stated that he will not discuss the patient's vaginal muscles or Kegel exercises.

Dr. Tyndall also explained that he will discuss or comment on a patient's vaginal tone when diagnosing a condition called Vaginismus, which he described as the inability to relax the PC muscle. Dr. Tyndall explained that before he places the speculum inside a woman's vagina, he puts a lubricated finger in the vagina to determine if the patient can tolerate the speculum because he does not want to cause pain and, at this point, he will check the tone of the vagina muscle. If the patient has a highly toned PC muscle, he will tell the patient that they have a toned PC and ask the patient if they have any difficulty with intercourse. Further, Dr. Tyndall explained that a common reason a woman may have a highly toned PC is if they had a painful experience during their first time having sexual intercourse. If the diagnosis is Vaginismus, Dr. Tyndall stated that he refers the patient to a physical therapist who specializes in pelvic floor relaxation.

When patients are not sexually active, but have a highly toned PC muscle, Dr. Tyndall stated that he informs the patient that they have a highly toned PC to give them the opportunity to skip the Pap Smear. According to Dr. Tyndall, he offers patients who have not had sexual intercourse the option to skip the Pap Smear because exposure to Human Papillomavirus is rare. If the PC muscle is highly toned, Dr. Tyndall stated the patient may want to skip the Pap Smear because the speculum may cause pain.

Dr. Tyndall denies stating, "go talk to you boyfriend about this [vagina] muscle, he will tell you how much he likes this strong muscle."

Alleged Comments: "are you a runner?" or "do you exercise?"

Dr. Tyndall explained that when women exercise they contract their PC muscles. According to Dr. Tyndall, if the patient has a highly toned PC muscle, he will ask the patient if they run or swim. Dr. Tyndall reported that most patients respond that they do exercise. Dr. Tyndall believes it is relevant for patients to know what he is discovering about their bodies during their exam.

Alleged Comment: patient's hymen is intact

Dr. Tyndall explained that he conducts an educational pelvic exam, which he articulated meant that he explains all of his findings during the exam to his patients. Dr. Tyndall stated that if the patient's hymen is intact, he will ask the patient if they have discomfort with intercourse. Dr. Tyndall also stated that if the patient's sexual partner has a small penis, then the patient's hymen may be intact. If the patient complains of pain with intercourse and their hymen is intact than Dr. Tyndall will recommend a hymen dilator to use with lubricant that patients can purchase on Amazon. Dr. Tyndall argued that it is extremely relevant to explain to patients what he finds in their bodies.

Alleged Comment: "you have flawless skin"

Dr. Tyndall confirmed that after he conducts a full body check and there are no dermatological abnormalities he will advise the patient that they have "flawless skin." According to Dr. Tyndall, there are a lot of occasions when he refers patients to dermatology.

Alleged Comment: "open wide"

Dr. Tyndall denied telling a patient to "open wide," during a pelvic exam. Dr. Tyndall stated that he often tells patients to relax their legs.

Alleged Comment: "my, you have perky breasts," "look at that, they look straight up"

Dr. Tyndall denied saying, "my, you have perky breasts," "look at that, they look straight up." However, Dr. Tyndall stated that it is likely that he may have said, "look, your breasts stand right up, do you have implants?" In Dr. Tyndall's written submission, he stated that it was possible that the patient said, "you mean my breasts are perky."

According to Dr. Tyndall, if a patient has breast implants, a breast exam is unnecessary because the implants cover the breast tissue. Dr. Tyndall also stated that if a woman has implants, he prefers not to conduct a breast exam because he does not want to be responsible for causing the implants to burst.

Alleged Behavior: request to read a patient's tattoo near the patient's vagina

Dr. Tyndall responded "of course, I would ask permission from the patient before reading her tattoo."

Dr. Tyndall's Response to Patient Complaints

[redacted]

During the interview, Dr. Tyndall denied asking Ms. [redacted] if she was not sexually active because of her family or religion. However, in his written memorandum submitted October 24, 2016, he explained the following, "With regard to family and religion, I also always ask my clients whether they believe that to use contraception constitutes an abortion, as I do not want to subsequently be accused of prescribing a contraceptive method that she, her family or religion believe to be an abortifacient."

In response to Ms. [redacted] complaint that Dr. Tyndall offered her a tip to fake her virginity, Dr. Tyndall replied with an unrelated example. Dr. Tyndall stated that when patients take birth control he shows them a small zip lock bag and an empty box of chewable aspirin, and advises patients to fill a small bag with aspirin and if they ever experience shortness in their breath to take the aspirin. Dr. Tyndall implied that perhaps Ms. [redacted] was confused and misunderstood him. Later in the interview, I revisited questions regarding Ms. [redacted] complaint, and at this time, Dr. Tyndall altered his response stating that he might have said, "by the way in Iran, what I've been told by an Iranian woman is that they put blood in a small bag and pop it on their sheets for their groom's mother to see."

Ms. [redacted] also complained that Dr. Tyndall informed her that he waited to have sex with his wife until marriage. In response, Dr. Tyndall stated that he has a picture of his wife in his office and may have said "in my wife's culture, it's a rural cultural thing to not have sex before marriage," but denies saying he personally waited to have sex until marriage. Dr. Tyndall explained that he attempts to establish rapport with his students and believes that talking about his personal life

makes the student more comfortable when discussing contraception. Further, Dr. Tyndall stated the he does not understand how his comment about his wife's culture could be uncomfortable for the student because he is talking about his wife's culture not the student's culture.

Ad Hoc Subcommittee

As part of this investigation, MDReview analyzed Dr. Tyndall's procedure and responses to the following comments:

- "Tight Pubococcygeus (PC) muscle, "oh, my you're toned," or any other reference to the tightness of the patient's vaginal muscles
- "are you a runner," "do you exercise?"
- "hymen is intact"
- "look, your breasts stand right up, do you have implants?"

MDReview's findings are incorporated into the below analysis.

V. CONCLUSION

Dr. Tyndall's Comments Found to Violate USC's Sexual Harassment Policy

Toned Vagina/Hymen Intact

Dr. Tyndall admitted to regularly making comments regarding the tone of a patient's vagina during pelvic exams. These comments include, but are not limited to, "tight pubococcygeus ("PC") muscles, "oh, my you're toned," and "intact hymen." Dr. Tyndall provided several medical justifications for these comments. MDReview analyzed his medical justifications and found the following:

> "Dr. Tyndall also contended that his technique for performing pelvic exams is "by the book." But the technique described by all nursing personnel is not by the book. Guidelines for Women's Health Care: A Resource Manual, 4th edition, states that the speculum exam is to be done after the external inspection and that if lubricant is used it should be minimized to prevent contamination of any specimens that should be collected (page 228). That said, there are isolated instances in which it may be appropriate to probe the vagina before the speculum exam is done to check for any obstructions or anatomic abnormalities that may hinder the speculum exam, most typically if the patient's history suggests such an issue. But these are isolated instances and clearly not present in all of the patients that Dr. Tyndall examines.
>
> Dr. Tyndall also defended his statements to a patient being "toned" or having a "tight PC muscle" as a response to their answer to Question 12 on the Student Health Center health history form. He stated he does this only under certain circumstances: if the patient checks (reviewer assumes this means checks in the affirmative)

Question 12, and if he also notes a "toned PC muscle" during the exam. He then educates the patient about Kegel exercises and how they relate to orgasms. Dr. Tyndall stated that if the patient was not complaining about sexual functioning, no comment about vaginal muscles or Kegel exercises would be made. Per documents supplied to the reviewer, Dr. Tyndall stated that "he cannot remember a single incident where a patient did not check question 12." Question 12 is actually a four-part question. In fact, upon review of 20 Student Health Center health history forms attached to the medical records sent for review, none of the four parts of Question 12 were ever checked in the affirmative. Upon interviewing Dr. Tyndall, he confirmed that he felt there was a connection between Kegel exercises and orgasms. Dr. Tyndall stated during his interview that he only practiced "evidence - based medicine," but when asked for the source of this belief, he referred to a Reader's Digest article he read more than 20 years ago. The belief that there is a connection between doing Kegel exercises and orgasms is certainly not widely accepted among gynecologists, and the reviewer is unaware of any scientific literature supporting this connection.

The other defenses Dr. Tyndall gave of doing a digital exploration of the vagina before doing the speculum exam was to check to see if the patient would tolerate the speculum exam as she may have vaginismus, or because if the "PC muscle is highly toned" and she is not sexually active, he would give the patient the opportunity to skip having a speculum exam as it might cause pain. If the patient gave a history suggesting vaginismus, this would be appropriate. But according to nursing staff, regardless of whether he had examined the patient previously or she gave a history suggestive of vaginismus, the exam was done the same way. The medical records that were reviewed supported that in many cases, Dr. Tyndall examined patients he had previously examined himself without difficulty. ACOG standards recommend a pelvic exam, including speculum exam, in patients older than 20 regardless of their sexual history (see Guidelines for Women's Health Care: A Resource Manual, 4th edition, and the ACOG Committee Opinion Well- Woman Visit, August 2012, reaffirmed 2016). While these guidelines allow for flexibility depending on the patient's preferences and history, routinely exploring the vagina before the speculum exam to determine if the patient might have discomfort is not standard of care or appropriate.

Dr. Tyndall's statement that he comments on the status of the patient's hymen to determine if she is having problems with intercourse contradicts his own contention that he has paid attention to her answer to Question 12 on the Student Health Center health history form, which includes whether the patient has questions or concerns about sexual functioning. The appearance of the hymen even after a patient has become sexually active is highly variable, and there is no medical reason to make an issue of this with the patient unless the patient herself raises questions regarding it."

As explained by MDReview, Dr. Tyndall's justifications for probing and palpating the vagina and then commenting on the patient's vaginal tone or hymen do not constitute standard of care. According to MDReview, there are isolated instances in which it may be appropriate to probe the

vagina before the speculum exam is done, most typically if the patient's history suggests such an issue, but these are isolated instances and clearly not present in all of the patients that Dr. Tyndall examines. If there is no need to probe the vagina, it follows that there is no need to comment on the patient's vaginal tone.

Further, according to MDReview, Dr. Tyndall's medical justifications regarding informing students that they have a "toned" or "tight PC muscle," because he wanted to educate the patient regarding Kegel exercises and orgasms are not medically credible. Dr. Tyndall also stated that he would comment on a patient's vaginal muscle, if the PC muscle is highly toned and she is not sexually active then he would give the patient the opportunity to skip a speculum exam because it might cause pain. According to MDReview, ACOG standards recommend a pelvic exam, including a speculum exam, in patients older than twenty regardless of their sexual history. Further, MDReview explained that there is flexibility regarding the method of a pelvic exam depending on the patient's preferences and history; however, routinely exploring the vagina before the speculum exam to determine if the patient might have discomfort is not standard of care or appropriate. MDReview concluded that Dr. Tyndall's justifications for commenting on the patient's hymen were also not medically credible. According to MDReview, there is "no medical reason to make an issue," or comment on the patient's hymen unless that patient raises the question itself, which was not evidenced.

