

EXHIBIT 7

Tab 67



OFFICE OF EQUITY AND DIVERSITY

CONFIDENTIAL MEMORANDUM

To: File
From: Karen Nutter KN
Date: October 9, 2013
Subject: Harassment Allegations

In June 2013, Dr. Larry Neinstein, Executive Director of the Engemann Student Health Center, contacted OED. Dr. Neinstein reported that a number of staff members and a student had recently alleged that Health Center Gynecologist Dr. George Tyndall had made inappropriate comments or had otherwise made them or others feel uncomfortable. Dr. Neinstein reported that Dr. Tyndall had worked in the department for approximately 18 years, and that the department had had several difficulties with him over the years, including how in 2002, he was not permitting Medical Assistants (MAs) behind the curtain with him when doing pelvic exams on students; how in 2009, he complimented a student on her pubic hair; and how in 2010, a student came forward and complained that in 2003, he performed a pelvic exam on her without wearing gloves. Dr. Neinstein stated that he spoke with Dr. Tyndall after each incident and forbade him from doing them again, and that Dr. Tyndall complied.

He stated that more recently, two individuals complained that Dr. Tyndall had mentioned in conversation that “Mexicans are taking over” and that there was going to be a “Reconquista.” He also stated that a student had recently reported that Dr. Tyndall had made her feel uncomfortable, and that in a general survey of clinicians about their opinions of the Center’s treatment of women’s health issues, a number of women had made negative comments about Dr. Tyndall.

In order to follow up on this report, I contacted eight people: Director of Clinical Operations Tammy Akiyoshi; a female student who complained to the Center about Dr. Tyndall, who declined to provide her name; Medical Assistants Lizette Esparza and Elizabeth Rangel; RNs Cindy Gilbert and Bernie Degener; Nurse Practitioner Donna Beard; and Licensed Vocational Nurse Irene Martinez.

Interviews with these individuals yielded mixed opinions of Dr. Tyndall, but none yielded actionable evidence of any policy violation.

Ms. Akiyoshi stated that a student had complained to her in the late spring of 2013 that she had seen Dr. Tyndall in August 2012 and that she felt like Dr. Tyndall would not let her leave her appointment, and encouraged her to get a Pap smear even though she had just gotten one two months previously, and that when she told him she needed to leave for another appointment, he asked her, “what is more important than your health?” She stated that the student also told her that

he told the student that he had a beautiful Filipina wife and that he wanted to help women. She stated that the student told her that Dr. Tyndall “gave her the skeevies.” She stated that the MAs also reported that Dr. Tyndall talked to the students a lot and made a lot of Xeroxes for students.

The student, who stated that she graduated in May 2013, reported that she had seen Dr. Tyndall in August 2012 for a urinary tract infection and expected a 20-minute appointment. She stated that instead, she was there for 45 minutes to an hour, as Dr. Tyndall asked her questions about her weight and birth control (even though she told him that she was in a relationship with a woman) and encouraged her to get a Pap smear, even though she told him that she had just gotten one recently. She stated that she felt very uncomfortable and that she felt like she could not leave. She stated that at one point, they talked about his wife and that he commented that he liked beautiful women and that he asked, “there’s nothing wrong with that, right?” She stated that she wondered why they were discussing it. She described him as a “jovial, nice guy” who nonetheless gave her a funny feeling. She stated that when she called back for a follow-up appointment, she stated that she did not want to see Dr. Tyndall again and that the person who made the appointment told her that she was not the first young woman to complain about him. She said she felt “silly and weird” complaining about him, because he did not “do” anything wrong, but that she nonetheless never wanted to see him again.

Ms. Esparza stated that she “loved” working with Dr. Tyndall and that he had never made any comments that made her uncomfortable, or appeared to make students uncomfortable, and that she had never heard any student complaints about him. She stated that she did hear the “Reconquista” comment and was taken aback, but that Dr. Tyndall later called her into his office and explained that he had been quoting from a study, and that if he had offended her, he apologized. She stated that she and her co-workers did notice that he made a lot of copies of papers after he met with students, and gave some to the students and kept some for himself.

Ms. Gilbert remembered hat two or three years ago, when she “triaged” student concerns regularly, she heard from two students that they did not want to be referred to Dr. Tyndale because he was “creepy.” She stated that she had not heard of any other student complaints about him since then. She stated that she was sometimes in the room with Dr. Tyndall when he performed exams, and that while he seemed a little “rough” in his exams, he did not do or say anything inappropriate. She stated that he took students into his office to speak with them, and that he locked the door when he did this, which she said would “creep [her] out” if she were a student, and that it bothered her as a mother and as a professional. She stated that in general, he was a little “different,” but not in negative way. She stated that he gave the students a lot of printed information and that she was not sure what he was giving them.

Ms. Beard stated that her daughter’s best friend, who graduated from USC in 2009, once saw Dr. Tyndall and commented afterward that she “never wanted to see that creepy gynecologist again.” She stated that she had heard that a number of other students had made similar statements over the years. She admitted to never following up on these comments for more detail, and was not sure if she passed them on to anyone. She stated that she had also heard somewhere that he told a patient that she was pretty enough to be a model, and that a male-to-female patient had once complained to her about Dr. Tyndall, but that she could not remember any details of the complaint. Dr. Beard also had a number of concerns about Dr. Tyndall’s abilities as a clinician.

Ms. Degener performs urgent care triage and stated that she has known Dr. Tyndall her entire 16 years in the department. She stated that no student had ever told her that she did not want to see Dr. Tyndall. She stated that she had never been in an exam room with him, but always found him pleasant to work with and very accommodating. She stated that she had never heard any student complaints about him.

Ms. Rangel stated that she was sometimes in the exam room with Dr. Tyndall, and that the students appeared to be fairly comfortable with him. She stated that she recalled him asking two students—while he was performing an exam—how they would feel if a man complimented them on their legs or how they were dressed. She stated that she saw the students' faces when he asked these questions, and that they both appeared puzzled and perhaps uncomfortable, and that one answered "no" and another answered "maybe." She stated that she had never heard any complaints from students about him. She stated that one colleague, Ms. Martinez, described Dr. Tyndall as "creepy," and told her that he asks students a lot of questions and gives them surveys, which he was not supposed to do. She stated that several months ago, she was present when Dr. Tyndall announced that "Latinos are taking over." She stated that she did not believe that the comment was motivated by any ill-will, but that she still cringed because she was standing with a student and that the situation just seemed awkward. She stated that a colleague told Dr. Tyndall that the comment could be perceived as racist.

Ms. Martinez stated that she had worked with Dr. Tyndall in the past as an MA, and that she had never seen him do anything inappropriate with a student, or see students who expressed discomfort with him. She stated that she had never heard anyone describe him as "creepy." She stated that she would not want her daughter to see him because he had a lot of clutter in his office in the old health center, and because he does surveys on students and gives them literature, and she does not know what questions he is asking or what information he is giving them. She stated that she asked Ms. Akiyoshi about the surveys and literature because she was not sure if any of it had been approved by the administration.

Conclusion

Based on the information provided, I find that there is insufficient evidence of any University policy violation to justify continuing an investigation. I spoke with Dr. Neinstein at length and conveyed the substance of my interviews with him, but stressed that I had not spoken with Dr. Tyndall and was not making any finding about whether or not any of the statement about him were true or false.

He stated that Dr. Tyndall no longer locked his office door during his discussions with students, and that he no longer gave the students literature or surveys that had not already been approved by health center administration. I encouraged him to confer with OED if other issues with Dr. Tyndall arose.

Tab 68

Tammie Akiyoshi

From: Cynthia Gilbert
Sent: Friday, May 31, 2013 1:11 PM
To: Tammie Akiyoshi
Subject: RE: Individual MA meetings with Dr. Neinstein/Women's Health

Thank you Tammie,
Cindy

From: Tammie Akiyoshi
Sent: Friday, May 31, 2013 11:43 AM
To: Cynthia Gilbert
Cc: Tammie Akiyoshi
Subject: RE: Individual MA meetings with Dr. Neinstein/Women's Health

Cindy,

I rescheduled these meetings for June 12 from 10-12pm.

Thanks,

Tammie

From: Cynthia Gilbert
Sent: Friday, May 24, 2013 5:52 PM
To: Tammie Akiyoshi
Cc: Maria Francisco
Subject: FW: Individual MA meetings with Dr. Neinstein/Women's Health
Importance: High

List of MA's to attend: 5/29/13 at 10:00 am-Cynthia Bobo
✓ 10:15 am-Genetter Green (S)
✓ 10:30 am-Morlina Pinney
✓ 10:45 am-Patty Rincon
✓ 11:00 am-Linda Byrd
✓ 11:15 am-Lizett Esparza
✓ 11:30 am-Elizabeth Rangel

Thank you Tammie,
Have a great weekend!
Cindy



From the desk of
Lawrence Neinstein, M.D.

Executive Director
Administration/University Park Health Center

Lizette Esparza
MA - ♀ issues
PT - pretty comfortable

OLD BUILDING - PRIVACY

∅ NOT see concern

∅ NOT satisfied - unsure & said its ∅
more explanation

XOTY NOT PLANS

Elizabeth Rangel

MA - ♀ GT - not Peter - Not Address
PT - ♀ & left

Surveys wed ago
In re me ↑

how would you respond
if u look once today
look at as harassment
NOT offended
Yes slippery slope
The odd/odd



From the desk of
Lawrence Neinstein, M.D.

Executive Director
Administration/University Park Health Center

WOMEN'S HEALTH []
MA)
PT)
NOT refer | TALK
DO EXAMS - | Sexual Survey

STD - GLU testing - EXAM ROOM/office
HYGIENE - STD'S TESTING
VAGINAL SECRETIONS FORM NOT READY
Breakin' &
HANDS ON DEVICE

INTERNATIONAL STUDENTS - A LOT forms
STANDARDIZE SURVEY
NOT Sexually Gyno form



*From the desk of
Lawrence Neinstein, M.D.*

*Executive Director
Administration/University Park Health Center*

Wanda B. B.

IGNACIO

PNA - very comfortable NOT USUALLY
GT > 2M

PT - Ø complain
or discomfort



From the desk of
Lawrence Neinstein, M.D.

Executive Director
Administration/University Park Health Center

(coco)

Confidential = 3 Not in as much
Style = Dour/Sane

Tynall - tries - Chinese/Korean
MAJOR

Asian

Style alert

Cleaner is not his room

DAVIS - HAS TO move further

Feel com out 3 [GT] - word of mouth
In all Grps
- always someone in
Room

Dorothy Davis

~~General Com~~

Moderate

~~GT~~ : Never say Again
~~other~~ : Between

DAVIS/KUMAR
PRN - hold hand

MONDAY 1st PAP -
Not nice example

BEARD - NOT ASSTER

Any CONCERNS -

TYNALL - TALKS

Great job - Respect

occ anxious -

+ hands fidget

MAKE her comfortable

?TALK less - GT - don't want to talk
School / jobs /

occ don't want male + afraid to ask



From the desk of
Lawrence Neinstein, M.D.

Patty

Rincon

Executive Director
Administration/University Park Health Center

MA comforts - Good Very well - No L's
STOP comfort ⚡ Most do
Male - Before & how do NOT
? on App List - FIRST name

Not See

LATE - Not see them
SMIN - Not happening

Student ~~is great support~~
LAURA ALFONSO GONZALEZ

MA - ⚡ uncomfortable,
~~PT~~ -

Few requests - Problems -

ONLINE - choices & First Name
or Ask for Small

Student not see someone ⚡

not had to address anything

all GT

P - Do they own



From the desk of
Lawrence Neinstein, M.D.

Executive Director
Administration/University Park Health Center

BY RD

MA -

one in particular

PT -

GF Rough & EXAM

> PAINFUL

Different - Techniques

NOT see someone →

SHOULD BE SET UP IN CASE OF NEED

Per Visit

CURTAIN - NOT ISSUE



From the desk of
Lawrence Neinstein, M.D.

Executive Director
Administration/University Park Health Center

CINDY
RN -
PT -

TRIAGE NOT BACK
① STRANGE - GT QQ
② CREEPY - GT 2-3X
DONNA - 2X -
DIDN'T care FLIPPANT

- ① Hx
- ② Exam
- ③ Refuse
- ④ Paperwork

NOT TALK THRU
WHAT I DOING -
NOT ACKNOWLEDGE
Their feelings
TRIPS/SCHOOL LIFE

LOCKS DOOR & RT
ALWAYS POOR

- SURVEY Ø
- ZEROX FORMS ALOT

POLICY -
MAIS - LATE
TALKS TO STUDENT
over phone

MA - No visitors
either



*From the desk of
Lawrence Neinstein, M.D.*

*Executive Director
Administration/University Park Health Center*

Jeri RN
MA }
PT }

♀ - Tyndall (TRIAGE
① Don't want her RN
Too Familiar
Asks Personnel Q
More than once ^{NOT} some
WHAT
Never anyone else

Assisted HM

NOT unusual
Asks NO Personnel Q
in EXAMS
EXAMS - ~~see~~? sight
NOT going to correct area
• ASKS if I see another

3 ♀ HND before 1000 Back
in 3 years

Discuss with all Mas, LVN and Rns: june 12, 2013

Two RNs including triage and second floor lead

Long time experience LVN

Mas: 8 including the lead

All clinicians that do women's health, what is your comfort level during visits and your perception of student comfort. We likely look at many areas but starting with the sensitive area of women's health. Met one on one with Tammie Akiyoshi Rn and myself

Cindy RN

Triage: Several students 3 in about 3 years said they don't want to see back GT because of his strangeness or his creepiness. She did not pursue the specifics. During same time two students did not want to see Donna Beard back as they felt she did not appear to care or was flippant.

What about their history and exam during your work with this clinician?

Finds that he does not talk them through what he is doing or acknowledge their feelings, talks about schools/trips etc.