A Physician practicing Gynecology and commenting on a patient's vaginal tone or hymen could be considered benign. However, Dr. Tyndall's justifications for these comments were found not medically credible or consistent with standard of care. Further, the frequency of Dr. Tyndall's comments reported by the Nurses and Medical Assistants is significant. Dr. Tyndall services a uniquely vulnerable patient population – young women who may be less familiar with the normal conduct or medical standard of a gynecological exam. Such patients may not complain because they do not recognize that they have undergone an inappropriate exam or that an inappropriate or unprofessional comment has been made. The Nurses and Medical Assistants who complained also uniformly stated that his comments regarding patient's vaginal tones made them uncomfortable. For the foregoing reasons, the investigation concludes that Dr. Tyndall *did* violate USC's sexual harassment policy when he made comments regarding patients' vaginal tone or hymen including, but not limited to, "tight pubococcygues ("PC") muscles, "oh, my you're toned," or you have a "tight PC muscles."

Perky Breasts

Dr. Tyndall denied saying, "my, you have perky breasts," stating that he most likely would of said, "look, your breasts stand right up, do you have implants." Dr. Tyndall stated that he would ask if a patient had implants because he was concerned that if he examined a patient with implants he could harm or rupture the implants and that if a patient had implants a breast exam was unnecessary. According to MDReview, "Dr. Tyndall's contention that a breast exam is unnecessary if the patient has implants is simply incorrect. There is also no risk of rupturing an implant by a clinical breast exam, as he stated he was concerned might happen if he examined a patient with breast implants." Although Dr. Tyndall denied saying, "my, you have perky breasts," his medical reasoning as to why he may have stated, "look, your breasts stand right up, do you have implants," is not medically credible. As demonstrated in this investigation, Dr. Tyndall has a pattern of making comments that are unprofessional and inappropriate. Further, his justifications

for commenting on a woman's breasts that he argued were medical necessity were found not credible. Therefore, there was no reason for Dr. Tyndall to comment on the patient's breasts. The investigation concludes that it was more likely than not that Dr. Tyndall did tell a patient that her breasts were perky or made a similar comment regarding her breasts. One stray comment such as this would routinely not be found to violate USC's sexual harassment policy. However, this comment is part of Dr. Tyndall's pattern of unwarranted inappropriate comments that are sexual and unwelcome in nature. Therefore, this investigation concludes that in totality with Dr. Tyndall's other comments, his comment about the student's breasts violates USC's policy against sexual harassment.

[redacted] Complaint

Dr. Tyndall's initial response to Ms. [redacted] complaint regarding a tip to fake her virginity that Ms. [redacted] confused his efforts to advise her to carry a bag of aspirin while on birth control belies common sense. His second response that he may have said, "by the way in Iran, what I've been told by an Iranian woman is that they put blood in a small bag and pop it on their sheets for their groom's mother to see," is more plausible. Regardless, his second response is also inappropriate and when considered in light of his other sexually related comments violates USC's sexual harassment policy. Ms. [redacted] also complained that Dr. Tyndall informed her that he waited to have sex with his wife until marriage. In response, Dr. Tyndall stated that he has a picture of his wife in his office and may have said, "in my wife's culture, it's a rural culture thing to not have sex before marriage." Dr. Tyndall's comments about his own sexual history were unwelcome and unprofessional and are part of a pattern of behavior of sexual or sexually related comments towards patients that in the aggregate violate USC's sexual harassment policy.

Dr. Tyndall's Comments Not Found to Violate USC's Sexual Harassment Policy

"Are you a runner?" or "do you exercise?"

Dr. Tyndall admitted that during his patient exams, if the patient had a highly toned PC muscle, he would ask the patient if they "run" or "swim." MDReview also found that "Dr. Tyndall defended questions he asked patients about whether they ran or exercised based upon his assessment of their PC muscle as relevant to informing the patient about what he found during the exam." And, according to MDReview, "this does not in any way explain or defend his questioning of the patient. And, factually, while many muscle groups may be strengthened by running, the pelvic floor (of which the PC muscle is a part) may actually be damaged by running because of the repetitive impact. The only form of exercise that is commonly felt to strengthen the pelvic floor is Kegel exercises." Thus, Dr. Tyndall's medical practice of asking patients if they "run" or "exercise" is not standard of care. While peculiar and not standard of care, the investigation does not conclude that there is evidence to substantiate that these comments violate the USC sexual harassment policy. Therefore, this portion of the investigation will be referred back to Engemann.

"You have flawless skin"

Dr. Tyndall confirmed that after he conducts a full body check and there are no dermatological abnormalities he will advise the patient that they have "flawless skin." According to MDReview,

"[t]elling a patient that she has "flawless skin" is not the way it would typically be described from a medical standpoint. In that case, it would be more appropriate to say, 'I don't see any suspicious areas.' This may simply be a poor choice of words on Dr. Tyndall's part, as it sounds more like a compliment than a medical statement. Complimenting a patient on any aspect of her appearance may confuse the physician-patient relationship and should be avoided." While Dr. Tyndall's "flawless skin" comments are a poor choice of words and unusual, there is insufficient evidence to conclude that these comments violate USC's sexual harassment policy. Therefore, this portion of the investigation will be referred back to Engemann.

"Open wide"

Dr. Tyndall denied telling patients to "open wide," during pelvic exams. Dr. Tyndall claims that the Nurses and Medical Assistants lodged the instant complaints, including this complaint in an effort to get him terminated in order to have a smaller load of patients to "room." However, the investigation did not find any evidence to substantiate his theory. Instead, evidence found in this investigation demonstrates that Dr. Tyndall does not have a filter or recognition of when comments are inappropriate or unprofessional. Therefore, the investigation concludes that it was more likely than not that Dr. Tyndall has said "open wide," while performing pelvic exams. While this comment is objectively unprofessional, there is insufficient evidence to conclude that the comment violates USC's sexual harassment policy. Therefore, this portion of the investigation will be referred back to Engemann.

Request to read a patient's tattoo near the patient's vagina

Dr. Tyndall confirmed that he did request to read a patient's tattoo that was located near the patient's vagina. While this request is unprofessional, it does not violate USC's sexual harassment policy. This portion of the investigation will be referred back to Engemann.

[redacted] **Complaint**

[redacted] also complained that Dr. Tyndall asked her if she was not sexually active because of her family or religion. Dr. Tyndall initially denied this, but in his written memorandum submitted October 24, 2016, he stated that, "With regard to family and religion, I also always ask my clients whether they believe that to use contraception constitutes an abortion, as I do not want to subsequently be accused of prescribing a contraceptive method that she, her family or religion believe to be an abortifacient," thereby admitting to asking Ms. [redacted] if she was not sexually active because of her family or religion. While this question may have been inappropriate or unprofessional, there was no evidence found that it constituted a violation of USC's sexual harassment policy. Therefore, this part of Ms. [redacted] complaint is referred back to Engemann.

The foregoing conduct and/or comments deemed not to violate USC's sexual harassment policy, but deemed inappropriate or unprofessional will be referred back to Engemann.

Please contact me at (213) 740-5086 if you have any questions.

cc: James M. Ball

Tab 102

USC University of Southern California

OFFICE OF EQUITY AND DIVERSITY

January 31, 2017

George Tyndall
3010 Wilshire Blvd, Suite 93
Los Angeles, CA 90010

Dear Dr. Tyndall:

The University has adopted a firm policy against harassment and discrimination. As you are aware, two Nurses and six Medical Assistants shared complaints with our office regarding conduct and comments that they alleged constituted sexual harassment and race harassment. Two patients also brought forth similar complaints.

As part of the investigation, the Nurses, Medical Assistants and patients were interviewed. You were also given the opportunity to respond and, in addition to your verbal response to their complaints, you submitted written statements to Gretchen Means, Executive Director of the Office of Equity & Diversity.

In response to some of their allegations, you offered medical explanations that you argued constituted proper patient care. In order to evaluate your medical explanations, the University hired MDReview, Kimberly Schlichter, MD, FACOG, and Sharon Beckwith, CEO ("MDReview") to act as an Ad Hoc Sub Committee to assist with the investigation, including a determination as to whether your practices constituted proper standard of care.

As you are aware, the Medical Assistants and Nurses shared concerns regarding your procedure for probing and palpating the vagina and commenting on the patient's vaginal tone or hymen. According to MDReview, your justifications for probing and palpating the vagina and then commenting on the patient's vaginal tone or hymen do not constitute standard of care. MDReview explained that there are isolated instances in which it may be appropriate to probe the vagina before the speculum exam is done, most typically if the patient's history suggests such an issue, but these are isolated instances and clearly not present in all of your patients. Further, according to MDReview, your medical justifications regarding informing students that they have a "toned" or "tight PC muscle," are not medically credible. MDReview also concluded that your justifications for commenting on the patient's hymen were not medically credible. MDReview explained that there is "no medical reason to make an issue," or comment on the patient's hymen unless that patient raises the question itself, which was not evidenced. The Nurses and Medical Assistants who complained uniformly stated that your comments regarding patient's vaginal tones made them uncomfortable. For the foregoing reasons, the investigation concluded that you did violate USC's sexual harassment policy when you made comments regarding patients' vaginal

tone or hymen including, but not limited to, "tight pubococcygues ("PC") muscles, "oh, my you're toned," or you have "tight PC muscles."

As you are aware, a Nurse also complained that you told a patient "my, you have perky breasts," and that this comment made her feel uncomfortable. You denied this allegation, stating that you may have stated, "Look, your breasts stand right up, do you have implants?" and provided a medical explanation as to why you may inquire if a patient has implants. According to MDReview, "[your] contention that a breast exam is unnecessary if the patient has implants is simply incorrect. There is also no risk of rupturing an implant by a clinical breast exam, as [you] stated [you] were concerned might happen if [you] examined a patient with breast implants." Your justifications for commenting on a woman's breasts were found not credible and unnecessary. Therefore, the investigation concluded that it was more likely than not that you did tell a patient that her breasts were perky or made a similar comment regarding her breasts. One stray comment such as this would routinely not be found to violate USC's sexual harassment policy. However, this comment is part of a pattern of unwarranted inappropriate comments, including those described above, that are sexual and unwelcome in nature. Therefore, this investigation concludes that in totality with your other comments and behavior, your comment about the student's breasts violates USC's policy against sexual harassment.

As you are aware, a patient also complained that you offered her advice on how to fake her virginity and you discussed your wife's decision to wait until marriage to have sex. In response to this complaint, you stated that you may have said, "by the way in Iran, what I've been told by an Iranian woman is that they put blood in a small bag and pop it on their sheets for their groom's mother to see." You also stated that you have a picture of your wife in your office and may have told the patient "in my wife's culture, it's a rural culture thing to not have sex before marriage." Your comments regarding an Iranian woman and your own sexual history were unwelcome and unprofessional and are part of a pattern of behavior of sexual or sexually related comments towards patients that in the aggregate violate USC's sexual harassment policy.