Always locks the door when he goes into his office with a patient to talk with them.

She is not clear or aware of any survey or material he zeroes and passes out

Concern: He has his own policy of late, if they come late, not over 20 minutes, and any patient must have their forms filled out, he sometimes will not see them and talks to them over the phone and not in person despite the fact that they are there.

Jeri RN: triage nurse:

Only one not seen back is Tyndall: He seems like he wants to be too familiar and asks personal questions;

She is not sure what they are. Not had any other students requesting this.

Assisted him: nothing unusual, no personal questions in exams. But she wonders about his vision as he seemed to go to incorrect area when she asked if something was in one particular anatomic area (rectum). He asked Jeri if she saw anything

She has had three requests in three years not to see him back.

Lizert Esparanza: MA

no real issue: in old building students had generic privacy issues, not here.

Elizabeth Rangel MA

No real issues but one student did not want to return. She said he has passed out some surveys and not sure what they are.

She did get two students who were uncomfortable about being asked "how would you feel if I asked you today if you looked nice" would you think that is sexual harassment?

One said: not offended, one said yes a slippery slope and thought this was very odd.

Irene LVN

I would never refer my daughter to Dr. Tyndall. Find him not sensitive as other male gynecologists.

Seems to do surveys

Student was late (not 20 minutes) anxious about being STD tested as partner was being tested for STD. He did not see her and talked with her on phone even though she was in exam room, ordered a test and scheduled back.

Hygiene: broke off sample vaginal swab with bare hands to put in jar. Other clinicians use a glove.

Ignacio:

No complaints, nothing uncomfortable. Does not work much with GT as they are both males.

Came back and asked to we do handouts on all the options for pregnancies. We have program and they get all options and we are cautious about printed material as they usually have an "agenda" depending on the organization that writes them.

Cece: Lead MA

Comfortable with all of them.

GT: see a lot of international students, and tried to speak a bit of Chinese and Korean

Better here as there are clean rooms and his office/exam was a disaster at old health center

Always someone in room with GT and some international students want to see him through word of mouth.

Morlena P. MA

With donna and jane: they ask MA to hold the students hand if they are anxious and are sensitive to that.

Tyndall talks a lot to them about school etc and does not ask to have them hold their hand so she just does sometimes

Feels some students would prefer he talk less.

Some don't want a male but afraid to say that or ask about that.

Patty Rincon MA

Comfortable in general.

Some students may prefer female but unclear that some know how to do that in record or on phone.

Is first name on appointment list online.

Has a concern that he might not see them if they are late.

Juana Garcia: MA

MA comfortable

Patients: not sure if they know how to request male MD. Has not had someone not wanting to see someone. She supports GT.

Linda B: MAs

Uncomfortable, Yes one in particular: GT, rough during exam and some seem in pain, he uses different technique than others.

Curtain not an issue

She feels things should be set up in advance rather than if you need them.

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Esparza, Lizette MA

3 different times: states "Latinos are taking over and its going to be a recognista (take over)

Once to group of Mas one who said: isn't that racist"

Once with MA and student: student said she was stunned and felt uncomfortable

She is also concerned about him locking patient in room, then exam room and stating Mas should never talk to the patient, I will do that and then locking them in door again.

Also: his telephoning students

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GT: see a lot of international students, and tried to speak a bit of Chinese and Korean

Better here as there are clean rooms and his office/exam was a disaster at old health center

Other gynecologists here and elsewhere want me/MA to hold students hand and support the student through their anxiety, Dr. requests that we don't talk to them

Tyndall talks a lot to them about school etc and does not ask to have them hold their hand so she just does sometimes

Feels some students would prefer he talk less.

Some don't want a male but afraid to say that or ask about that.

Door locking:

Always locks the door when he goes into his office with a patient to talk with them.

She is also concerned about him locking patient in room, then exam room and stating Mas should never talk to the patient, I will do that and then locking them in door again.

Survey passed out:

She said he has passed out some surveys and not sure what they are.

Seems to do surveys

Late policy:

He has his own policy of late, if they come late, not over 20 minutes, and any patient must have their forms filled out, he sometimes will not see them and talks to them over the phone and not in person despite the fact that they are there.

Has a concern that he might not see them if they are late.

Student was late (not 20 minutes) anxious about being STD tested as partner was being tested for STD. He did not see her and talked with her on phone even though she was in exam room, ordered a test and scheduled back.

his telephoning students

General comments: "I would never refer my daughter to Dr. Tyndall." Find him not as sensitive as other male gynecologists I have worked for with or been to as a patient.

EXHIBIT 8

Tab 69

From: William Leavitt
To: Lawrence Neinstein
Sent: 6/16/2013 1:50:39 AM
Subject: Re: Dr. Tyndalls office

<html>

Dear Larry:

FYI: After you left Dr. Tyndal's office Terri and I looked in his bathroom where we found his LCD Monitor on the floor as Susan had previously stated Eric had discovered. We also fount 3 Toshiba Televisions in there original shipping crates stacked on the floor. My guess is that George is running a durable goods business on the side and using the Health Centers resources: computer and Storage Space. to accomplish this.

Bill

William Leavitt, MD, FAAP

Lead Physician

University Park Health Center

University of Southern California

849 West 34th Street #216

Los Angeles, California 90089-0311

(213) 740-9355 Office

(213) 821-2781 Fax

wleavitt@usc.edu E-Mail

<blockquote type=cite class=cite cite>as per our discussion today, because of continued concerns from MAs about working behind a curtain I have asked Sheila to do two things:

1) get estimate from Michelle for moving current curtain from middle of office to curving around door.

2) estimate on new file cabinet that would be more flat against the wall and could be moved closer to door so that tray could be moved closer to foot of exam table.

thanks

larry

Bill you might want to mention to George about the issue of the monitor and also that we are exploring making the room more ergonomic and alleviate the curtain problems.

thanks,

larry

</blockquote></html>

Tab 70

July 1, 2013

From: George Raymond Tyndall, M.D., Staff Physician and Gynecologist
To: Larry Neinstein, M.D., Executive Director Engemann Student Health Center
Re: The hostile work environment that I am experiencing at Engemann
Good morning Larry,

Here are my concerns about our 1-hour meeting on June 18:

Although I was the one who requested the meeting—and your emailed reply stated that its purpose was to address my agenda plus "a couple of questions" that you had—the reality is that nearly the entire one hour was devoted to you making, in a castigating voice, a series of allegations to which I was not given the opportunity to respond. I do believe that, if you intended an agenda other than the one we had agreed, you should have indicated that in advance of the actual meeting—and then provided me with an advance copy of all the allegations so that I would have had the opportunity to present my responses to you and Dr. Leavitt then and there at that meeting. If you had done so, I do believe you would immediately have recognized that **each and every one of the allegations is readily-explainable and of no significant consequence.**

For example, after noticing a photo of my wife in the Room 215 consultation office, a patient asked,

"Is that your wife?"

"Yes."

"She's beautiful."

"Yes, she is. Thank you."

Obviously, there is absolutely nothing whatsoever awry or inappropriate about that conversation; nevertheless, here is what you said in an accusatory voice to me at the meeting:

"As a male gynecologist you do not ever refer to women as pretty or use the word pretty when talking to patients."

The implication is that I told a patient that she was pretty when, in fact, nothing of the sort has ever occurred, during the nearly 24 years that have I been in practice here at USC.

The most amazing part of our meeting was that—despite failing to give me the opportunity to respond to each of them—you seemed to accept as facts all the allegations that you read in rapid-fire sequence and which appear to have originated from the nursing department. Apparently—because you had already made up your mind that the allegations were true—you then proceeded to ask whether I would be willing to talk with, if memory serves, the Center for Women and Men (CWM).

This is to advise you that, before I have a discussion with the CWM, I would need to have in my possession a copy of all the allegations that you mentioned. The reason for my request is that, before this matter goes outside Engemann, I need time to clarify each and every one of the allegations with you and Dr. Leavitt, Lead Physician. One important reason for my request is that, if you provide adequate time for me to defend myself, you and Dr. Leavitt may conclude that all the allegations consist of words taken out of context, like the one about using the word "pretty."

By the way, I have long been quite aware that, as a male practitioner of women's health, I need to be especially circumspect with regard to what I say to patients. Is there evidence that I have been accomplishing that goal over the past nearly 24 years?

Yes, there is, and here it is: Over the past nearly 24 years I have provided care for tens of thousands of USC women—yet during all that time I have received only one (1)—repeat one—

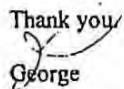
Page | 2

written complaint—and that was from a woman whom I had cared for, you informed me, some 7 years prior to her filing of the complaint!

Given this exemplary record, I am astonished at how readily you accepted the allegations that you read to me as fact. In addition, you read them to me in an accusatory manner that seemed to me to demonstrate a failure to adhere to a number of the **core values** of our student health center, including **communication** and **respect**. All the allegations that you read without giving me the opportunity to respond appear to have originated with the nursing department, not from patients, and as I shall discuss further below, the reason for the allegations appears to be that one or more members of that department does not like my style as a male gynecologist. It may even be the case that one or more of them believes that there is no place for the male gender in women's health care.

If you insist on referring me out to the CWM without first allowing me to present to you and Dr. Leavitt my responses to each and every one of the various allegations that have apparently been made by one or more individuals in the nursing department, then this is to advise you that, in addition to a list of all the allegations, I will also need the names of the specific individual(s) who made each of them, for the following reason: I intend to ask the Office of Equity and Diversity (OED) to investigate the possibility that one or more OED-respondents in the nursing department is conspiring to intentionally create for me a **hostile work environment** because of my gender (I am the only male gynecologist). What's more, the underlying motivation for the allegations may be the respondent's or respondents' notion that there is no place for the male gender in women's health care, no matter how many his achievements in that field of endeavor (see P.S. below).

Before this matter gets out of hand, my suggestion, Larry, is that we try our very best to attempt to address the various allegations within Engemann. If, after reviewing each of them one by one, you and Dr. Leavitt conclude that I have not satisfactorily explained any of them by putting them in context, then I would not only agree but eagerly anticipate the opportunity to receive counseling outside Engemann.

Thank you,

George

P.S. I'm aware that you are at present exceedingly busy, and I do sincerely apologize for suggesting that you add this matter to your busy schedule, but I also know that you can understand why I have no choice but to proceed exceedingly carefully. This is the first time in my entire professional life that I have been accused of either unprofessionalism or a lack of integrity.

One or more individuals within Engemann is attacking an individual whose integrity is so beyond reproach that in the U.S. Navy he was selected from 1500 recruits to receive the American Spirit Honor Medal and to lead the entire graduating class.

Subsequently, I was assigned to the U.S. Naval Security Group, which trained me at the Presidio of Monterey here in California to be a Vietnamese crypto linguist with a top-secret COMINT security clearance. Subsequently, I did a stint at the National Security Agency (NSA), the big black building that has been in the news of late. Only individuals with the highest level of security clearance are allowed into that building.

About the time of my Honorable Discharge from the Navy in 1971, I received a personal—not a group—letter of commendation from Admiral R. S. Salzer, Commander U.S. Naval Forces Vietnam, for “outstanding performance of duty” that “reflected the highest traditions of the U. S. Naval Service.”

After the navy, during my years of duty with the U.S. Customs Service at LAX, I received a “superior performance” award.

With regard to my qualifications as a clinician, I am reportedly the only student in the history of the Woman’s Medical College of Pennsylvania (where as a male I was in a minority group) ever to be elected to the *Alpha Omega Alpha* Honor Medical Society following a transfer from an international medical school (the University of the East in Manila).

Following graduation from medical school in 1985, I was selected to be the only male in a class of 5 for the 4-year Ob-Gyn residency at Kaiser on Sunset Boulevard which, according to the residency director, that year received applications from over 500 U.S. graduates for those 5 positions. (Kaiser’s is reportedly, by far, the single most competitive Ob-Gyn residency in the entire United States.)

With regard to my performance at Kaiser, you stated in the past that you did review my personnel file here at USC, including the many glowing letters of recommendation from my mentors at Kaiser that I submitted when I applied in 1989 to the University Park Health Center.

In short, my record shows that I have always maintained the highest level of professional conduct and integrity and as a result enjoyed the highest level of trust. If you will find the time to allow me to respond to each and every one of the allegations that you read to me, I’m quite sure that you and Dr. Leavitt will agree that they are mostly, if not totally, much ado about nothing and therefore merely a poorly-concealed attempt to smear my professional reputation in the hope that I will resign my position under fire.

P.P.S. If ever you have time, I still would like to discuss with you and Dr. Leavitt my important agenda, which is the one that I thought we were going to discuss on June 18.

Cc: William, Leavitt, M.D., Lead Physician (who was also present at our 1-hour June 18 meeting)

Tab 71

Illeana Brothers

From: Karen Nutter <knutter@usc.edu>
Sent: Thursday, June 20, 2013 4:52 PM
To: torress@usc.edu; brothers@usc.edu
Subject: new case

Dr. Larry Neinstein, the director of the student health center, called today to report concerns that had been reported to him about staff physician George Tyndall. Sexual harassment and national origin harassment.

Karen Nutter
Senior Complaint Investigator
Office of Equity & Diversity
213.740.5086 (telephone)
213.740.5090 (fax)

Nursing Dept. Interviews
6.2013

	A Name	B Title	C Extension	D e-mail	E Comment
1	Cindy Gilbert	RN	x08007	cgilbert@usc.edu	Have had students refer to Dr. X as strange, creepy. "The door is always locked when he is with the patient in the office. If the student is late, he calls them from across the hall." During the group meeting her meeting minutes stated "it is requested that we (the nursing staff) not talk to the patient while the doctor is in the process or in preparation so he can be the only one giving instructions. After he leaves the room, we can converse with them"
2	Donna Beard	NP	x00471	dbeard@usc.edu	Women's health colleague. Was not interviewed; however, has verbalized issues in the past. The student who originated the investigation has discussed her interaction with Ms. Beard. Ms. Beard has subsequently asked if "something is being addressed with her complaint"
3	Elizabeth Rangel	Medical Assistant	x08315	rangele@usc.edu	Dr. X stated out of the blue: " how do you feel if I say you look nice today?" Heard the Dr. ask 2 patients.
4	Irene Martinez	LVN	x08318	irinea@usc.edu	Dr X "called the exam room from his office across the hall". "I wouldn't want my daughter to see him"
5	Jane Davis	MD	x00455	janedavi@usc.edu	Women's health colleague. Was not interviewed; however, has verbalized issues in the past. Currently on furlow until August 19th
6	Jeri Kosydar	RN	x08318	jkosydar@usc.edu	As the triage nurse she has had "female students who were uncomfortable with Dr. X. He is too familiar and asks too many personal questions." She recalls 3 students decline to see him again. As she assists him, she states he "asks a lot of questions".
7					

6-20-13 - Long Neinstein

①

LH referred me to you.

Began in 11-12 years.

After 15 nursing staff, clinicians, women's health, another med-ass't
came to Nursing Director, said that PMA 3x

"Midwives are taking over & it's going to be a recognizable" - Physician

of Disagreement

He's in of 37 clinicians. He's been here for more than 18 years.
Strange, weird.

In 2002, wouldn't allow MA's behind curtain when doing pelvic.
RNs, 1 LVN, MAs. Lowest level.

Tindell

George. We laid down gauze/dit - stopped.

In 2009 - he commented on her pubic hair and what a nice
clean job she had. We spoke to him - can't do that.

May 2010 - Student I talked to [REDACTED] about. It took her 7 years to come
forward. Not abuse, she needed to do Kegels, did exam w/ unjoined
hand. I discussed w/ him, nothing else happened.

April 2013 - angry student met w/ Nursing Director - tone & way
looking at me. She presented UTI, given treatment plan, he asked
if she needed pap smear. He did internship at Kaiser, talked
about his beautiful Philippian wife, loves working w/ ♀. "Services".
Asked all RNs, LVN, MAs about women's health on her. All comment
about Tindell. Several students - strange/creepy. Uncomfortable - too many
Qs. MAs reported student uncomfortable. Asked, "How would you feel if
I told you you look nice? Feel like sexual harassment?" Several uncomfortable.

Compared to other Gynos he worked w/ he doesn't want them to talk
+ patients.

(2)

Door locking - pattern. When He locks down when you go into his room.
Then in exam room, MA told not to talk to patient.

MA's say he passes out surveys to students. Can't do that -
needs to be approved.

We have a late policy - need to be seen if come within 20 minutes.

I would never refer my daughter to Dr Tindell.

? - gyn and nurse, really bothered.

Fear of retribution.

I have 2 comments - student uncomfortable w/ wife /Philippe's
Majicons are taken over

- MA said she was present 3x.

- one in front of student, student upset

Survey - Tammy - clinical nursing director.

One-by-one questions. w/ LN & Tammy.

Late last week. 7-8 people no to women's health.

Only comment was about nurse practitioner.

C - practitioner, might Dr F in report.

He writes 25-page grievances.

He used to be immigration officer? Maybe. Think he has guns.

Might partial Aspergers? Misses social cues.

③

From when I was really the butt of
Now he's one of my biggest supporters.
MAS - likely maybe amenable to talking to OED.
I'm going to have conversation w/ lead physician.

Tammy Akiyoshi

- Director of Clinical Operations
- grant resources

Office till noon

Mtg 12-1:30

Office 1:30 - y03158
[REDACTED] [REDACTED]

6/20/13

Start w/ Tammy for MAS

Tammy talked to student / beautiful wife

Race comment - newer MA

Will talk to GT - will let us know if decide to bring up
sex / N.D. issues. Will discuss performance / behavioral
issues. Recommended w/F/L.

Nursing Dept. Interviews
6.2013

	A	B	C	D	E
8	Lizett Esparza	Medical Assistant	x08981	esparza@usc.edu	Stated she heard Dr. X state to a patient as well as to the medical assistants on 2 occasions "The Latinos are taking over. Pretty soon it will be like the Reconquista".
9	Morlina Pinney	Medical Assistant	x08315	pinney@usc.edu	Dr. X always talks to the patient about what they are doing. One student commented that she "doesn't want to talk"

Tab 72

CaseTrack - Neinstein (reporting)

 Home Documents and Lists Create Site Settings Help

Equity and Diversity
CaseTrack: Neinstein (reporting)

[New Item](#) | [Edit Item](#) | [Delete Item](#) | [Alert Me](#) | [Go Back to List](#)

Complainant Last Name: Neinstein (reporting)
Complainant First Name: Larry
Complainant Middle Name:
Complainant ID: 0159483
Complainant Category: Faculty
Respondent(s) Name: Tyndall, George R.
Respondent(s) ID: 0018650
Respondent Category: Faculty
Departments: University Park Health Center
Basis: National Origin; Sex
Complaint Nature: Sexual harassment
Initial Investigation Date: 6/21/2013
Agency Cases:
Closed Date: 7/26/2013
Closure Details: E-mail will be sent to Dr. Neinstein, referred back to dept.
Case Status: Case closed
Staff:
Assigned Staff: Karen Nutter
Closure Results:
Date Referred to Counsel:
Attachment Date:

Created at 6/21/2013 9:20 AM by Ileana Brothers
Last modified at 7/26/2013 11:17 AM by Stephanie Torres

CaseTrack - Neinstein (reporting)

Home Documents and Lists Create Site Settings Help

Equity and Diversity
CaseTrack: Neinstein (reporting)

[New Item] [Edit Item] [Delete Item] [Alert Me] [Go Back to List]

Complainant Last Name:	Neinstein (reporting)
Complainant First Name:	Larry
Complainant Middle Name:	
Complainant ID:	0159483
Complainant Category:	Faculty
Respondent(s) Name:	Tyndall, George R.
Respondent(s) ID:	0018650
Respondent Category:	Faculty
Departments:	University Park Health Center
Basis:	National Origin; Sex
Complaint Nature:	Sexual harassment
Initial Investigation Date:	6/21/2013
Agency Cases:	
Closed Date:	
Closure Details:	
Case Status:	
Staff:	
Assigned Staff:	Karen Nutter
Closure Results:	
Date Referred to Counsel:	
Attachment Date:	

Created at 6/21/2013 9:20 AM by Ileana Brothers
Last modified at 6/21/2013 9:20 AM by Ileana Brothers

From: Karen Nutter
To: 'Lawrence Neinstein, M.D.'
Sent: 6/21/2013 5:10:43 PM
Subject: RE: statement

Thank you, Larry.

From: Lawrence Neinstein, M.D. [mailto:neinstein@engemann.usc.edu]
Sent: Friday, June 21, 2013 5:56 AM
To: Karen Nutter
Subject: statement

Karen,

This is the direct quote that Tammie sent me from the MA:

"I met with Lizett to clarify Dr. Tyndall's comment. She said he said it twice at Nursing Station A and once while she was with the patient. His statement was "The Latinos are taking over, pretty soon it will be like the Reconquista". Lizett said that Ignacio replied to Dr. Tyndall that it was a racist statement and Dr. Tyndall did not respond. I asked Ignacio if he recalled a statement about Latinos and Reconquista and he could not recall."

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

Tab 73

File date
6/27/13

Discuss with all MAs, LVN and RNs: June 12, 2013

Two RNs including triage and second floor lead

Long time experience LVN

MAs: 8 including the lead

All clinicians that do women's health, what is your comfort level during visits and your perception of student comfort. We likely look at many areas but starting with the sensitive area of women's health. Met one on one with Tammie Akiyoshi RN and myself

Cindy RN

Triage: Several students 3 in about 3 years said they don't want to see back GT because of his strangeness or his creepiness. She did not pursue the specifics. During same time two students did not want to see Donna Beard back as they felt she did not appear to care or was flippant.

What about their history and exam during your work with this clinician?

Finds that he does not talk them through what he is doing or acknowledge their feelings, talks about schools/trips etc.

Always locks the door when he goes into his office with a patient to talk with them.

She is not clear or aware of any survey or material he zeroes and passes out

Concern: He has his own policy of late, if they come late, not over 20 minutes, and any patient must have their forms filled out, he sometimes will not see them and talks to them over the phone and not in person despite the fact that they are there.

Jeri RN: triage nurse:

Only one not seen back is Tyndall: He seems like he wants to be too familiar and asks personal questions;

She is not sure what they are. Not had any other students requesting this.

Assisted him: nothing unusual, no personal questions in exams. But she wonders about his vision as he seemed to go to incorrect area when she asked if something was in one particular anatomic area (rectum). He asked Jeri if she saw anything

She has had three requests in three years not to see him back.

Lizert Esparanza: MA

no real issue: in old building students had generic privacy issues, not here.

Elizabeth Rangel MA

No real issues but one student did not want to return. She said he has passed out some surveys and not sure what they are.

She did get two students who were uncomfortable about being asked "how would you feel if I asked you today if you looked nice" would you think that is sexual harassment?

One said: not offended, one said yes a slippery slope and thought this was very odd.

Irene LVN

I would never refer my daughter to Dr. Tyndall. Find him not sensitive as other male gynecologists.

Seems to do surveys

Student was late (not 20 minutes) anxious about being STD tested as partner was being tested for STD. He did not see her and talked with her on phone even though she was in exam room, ordered a test and scheduled back.

Hygiene: broke off sample vaginal swab with bare hands to put in jar. Other clinicians use a glove.

Ignacio:

No complaints, nothing uncomfortable. Does not work much with GT as they are both males.

Came back and asked to we do handouts on all the options for pregnancies. We have program and they get all options and we are cautious about printed material as they usually have an "agenda" depending on the organization that writes them.

Cece: Lead MA

Comfortable with all of them.

GT: see a lot of international students, and tried to speak a bit of Chinese and Korean

Better here as there are clean rooms and his office/exam was a disaster at old health center

Always someone in room with GT and some international students want to see him through word of mouth.

Morlena P. MA

With donna and jane: they ask MA to hold the students hand if they are anxious and are sensitive to that.

Tyndall talks a lot to them about school etc and does not ask to have them hold their hand so she just does sometimes

Feels some students would prefer he talk less.

Some don't want a male but afraid to say that or ask about that.

Patty Rincon MA

Comfortable in general.

Some students may prefer female but unclear that some know how to do that in record or on phone.

Is first name on appointment list online.

Has a concern that he might not see them if they are late.

Juana Garcia: MA

MA comfortable

Patients: not sure if they know how to request male MD. Has not had someone not wanting to see someone. She supports GT.

Linda B: MAs

Uncomfortable, Yes one in particular: GT, rough during exam and some seem in pain, he uses different technique than others.

Curtain not an issue

She feels things should be set up in advance rather than if you need them.

Tab 74

George Tyndall II
Larry
Nunstein 6/28/13
Bill Levin

#4383

- May be that he just doesn't get it.
- Maybe no intent, don't know.

- 4-5 inch personnel file.

[REDACTED] and another women's health clinician

- background re. what my about
- reviewed 2010 complaint - unflavored hard
- reviewed recent complaint - Philadelphia wife
- process just check out women's health - comfort level: that all feedback re. him. Looking doors, Latinos/reconquistador
- and that had to discuss w/ OED
- he wasn't angry - shocked. Felt that he tried the best to make everyone comfortable. 10 page side effects for oral contraceptives. Not on policy, to make sign off for consent form
- Told him I'd write it all down and advised coaching at WFL. He'd be OK.
I'm going to talk to [REDACTED] on Monday.
- Seems to me - as medical profession in U setting - to be talking about racial group, seems to cross a line.

Meeting with Dr. George Tyndall with Dr. Larry Neinstein and Dr. Bill Leavitt (lead Physician)

I mentioned to Dr. Tyndall that I needed to review some issues that affect patient comfort and some were difficult areas. I explained that this comes in context also of prior issues from 2003 about not allowing medical assistants to be on the examining side of the curtain during an exam as well as a couple of other concerns from students. I explained that we deal with a vulnerable population, adolescents and young adults and that women's health can be a particularly sensitive area.

I started with reviewing some past issues and reports including:

11.11.2009

Received concern from student regarding in march GT commented to exam about her pubic hair and the nice laser procedure. She was upset with this but took months to sent something in.

I spoke with George and recommended that if he was going to talk about pubic hair and find out was the student not having hair from medical issue or laser or other method to do this when students was dressed. And if he found someone who might have a good procedure that could be recommended to other students he would phrase it this way.

He understood

Then reviewed this case:

Friday 4/30/2010 email to comments on web site:

Comments: Hi - I was a student/patient there from 2003 - 2005. I came to the clinic once to speak with my doctor as I had some sexual issues that were bothering me. I was unable to orgasm. This doctor was a man. I don't remember his name but I remember what he looked like. He told me of kegel exercises and told me to lay down and he would show me.

He put an ungloved finger in my vagina and told me to squeeze. No nurse was in the room and he was not wearing a glove.

Now older and wiser I see that this was horribly wrong and a blatant case of abuse.

I think you should open my file up, find out which doctors I saw and report this to the person in charge in case this man is still working there. He may be doing worse things to other girls.

If someone in charge is interested in looking into this they can contact me and I will give them my full name.

[REDACTED]
6.27.2013: George remembered this case as we discussed before and mentioned that this did not happen. I explained the process I went through in discussion with equity and diversity and that because

this was reported seven years after the fact and without a witness or similar complaints that there would not be an action on this.