Medical Assistants and Nurses also reported that on various separate dates you made comments that Hispanics have "green thumbs" and/or Latina women have a certain touch to keep plants alive. These Medical Assistants and Nurses all reported that these comments were unwelcome and they were offended. During your interview you admitted to making said comments. A patient also complained that during her visit you stated that "Black women have too many babies," or something similar. The investigation found the patient's allegations credible. Although these appear to be stray comments, they do constitute unwelcome communication that was directed toward someone because of their protected category status, which is prohibited by University policy. Therefore, the investigation concluded that you violated the University policy against race harassment when you stated to the Medical Assistants and Nurses that Hispanics have green thumbs and/or Latina women have a certain touch to keep plants alive and when you stated to the patient "Black women have too many babies."

In this investigation, there were other complaints raised regarding comments and questions you made to patients including, asking patients if they are runners or if they exercise, commenting that they have "flawless skin," telling a patient, before a gynecological exam, to "open wide," requesting to read a patient's tattoo near the patient's vagina, and asking a patient if she was not sexually active because of her family or religion. The investigation concluded that these

comments did not violate the University's policy against sexual harassment, but will be referred to William Leavitt, MD, F.A.A, Interim Medical Director of Engemann Student Health Center for further handling.

In keeping with established university procedures, this matter is being referred to Janis McEldowney, Assoc. Sr. V.P., Human Resources for further handling as may be appropriate. Ms. McEldowney will contact you under separate cover.

I recognize that these are difficult issues to address. Therefore, please note that counseling and support services are available to you through the Center for Work and Family Life.
If you have further information on this investigation that has not been previously provided, please forward all information to me immediately. Information about filing an appeal, including appropriate bases for appeal and appeal deadlines, can be found at: https://equity.usc.edu/filing-a-complaint. If you have any questions or require further information, you may contact me at (213) 740-5086.

The University of Southern California is committed to providing a work environment free of harassment or discrimination. University policy prohibits sexual harassment and harassment or discrimination based on race, religion, national origin, gender, gender identity, age, veteran status, disability, sexual orientation, or any other characteristic which may from time to time be specified in federal, state or local law. This policy applies to all persons involved in the operation of the University and prohibits harassment or discrimination. The University encourages all employees to report any incidents of harassment or discrimination forbidden by the policy. Please note that the University of Southern California will not retaliate tolerate or permit retaliation.

This office is hereby concluding its investigation.

Sincerely,

Tatiana Small, Senior Equity & Diversity Specialist

cc: Janis McEldowney
Monique Menke
William Leavitt, MD, F.A.A.
Shondra Brookins
Karen Nutter

EXHIBIT 16

Tab 103

To: Cindy Gilbert[cgilbert@usc.edu]; Maria Francisco[mkfranci@usc.edu]; Mildred Wenger[mwenger@usc.edu]
From: William A. Leavitt
Sent: Fri 5/20/2016 6:21:50 PM
Subject: RE: PCC

Hi Cindy:

It might be a good idea to have those students who are unhappy with Dr. Tyndall's patient care to document their issues on a patient satisfaction survey or on a complaint form that can be forwarded to Sandra so that we can have some type of documentation to support that this behavior is going on. I am aware that he actively solicits favorable responses from his patients and will forward them to us when he gets them.

Thanks,

William Leavitt, MD

USC University of Southern California

William Leavitt, MD | Lead Physician
University of Southern California | Engemann Student Health Center
1031 W 34th Street | 245
Los Angeles, CA 90089-3261
Direct: 213-740-0456 Dept: 213-740-9355 Fax: 213-740-4367
wleavitt@usc.edu

From: Cindy Gilbert
Sent: Friday, May 20, 2016 8:39 AM
To: Maria Francisco; Mildred Wenger; William A. Leavitt
Subject: PCC

Good morning,
I would like to review with you Dr. Tyndall's patient care.
The past few weeks he has increased the number of patients he ends up not taking care of the issue they came in for. He spends so much time talking with them in his office, then he ends up asking them to reschedule another appointment later in the day or the following week. The students are upset that they have "wasted" an hour or hour and a half and still did not get taken care of. Many students recently have been directed to me and have complained and asked who else can they see for women's health. Unfortunately we don't have a lot to offer them.
I would appreciate your assistance and welcome any suggestions on how to best advocate for our students in this regard.
I also would like to show you a sheet he is handing out to his students. I would think the clinical staff would be all following the same process for evaluating the students satisfaction via the student patient surveys? If not, maybe his request of our students is fine, but it seems to be odd for him to be soliciting compliments in this manner. I believe it puts the students in an awkward spot.
I would appreciate your time if at all possible.
Thank you,
Cindy

To: neinstei@usc.edu[neinstei@usc.edu]
From: Molli Augustus
Sent: Wed 9/13/2006 6:38:51 PM
Subject: Fwd: (Health Center Comment Form) [redacted]

This student saw Dr. Tyndall at 3pm on September 7, 2006. Letter from parent follows....
Sincerely,

Molli Augustus
UPHC Web Page Email Manager

[redacted]

Comments: Last week my daughter, [redacted], told me that her head had been itching and she suspected she had lice. We shared the "yukiness" of the idea for a while and then agreed that she should get herself over to the health service to find out for sure and also find out how to proceed. She had to wait until later that afternoon and leave class early to get the one appointment at the health service. She was told that it was not lice; just a case of folliculitis. Relieved, she called home (Massachusetts) to tell us the good news and went off to sail in San Diego last weekend...where she was the guest of a family. Tuesday as she bent over a book and scratched her head... a bug fell out! So she does have lice! Now the case has progressed since last week, she needs to let her roomates know as well as the family who hosted her last weekend! My question is, who examined [redacted] and what "professional" at the USC Health Center can't recognize something as common as lice?
Please look into [redacted]'s case and get that person some real medical training! I would be most upset if she went in with something serious and saw the same person!
FH_Email: [redacted]
FH_Name: [redacted]
[redacted]
FH_Recipients: uphcweb@usc.edu
FH_Subject: [redacted]
FH_Topic: Health Center Comment Form
submit: Submit

To: [redacted] [redacted]]
From: Larry Neinstein
Subject: Re: Interviews with the Health Center

Thank you for your feedback and I will discuss your concern with Dr. Tyndall.
Can I ask you where this feedback is coming from i.e., are you a friend or why is this coming from you and not [redacted].
thanks,
Dr. Neinstein

USC Engemann Student Health Center

Quality & Safety
Comment & Concern

Under protection of California Evidence Code Section 1157

Respondent Instructions: The Manager/Director in charge will document a written response to the issue(s) raised and forward to the Director of Quality & Safety for review, to identify avoidable risk, to recommend policy or procedure change and to assure appropriate resolution or action has occurred on the documented concern.

Affiliation	Student ID	Visit Date
Student	[redacted]	04/08/15

Concern Information

Summary Comment: for details please scroll down to Q&S Director Notes.

1) Patient Care
   a. Frustrated because doctor did not focus on the purpose of appointment

2) Patient Education
   a. Confused as to why she has paid center fee; only to be referred out "due to confidentiality" concerns

3) Bedside manner
   a. Felt doctor was "harassing" for continually reaching out to her to discuss a topic she had expressed disinterest

4) Practice Scope
   a. Felt doctor was trying to address a topic for which he does not have expertise, especially in dealing with the resurfaced emotions it caused

Medical Investigative Summary

Quality & Safety Director Notes

Tue 6/16; Student Left 3 consecutive messages

1) 8:26pm.
   Student identified themselves by name. Patient explained that it had taken her a while to call in because it's regarding sensitive issues. Patient met with George Tyndall in April because she wanted birth control. 'Instead of discussing what I was there for, the doctor spent 25 minutes talking about a mental health hospital stay. After wasting my time, he suggested I go to planned parenthood for birth control. What experience does an obgyn have to do with counseling? The doctor didn't give me a choice and had the nurse escort me to counseling. The doctor continued to call me and leave voicemails. I told him to leave me alone; I told him "I came to the center for birth control not counseling." He responded: "Yes, but you did not seem to do well and that is why I called you." Why does he think he has the right to do so? I think the doctors should focus on what the patient is there for. Instead of getting what I wanted, he made me uncomfortable to discuss what I did not want to discuss. He told me to go to planned parenthood for "confidentiality" reasons.

USC Engemann Student Health Center

Quality & Safety
Comment & Concern

2) 8:28 pm. Patient explains she was cut off. 'After I asked him not to contact me anymore, he continued to, and it was only after that—that he send out a message that explained that the issue as to why she had been called was resolved and that to ignore previous messages. The center should make sure that doctors over don't harass students over topics that they find too sensitive to discuss, especially if it doesn't have *anything* to do with why they are there. Especially in doing so triggers feelings. If this message is unclear, feel free to reach out. '
3) 8:30pm student calls back to say she is 'Frustrated and found it a waste of time and money. I had to spend more time to go to planned parenthood.' .'

6/17/15
Called Student; emailed student

06/19/15 After another email and phone prompt; student called Q&S.

1) **Body Language:** Apologized for asking what might seem like an awkward question. Asked if perhaps on this day her body language might have indicated she was stressed or not feeling well which is why the conversation might have been diverted. Patient indicated she 'might have been tired since it was in the morning but other than that, it was a normal day. If anything, the discussion might have caused me to change and that might have been misinterpreted. I left feeling vulnerable and like a "blow to my chest" which is why it took me so long. I didn't want to be there to begin with, I only went because my insurance changed with my parents.'
2) **Confidentiality Statement:** 'He told me about a girl who had gone to Planned Parenthood for an IUD and that's why he wanted me to go; but I don't want to lie because more than that I don't really remember why it was a confidentiality reason—he didn't really explain.'
3) **Counseling:** Q&S asked if she wanted to see counseling as a result recent events resurfacing trauma. Student declined and said "I don't like counseling."
4) **Patient Rights:** Q& S explained patient right to see or decide not to see a clinician; likewise she can always decline a recommendation for care or treatment. 'We are all professionals and you should not feel like you have to tip-toe around."
5) **Next Steps:** Medical Doctor will review medical record and speak with clinician. QS 'I'm not a clinician and can't determine the appropriateness of care. But thank you for calling us for the opportunity to improve, especially since this was such a sensitive topic for you. Your strength will help us improve services for you and other students.' Conversation ended with student saying she feels taken care of since we take her concern seriously.

USC Engemann Student Health Center

Quality & Safety
Comment & Concern

Under protection of California Evidence Code Section 1157

Respondent Instructions: The Manager/Director in charge will document a written response to the issue(s) raised and forward to the Director of Quality & Safety for review, to identify avoidable risk, to recommend policy or procedure change and to assure appropriate resolution or action has occurred on the documented concern.