I then reviewed the case below

April 26, 2013

Angry student met with one of our staff to review a formal complaint: Tammie Akiyoshi nursing director met with student in a private office. She identified herself to me and gave me her USC ID number; however requested not to have her name in the formal complaint. Student began by stating she was "hesitant to come back" after her visit last year. When asked why, she stated she felt "very uncomfortable" and "not listened to" during her appointment with Dr. Tyndall. She went on to say that he "didn't actually do anything to me, but it was his tone and the way he was looking at me" that made her question if "maybe I imagined it?" and hence "that's why it took so long" to return. The student presented for UTI symptoms and after she was given the plan for treatment, she was told that she "shouldn't leave" and there was a few more minutes left in her appointment time. The student told Dr. Tyndall that she was late for an appointment and he responded "what is more important than your health?" He went on to state "are you sure you don't need a PAP smear?" and that he could "get (her) started at USC". The student replied that she had a PAP smear 2 months prior.

He then discussed his "beautiful wife" who is a "Filapina", and that he did an "internship at Kaiser" and he finds "women so attractive" and he "really liked his job because he liked to help women". The student said these statements gave her the "sceevies" and I "never want to see him again."

6.27.2103: Dr. Tyndall denied talking about his "beautiful wife". I explained that this was the observation of the student and mentioning issues of Race, looking nice, pubic hair etc in the context of a women's health visit is potentially viewed as inappropriate and harassment by the student. I advised him to avoid these areas.

On June 12, 2013 our clinical director of operations and myself interviewed all our nursing staff present at that time from MAS, to LVN to RNs regarding their observations of all our clinical staff in women's health. How are we doing? What are they comfortable and uncomfortable with, any issues students had etc. We asked this about the entire women's health program and all providers involved. The feedback was mainly about one individual, dr. Tyndall. I reviewed this feedback with Dr. Tyndall in the context of improving appropriate comfort with the students and avoiding anything that could make student uncomfortable and could be sexual or racial harassment.

The major areas discussed with Dr. Tyndall today were:

- 1) The comment about "beautiful wife" and "women are so attractive" listed above.

2) Other gynecologists here and elsewhere want me/MA to hold students hand and support the student through their anxiety, Dr. requests that Mas do not talk with the patient or support the patients' feelings.

3) **Door locking:** Nursing staff indicated that Dr. Tyndall locks the patients in his room during the office part of the exam. I explained he should not be locking a door on a patient with him in room as that could make a patient feel very uncomfortable and vulnerable. He can lock his door when he leaves the room on break or lunch etc.

4) I indicated that there were several students 3 in about 3 years said they don't want to see him back because of their being uncomfortable with him. I indicated that some nursing staff found him too personal. I mentioned of great concern was the comment below stated by one MA that happened three times:

"Latinos are taking over and its going to be a recognista (take over)

Once to group of Mas one who said: isn't that racist"

Once with MA and student: student said she was stunned and felt uncomfortable In exam room:

Dr. Tyndall felt he was stating something in the context of a student making an observation. I indicated that it is always inappropriate and potentially against USC policy to make a statement like this to any student/patient.

5) I reviewed the comment by a couple of students who were uncomfortable about being asked "how would you feel if I asked you today if you looked nice" would you think that is sexual harassment? One said: not offended, one said yes a slippery slope and thought this was very odd. I indicated that this was potentially crossing a line. He should always avoid discussing a patient's pubic hair unless in medical context and their appearance, like you look nice, or is it ok to say that. Better here as there are clean rooms and his office/exam was a disaster at old health center

Survey passed out:

Nurses felt he passed out surveys. He denies this and I have not seen one.

Patient handouts:

Nurses felt he passed out and zeroxed extensive handouts. Dr. Tyndall showed an example which was an extensive long page handout with consent signatures for OCPs. I indicated that we don't require consent but all forms like this need approval of our form committee same as also patient education material

Late policy: Nurses were concerned that he had his own late policy where he would talk to patient if they were late by phone across the hallway. I indicated he needed to meet with the student in person. I indicated that he could do the same thing more effectively with face to face contact.

6.27.2013: I reviewed these comments again today and indicated that he needs to change this behavior. I indicated that for a couple of them I had to review the comment to Equity and Diversity for their opinion and followup.

I indicated I would:

- 1) followup in by end of summer
- 2) expect change
- 3) review the consent issue on OCPs with women's health committee and MPS

I also advised him to go voluntarily for coaching on some of these issues with the USC Center for Work and Family Life.

George was not understanding all the issues and felt perhaps he should just not talk to patients. I indicated that is not what I meant. Talking and making someone comfortable is different than talking about race issues, or gender issues or looking pretty.

He indicated that he would follow the recommendation on Center for Work and Family Life.

EXHIBIT 9

Tab 75

7/2/13 Larry Neinstein

Got letter from Dr. Tyndall.

Concerns - castigatory, noia-allegations -
didn't give me copy of allegations.

Photo of wife - "she's beautiful."

✓ Is she?.

That's it.

Absolutely nothing inappropriate in
conversation.

Most amazing part - you accepted allegations.
I only suggested reading from CWFL.

BTW I want copy of allegations.

Doesn't need part for waters. [REDACTED] - told me
he would need to identify goals.

I am aware that I need to be especially
circumspect as a ♂ gynecologist.

Astounded by how readily you accused me.

I will ask OJD to investigate conspiracy
against me b/c of my gender.

Nothing to do w/ gender.

There are many ³ gynecologists in field.
He has medals of honor.
Start in Nat'l Security Agency
Unwilling Discharge
Not a normal response.

Did not like it to heart - irresponsibility.
Does not even acknowledge perception.

Tab 76

From: Rachel Chanin
To: Ruth Kempton
Sent: 9/9/2013 6:46:48 PM
Subject: RE: Janice Wong

Hi Ruth,
I have covered these in the training materials.
Thanks,
Rachel

*Rachel Lee Chanin
Engemann Health Center
Concierge Supervisor
Concierge Services
1031 West 34th Street
Los Angeles, CA90089
Tel: 213-740-1718 Office
Tel: 213-821-3676 Concierge Desk
chanin@engemann.usc.edu*

From: Ruth Kempton
Sent: Monday, September 09, 2013 10:31 AM
To: Rachel Chanin
Subject: RE: Janice Wong

Thanks for letting me know about this. Did Erica report that she feels uncomfortable? If Erica feels uncomfortable, we need to report this so Dr. Tyndall is notified and aware. Even though Janice is not uncomfortable, Erica may be and this is something that we need to point out.

We can also cover certain material straight from the SCampus University Governance, following are the links:
Discrimination, Harassment and Retaliation: <http://scampus.usc.edu/e-integrity-of-the-academic-community/>
Sexual Misconduct: <http://scampus.usc.edu/e-2-sexual-misconduct/>

Prevention and Support: <http://scampus.usc.edu/e-3-prevention-and-support/>

Thank you.

Ruth Kempton
Facilities Director
Engemann Student Health Center
213-740-1780

From: Rachel Chanin [mailto:chanin@engemann.usc.edu]
Sent: Friday, September 06, 2013 3:55 PM
To: Ruth Kempton (rkempton@usc.edu)
Subject: Janice Wong

Ruth,
Janice and I have talked about Dr. Tyndal singling her out and talking to her only when he enters and departs the Health Center. I have witnessed him stopping and talking to her on many occasions and making a comment that she has beautiful teeth. Because of this, we have talked and she expressly said that he does not bother her and that he is "just being friendly."

Angela mentioned to me today that while talking about various things regarding dogs etc., Erica advised her that Dr. Tyndall spoke to Janice specifically for about 10 minutes while Erica was excluded from the conversation. Erica and Janice work the Monday closing shift together. Erica felt "creeped out."

Because Janice has expressed that Tyndall is just being friendl, and he does not bother her, I am not sure how to proceed and thought it wise to put this on record.

Rachel

Rachel Lee Chanin

*Engemann Health Center
Concierge Supervisor
Concierge Services
1031 West 34th Street
Los Angeles, CA 90089
Tel: 213-740-1718 Office
Tel: 213-821-3676 Concierge Desk
chanin@engemann.usc.edu*

Tab 77

From: Rachel Chanin
To: Tammie Akiyoshi
CC: Ruth Kempton
Sent: 10/24/2013 10:36:46 PM
Subject: Conversation this afternoon

Tammie,

I would like to confirm our conversation this afternoon concerning Janice Wong and Dr. Tyndall. Ruth, my direct report is out of the office until December 9, I was advised that you would be the person to approach in this regard.

You have assured me that you will be discussing this further with Dr. Jacobs.

I appreciate your assistance with this situation.

Rachel

*Rachel Lee Chanin
Eigemann Health Center
Concierge Supervisor
Concierge Services
1031 West 34th Street
Los Angeles, CA 90089
Tel: 213-740-1718 Office
Tel: 213-821-3676 Concierge Desk
chanin@eigemann.usc.edu*

Tab 78

From: Sandra Villafan
To: James R. Jacobs
Sent: 12/2/2015 4:06:23 PM
Subject: FW: Engemann Patient Feedback Form C120215

Per your request

From: noreply@qemailserver.com [mailto:noreply@qemailserver.com]
Sent: Wednesday, December 02, 2015 3:19 PM
To: Sandra Villafan
Subject: Engemann Patient Feedback Form

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

Response Summary:

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

Your Name (optional) [REDACTED]; email and phone matches pnc

Your USC Affiliation: (required)

Student

I am writing to: (required)

Report a Concern

Comments and/or Concerns:

I'd like to voice a complaint about Dr. George Tyndall. I came in to see him with a complaint about sharp pain in my ovaries that I wanted to make sure wasn't dangerous. After I filled out my history, he came in nearly 30 minutes late and ushered me to his office. We started going over my history and he seemed to dismiss what I thought to be correct answers to my history background, he made a few comments when he got to the question about questioning sexuality that felt dismissive as well despite my flustered attempts to explain. When we got to the issue at hand, he asked me a few questions about the amount of pain and IMMEDIATELY said I should go on birth control. It was a little off-putting, and I didn't quite know what to say.

He asked if I had never been offered birth control in the past because I am a virgin. I told him because my family is Catholic and I was under 18, I didn't have much choice in the matter but that was ok because I wasn't too interested. Immediately he jumped into a whole spiel on how Catholics are allowed to use birth control, even nuns, according to John Paul II encyclical; a fact that I was very familiar with already and had nothing to do with my thoughts on the matter. He went on and on pushing birth control and how good it could be for me. He asked if I wanted a whole new appointment just to talk about the pros and cons of the drug. I tried telling him I wasn't particularly interested at the time and I didn't feel it was right for me, but he pulled out a whole list of women's issues that could be solved if I took birth control regularly until my fifties. He pushed so hard that I eventually let him talk me into that second appointment (which he made for me) without giving me time to think or talk about how I felt.

As soon as I walked out I was left with a sense of anger and powerlessness. I felt coerced. I didn't feel listened to. My concerns and opinions didn't feel listened to or validated. I didn't feel comfortable speaking to him about my health considering the way he was acting. I felt like as soon as he knew I was Catholic and not sexually active that he thought I was naive when it came to contraception which is simply not the case. I am in fact very aware of the benefits of birth control but also very aware of the risks; and as someone who takes medicine to help with

other problems I was not willing to have another unnecessary one that could mess with my hormones and my mood. If he thought I was protesting because of my religious values(even though I wasn't), he should have respected that. If he thought it was because I felt I wasn't ready or felt uncomfortable with the idea, he should have stopped. When I said I didn't feel it was right for me, he should definitely have stopped. But he didn't. He pushed and pushed and pushed until I felt utterly powerless. More to the point, he never asked me what I expected out of my care in the first place. I came in to see him as a second opinion to make sure whatever sharp, almost alarming pain I was in couldn't cause permanent damage or get worse and/or at least know why I was getting them. These concerns were especially important because my mom had ovarian cysts when she was my age and had to get an ovary removed because of them. Pain management would have been a bonus, but I knew birth control would be the main answer to that and I believe in this case the costs of it outweigh the benefits.

I walked out of that appointment confused and angry. I wasn't quite sure what to do, but I was surely dreading that follow-up appointment. I cancelled it only hours later because I knew what my choice on the matter would be and I knew he would just keep pushing the birth control. What has bothered me most since then is that I have talked to several other young women(my roommate, classmates, friends) who have seen Dr. Tyndall for whatever reason and have been given the same talk from him and felt the same way I did about him. All of these women have the similar understanding that birth control is not evil and may help some and may save lives or relieve them of excruciating pain (one was even on it) but also realized it's certainly not for everyone. All of these women felt uncomfortable, but assumed it was in their heads and didn't feel it necessary to voice their concerns because of it. It is not my place to say whether Dr. Tyndall is a good or bad doctor, but I think a certain level of sensitivity would do him some good. And even though patients certainly are not the carriers of knowledge, they still know their bodies, know their values, know what they're comfortable with, and often have a good grasp on what they expect when it come to treatment. My fear is that other women who don't have a strong understanding of what they want from their gynecologist visit may be lead to feel more confused and conflicted than they need to be.

In closing, I would like Dr. Tyndall to get this feedback, but of course follow privacy protocol when using my name and identifying details. At this time I will not be receiving further care from Dr. Tyndall, nor would I like any more direct interaction with him within reasonable limits. Thank you for your attention to this matter.

Tab 79

Please place card in the suggestion box at the Concierge area. (1st floor; main entrance)

Date: 3/28/18 Clinic/Service Visited: USC Engemann

USC Affiliation: (circle one) Student Staff Faculty Parent Visitor

Engemann Staff Member Visited: Jim 29 10:34

What was good about your visit today?

How could we have served you better?

Dr. Tyndall is a racist. He treated me like a criminal and made me feel less than a person.

I would like to be contacted by the Quality & Safety Director.

Name: [REDACTED]

Phone: [REDACTED] E-mail: [REDACTED]



USC Engemann Student Health Center

Tell Us What You Think!

Engemann Student Health Center Comment Card

At the Engemann Student Health Center we want to hear from you! You are the most important part of what we do. That's why we value your thoughts and opinions.

There are various ways to contact us with your comment, concern or suggestion:

- * Visit www.usc.edu/engemann/comments to fill out our feedback form.
- * For immediate assistance, ask to speak with a department/service supervisor.
- * Call (213) 740-9355 and ask to speak with the Quality & Safety Director.
- * Fill out the back of this card and place in the comment box at the Concierge area.

Thank you for choosing the Engemann Student Health Center for all your health care needs.

USC Engemann Student Health Center

Tab 80

L. Tynanall
Tynanall, Ericas

From: James R. Jacobs
To: USC Office of Equity and Diversity
Cc: Sandra Villafan
Subject: follow up to phone conversation with Erica
Date: Monday, February 1, 2016 5:15:28 PM

Erica,

The email chain copied below provides background for the complaint that I discussed with you by phone this afternoon, regarding complainant (student) [REDACTED]

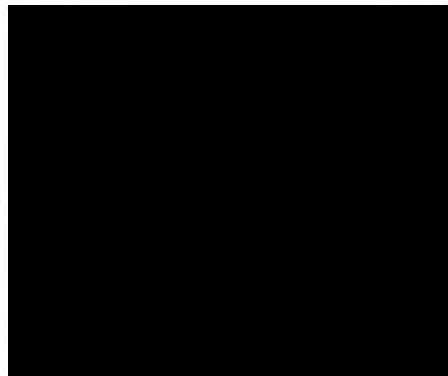
Typically, we pursue internal investigation of complaints and concerns, but given the nature of this situation we will defer to your office unless you instruct us differently. At present, only Ms. Villafan and I are specifically aware of this complaint. Please do not hesitate to reach out to either of us if there is information or access that we can provide.

Thank you for your assistance,

Jim Jacobs

James R. Jacobs, MD PhD FACEP
Medical Director and Acting Executive Director
Engemann Student Health Center
Division of Student Affairs
Associate Professor of Clinical Pediatrics
University of Southern California
1031 West 34th Street
Los Angeles, CA 90089-3261
Phone: 213.740.0214

[REDACTED]
Email: jnjacobs@usc.edu



n unique menke? *...and 2016*

From: Sandra Villafan
Sent: Friday, January 29, 2016 12:12 PM
To: James R. Jacobs
Subject: FW: Comment Card 01/28/16

Private and Confidential

Hi Dr. Jacobs,
Upon your request, I called the student to get clarification of the concern since you noted the student was not the clinician's patient. The student recounted the following:

G. Tyndall
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Phone: 213.740.0214
[REDACTED]

Email: jrjacobs@usc.edu

monique menke } interim director

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I told the student that we take her concern very seriously, and gave her my direct number should she think of additional information. I told her, since this sounds like a Human Resources concern, I may not be able to share all the details of the investigation but that it was being addressed at the highest levels of our facility. Her final comment was 'I don't think he should practice if that is his attitude.'

Please let me know how I can further assist with next steps.

Best,

**Sandra Villafán, MLIS, RHIT | Director, Quality & Safety
USC Engemann Student Health Center | Division of Student Affairs
1031 W 34th Street | LL 106 | ESH MC 3261
Los Angeles, CA 90089-3261
Direct: 213-740-0232 | [REDACTED] | Dept.: 213-740-0206 | Fax: 213-740-4961
svillafa@usc.edu**

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From: Sandra Villafán
Sent: Friday, January 29, 2016 8:58 AM
To: James R. Jacobs
Subject: Comment Card 01/28/16

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 mitigate future risk.

I.E. Updates to process, policy, coaching, training ...etc.

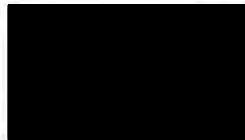
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We received a comment card yesterday regarding a clinician's bedside manner. Would you like for me to reach out to the student or would you like to give her a call. She provided her phone and

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How could we have served you better?

"Dr. Tyndall is a racist. He treated me like a criminal and made me feel less than a person."



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Associate Professor of Clinical Pediatrics
University of Southern California
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Los Angeles, CA 90089-3261
Phone: 213.740.0214
[REDACTED]

Email: jrjacobs@usc.edu

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Subject: FW: Comment Card 01/28/16

Private and Confidential

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Direct: 213-740-0232 | [REDACTED] | Dept.: 213-740-0206 | Fax: 213-740-4961

s.villafa@usc.edu

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Sent: Friday, January 29, 2016 8:58 AM

To: James R. Jacobs

Subject: Comment Card 01/28/16

Under protection of California Evidence Code Section 1157

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I.E. Updates to process, policy, coaching, training ...etc.

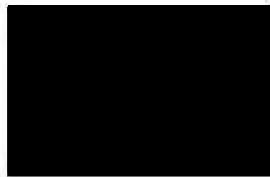
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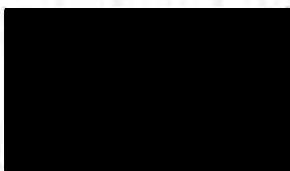
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EXHIBIT 10

Tab 81

Interview with [REDACTED]

February 5, 2016 (via phone)

Re: [REDACTED] Dr. Tyndall Complaint

- [REDACTED]
- Telephone number [REDACTED]
- [REDACTED]
- During an appointment last year - she can't remember when, she was waiting for an hour and a half, a nurse came in and checked in and said that he told Dr. T to come in, but that he hadn't and was still with another patient, when he did come in he was rushing and didn't give the proper instructions regarding the IUD appointment (birth control) and seemed upset that it was after clinic hours even though it wasn't her fault because the appointment was late
- During the appointment when referencing Dr. Getter, he said "Doesn't she have such beautiful black skin..." said something else that was equally weird and racist but she can't remember what it was...
- The next day a nurse told her that Dr. T always makes people of color wait ([REDACTED] couldn't remember the nurse's name but said she would find out in the next few days and get back to me)

[REDACTED]

Interview Notes - February 5, 2016 via phone

Complaint against Dr. Tyndall

Last Wednesday night at 8:45 pm., meeting with faculty advisor, and lost keys either inside the health center or outside health center and wanted to go talk to Charles the security officer...retracing steps for about an hour and went back to health center to speak with Charles wanted to talk to Charles to see if maintenance had lost keys

Waiting outside the health center, sitting on the bench to the right of the health center, took out everything from backpack (computer, notebook) and sitting there...and, Dr. Tyndall and as soon as he saw me he closed the door...made, me feel really bad does it seem like that I'm threatening and I didn't know who he was ...when I stood up he closed the door...she mouthed "is Charles the security guard inside I want to ask the question" then Dr. Tyndall opened the door a quarter of inch and she asked if Charles was inside, and she said no, but she thought he heard him say "go away," but was a few inches back so couldn't tell for sure

The next day was talking to her friend [REDACTED] who works in the [REDACTED] and she told her about the incident and [REDACTED] said she said that he made her wait for two hours and the nurse said that he typically does that with black patients

Her roommate also saw her as a patient and is African-American, "didn't do anything that was directly racists but wasn't polite as a patient," and doesn't seem like he had good bed side manners and was odd, but not that he

TYNDALL

CURRENT POINT

2/12

meeting w/
Linda Byrd

(medical assistant)

- Seems if when get minorities (african)
makes Dr. Tyndall wait longer than
(asian or white patients)

— process

↳ self - check-in



triggers computer in back



click start visit, nurse
or medical assistant
checks in with vitals → get
patients



- doctors have computer
with patient chart

(now doctor ~~know~~ race of
patient → "we can tell by
names"; "maybe in chart")

Tab 82

Cynthia Gilbert
Docs

GT concerns continue May 2016

Given several times throughout the 3 years here at ESHC

Teresa Tockstein
Clinic Mgr 2/2/2015

2013: 6 months after opening ESHC We directed concerns of Dr. Tyndall's inappropriate, unprofessional behavior towards staff and patients to Teresa Tockstein, Tammie Akiyoshi, Dr. Neinstein. They did collect information by talking with staff, yet nothing was done except he was told he should not lock his office door with people inside. He now leaves the door ajar.

He continues to say inappropriate things to student/patients and staff. It has been brought up in nursing leadership meetings, but no action taken that I am aware of? At least he has made no changes in regard to his women's visits. The MA's continue to share their concerns as does the RN who assists him. I on several occasions have assisted him and observed his unprofessional manner of examination, and inappropriate questions during the exam. Talks about the nipples being perky, vaginal muscle tone always mentioned as "oh, are you a runner? You are so tone" as he is doing his vaginal probing. The students look uncomfortable and confused. Many state they find him "creepy" and would like to change to another Dr.

Danielle Gelbrecht MA was not comfortable assisting him or being alone with him due to his inappropriate comments. I have in the past suggest he not say certain things about appearance ect. He says what's wrong with that? It is sometimes is racial, other times flirtatious, or about their bodies. He will repeat things back and ask "...said I should not say that?" And then he says "What's wrong with that, do you see anything wrong with that?" One example is "Hispanics have green thumbs so I like to ask them to care for my plant when I am off" He asked Linda B. "Why do you speak so well?" and something like most blacks don't know proper English? She could be more exact. I did not hear this comment as it was before I was here. She was talking about it offending her.

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Though he does a full body exam, skin check, has them turn over and checks from head to toe he does not document that this has been done. He will on occasion mention a tattoo, but does not mention the full body check. Many charts say the exam was deferred. He then keeps them in his office talking

for another hour while the patients on time sit waiting. This too upsets the students because they end up not getting the issues they came in for addressed. He often asks them to reschedule another appointment if they would like that issue addressed. Some are even asked to schedule another appointment for the same afternoon. I am getting complaints from students concerning this habit as they feel their time is not being considered and they have busy schedules.

April 2016

The students have to sit amongst the filth for an hour why he talks, questions them. I addressed my concern about his unprofessional setting in his office. He accumulates papers, bottles, books, lunch boxes, boxes, pamphlets, photos, trash, microscope with used slides, clean slides, dirty sharps container, coffee maker, cups, eating utensils, half drank water bottles all around the office, some on the floor under the students chair. There are 2 air condition/fan units, 3 extra broken chairs, and boxes on the floor, window seal. He has his patients come into his office and sit in that mess with trash while he counsels them for an hour. It is warm, dirty and unprofessional. He has been reminded that if he uses the office for students he should keep it clean, cleared, and professional. He cleans it a bit then accumulates the mess again. I did talk to Sandra Villafan finally because she is Quality and Safety and she agreed this was unacceptable and put into motion via Dr. Wenger's help to clear the extra stuff out and clean the office. Unfortunately it has already started showing up again.

I will follow up with Dr. Wenger and Maria again and have included Dr. Leavitt this time. If they do not find this unacceptable I will reach out to Sandra again who was advised by Monique that I should go to Ecta for advice, and then HR. HR had called just prior to our BETA inspection, so I decided to wait until we finished that before I could focus on GT again. Now Ecta and Monique are out, so I will talk with Lead Physicians for now along with Maria. I will then follow through with Ecta and HR on behalf of our students, staff.

Unfortunately the MA's have worked with this so long and feel our management has known about it, yet nothing has been done. They have mentioned it many times and at this point they do not keep track of specific names as it occurs every day. The ones that bother them a lot they will still mention to me. I get complaints from students, mostly about his odd manner, taking so long with them in his office and still not taking care of what they come in for. The young ladies he usually does it to are young, usually not comfortable with English, quiet spoken (our international students). The ones I hear from are the more mature graduate students who are more confident or have had more experiences. One recent example the student said she believes he uses his "power to control and manipulate" She was saying that he knows if you want your medical concerned taken care of you will return again in the afternoon like he is telling you to do.

No response from Dr. Wenger, but Dr. Leavitt did send me an email in response to my email to both he and Millie. His response was to try to have complaints in written form. He is now on vacation. Dr. Wenger has been here on and off and has met with Tammie for Leadership mtg, but has not had time to meet with me as yet. My leadership has not reached out to review topic with me either. I last brought it

up to them in April. They too have been off on and off so maybe that is why, but this behavior is known about and has become (normal for us which would mean it's acceptable and it is not).

6/2/16 I did follow up my concerns with Ekta as suggested by Sandra. I spoke with her about my concerns that have been brought to me by patients, staff and direct observation. She agrees this is not acceptable behavior. She will assist in follow up and help moving forward. She thanked me for not giving up. I explained I was a bit uncomfortable because it is not popular when issues are taken outside of our building or department, but I feel something needs to be done. I hope I don't get fired for doing so. Tammie feels strongly that this makes it look like we are not doing our jobs?

6/2/16 Thursday Ekta left a voice mail on my office to let me know she had already contacted and spoken with Gretchen at OEandD (Office of Equity and Diversity) and wanted me to know Gretchen would be calling sometime Friday. She asked that I repeat the specifics with her and to give some specific examples of times when students were tearful or upset or uncomfortable. She also suggested I **Ask to fill out some forms for confidentiality if I am concerned about retaliation. Tatiana did not think she could guarantee confidentiality. This, I understood. She did say they have a no retaliation policy. I said I had heard that, but from previous experience this policy is difficult to enforce. She agreed, but did say it is important to report even the slightest sign of it right away.

6/2/16 Ekta will be off Friday 6/3/16, but left her cell phone number in case I need to reach her before Monday. It is [REDACTED]

6/3/16 I received a call from Tatiana (OE&D) and she wanted to know if I wanted to review my concerns, but she was not able to say it would be kept confidential? I am to call her back if I want to meet with her next week? Her number is [REDACTED] or the number given in the past was ext. # 17299 (she does not sound comfortable or knowledgeable?) Not sure if I should wait to see if Gretchen (director of OE&D) calls? I did later ask Tatiana if she called because of my contact with Sandra and she said she believed it was from Monique Menke, but it could have been Sandra? I was told by Ekta that Gretchen would be calling, but when I mentioned that to Tatiana she said she would call me back. She later did and confirmed after speaking with Gretchen that she (Tatiana) could go ahead and meet with me. So we scheduled an appointment for Monday 6/6/16 for 10:30 am

Today 6/6/16 I met with Tatiana as planned and we reviewed my concerns as well as the other staffs concerns with GT inappropriate patient interactions and behavior. She took notes and reviewed with her supervisor later as to how we should move forward. I will make follow up calls as she suggested. She let me know they were going to reach out to Tammie for names of his medical assistants and set up times for interviewing through her.