Affiliation	Student ID	Visit Date
Student	Anonymous	Unknown

Concern Information

Summary Comment

1) Bedside manner concern. Felt they were spoken to in a “condescending” and “rude” manner
2) Patient Education. “They offered absolutely no support or advice to assuage the concern…”

Director Investigative Summary

Not able to address specifics since report is anonymous.

Quality & Safety Investigative Summary

03/12/15 Student submitted email to centralized web portal. 03/12/15 Forwarded to medical director, for discussion. However without specific information it is difficult to investigate specifics of the case. Of note, is the interpretation that "no support" was provided, but a specialist referral was acknowledged by the student.	Double click to open 

1031 W. 34th Street, Los Angeles, Ca. 90089 | Tel: 213.740.9355

From: noreply@gemailserver.com
To: Sandra Villafan
Subject: Engemann Patient Feedback Form
Date: Wednesday, March 11, 2015 11:24:37 PM

There has been a submission to the Engemann Patient Feedback Form:

Recipient Data:
Time Finished: 2015-03-12 00:24:28
IP: [redacted]
ResponseID: R_XodmGTOKdtkwEIp
Link to View Results: Click Here
URL to View Results: [redacted]

Response Summary:

If you would like a response to your comment and/or concern please tell about yourself:

Your USC Affiliation: (required)
Student

I am writing to: (required)
Report a Concern

Comments and/or Concerns:
I recently met with a gynecologist at the student health center and felt uncomfortable with the way in which they discussed my personal history. The doctor continued to condescendingly insinuate that because I am not sexually active, any concern about my health is unnecessary. I do recognize that there are certain health concerns associated with sexual activity, however, I found this particular doctor and the lack of attention they paid to my health concerns to be rude. During this visit, I was told that I am "obese," a fact based on my BMI, but not informed of various aspects of "obesity" and its relation to my health in general. The doctor showed no concern for my lifestyle and possible causes of my supposed "obesity" but rather told me that I should see a dietician who will analyze how I eat. They offered absolutely no support or advice to assuage the concern that I am obese. Additionally, I was uncomfortable with the way that the doctor discussed my recent medical history. The doctor discredited this diagnosis and belittled the symptoms that I described.

UNIVERSITY PARK HEALTH CENTER
PATIENT CONCERN/COMPLAINT/SUGGESTION/COMPLIMENT
2000 LOG

ate Receiv	Patient Name	SS#/ID# or Tele. #	Description of (1) Concern (2) Complaint (3) Suggestion (4) Compliment	#	Review & Action Plan
[redacted]					

[redacted]

4/19/00	[redacted]		I have been here 4 times for various reasons. When I hurt my wrist and when I had to get an employee physical, the doctors were great. But, I saw Tyndall 3 yrs ago for an infection and he misdiagnosed me and treated me with antibiotics that could have had serious consequences for a person without the infection. I found out how misdiagnosed I was when I saw my personal doctor. About four or five weeks ago, I came in b/c my ears were stuffy. I saw [redacted] and she told me my ears were stuffy because of allergies. She prescribed claritan and entex. By the weekend, they hadn't cleared up. I made an appointment with an ENT and he said I had a double ear infection, throat infection, sinus infection, and nose infection. I told [redacted] that I had had symptoms for 3 weeks. She looked in my ears and found fluid. When I went to the ENTdoctor he said that a first year medical student could have diagnosed me. He didn't use any special equipmpent. He said I had ulcers on the back of my throat that were visible with a light. When I told him I saw a doctor he was shocked. He prescribed antibiotics and that took care of my infections within days. The point is that of the two times I have come in for something that had the potential to become serious, I have been misdiagnosed. Luckily, I have many family members family friends who are doctors in various fields and I live locally. But, had I been from out-of-state, or unable to see someone outside the SHC, who knows what the outcome would have been. I hope that this is taken seriously, as I have know numerous people who have had the experience I have had in terms of misdiagnosis and mistreatment. There is no excuse for a sinus infection to be missed by a medical doctor. I know that the only way the SHC knows about situations like this is from students filling these out. But I'm sure that others have had the same thing happen and they chose not to come back.	2	Several attempts made No answer.

[redacted]

[redacted]

4/28/00	[redacted]	not provided	Dr. Tyndall was extremely unprofessional and his behavior during my my appointment 4/11/00. The story you told me about the rock guitarist from Megadeth and his experience having sexual relations on the street in Chicago with the women who had to first remove her tampon was disgusting and inappropriate. It was degrading and humiliating for me to listen to such talk from anyone, let alone a supposed professional in a very intimate and invasive field of expertise such as gynecology. After such a repulsive display of unprofessionalism I have lost all trust in you as my physician.	2	No ss# or phone # provided

[redacted]

[redacted]

6/9/00	[redacted]		I had the most cursory pap & exam I've ever had last semester w/Tyndall. The following day I developed a yellow discharge (vaginal). I thought it was the jelly used for exam. I've had it ever since - never before. I was there because I had a different problem - his advice was I should take the pill. It has no connection having to do with my problem.	2	6/9/00 Left message

[redacted]

[redacted]

Sep-00	anonymous	anonymous	Dr. Tyndall and [redacted] are terrible. I knew more about what was wrong & what to do about it. Additionally, I had to wait for an hour and a half to see the doctor.	2	anonymous

[redacted]

From: george tyndall
To: neinstei@usc.edu
CC: wleavitt@usc.edu
Sent: 3/12/2004 2:07:40 AM
Subject: Your email from last year re the non-contraceptive benefits of COCs

Larry,

I was going through some old emails and realized that I had forgotten to advise you of a change in my position re this issue.

You expresed a concern in that email re my then-practice of briefly mentioning to many of my female patients, regardless of complaint, some of the many non-contraceptive benefits of COCs, including protection against a variety of cancers. You asked whether I had any published references that recommended this practice. I responded in the affirmative with the name of one such reference, namely, A Pocket Guide to Managing Contraception, by Robert A. Hatcher, MD, MPH et al. Dr. Hatcher is Professor of Gynecology and Obstetrics at Emory University School of Medicine.

Subsequently to our correspondence I learned that Dr. Hatcher has an online site in which he answers FAQs, whether from patients or fellow clinicians. I wrote to that site asking him for his opinion re the issue. Many months have passed, but Dr. Hatcher has yet to respond.

Over this past summer I attended the "12th Annual Office Gynecology: A Primer," a seminar that is put on every summer by UCLA. The seminar includes gynecologic authorities from around the country. I posed the issue to a panel of speakers at a round-table discussion that was opened up for general questions, and the answer that I got from the panel was "Many of us do in fact routinely recommend COCs to those of our patients who have reached the age of 30 but who are nulliparous."

In view of Dr. Hatcher's failure to respond with an opinion that supports my former practice, and in light of the statements made by the experts at the UCLA conference, I wanted to advise you that I have changed my practice, as follows: Beginning with the fall semester 2003, I only bring up the issue of the non-contraceptive benefits of COCs with those few of my female patients who have reached the age of 30 and are nulliparous (such as my last patient today).
If ever I do receive a reponse from Dr. Hatcher, I will let you know what he has to say.

George

[redacted]

	4/4/2016	CO40416	Student	[redacted]	Staff Referral	Medical	Concern-Treatment	Patient felt clinician was inappropriate to comment on her tattoos near her pelvis.	Q&S Director sent patient an email and left a brief voice mail to discuss additional details. Student emailed Q&S Director and indicated "I don't think I have any concerns about anything health center related."	[redacted]

[redacted]

Comment / Concerns

[redacted]

	5/19/2016	C051916	Student	[redacted]	Phone	Medical	Treatment Concern	Student indicated this is the second time she has had to leave due to excessive wait	Forwarded to Medical Directors; however, student was also sent clinician feedback form via secure message.	[redacted]

[redacted]

	5/25/2016	C02516-3	Student	[redacted]	Staff Referral	Medical	Treatment Concern	MA felt felt behavior and joking was inappropriate	Q&S Director called student, then followed up with an email. Student responded to email that their was no concern.	[redacted]

[redacted]

USC
UNIVERSITY OF SOUTHERN CALIFORNIA

November 1, 2002

Dear George:

University Park Health Center Policy states that employees are to use 2/3 of their time off during the periods when the majority of students are not in session, i.e., summer and winter breaks.

Furthermore it is University Park Health Center Policy for no employee to be gone on elective leave for more than 2 weeks consecutively during the semester.

Requesting time off when there are already 2 or more clinicians off is not "excessive" it is simply denied.

I call your time off request excessive as it results in 9 weeks of absence during the semester, 2 chunks at 3 consecutive week intervals.

This tells me that you do not wish to work when the majority of students are here.

William Leavitt, MD

USC-University Park Health Center
Student Health and Counseling Services

University of Southern California
849 West 34th Street
Los Angeles,
California 90089-0311
Tel: 213 740 9355

USC
UNIVERSITY OF SOUTHERN CALIFORNIA

To: George Tyndall, MD
From: William Leavitt, MD.
Date: February 19, 1999
Subject: Time off the Week of May 17, 1999

Dear George:

I took the issue of your trip to the Philippines up with Dr. Neinstein and the decision is that you are free to go and miss the May 19, 1999 Practitioner Dinner Meeting. I will block you off from May 17, 1999 as requested. Enjoy your trip.

However, you have now been officially warned that you are not to book airline tickets in advance without first clearing the time off with your department head/supervisor first. Failure to do so may result in disciplinary action including possible denial of the requested time off.

William Leavitt, MD
Lead Physician

USC-University Park Health Center
Student Health and Counseling Services

University of Southern California
849 West 34th Street
Los Angeles,
California 90089-0311
Tel: 213 740 9355

USC
UNIVERSITY
OF SOUTHERN
CALIFORNIA

USC-University Park
Health Center

Student Health and
Counseling Services

November 18, 2004

George Tyndall, MD
University Park Health Center
University of Southern California
849 West 34th Street, 217-A
Los Angeles, CA 90089-0311

Dear Dr. Tyndall:

I received your memo dated November 10, 2004 regarding the "Letter of Reprimand" dated April 13, 2004. I have presented your requests, in regards to that document, to the University Park Health Center senior management. We have taken your requests under consideration. It is our decision to deny your requests to place a written retraction in your personnel file and to place a statement that all of your leave, including unscheduled sick time, has been in conformance with UPHC and USC policy. You are still welcome to schedule another time to review your personnel file.

Sincerely,

William Leavitt, MD, FAAP
Lead Physician
University Park Health Center

Cc Lawrence Neinstein, MD FACP Executive Director
Cc Cathy Defrancesco, Administrative Director

University of
Southern California
849 West 34th Street
Los Angeles,
California 90089-0311
Tel: 213 740 9355

USC
UNIVERSITY OF SOUTHERN CALIFORNIA

April 13, 2004

Dear Dr. Tyndall,

The purpose of this memo is to describe the events that have occurred over the past two weeks, which have resulted in the need for disciplinary action, and to inform you of the conduct required on your part for continued employment with the University.