Later today 6/6/16 Dr. Wenger and I checked GT office for inspection of progress on the hoarding, lack of cleanliness and the room looked semi organized as it did last week, but the room was full of fruit flies. The room and entire desk covered with them. We later went in to find the source was a plastic bag of liquefied fruit of some sort. The smell was terrible and the fluid had leaked down a fabric suitcase the bag was sitting on. There was also a fast food bag of lunch trash crumpled and left there. Half full soft drink on his desk. Corinne and I cleaned the mess that was attracting the flies as best we could and

threw it out. She had a fly and bug trap we left in his office and closed the door. He had a can of RAID sitting next to his Fabreeze on the window seal. He must have had the infestation prior to leaving on vacation for 2 weeks? Dr. Wenger, Sandra, Corinne were all sent photo of the bags of trash and fruit from my cell phone to email as Corinne suggested.

Again I attempted to speak with Maria F. (along with Dr. Wenger). She said she would meet, but by 3 pm still had not confirmed a time and was not answering her email requests so I met with Dr. Wenger alone as Dr. Leavitt was still on vacation.

I do not want to wait any longer to let Dr. Wenger know details. I have already spoken to Ekta from RSVP (center for Men and Women) and she confirmed with me that the behavior is inappropriate. I have previously spoken to Sandra Villafan whom also agreed. She had originally suggested I speak with Ekta and said Monique suggested I go to OE&D. I have taken it to Equity and Diversity (done last week).

I met with Tatiana at O of E&D yesterday with details 6/3/16. I have brought up wanting to talk with Tammie and or Maria several times, but have not been able to speak in private. They always put it off, with a smile or a dismissing laugh. Tammie once said well write it all down and give it to me. Never once has asked me for specifics or made time to discuss in private, so will just move forward. I was hoping going to Maria by herself with Dr. Wenger would work? Dr. Wenger seemed like she would get involved and help. Maria still dodged the meeting.

I reviewed these same details with Dr. Wenger today. (Maria and Tammie are not interested in details or follow up when it is brought to them). Dr. Wenger took notes and said she would share info with Dr. Leavitt when he returns from vacation and she will contact HR or E&D or both? She will be in touch.

I am sure Dr. Wenger will speak with TA and MF, but they have not contacted me as yet. They will certainly be upset. Maybe now they will all have no choice but to get involved knowing that OE&D is aware. Dr. Wenger did mention she knew something was happening at OE&D about this, but said she did not know what? She said this was much worse than she knew? She agreed that the things I thought to be inappropriate were absolutely inappropriate. Behavior like 1 finger, now 2 over and over to "see if they can tolerate the speculum" Ignoring the students when they ask him not to use 2. His comments every time he does the finger test. He then says: "Oh, my, your tone, very tone. Are you a runner?" They always look to us like what is he doing, why is he asking that? I told her many of the girls don't speak English well and are hesitant to say anything, but they get tearful and look so upset. The older, more confident students like the Graduate students are more vocal and say it is wrong how he uses his "power to manipulate and control his patients" One said if you want your medical concerns taken care of you do what he wants and that is unprofessional and wrong. Then they would ask to be scheduled with a different provider. I shared the Full Body check done nude up on the elevated exam table asking them to lay down then get up on their knees to flip over and then lay back down so he could view the their entire body and do a "complete check". Other than a mention of a tattoo this was never documented. He defers exam on some and writes pt. defers ex. He words the question how he wants it to go. You don't want an exam today, right? Or I know you want a exam. They for the most part will do what he prefers. Sometimes they insist on no exam today after talking with him. He has been heard

saying "Oh, you have perky breast". Then put the drape down and lifting it up again and repeating "yes, very perky, straight up" These are young impressionable young ladies and many of them have never been to GYN appointment. I told Dr. Wenger that it is frustrating to have to witness this behavior and when it is taken to leadership, nothing is done. I explained I understand she has been thrown into this position and I apologized, but I felt it had been over looked for too long. It must be easier to ignore when you do not have to see the student's faces, fear, and disbelief. My medical assistants have told me they have almost given up saying anything, it's been so long. I can't act like his behavior is ok even if people don't like it. She said oh no I will take care of this. She knows it is already in the works so she really has no choice at this point, but to take care of it.

Over the weekend Tammie sent me an email requesting a list of the MA's that work with GT and I gave her the list along with Jerri's name. She set up the appointments and let them know that they would be interviewed at their given times and to just not share any information with others.

Dr. Wenger had sent GT an email to let him know he had a mtg set with Monique, Dr. Leavitt and Wenger Monday morning.

June 13, 2016

Dr. GT was to return from vacation Monday 6/13, but called off sick for Mon and Tuesday. He returned Weds and had a full patient schedule that day. He was allowed to see patients. Sandra was on vacation and when she returned Thursday she could not believe he was seeing patients. She felt he should be on administrative leave until decided what to do and should not see patients. She spoke with Monique. They later had a EC mtg. where this was discussed. His schedule was lightened with afternoon off and tomorrow off due to 4 day work week AWS. He is here working on his computer, office work.

Shondra from HR has been conducting fact finding interviews with our staff and this week July 22, 2016 she finished with nursing station A staff. Some for the first interview and for some of us it is the second or follow up fact finding sessions. During these sessions C.B. remembered another event very unusual that she and I have witnessed twice and that was after he removed a patients IUD from her uterus he asked her if he could keep it? She looked very surprised, confused and did not answer him at first. Then we he asked her again if he could have it she shrugged her shoulders, made a face and said "? Sure ?" with a questioning tone. Cece and I have both been in the room to see this request.

August 10, 2016

We are concerned because today 8/10/16 Dr. Tyndall's schedule for August 22, 2016 has been opened for patients after being blocked for all this time of investigation. He is now placed back onto schedule to see patients. This I was told was an error by front desk staff.

Oct 20, 2016

Hi Tatiana,

I would like to follow up with you about the concerns about ESHC I brought to your attention in June of this year. You kindly talked me through the process and reassured me it was the right thing to do even though I shared my fear of retaliation from my direct leadership. Past experience has proven that going to HR about issues within ESHC result in being seen as the problem. I felt strongly the issues with Dr. Tyndall's patients were important enough to take this risk. You did say you could not guarantee confidentiality, but that USC has a no retaliation policy. I clarified that I knew this, but had to say that in my experience that was easier said than done. You agreed and encouraged me to let you or your office know as soon as I saw any signs of this happening.

 I had not done so when Tammie started treating me differently following my speaking with your office back in June 2014. At that time I was contacted by your office during an ongoing investigation of ESHC management and onsite health center HR for hostile work environment I believe. It was felt at that time that management would make the work place so uncomfortable that employees would finally leave due to unfair and hostile treatment. This past employee was struggling here and finally brought this to Student Affairs attention and it ended up in your office. I was contacted by and met with Anna Aguilar. I was open and honest when speaking with Anna and she was very helpful. It almost immediately got back to Tammie that I had spoken with Ms. Aguilar and her attitude towards me since then has never been the same. She is guarded, cold, and distant. She tries not to speak unless she has to. She has many times walked directly past not even acknowledging or responding to a good morning or "Hi". During that time she stopped having leadership meetings when prior to this we met weekly. After ESHC management changes took place (with retiring and moving to other positions). Things started to settle down some, but my manager position that I was waiting on becoming finalized was changed to a lower position of nursing supervisor. Prior to receiving the position change paperwork the sign on my door with the title Nurse Manager was removed and replaced by name plate of Nursing Supervisor. Unfortunately this was done after hours without having the manner of informing me of the change. It was sometime before Tammie actually delivered the formal position change to me and shared with me what the new title was going to be. My evaluations have ever since been average and critiques have been stringent. I could live with these things and did not take this to your office, because I expected Tammie to be mature enough to move forward and have things return to normal.

I went through the USC CERT course (Community Emergency Response Team) in July 2015 and it is of value to the entire USC community, yet every time I have been called upon by the training team I have been denied by Tammie and Maria to participate. They say they cannot spare me because they need me at ESHC, but then they do not use me in a role here either. This has occurred twice. Similarly requested days off are denied me, but given to other leadership on those same days. Again this shows a pattern of unprofessional and retaliatory behavior.

It was my error not to report this ongoing behavior, but I have always aimed for a professional, positive work environment with patient care being the main focus. I try to not let this type of behavior change

who I am. Many of my staff will notice how I am treated and will offer support with "Don't let them get to you". This behavior of management alone is so unprofessional and should not be accepted.

Since the reporting of Dr. Tyndall's events this June 2016 the negative impact is even more evident. We again have very few and far between leadership meetings. Tammie and Maria can now not include me in decisions because they demoted me to supervisor. This would be fine except they make decisions for my floor, my team and me without even a discussion that they are doing it. The expectations of the manager position are all still given to me, yet they avoid communication (be it verbal or written) as much as possible. Since I spoke with your office in June Tammie has removed herself from our Nursing Leadership team. She announced that she would not be involved in nursing leadership meetings from here on. I believe this will make her excuse of "I had no idea" much easier to say and have someone believe it.

I have hoped this unprofessional, cold behavior would not continue, but it is obvious that Tammie is not going to get over it and that her intimidation tactics, retaliation are just part of the environment when someone speaks up for what is right. Unfortunately most people will follow suit and do what she wants to spite what is right. I understand that may be easier, but I am unable and unwilling to do that over doing the right thing. When it comes to treating people disrespectfully just because it is expected from your superior or ignoring behavior you know is wrong, I will not do that. This should not be grounds to retaliate against me which is what is being done time after time.

My floor or my requests for my floor (second floor-PCC) are always the last to be answered. Many times not answered or addressed if waiting for nursing leadership to act. It took almost 3 years of requesting a patient scale that worked, height measurement tool and proper fax machine for our floor that cares for 200 patients daily, 10 to 15 clinicians daily and 12 medical assistants, 2 nurses. Nursing leadership, ultimately Tammie would not move forward on our repeated request for these vital pieces of equipment. Finally Dr. Jacobs (Medical Director) at the time heard of it and said he did not understand the problem. The money was there, so just write up what we needed and get it to him so he would take care of it. Very similarly the second floor was the only department without security, locking entrance doors into our clinic area. After multiple verbal requests for security doors we moved to more formal written requests. After school shootings my staff would ask me "What about our doors? Can we get security entrances in front on our floor? Then after Dr. Tyndall's leave I had employees unable to sleep well because they did not feel safe. Still no help from nursing so I forwarded my requests to Quality and Safety Director and Executive Director. They were helpful and took it back to Executive Meeting and finally the PCC floor was able to get the secure entrances.

Lack of communication is another example of Tammie and Maria's (Tammie Akiyoshi and Maria Francisco) unprofessional and retaliatory behavior. Since I took the concerns outside of ESHC the communication their communication with me is much worse. For example yesterday we had the Great Shake Out drill and nursing leadership was to decide who and how the drill was to be announced to our nursing stations. They did not include me in their decision until an hour prior to the drill. All other departments had a plan and had shared it with their team. This week was Medical Assistance Recognition week and this occurs every year at the same time of year, yet this year they did not mention

it. They did not include me in their plans even though I am the supervisor for the medical assistants. This is a great example of excluding me in issues I clearly should be included in. Since the week was almost over and I still had no mention of MA week from them I planned a lunch (which I do every year) and invited the nursing leadership to come help us celebrate all that the MA's do for our patients and clinic. Tammie then answered my email with she had planned doing it on Friday? My question then, would be why she had not told me about it? In the end no other nursing leadership came to the medical assistant's lunch.

One concern we had was the use of cell phones while staff are working with our students. It interferes with delivering quality care. It had been brought up for years and the problem was talked about yet never corrected. In talking with HR I was told having a policy would help enforce no cellular use while working. I had this as one of my professional development goals to create a policy for ESHC Nursing and it was approved. I worked diligently with HR, IS, and created a policy on cellular and wireless devices. I gave it to our interim Executive Director for one last review prior to submitting. She seemed to like it and mentioned that it may be good to use throughout ESHC. I submitted it to Tammie and Maria and they reviewed it in Executive Committee meeting and found it would not be used. They never got back to me with an answer or follow up. It again was not communicated to me what was going on with the policy. After many attempts Maria finally told me it was not going to be put into action that I can just hold people accountable if they use the devices.

Another problem ESHC had struggling with was tardiness and attendance records. I again after speaking with HR felt having a policy in place would make enforcing attendance and punctuality would be easier to enforce. I had that as my next year's goal and was told by Maria that I could not use that because the same thing would happen to this policy as the cellular policy so I should not waste my time. I did appreciate her not wasting my time and effort if they knew they would not put it into action. None the less, the obstructionist behavior is another act of retaliation that makes doing my job much more of a challenge.

It is USC policy to have a zero tolerance for retaliation or toxic work environment. It is clear that this is occurring here, please help.

Please let me know if you need me to anything further to file a formal complaint.

Thank you, sincerely,

Cindy

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

GT concerns continue May 2016

Given several times throughout the 3 years here at ESHC

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up to them in April. They too have been off on and off so maybe that is why, but this behavior is known about and has become (normal for us which would mean it's acceptable and it is not).

6/2/16 I did follow up my concerns with Ekta as suggested by Sandra. I spoke with her about my concerns that have been brought to me by patients, staff and direct observation. She agrees this is not acceptable behavior. She will assist in follow up and help moving forward. She thanked me for not giving up. I explained I was a bit uncomfortable because it is not popular when issues are taken outside of our building or department, but I feel something needs to be done. I hope I don't get fired for doing so. Tammie feels strongly that this makes it look like we are not doing our jobs?