USC-University Park Health Center

Student Health and Counseling Services

On March 29, 2004 you telephoned the health center and indicated you would not be in due to illness. This was a day you had requested off, the request was approved, and then subsequently returned and cancelled by you, stating that you did not need the day off anymore. On April 5, 2004 and then again on April 6, 2004 you phoned the Health Center and indicated you would not be in due to illness. On April 7, 2004 you again called the Health Center and stated: "This is Dr. Tyndall calling again to be sure you didn't miss the message. I will be out today, April 7 due to illness and the rest of the week". You were on approved vacation from March 30, 2004 through April 2, 2004 and therefore called in sick immediately before and after your scheduled vacation. It is also concerning that you had previously requested all of these above stated sick days as vacation time, that you did not have enough time accrued to cover the time away and that you subsequently cancelled the request; then you called in sick. Upon your return to work April 12, 2004 you stated that you were, in fact not sick, and that you were out due to illness for a family member (your wife). This would constitute leave covered under the Family Medical Leave Act. Under University Policy you are required to report Family Leave at the start of the illness. You did not comply with this requirement and instead stated that you personally were sick.

As you are aware, scheduling in the health center during holiday periods can be problematic. Often employees' requests are turned down due to staffing shortages. When you cancelled your vacation, I scheduled other clinicians to have the time off. As a result of your sick call, we were short handed in the clinic.

As you know, I have discussed taking sick time before and after scheduled vacation with you on two prior occasions when you did this before. I also indicated to you in August, 2003 that your attendance when scheduled is important to the clinic function. You also received a memo from me dated November 1, 2002 in which you were reminded of the importance of attendance during peak busy periods (such as the current spring semester).

University of
Southern California
849 West 34th Street
Los Angeles,
California 90089-0311
Tel: 213 740 9355

Accredited by Accreditation Association for Ambulatory Health Care, Inc.

This recent event has resulted in the culmination of a growing concern that I have experienced over the past several years relative to your overall performance. Any further incidents observed that are contrary to acceptable standards will be grounds for further disciplinary action, which will lead to termination. I hope that your acknowledgment of the seriousness of this situation will have a positive result on your future at USC.

Sincerely,

William Leavitt, M.D.

I have received a copy of this document.

George Tyndall, M.D. Date

C: employee file
Lawrence Neinstein, MD

9-12-90

DR GARDNER,

I received the following complaint by phone from [redacted]

ID# [redacted]

She is A 43 y.o. grad student, former nurse. She came in for C/O cramps/pain in lower abdomen x 1 week. had period x 2 this month each lasting 4 days Also suffering emotional upset + increased stress.

She saw Dr Tyndall on 9-11-90 - he recommended A PAP + removed a polyp. Her impression was that Dr Tyndall was provided rude treatment as a physician, she thought the exam was uncomfortable.

She said she worked in a womens health clinic for 2 years as a pt advocate + she thought the service provided was not good. She was not offered pain med or told to call if she is in pain. Said if this was her first visit as an 18 y.o. she would never return to see a gynecologist.

USC University of Southern California

Confidential
DO NOT Photocopy
(This is NOT a part of the medical record)

Notification Form
Quality Management Department

Section I

Name: patient [redacted] USC 10-digit No.:

Date of Birth: Age: ☐ Male ☐ Female

STATUS: ☐ Patient ☐ Employee ☐ Visitor ☐ Volunteer ☐ Other:

Section II

Date of Occurance: 6 / 18 / 13 (MM / DD / YY)

Time of Occurance: ☐ AM ☐ PM

Discovery Date: / / (MM / DD / YY)

Discovery Time: ☐ AM ☐ PM

Discovered by: Ella EVANS

Location: phone call

Section III

Incident (Check One)

- ☐ Slip/Fall
- ☐ Equipment
- ☐ Medication/IV
- ☒ Procedure/Treatment
- ☐ Delay in Service
- ☐ Fire
- ☐ Theft
- ☐ AMA
- ☐ Consent
- ☐ Other:

Description of Occurence: Briefly describe significant facts in chronological order. Use the back of this form for additional writing space. (Do NOT mention names of individuals.)

pt left mis diagnosed by clinician
Refusing to see clinician

Section IV

Witnesses:

Name ____ Address ____ ( ) Telephone No.

Name ____ Address ____ ( ) Telephone No.

Section V

Effect (Check One)

- ☐ No Apparent Effect
- ☐ Laceration
- ☐ Bruise/Abrasion
- ☐ Drug Reaction
- ☐ Toxic Effect
- ☐ Other:

Severity of Effect (Check One)

- ☐ Effect Non-Existent or unknown
- ☐ Effect Inconsequential
- ☐ Effect Consequential

Section VI

Treatment:

☐ Treatment by Physician: patient was given referral by another clinician ☐ Refused Examination/Treatment

☐ Other:

Disposition of Case:

☐ Return to work ☐ Released from work for: ____ days ☐ Other:

Instructions

1. The Notification Form should be used for the reporting and tracking of any accident, hazardous condition, or any occasion which is not consistent with the routine operation of this facility or with the routine care of a patient.
2. The Notification Form should be completed by the individual who discovers the incident (*indicated in Section II*)
3. All completed Notification Forms should be forwarded to the Quality Management Department within 24-hours of discovery.
4. Incident Reports should ***NOT*** be documented or placed in a patient's record.

Tammie Akiyoshi

From: Ella Evans
Sent: Thursday, May 16, 2013 9:36 AM
To: Tammie Akiyoshi
Cc: Debbie Hansen
Subject: Complaint

Hi Tammie

Yesterday I received a call from this student requesting to have a referral generated so that she could go to a non USC provider. I took all the information to have the referral generated and explained to the student that I would see what I could and would give her a return call. I provided all the details to Dr. Tyndall so that he could generate the referral. I received another call from this student explaining to me that she received a call from Dr. Tyndall and that she does not wish to speak with Dr. Tyndall due to she feels that she was misdiagnosis with Herpes and was given treatment for the dx. I asked [redacted] did she file a complaint, she stated no and that she does not want to return to the health center any longer. I explain that she should file a complaint since she feels that she was misdiagnosed and asked if it would be ok for someone to contact her to follow-up on this matter and [redacted] stated that was ok. I took this information to Dr. Leavitt and explained all that was mentioned to me and Dr. Leavitt review the patient chart and wrote the referral as requested and felt that Dr. Tyndall did not misdiagnosis this patient and explained that Dr. Tyndall operated in standard practice in the dx and treatment of Herpes, and that I could explain this to the student, which I did and I was explained by the student that it was a lot more than just the misdiagnosis's that she had taken medication that she did not need, she broke up with her boyfriend claiming that he had given her a STD, etc. [redacted] stated that she needed to just move on and see the Dermatology today for another issue with her armpit rash. [redacted] can be reached @ [redacted] Please let me know if I should or could have done anything more or less?

Thanks Ella

Ella J. Evans
University of Southern California
Health Information Technician/EHR Coordinator
USC Engemann Student Health Center
1031 W. 34th Street, Suite 106
| Los Angeles, CA | 90089-3261
Tel: 213.740.0206 | Fax: 213.740.4961
ellaevan@usc.edu

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To: Helena Curtis[hcurtis@provost.usc.edu]
From: Shondra Brookins
Sent: Fri 6/1/2018 3:28:50 AM
Subject: FW: I made a correction RE: Provost HR Investigation Report - Dr. Tyndall DRAFT
Dr. Tyndall ESHC.docx

From: Shondra Brookins
Sent: Wednesday, July 13, 2016 2:39 PM
To: Helena Curtis
Subject: I made a correction RE: Provost HR Investigation Report - Dr. Tyndall DRAFT

Shondra Brookins
Employee Relations Specialist
Office of the Provost | HR & Payroll Services
CAL 302
Los Angeles, CA 90089-2813
(213) 821-3174

Please visit our website for further information: https://provosthr.usc.edu/employee-relations/

From: Shondra Brookins
Sent: Wednesday, July 13, 2016 2:36 PM
To: Helena Curtis <hcurtis@provost.usc.edu>
Subject: Provost HR Investigation Report - Dr. Tyndall DRAFT
Importance: High

Hi Lena,

Please review the attached draft to add any comments or necessary revisions.

Thank you,
Shondra

Shondra Brookins
Employee Relations Specialist
Office of the Provost | HR & Payroll Services
CAL 302
Los Angeles, CA 90089-2813
(213) 821-3174

Please visit our website for further information: https://provosthr.usc.edu/employee-relations/

Engemann Student Health Center (ESHC) Investigation
George Tyndall M.D.

On June 17, 2016, Dr. George Tyndall was informed and placed on a paid administrative leave pending an investigation into Engemann Student Health Center Policy and Procedure violations (See Attached Policies & Documents).

Unsanitary conditions and professional items were found in his office, at the Engemann Student Health Center room 215. The office required treatment for fruit flies, the removal of personal electronic equipment, confiscation of private and identifiable patient medical information, carpet cleaning and the surfaces wiped and sanitized.

- Liquids and Plants Near Computer and Electronic Equipment Policy
- UPHC Hardware and Software Acquisition and Installation Policy
- Confidentiality of Medical Information Policy
- Confidentiality, Privacy and Security Policy
- Signed Clinician "Drug Sample" Agreement
- Six Photographs taken of ESHC Room 215
- Dr. George Tyndall's Rebuttal Letter

(A total of five Engemann staff members were interviewed for this investigation and the following is a summary of those discussions)

In preparation for the events listed, Dr. Tyndall was counseled and instructed this year to clean his office, but prior to both events it was discovered that he had not cleaned his office to the standards and expectations of Engemann Leadership, resulting in several members of ESHC Staff and the Facilities department cleaning room 215 with each effort taking a number of hours to complete.

- Accreditation
- Beta Assessment

It has been reported that the unsanitary conditions that were found in Dr. Tyndall's office has been a problem and an ongoing concern of the nursing staff for many years, even prior to moving into the Engemann facility. Students have commented to staff about the appearance of the room and of not feeling comfortable. The nursing staff are concerned that the consultations with students have lasted unusually long 45 minutes to an hour and shows them literature and samples that are dirty or gross and not clean. Those interviewed described Dr. Tyndall's office as a hoarder's quarter and that he is unable to understand that the uncleanliness of his office is a problem. He also has a issue with washing his hands and is urged by staff to do so after seeing patients. He will not touch any surfaces with his hands and uses a cloth everywhere. Students have noticed this and have mentioned it to the staff.

On [Date] 2016, The ESHC received a formal complaint by a patient at the facility that there were flies in the patient exam room.

On [Date] 2016, It was observed by Engemann staff that the source of the flies were coming from Dr. Tyndall's office Room 215 and had migrated to the 1st and 2nd floors of the Health Center. Dr. Tyndall was on vacation and the door to the office had to be unlocked by staff. Upon entering room 215 the following observations were made and were documented with photographs.

- stacks of books and papers raised off the floor onto pedestals he purchased
- the room had a unique and unpleasant aroma
- personal hygiene items were out on full display
- a plastic bag was found underneath desk with rotting and decaying food and the source of the flies
- a personal computer was found underneath desk covered by a black canvas bag
- several half empty containers of water bottles and soda cans
- one table had a microscope used for viewing glass slide with specimens, next to the microscope was food containers, and behind it were broken and used glass slides
- dirty carpet
- brown stains on the walls
- professional samples of contraceptive devices were found
- old photographs and slides of female patients cervix, some with patient names and ID numbers
- sharps container in the window in plain view to the outside
- expired canned food

During this investigations additional concerns were brought up and the following matters have been shared with the Office of Equity and Diversity.

Also, it has been expressed that nurses want to see Dr. Tyndall permanently removed from the Engemann Student Health Center, they fear retaliation and it would not be well with the nurses if he were allowed to return.

- makes inappropriate comments to students
- uses a flashlight to exam students
- staff are uncomfortable with Dr. Tyndall, makes racial and inappropriate comments

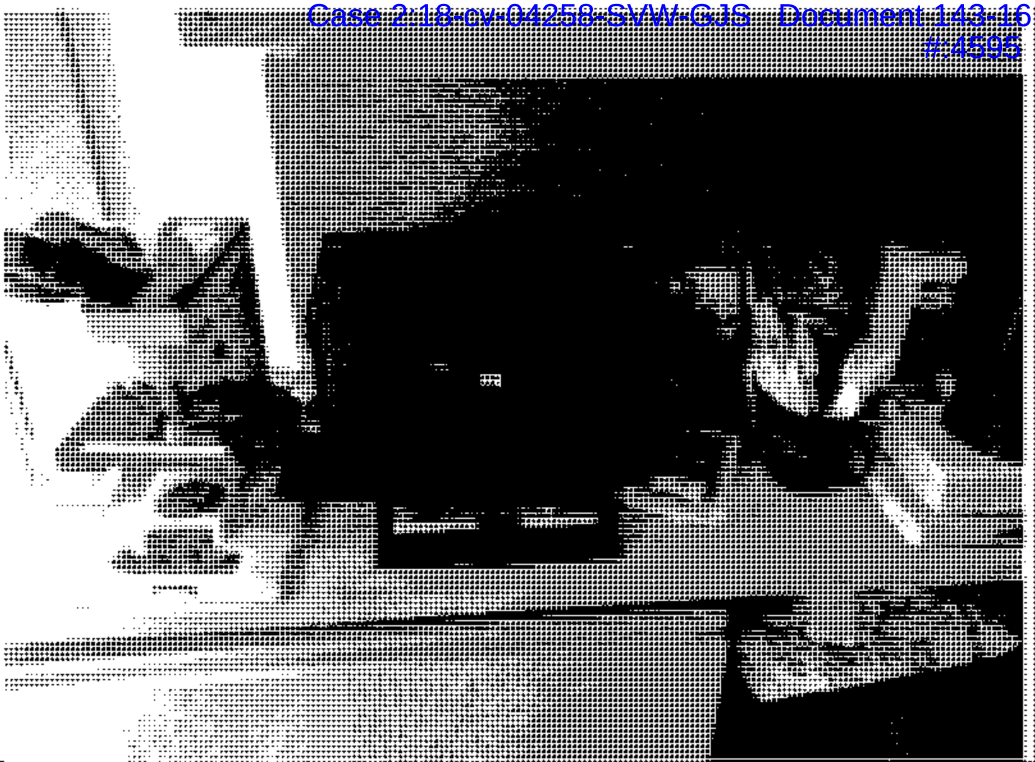
From: Sandra Villafan
To: Monique Menke (mmenke@usc.edu)
CC: William A. Leavitt; Mildred Wenger; Tammie Akiyoshi
Sent: 3/18/2016 2:59:03 PM
Subject: Clinician Private Office Concern

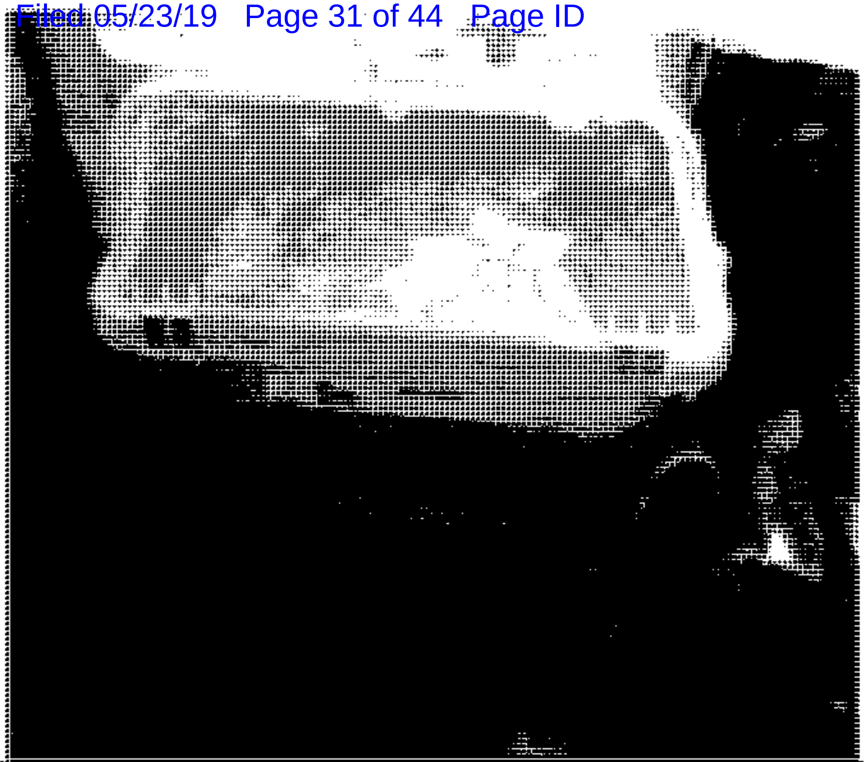
Under protection of California Evidence Code Section 1157
As part of our CQI practice, upon completion of your investigation, please include a brief summary of action taken to mitigated future risk.
I.E. Updates to process, policy, coaching, training ...etc.

Hi Monique,
With our recent restructure, I wasn't too sure how to approach the following and I seek your guidance. I've noted this for review in our next meeting, but thought you should immediately be notified. Cindy has shared concerns regarding Dr. Tyndall's office. Upon my review, I identified infection control, Fire Hazard and USC Experience concerns. (Please see pictures below) Looking for identification of next steps.

- **Infection Control Concerns:**
  - Microscope is close to food utensils
  - Slides are not in a sterile enviroment
- **Fire Hazard and USC Experience:**
  - The office environment is not conducive to a pleasant visit experience.
  - Variety of fans and air filters are not sanctioned by facilities.
  - Variety of boxes and papers should not be placed directly on the floor.

Infection Control Concerns: Microscope is close to food utensils; slides are not in a sterile enviroment





Fire Hazard and U&C Experience: The office environment is not conducive to a pleasant staff experience. Variety of fans and air filters are not sanctioned by facilities. Variety of boxes and papers should not be placed directly on the floor.

From: Kelly Moy
To: Helena Curtis
Sent: 6/20/2016 5:02:18 AM
Subject: RE: Updates

Thank you for the update. This is helpful and very thorough. I am at HSC for the next two days in training. I did talk to Sharon so we are on the same page with advancement. I'm glad you talked to Doug, I talked to that as well. It was an interesting conversation. I'll update you when I get back in the office.

Hope you had a good weekend. Let me know if you need anything at all.

Kelly Moy
HR and Payroll Services
Office of the Provost
University of Southern California
CAL 302A
213-740-0737- Office
415-622-5251- Cell
KMoy@Provost.usc.edu

-------- Original message --------
From: Helena Curtis <hcurtis@provost.usc.edu>
Date: 6/18/16 6:07 PM (GMT-08:00)
To: Kelly Moy <kmoy@provost.usc.edu>
Subject: Updates

Kelly:

Since I saw you briefly yesterday, I thought I would keep you in the loop via email.

Engemann:
George Tyndall – I met with Monique Menke and George's interim bosses to discuss the situation. It appears that he has had a number of performance and sexual harassment related issues for years. Evidence has included detailed letters from students but for whatever reason, no action was taken. In addition to the current OED issues, he has an office cleanliness issue as well as the concerns over protected health information. The plan was to put him on paid administrative leave until August 1, 2016, with the understanding that he does not return until OED makes its ruling. They are willing to pay him during the entire time.

I was notified by Monique Menke that OED wanted us to proceed with the administrative leave ASAP as Information Security has seized his desktop computer. I left a voicemail message in an attempt to do it over the phone, but he did not respond, nor has he called me back. I am going to leave another message for him on Sunday informing him that he is to stay home on Monday and that Monique, George and myself will have a conference call discussing the events. If he does report in on Monday, he is unable to access the building and his email as all of his accesses have been suspended.

Next steps:
-I will be contacting Laura LaCourt about the protected health information issue (pictures with names and medical record numbers). I need to find out if this warrants a review from Compliance.
-One of his bosses, Dr. Mildred Wenger, is going to check with the medical board about what she is required to

report. I will also be speaking to Laura about this piece.
-I will be pulling in Shondra to do the office issue investigation. I explained that this is a performance issue and should be handled by HR. Monique will be able to provide me with the names of the witnesses and get this started next week.

Student Publications
-In lieu of doing a reorg that involves a lay-off, I recommended and Tim authorized the offering of a voluntary severance package to [redacted] It was discussed with [redacted] and he is very interested due to his age and pressing health issues. Monique Allard and I will be presenting the employee with the paperwork on Tuesday evening.

On a separate note, I spoke with Sharon on Thursday evening and she had left a message for you regarding the Developer Officer that is a part of the PAM reorg/furlough. Sharon stated that University Advancement is not willing to take this person and so rather than lay her off, Sharon is going to "try to do something". I am not what that means, but she wanted me to pass that message on to you.

I hope you are having a great weekend celebrating new beginnings with your son. I will be going back and forth between CAL and Student Affairs – my calendar will be up to date if you need to track me. I did explain to Doug about how I am being stretched and asked for some understanding (just in case – but hopefully I won't need any).