6/2/16 Thursday Ekta left a voice mail on my office to let me know she had already contacted and spoken with **Gretchen at OEandD** (Office of Equity and Diversity) and wanted me to know Gretchen would be calling sometime Friday. She asked that I repeat the specifics with her and to give some specific examples of times when students were tearful or upset or uncomfortable. She also suggested I **Ask to fill out some forms for confidentiality if I am concerned about retaliation. Tatiana did not think she could guarantee confidentiality. This, I understood. She did say they have a no retaliation policy. I said I had heard that, but from previous experience this policy is difficult to enforce. She agreed, but did say it is important to report even the slightest sign of it right away.

6/2/16 Ekta will be off Friday 6/3/16, but left her cell phone number in case I need to reach her before Monday. It is [REDACTED]

6/3/16 I received a call from Tatiana (OE&D) and she wanted to know if I wanted to review my concerns, but she was not able to say it would be kept confidential? I am to call her back if I want to meet with her next week? Her number is [REDACTED] or the number given in the past was ext. # 17299 (she does not sound comfortable or knowledgeable?) Not sure if I should wait to see if Gretchen (director of OE&D) calls? I did later ask Tatiana if she called because of my contact with Sandra and she said she believed it was from Monique Menke, but it could have been Sandra? I was told by Ekta that Gretchen would be calling, but when I mentioned that to Tatiana she said she would call me back. She later did and confirmed after speaking with Gretchen that she (Tatiana) could go ahead and meet with me. So we scheduled an appointment for Monday 6/6/16 for 10:30 am

Today 6/6/16 I met with Tatiana as planned and we reviewed my concerns as well as the other staffs concerns with GT inappropriate patient interactions and behavior. She took notes and reviewed with her supervisor later as to how we should move forward. I will make follow up calls as she suggested. She let me know they were going to reach out to Tammie for names of his medical assistants and set up times for interviewing through her.

Later today 6/6/16 Dr. Wenger and I checked GT office for inspection of progress on the hoarding, lack of cleanliness and the room looked semi organized as it did last week, but the room was full of fruit flies. The room and entire desk covered with them. We later went in to find the source was a plastic bag of liquefied fruit of some sort. The smell was terrible and the fluid had leaked down a fabric suitcase the bag was sitting on. There was also a fast food bag of lunch trash crumpled and left there. Half full soft drink on his desk. Corinne and I cleaned the mess that was attracting the flies as best we could and

threw it out. She had a fly and bug trap we left in his office and closed the door. He had a can of RAID sitting next to his Fabreeze on the window seal. He must have had the infestation prior to leaving on vacation for 2 weeks? Dr. Wenger, Sandra, Corinne were all sent photo of the bags of trash and fruit from my cell phone to email as Corinne suggested.

Again I attempted to speak with Maria F. (along with Dr. Wenger). She said she would meet, but by 3 pm still had not confirmed a time and was not answering her email requests so I met with Dr. Wenger alone as Dr. Leavitt was still on vacation.

I do not want to wait any longer to let Dr. Wenger know details. I have already spoken to Ekta from RSVP (center for Men and Women) and she confirmed with me that the behavior is inappropriate. I have previously spoken to Sandra Villafan whom also agreed. She had originally suggested I speak with Ekta and said Monique suggested I go to OE&D. I have taken it to Equity and Diversity (done last week).

I met with Tatiana at O of E&D yesterday with details 6/3/16. I have brought up wanting to talk with Tammie and or Maria several times, but have not been able to speak in private. They always put it off, with a smile or a dismissing laugh. Tammie once said well write it all down and give it to me. Never once has asked me for specifics or made time to discuss in private, so will just move forward. I was hoping going to Maria by herself with Dr. Wenger would work? Dr. Wenger seemed like she would get involved and help. Maria still dodged the meeting.

I reviewed these same details with Dr. Wenger today. (Maria and Tammie are not interested in details or follow up when it is brought to them). Dr. Wenger took notes and said she would share info with Dr. Leavitt when he returns from vacation and she will contact HR or E&D or both? She will be in touch.

I am sure Dr. Wenger will speak with TA and MF, but they have not contacted me as yet. They will certainly be upset. Maybe now they will all have no choice but to get involved knowing that OE&D is aware. Dr. Wenger did mention she knew something was happening at OE&D about this, but said she did not know what? She said this was much worse than she knew? She agreed that the things I thought to be inappropriate were absolutely inappropriate. Behavior like 1 finger, now 2 over and over to "see if they can tolerate the speculum" Ignoring the students when they ask him not to use 2. His comments every time he does the finger test. He then says: "Oh, my, your tone, very tone. Are you a runner?" They always look to us like what is he doing, why is he asking that? I told her many of the girls don't speak English well and are hesitant to say anything, but they get tearful and look so upset. The older, more confident students like the Graduate students are more vocal and say it is wrong how he uses his "power to manipulate and control his patients" One said if you want your medical concerns taken care of you do what he wants and that is unprofessional and wrong. Then they would ask to be scheduled with a different provider. I shared the Full Body check done nude up on the elevated exam table asking them to lay down then get up on their knees to flip over and then lay back down so he could view the their entire body and do a "complete check". Other than a mention of a tattoo this was never documented. He defers exam on some and writes pt. defers ex. He words the question how he wants it to go. You don't want an exam today, right? Or I know you want a exam. They for the most part will do what he prefers. Sometimes they insist on no exam today after talking with him. He has been heard

saying "Oh, you have perky breast". Then put the drape down and lifting it up again and repeating "yes, very perky, straight up" These are young impressionable young ladies and many of them have never been to GYN appointment. I told Dr. Wenger that it is frustrating to have to witness this behavior and when it is taken to leadership, nothing is done. I explained I understand she has been thrown into this position and I apologized, but I felt it had been over looked for too long. It must be easier to ignore when you do not have to see the student's faces, fear, and disbelief. My medical assistants have told me they have almost given up saying anything, it's been so long. I can't act like his behavior is ok even if people don't like it. She said oh no I will take care of this. She knows it is already in the works so she really has no choice at this point, but to take care of it.

Over the weekend Tammie sent me an email requesting a list of the MA's that work with GT and I gave her the list along with Jerri's name. She set up the appointments and let them know that they would be interviewed at their given times and to just not share any information with others.

Dr. Wenger had sent GT an email to let him know he had a mtg set with Monique, Dr. Leavitt and Wenger Monday morning.

June 13, 2016

Dr. GT was to return from vacation Monday 6/13, but called off sick for Mon and Tuesday. He returned Weds and had a full patient schedule that day. He was allowed to see patients. Sandra was on vacation and when she returned Thursday she could not believe he was seeing patients. She felt he should be on administrative leave until decided what to do and should not see patients. She spoke with Monique. They later had a EC mtg. where this was discussed. His schedule was lightened with afternoon off and tomorrow off due to 4 day work week AWS. He is here working on his computer, office work.

Shondra from HR has been conducting fact finding interviews with our staff and this week July 22, 2016 she finished with nursing station A staff. Some for the first interview and for some of us it is the second or follow up fact finding sessions. During these sessions C.B. remembered another event very unusual that she and I have witnessed twice and that was after he removed a patients IUD from her uterus he asked her if he could keep it? She looked very surprised, confused and did not answer him at first. Then we he asked her again if he could have it she shrugged her shoulders, made a face and said "? Sure ?" with a questioning tone. Cece and I have both been in the room to see this request.

August 10, 2016

We are concerned because today 8/10/16 Dr. Tyndall's schedule for August 22, 2016 has been opened for patients after being blocked for all this time of investigation. He is now placed back onto schedule to see patients. This I was told was an error by front desk staff.



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE FOR CIVIL RIGHTS

50 UNITED NATIONS PLAZA
MAIL BOX 1200; ROOM 1545
SAN FRANCISCO, CA 94102

REGION IX
CALIFORNIA

RELEASE OF INFORMATION

I, Cynthia Gilbert (Cynthia Gilbert), hereby release all information that I provided to the Relationship and Sexual Violence Prevention and Services (RSVP) (also previously known as the Center for Women and Men (CWM)) to the U.S. Department of Education, Office for Civil Rights (OCR) in relation to the investigation of case number 09-18-6901. I also provide my permission for and authorize OCR to speak with and interview Dr. Ekta Kumar and any other clinicians or staff in RSVP/CWM who received any reports or information from me related to Dr. George Tyndall regarding my communications with them and any actions they took or communications or correspondence related to my communications that they would otherwise identify as confidential or covered by privilege. This release to OCR also covers all documents and data, including but not limited to intake forms, clinician/clinical notes, e-corrspondence and any other correspondence recorded by RSVP/CWM related to my report(s) regarding Dr. George Tyndall that RSVP/CWM would otherwise identify as confidential or covered by privilege. I understand that applicable laws, including the Privacy Act of 1974 (5 U.S.C. §552a) and the Freedom of Information Act (5 U.S.C. § 552), apply to disclosure of information provided during this investigation.

Cindy Gilbert
Signature

1-3-2019
Date

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

www.ed.gov

Gilbert, Cynthia - [REDACTED]

Start of Page 1

USC Engemann
Student Health Center

Gilbert, Cynthia

[REDACTED]
Printed/Scanned at 6/17/2016 9:16 AM

Relationship and Sexual Violence
Prevention and Services (RSVP)
Student Counseling Services
INFORMATION AND CONSENT FORM

Welcome to Relationship and Sexual Violence Prevention and Services (RSVP) which is part of the USC Student Counseling Services (SCS). RSVP is a department of the Engemann Student Health Center (ESHIC) and was formerly known as Center for Women and Men. We provide mental health services to USC students.

ELIGIBILITY: To be eligible for our services, you must be an active USC student.

TREATMENT OF MINORS: Ordinarily minors will only be treated with parental consent. The exceptions to this general rule are as follows: the minor student is: (a) emancipated (b) financially self-reliant (c) in imminent danger to self or others or (d) an abused child.

SHARING OF INFORMATION: Because RSVP and the Engemann Student Health Center share electronic medical records, certain information is available to medical personnel. This includes diagnosis, the date of your last visit, the total number of visits, all providers you have seen here and any recommendations made. All psychiatric records are available to ESHC clinicians. As an approved training site, all trainees share any necessary information with their supervisors.

CONFIDENTIALITY: RSVP staff maintain confidentiality in accordance with the ethical guidelines and legal requirements of our professions. It should be noted that RSVP is not a mandated reporter with regard to sexual assault. RSVP records are kept for seven years, then destroyed. No records or information about you can be released from RSVP to the University, any individual or other institution without your written permission, except in the following special circumstances:

1. If you are thought to be a danger to yourself, if someone else is thought to be a danger to you, or if you are unable to adequately provide for your own food, clothing or shelter, confidentiality may be set aside in order to provide protection.
2. If you are thought to be a danger to some other person, we may have a duty to warn that person and the police.
3. If we learn that a child, an elderly person or a dependent adult is being abused or neglected, this may need to be reported to the appropriate child or adult protective services agency.
4. Additionally pertaining to the abuse or neglect of children:
 - a. If you were abused or neglected as child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused you, this information may need to be reported to the appropriate child protective services agency.
 - b. If you are under 18 years of age and disclose abuse or neglect to your Counselor this information must be reported to the appropriate child protective services agency.

ELIGIBILITY FOR TRAINING: Students who receive ongoing services at the RSVP or SCS are not eligible to be trainees at this center. If you wish to engage in training as a social work or MFT intern at RSVP/SCS, please request a referral for ongoing services off campus.

RECOMMENDATIONS: After the initial interview, your counselor may consult with their team. The team may recommend further evaluation, crisis intervention, individual sessions, couples counseling, group sessions, or referral, depending on what is appropriate for you.

CANCELLATION POLICY: Please provide at least 24 hours advance notice if you know you will miss a session. Missed appointments for therapy or psychiatry or cancelled appointments with less than 24 hours notice will result in a \$20 fee.

REFERRAL: If you wish to continue counseling upon completion of your sessions here, your counselor can refer you to other agencies.

Please discuss any questions that you may have about any of the content of this form with your intake clinician. If there are any concerns that you feel you cannot discuss with your counselor, please contact the Director of Relationship and Sexual Violence Prevention and Services at (213) 740-5602 or the Director of Student Counseling Services at (213) 740-7711. We are here to help you, so your feedback is important to us.

Thank You,

Relationship and Sexual Violence Prevention and Services (RSVP) Staff

I understand the above mentioned information and authorize RSVP to evaluate, treat, and/or refer me to others as needed.