Regards,
Lena

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Find answers to your HR and payroll questions at www.provosthr.usc.edu

MEMORANDUM

To: Ad Hoc Subcommittee

From: Tatiana Small, Senior Equity & Diversity Specialist

Date: October 17, 2016

Subject: Dr. George Tyndall Investigation

On June 6, 2016, Cindy Gilbert, Nursing Supervisor (Employee ID # 0162045), at the University of Southern California ("USC") Engemann Student Health Center ("Engemann") filed a complaint against Dr. George Tyndall, Physician (Employee ID # 0018650), also employed at Engemann as a Gynecologist, concerning conduct and comments that she alleged constituted sexual harassment. During the investigation into Ms. Gilbert's concerns, two patients, two Nurses, and six Medical Assistants also brought forth similar complaints against Dr. Tyndall.

In response to these allegations, Dr. Tyndall offered medical explanations that he argued constitute proper patient care. Because only other members of the medical community may properly assess whether Dr. Tyndall's rationales fall within appropriate patient care, this Ad Hoc Subcommittee is asked to review the facts that were found in this investigation that implicate standard of care issues and offer its opinion as to whether Dr. Tyndall's explanations are professionally appropriate.

After the Ad Hoc Subcommittee reviews the facts presented in this memorandum and provides its assessment regarding appropriate patient care to the Office of Equity & Diversity ("OED"), I will make a determination as to whether Dr. Tyndall's conduct violated USC's policy against sex harassment.

I. BACKGROUND

In June of 2013, Dr. Larry Neinstein, Executive Director of Engemann contacted OED and reported that a number of staff members and a student had recently alleged that Dr. Tyndall made inappropriate comments or otherwise made them feel uncomfortable. Dr. Neinstein reported to the OED Investigator that in 2002, Dr. Tyndall was not permitting Medical Assistants behind the curtain with him while doing pelvic exams; in 2009, Dr. Tyndall complimented a student on her pubic hair; and in 2010, a student came forward complaining that in 2003, Dr. Tyndall performed a pelvic exam on the student without wearing gloves. According to Dr. Neinstein, he counseled Dr. Tyndall on the foregoing allegations, and Dr. Tyndall complied and commenced allowing Medical Assistants behind the curtain.

The Investigator interviewed Tammy Akyoshi, Director of Clinical Operations, a female student

who complained to the Center and declined to provide her name, Medical Assistants Lizette Esparza and Elizabeth Rangel, Nurses Cindy Gilbert and Bernie Degener, Nurse Practitioner Donna Beard, and Licensed Vocational Nurse Irene Martinez. The Investigator's memo stated that interviews with these individuals yielded mixed opinions of Dr. Tyndall, but none yielded actionable evidence of any policy violation, and the investigation was never opened. Dr. Tyndall was not interviewed.

Dr. Tyndall's current supervisor is Dr. William Leavitt, Interim Medical Director. On August 26, 2016, I interviewed Dr. Leavitt and he confirmed that he was present in a 2013 meeting with Dr. Tyndall and Dr. Neinstein. Dr. Leavitt also confirmed that Dr. Neinstein counseled Dr. Tyndall regarding the above concerns. Dr. Leavitt did not provide any other information relative to this investigation.

II. INDIVIDUALS INTERVIEWED

I interviewed the following witnesses on the dates listed. All dates are 2016, and unless otherwise stated were conducted in person:

1.	[redacted]	February 5 (via phone)
2.	[redacted]	February 5 (via phone)
3.	Linda Byrd, MA	February 12, June 15
4.	Cindy Gilbert, RN	June 6
5.	Cynthia Bobo, MA	June 15
6.	Marlina Pinney, MA	June 15
7.	Juan Alonso, MA	June 15
8.	Jerri Kosydar, RN	June 15
9.	[redacted]	June 27 (via phone)
10.	[redacted]	August 24 (via phone)
11.	Dr. George Tyndall	August 10, 12, and 22
12.	Dr. William Leavitt	August 26

[redacted], Juan Alonso, and Lisbeth Ramirez's statements were not included in this memorandum because they did not share information that implicated patient care issues.

Before each interview, I advised each witness that he or she was protected from retaliation for participating in the investigation and had a duty not to retaliate against anyone else for that person's participation in the investigation.

III. FACT FINDING: ALLEGATIONS AGAINST DR. TYNDALL

Complaints from the Medical Assistants and Nurses at Engemann

Cindy Gilbert, R.N.

Ms. Gilbert's complaint initiated the instant investigation. During her interview, Ms. Gilbert reported that her colleague, Jerri Koysdar, informed her that during a breast exam, Dr. Tyndall lifted the sheet covering the patient's upper body and said, "my, your breasts are perky." During at least four patient exams in the last three years, Ms. Gilbert reported witnessing Dr. Tyndall commenting to a patient, "oh, my, you're toned," and asking the patient, "are you a runner?"

Ms. Gilbert also submitted the following written statement regarding a patient, [redacted]'s complaint:

"Ms. [redacted] explained that Dr. Tyndall was inappropriate because, 'she was there for birth control yet he went on about how Middle Eastern women can fake being a virgin. At first he told her that her hymen was intact, but then later backtracked by saying how she could make it look like she was a virgin because of her culture, that was important.'"

Upon my request, Ms. Gilbert contacted Ms. [redacted] and asked Ms. [redacted] if I could interview her. Ms. [redacted]'s entire complaint against Dr. Tyndall is detailed in a section below.

Cynthia Bobo, M.A.

Ms. Bobo could not recall dates, but reported that during every exam she has assisted Dr. Tyndall with, he informs the patient that they have a tight Pubococcygeus ("PC") muscle and then proceeds to tell the patient what the PC muscle is and how it functions. Ms. Bobo also reported that Dr. Tyndall will frequently ask patients "are you a runner?" or "do you some sort of exercise?" Ms. Bobo also reported that after Dr. Tyndall conducts a full body check, he always states, "oh, you have flawless skin."

Marlina Pinney, M.A.

Ms. Pinney could not recall dates, but reported that during every pelvic exam, Dr. Tyndall tells patients, "oh, you're a runner," or "my, you're toned," referring to the patient's vaginal muscles. Ms. Pinney also reported that in April of 2016, she witnessed Dr. Tyndall informing a patient that her hymen was partially intact. Further, Ms. Pinney reported that after conducting full body checks, Dr. Tyndall always tells the patients, "oh, my, you have flawless skin."

Linda Byrd, M.A.

Linda Byrd is a Medical Assistant. Ms. Byrd reported that during every pelvic exam Dr. Tyndall will ask the patient "are you a runner?" Ms. Byrd could not recall dates or duration, but also reported that she has witnessed Dr. Tyndall informing patients that their hymens were intact. Ms.

Byrd could not recall dates, but also reported that she has frequently heard Dr. Tyndall tell patients to "open wide."

Jerri Kosydar, R.N.

Ms. Kosydar reported that in about ninety percent of pelvic exams that she has assisted Dr. Tyndall with, he states "my, you're toned," or will ask the patient "do you work out?" "what exercises do you do, this muscle is very strong," referencing the patient's vaginal muscle. Ms. Kosydar also reported that she witnessed Dr. Tyndall tell a patient, "go talk to your boyfriend about this muscle, he will tell you how much he likes that strong muscle," referring to the patient's vaginal muscles.

After Dr. Tyndall conducts full body checks, Ms. Kosydar reported that Dr. Tyndall always tells patients "what flawless skin you have."

Ms. Kosydar could not recall the exact date, but reported that about six weeks ago during a full body exam, she witnessed Dr. Tyndall lifting up the sheet used to cover the patient's upper body and stating, "my, you have perky breasts," "look at that, they look straight up."

Ms. Koysdar also reported that recently she assisted Dr. Tyndall with a patient that had a tattoo near her vagina. During this visit, Dr. Tyndall asked the patient if he could read the patient's tattoo.

Patient Complaints

[redacted] is a senior at USC. Ms. [redacted] reported that she complained to a Nurse regarding Dr. Tyndall's procedures for refilling birth control prescriptions and the Nurse advised her that if she had any other concerns regarding Dr. Tyndall to fill out a comment card or make a report to the Nursing Supervisor.

Ms. [redacted] reported that her first appointment with Dr. Tyndall was April 21, 2015. Ms. [redacted] explained that she scheduled the appointment with Dr. Tyndall because she wanted to discuss birth control options. Ms. [redacted] could not recall the exact details of her conversation with Dr. Tyndall, but reported that she advised Dr. Tyndall that her family had a history of breast cancer and that she was an exchange student from Lebanon. Ms. [redacted] also advised Dr. Tyndall that she was not sexually active. In response, Dr. Tyndall asked Ms. [redacted] if she was not sexually active because of her family's views or her religion. Ms. [redacted] reported that she advised Dr. Tyndall that it was her personal choice not to be sexually active and that her family was very open and are not preventing her from having sex. Ms. [redacted] could not recall Dr. Tyndall's exact statement or how this part of their conversation initiated, but also reported that Dr. Tyndall said that he could give her a tip; if she was not a virgin when she got married she could fill a small bag of blood and pop it on her bed on her wedding night. Ms. [redacted] could not recall his exact statement, but also reported that Dr. Tyndall said that he had to wait to have sex with his wife until they were married because she was Asian, but that he did not mind waiting.

Ms. [redacted] reported that she was initially shocked by Dr. Tyndall's comments, and assumed that the doctors in the United States were more outspoken than they were in Lebanon. After she

discussed her interaction with Dr. Tyndall with her roommates and parents she reported that she was insulted by his comments.

[redacted]

Sandra Villafan, Director, Quality & Safety forwarded a complaint to OED regarding Dr. Tyndall from patient, [redacted]

Ms. [redacted] reported that she had an appointment with Dr. Tyndall in November of 2015 to discuss birth control options. Ms. [redacted] reported that during this visit, Dr. Tyndall asked her about her career interests and she responded that she wanted to become a social entrepreneur in the Black community. Ms. [redacted] could not recall Dr. Tyndall's exact statement, but reported that he said something along the lines of, "you should open a clinic for Black women because they have too many babies." Ms. [redacted] reported that she was in shock and responded, "umm…no, that's not what I want to do," and the conversation ended. Ms. [redacted] also reported that she felt that Dr. Tyndall was pushing her to get an IUD. According to Ms. [redacted] Dr. Tyndall sent her a secure message inquiring if she went to Planned Parenthood to get an IUD. Ms. [redacted] did not respond.

IV. FACT FINDING: DR. TYNDALL'S RESPONSE TO THE ALLEGATIONS

As demonstrated above, the Medical Assistants and Nurses had similar complaints against Dr. Tyndall. Thus, I have separated Dr. Tyndall's response to their complaints by allegation rather than individual.

Dr. Tyndall provided a blanket response that the "Medical Assistants only have seven months of training and I am practicing by the book so if they have complaints with my comments then they need training."

Alleged Comments: "Tight Pubococcygeus ("PC") muscles," "oh, my you're toned," or any other reference to the tightness of the patient's vaginal muscles

Dr. Tyndall has various rationales for commenting on a patient's vaginal muscles. Dr. Tyndall reported that question 12 on the Engemann Health History Form (Form) requests the patient to check a box if they have questions or concerns regarding orgasms or sexual functioning. According to Dr. Tyndall, if a patient checks question 12 on the Form and she has a highly toned PC muscle, he will educate the patient about Kegel exercises and how it relates to orgasms. Dr. Tyndall stated that he cannot remember a single incident where a patient did not check question 12. If the patient is not complaining about orgasms or sexual functioning, Dr. Tyndall stated that he will not discuss the patient's vaginal muscles or Kegel exercises.

Dr. Tyndall also explained that he will discuss or comment on a patient's vaginal tone when diagnosing a condition called Vaginismus, which he described as the inability to relax the PC muscle. Dr. Tyndall explained that before he places the speculum inside a woman's vagina, he puts a lubricated finger in the vagina to determine if the patient can tolerate the speculum because he does not want to cause pain and, at this point, he will check the tone of the vagina muscle. If the patient has a highly toned PC muscle, he will tell the patient that they have a toned PC and ask the patient if they have any difficulty with intercourse. Further, Dr. Tyndall explained that a common reason a woman may have a highly toned PC is if they had a painful experience during

their first time having sexual intercourse. If the diagnosis is Vaginismus, Dr. Tyndall stated that he refers the patient to a physical therapist who specializes in pelvic floor relaxation.

When patients are not sexually active, but have a highly toned PC muscle, Dr. Tyndall stated that he informs the patient that they have a highly toned PC to give them the opportunity to skip the Pap Smear. According to Dr. Tyndall, he offers patients who have not had sexual intercourse the option to skip the Pap Smear because exposure to Human Papillomavirus is rare. If the PC muscle is highly toned, Dr. Tyndall stated the patient may want to skip the Pap Smear because the speculum may cause pain.

Dr. Tyndall denies stating, "go talk to you boyfriend about this [vagina] muscle, he will tell you how much he likes this strong muscle."

Alleged Comments: "are you a runner?" or "do you exercise?"

Dr. Tyndall explained that when women exercise they contract their PC muscles. According to Dr. Tyndall, if the patient has a highly toned PC muscle, he will ask the patient if they run or swim. Dr. Tyndall reported that most patients respond that they do exercise. Dr. Tyndall believes it is relevant for patients to know what he is discovering about their bodies during their exam.

Alleged Comment: patient's hymen is intact

Dr. Tyndall explained that he conducts an educational pelvic exam, which he articulated meant that he explains all of his findings during the exam to his patients. Dr. Tyndall stated that if the patient's hymen is intact, he will ask the patient if they have discomfort with intercourse. Dr. Tyndall also stated that if the patient's sexual partner has a small penis, then the patient's hymen may be intact. If the patient complains of pain with intercourse and their hymen is intact than Dr. Tyndall will recommend a hymen dilator to use with lubricant that patients can purchase on Amazon. Dr. Tyndall argued that it is extremely relevant to explain to patients what he finds in their bodies.

Alleged Comment: "you have flawless skin"

Dr. Tyndall confirmed that after he conducts a full body check and there are no dermatological abnormalities he will advise the patient that they have "flawless skin." According to Dr. Tyndall, there are a lot of occasions when he refers patients to dermatology.

Alleged Comment: "open wide"

Dr. Tyndall denied telling a patient to "open wide," during a pelvic exam. Dr. Tyndall stated that he often tells patients to relax their legs.

Alleged Comment: "my, you have perky breasts," "look at that, they look straight up"

Dr. Tyndall denied saying, "my, you have perky breasts," "look at that, they look straight up." However, Dr. Tyndall stated that it is likely that he may have said, "look, your breast stand right up, do you have implants?" According to Dr. Tyndall, if a patient has breast implants, a breast exam is unnecessary because the implants cover the breast tissue. Dr. Tyndall also stated that if a

woman has implants, he prefers not to conduct a breast exam because he does not want to be responsible for causing the implants to burst.

Alleged Behavior: request to read a patient's tattoo near the patient's vagina

Dr. Tyndall responded "of course, I would ask permission from the patient before reading her tattoo."

Dr. Tyndall's Response to Patient Complaints

[redacted]

Dr. Tyndall denied asking Ms. [redacted] if she was not sexually active because of her family or religion.

In response to Ms. [redacted]'s complaint that Dr. Tyndall offered her a tip to fake her virginity, Dr. Tyndall replied with an unrelated example. Dr. Tyndall stated that when patients take birth control he shows them a small zip lock bag and an empty box of chewable aspirin, and advises patients to fill a small bag with aspirin and if they ever experience shortness in their breath to take the aspirin. Dr. Tyndall implied that perhaps Ms. [redacted] was confused and misunderstood him. Later in the interview, I revisited questions regarding Ms. [redacted]'s complaint, and at this time, Dr. Tyndall altered his response stating that he might have said, "by the way in Iran, what I've been told by an Iranian woman is that they put blood in a small bag and pop it on their sheets for their groom's mother to see."

Ms. [redacted] also complained that Dr. Tyndall informed her that he waited to have sex with his wife until marriage. In response, Dr. Tyndall stated that he has a picture of his wife in his office and may have said "in my wife's culture, it's a rural cultural thing to not have sex before marriage," but denies saying he personally waited to have sex until marriage. Dr. Tyndall explained that he attempts to establish rapport with his students and believes that talking about his personal life makes the student more comfortable when discussing contraception. Further, Dr. Tyndall stated the he does not understand how his comment about his wife's culture could be uncomfortable for the student because he is talking about his wife's culture not the student's culture.

[redacted]

Dr. Tyndall denied saying something to the effect of, "you should open a clinic for Black women because they have too many babies," stating, "that is completely ridiculous."

Dr. Tyndall also denied pressuring Ms. [redacted] to make an appointment for an IUD. According to Dr. Tyndall, he uses a methodology, which he stated was called "Shared Decision Making," where the patient chooses the birth control option after he informs the patients about the various options. According to Dr. Tyndall, he initiates the consultation by using motivational interviewing for the patient to describe their ailments and lifestyle. Initially, Dr. Tyndall stated that the "culture" of the patient was important in this interview because Roman Catholics believe birth control is *aborta facia*. Dr. Tyndall later backtracked and said culture was not an important aspect when choosing a birth control method.

Dr. Tyndall explained that he shows the patients a chart, Table 3-2 of the book *Contraceptive Technology*. This chart compares various birth control methods by percentage of unintended pregnancies within the first year and by percentage of unintended pregnancies after continued use. Tyndall provided this example, "if the patient says that she can't remember to take a pill, I will say how about the Nova Ring, I will then show the patient the Nova Ring and explain that it is a compromise between the pill and the IUD, ask them to squeeze the Nova Ring, if they are not interested in the Nova Ring, I will then recommend an IUD." According to Dr. Tyndall, he documents the patient's request and birth control choice in the record.

Dr. Tyndall's Documentary Response

For your review, attached to this memorandum is Dr. Tyndall's written response to the foregoing allegations. In his written response, Dr. Tyndall claims that Engemann's policy of requiring male providers to have chaperones/assistants during pelvic exams is gender discrimination. Dr. Tyndall argues that APGO/ACOG standard requires assistant/chaperones for pelvic exams regardless of the gender of the clinician.

V. REFERAL TO THE AD HOC SUBCOMMITTEE

As demonstrated above, Dr. Tyndall responds to several of the allegations with medical justifications. The Office of Equity & Diversity seeks an assessment from the Ad Hoc Subcommittee regarding whether Dr. Tyndall's medical rationales fall within the spectrum of appropriate patient care.

Therefore, his process and procedures for recommending an IUD, and his responses to the following comments are referred to the Ad Hoc Subcommittee for a standard of care assessment:

- "Tight Pubococcygeus (PC) muscle, "oh, my you're toned," or any other reference to the tightness of the patient's vaginal muscles
- "are you a runner," "do you exercise?"
- "hymen is intact"
- "look, your breasts stand right up, do you have implants?"

The Office of Equity & Diversity also seeks guidance on the standard for basing the presence of a medical chaperone/assistant during pelvic exams on the gender of the clinician.

After review of the Ad Hoc Subcommittee's assessment regarding Dr. Tyndall's medical justifications to the foregoing allegations, the Office of Equity & Diversity will make findings as to whether Dr. Tyndall's behavior violated USC's sexual harassment policy.

To: Lawrence Neinstein, M.D.[neinstei@engemann.usc.edu]
Bcc: George Tyndall, M.D.[tyndall@engemann.usc.edu]
From: George Tyndall, M.D.
Sent: Tue 7/2/2013 9:59:06 PM
Subject: RE: your letter

Good afternoon Larry,
It is important that staff and students feel comfortable and these were comments from students and staff. The goal is to try and improve that.
I am in complete agreement, so it's very important to me to better understand the details of how that survey was accomplished.
I advised you that it might be helpful to have voluntary coaching at Center for Work and Family Life. That is a completely voluntary recommendation as I mentioned.
It fact, when a staff sees someone there for coaching, the agenda is set by that staff member and I receive no feedback unless you want me to.
Thanks for clarifying, as I even misunderstood whom you were referring me to. Yes, if it turns out, after we discuss the survey, that I have been perceived as deficient in some manner, then I would absolutely be interested in receiving coaching.
By the way, you are not the only male doing women's health, our feedback questions were asked in general about our women's health services and all staff involved in women's health services.
What I said is that I am the only male gynecologist.
Thank you for making time for me. I really do appreciate it.
George

George Raymond Tyndall, M.D.
Engemann Student Health Center
University of Southern California
1031 W. 34th Street
Los Angeles, CA 90089-3261

USC University of Southern California

From: Lawrence Neinstein, M.D.
Sent: Tuesday, July 02, 2013 12:20 PM
To: George Tyndall, M.D.
Cc: William Leavitt, M.D.
Subject: your letter

George,
Thank you for your response and concern. I am sorry that you did not get a chance to talk about your concerns that you mentioned in your email.
I am happy to schedule time when I return with Bill and myself for that and any comments from our last meeting.
It is important that staff and students feel comfortable and these were comments from students and staff.
The goal is to try and improve that.
I advised you that it might be helpful to have voluntary coaching at Center for Work and Family Life. That is a completely voluntary recommendation as I mentioned.
It fact, when a staff sees someone there for coaching, the agenda is set by that staff member and I receive no feedback unless you want me to.
If you believe that this would not be helpful in regards to how some of your comments are perceived, that is your choice.
I will be sending you a summary of the meeting, recommendations and expectations when I return from vacation. I will be away from 7/3 to 7/11.
By the way, you are not the only male doing women's health, our feedback questions were asked in general about our women's health services and all staff involved in women's health services.
Best,
Larry

Lawrence Neinstein MD
Professor of Pediatrics and Medicine
Keck School of Medicine of USC
Executive Director, Engemann Student Health Center
Head, Division of College Health
Senior Associate Dean of Student Affairs