Cynthia Gilbert
Signature

Student ID #

6-8-16
Date

Revised 6/1/16

End of Page 1

Gilbert, Cynthia - [REDACTED]

Start of Page 2

USC Engemann
Student Health Center

ENGEMANN STUDENT HEALTH CENTER

RELATIONSHIP AND SEXUAL VIOLENCE PREVENTION AND SERVICES (RSVP)

Please Print Clearly

Name Gilbert Cindy Age _____ Sex F
Last First Middle

USC ID# [REDACTED]

Place of Birth [REDACTED] Birth Date [REDACTED]

Local Address [REDACTED] Apt. # / Unit # _____

City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Please check preferred phone to use:

Home Phone

Cell Phone

Work Phone

Area Code - Number [REDACTED]

Permanent Address (if different) [REDACTED]

City _____ State _____ Zip Code _____

Insurance: USC Aetna plan or other: _____

Name Of Nearest Relative to Contact in Case of Emergency:

Name [REDACTED] Relationship [REDACTED]

Number [REDACTED] Area Code - Number [REDACTED]

Physician _____ Phone _____
Address _____ Area Code - Number _____

City _____ State _____ Zip Code _____

Revised 6/1/16 ek

End of Page 2

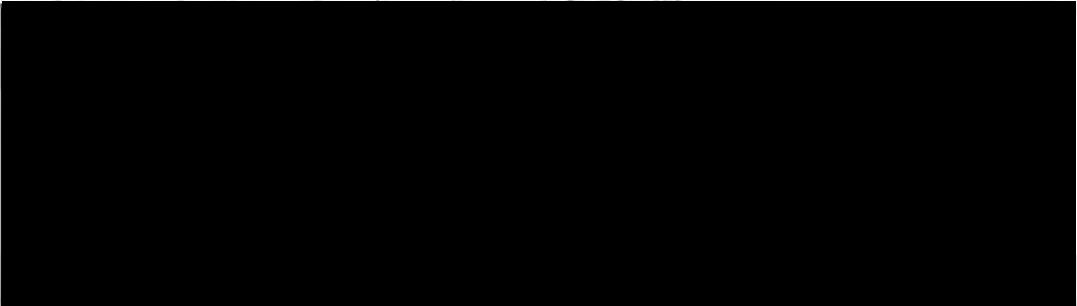
Gilbert, Cynthia - [REDACTED] [REDACTED] [REDACTED]

Start of Page 3

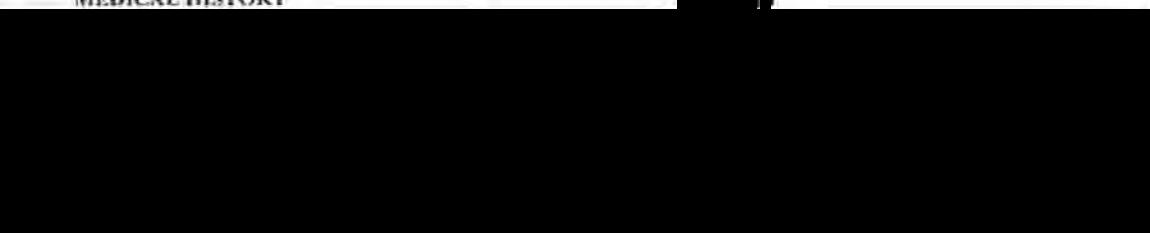
USC Engemann
Student Health Center

PERSONAL HISTORY

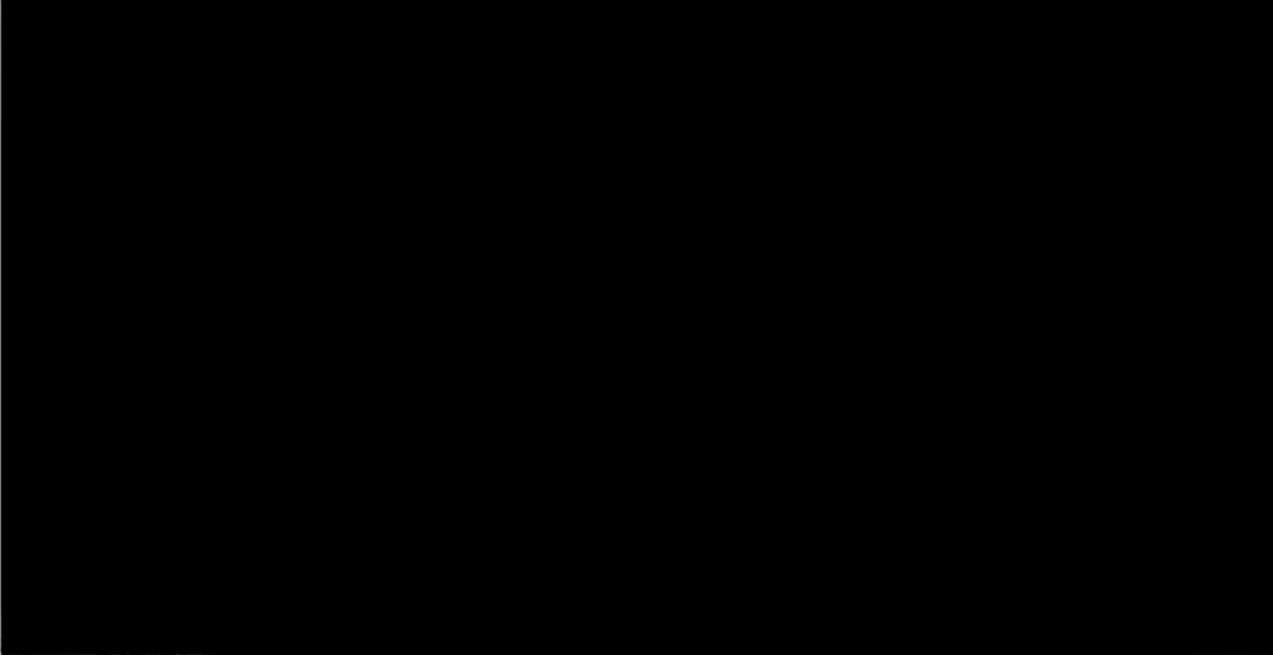
THERAPY HISTORY



MEDICAL HISTORY



FAMILY HISTORY



End of Page 3

Gilbert, Cynthia [REDACTED]

Gilbert, Cynthia [REDACTED] [REDACTED] [REDACTED]

6/8/2016 2:30 PM with KUMAR, EKTA M PSYD for MH CASE MANAGEMENT

Encounter #: A2085643-92 Appointment Reason:

CASE MANAGEMENT NOTE

Type of Contact: In Person

Clinician met briefly with Cindy to check-in and Cindy noted she was doing well and had met with OED Investigator, Tatiana, to make a report. Cindy also noted she did speak with Dr. Wenger, client's current supervisor, and provide her with information regarding the situation. As Cindy had not completed clinical forms in prior meeting, clinician requested client complete forms (see Scanned documents). Cindy noted she would follow-up with undersigned for any further follow-up, as necessary.

RECOMMENDATIONS

It is recommended Cindy f/u with OED and undersigned, as necessary.

Recommendations

*PROVIDED AFTER HOURS/CRISIS EMERGENCY NUMBERS

*STUDENT FOLLOW-UP AS NEEDED

OFFICE OF EQUITY AND DIVERSITY (TITLE IX)

Signed by Ekta Kumar, PsyD on 7/22/2016 3:46:41 PM

Gilbert, Cynthia [REDACTED]

Gilbert, Cynthia [REDACTED] [REDACTED] [REDACTED] [REDACTED]

6/2/2016 3:00 PM with KUMAR, EKTA M PSYD for **MH THIRD PARTY**
Encounter #: A2084385-36

THIRD PARTY CONSULT

Caller: Gretchen Dahslinger-Means, OED
Phone: x05086
Source: USC staff or faculty
Type: On the Phone
Authorization: Release on file

NOTES

Upon client's request, clinician reached out to OED Executive Director, Gretchen Dahslinger-Means. Clinician provided general information regarding case and Means agreed to have an investigator contact Cindy to make a report. In addition, Means noted it was not necessary for Cindy to notify her supervisors of the OED report, but could do so if she desired. Clinician also relayed Cindy's concerns regarding possible reprimands for making a report (e.g., being terminated from her position).

Clinician contacted Cindy and left voicemail providing her with information gained from Means.

RECOMMENDATIONS

It is recommended an OED investigator contact Cindy in order to aid Cindy in making a report.

Recommendations

OFFICE OF EQUITY AND DIVERSITY (TITLE IX)

Signed by Ekta Kumar, PsyD on 6/15/2016 10:08:11 AM

Gilbert, Cynthia [REDACTED]

Gilbert, Cynthia [REDACTED] [REDACTED] [REDACTED]
6/2/2016 2:30 PM with KUMAR, EKTA M PSYD for **MH CASE MANAGEMENT**
Encounter #: A2084384-23 Appointment Reason:

CASE MANAGEMENT NOTE

Type of Contact: In Person

Clinician met with RN, "Cindy" Gilbert. Cindy noted that over the past few years, she had noticed one of the physicians at Engemann Student Health Center make female students feel uncomfortable due to sexual remarks regarding their bodies (e.g., "Your breasts are very perky"). Cindy also noted other situations in which he made female students speak with them about situations unrelated to their medical appointments and thus, there would not be enough time for them to complete their medical appointment. Clinician provided support to Cindy as Cindy became tearful noting the concern she felt for students and she noted female students often requested to be seen by other physicians due to their discomfort. Cindy also discussed various attempts to discuss situation with administration and feeling as though action was not taken to correct the physician's behavior.

Clinician reviewed with Cindy ways to support students (e.g., refer to RSVP, note their ability to report conduct, etc.) and clinician reviewed Cindy's ability to report conduct to OED. Cindy noted she was ready to report and requested clinician's support in making contact with OED. Clinician agreed to contact OED to provide Cindy's contact information to them.

In addition, clinician consulted on case with Dr. Rosenstein, Director of SCS, who agreed with recommendations to report to OED and to give Cindy the option of providing her new supervisors with this information.

RECOMMENDATIONS

Clinician contacted OED (see Third Party note) and provided Cindy with the option to provide her supervisors with information and to note she was going to make a report with OED. Clinician noted this notification to her supervisors was optional, and not required in moving forward with the process. Cindy noted she had been trying to communicate with her supervisors, but was having challenges due to them being out on vacation. Clinician offered additional support and Cindy noted she would reach out for any additional support she needed.

Recommendations

*PROVIDED AFTER HOURS/CRISIS EMERGENCY NUMBERS
*STUDENT FOLLOW-UP AS NEEDED
OFFICE OF EQUITY AND DIVERSITY (TITLE IX)

Signed by Ekta Kumar, PsyD on 7/22/2016 11:54:28 AM

Tab 83

Tatiana Small

From: Sandra Villafan <svillafa@usc.edu>
Sent: Monday, July 11, 2016 12:28 PM
To: Tatiana Small
Subject: FW: Engemann Concern

Forwarded again!

From: Sandra Villafan
Sent: Wednesday, April 13, 2016 5:13 PM
To: Tatiana Small
Subject: Engemann Concern

Under Protection of California Evidence Code 1157

Hi Tatiana,

Below is a summary of the interviews we discussed yesterday and student contact information. As I mentioned, our Interim-Executive Director Monique Menke, suggested I forward this concern for your review. I have not notified either students of your involvement. Please let me know how I can further assist.

[REDACTED]

On 4/11/16 A comment card was received with a concern from [REDACTED] I gave her a call to get additional details for her concerns. The student shared that one of her concerns was how uncomfortable she felt with the negative tone that was used in a racial reference. Dr. George Tyndall allegedly mumbled under his breath explaining his delay: a 'chinese woman has backed up my schedule because she needed a translator.' The tone was so negative, [REDACTED] thought she heard 'freakin Chinese' but is now unsure if it was actually said, but that the tone definitely implied. [REDACTED] explained that she understood that this type of negative racial reference was not a unique experience, as her friend had also experienced something similar. [REDACTED] was very concerned about taking her friend's experience out of context but summarized that Dr. Tyndall something to the effect 'black people have too many kids.' I thanked [REDACTED] for reaching out to me, and added that although the racial comment that her friend experienced was inappropriate it would be difficult to investigate, as it was hearsay, but that I would appreciate hearing directly from her friend if that was possible.

Less than 5 minutes after talking to [REDACTED], she called me back on a 3 way line with [REDACTED]. [REDACTED] could not remember the exact time frame, but she recalled visiting Dr. Tyndall in 2015 when she was a freshman. At the clinical visit, [REDACTED] told Dr. Tyndall that she was interested in creating a business that would be beneficial for minorities, particularly the black community. As a business consideration, Dr. Tyndall allegedly said that 'black people have too many children' and that it could be something she could address. [REDACTED] is a black woman, and she was stunned that he would say that to her. The conversation ended, when I thanked [REDACTED] and [REDACTED] for sharing their experience and indicating that they absolutely have a right to see a different clinician if they are uncomfortable with Dr. Tyndall.

Best,

Sandra Villafán, MLIS, RHIT | Director, Quality & Safety
USC Engemann Student Health Center | Division of Student Affairs
1031 W 34th Street | Rm 273 | ESH MC 3261

Los Angeles, CA 90089-3261

Direct: 213-740-0232 | Cell: 323-440-8835 |

svillafa@usc.edu

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Tab 84

Trina Wallace

From: Cindy Gilbert
Sent: Tuesday, April 12, 2016 5:29 PM
To: Maria Francisco (mkfranci@usc.edu)
Cc: Alicia Burnett; Tammie Akiyoshi; Raul Pedraza
Subject: Nursing Leadership Meeting

Good afternoon,

What is the plan for our meeting tomorrow? Could I ask to add Dr. Tyndall's inappropriateness during patient visits to our agenda. Regarding patient care, we need to discuss his scheduling patients when Primary Care is closed. I still have concerns about the condition of his office. I know we have discussed Dr. Tyndall's issues many times, but I feel they need to be addressed again.

I would also like to discuss the Outside Provider issue again, because they are still being scheduled. Ella informed us that this has Dr. Leavitt's approval as long as it does not get sent to him for review? If we are not allowing outside provider orders, all departments need to be aware of this. This patient was told to come in on Thursday for her EKG through "Procedure 2nd floor nurse". Paperwork was then brought up to us by HIM department and we were instructed on how to pull down the Outside Provider selection. Historically this has been allowed, so in fairness to our students and staff the message needs to be distributed to all departments who may be scheduling these type of procedures. They instead could be scheduled an appointment with an ESHC clinician.

Thank you and will see you all tomorrow,
Cindy

From: Sandra Villafan
To: William A. Leavitt; Mildred Wenger
CC: Monique Menke (mmenke@usc.edu)
Sent: 4/11/2016 7:46:14 AM
Subject: Clinician Concern C041116

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.

Dr. Leavitt and Dr. Wenger,

We have received a comment card on 4/8/16 regarding a Dr. Tyndall concern. The patient has identified themselves and would like to be contacted. If you want, I can call them back and include any additional questions you would like for me to ask. I'll stop by ACC in a bit to discuss further.

Patient: 6863131326

Visit: 4/8/16

"I arrived at 3:43 for my 3:50 appointment. I was quickly seen by a nurse who left me around 3:50 and did not see my doctor until 45 minutes later at 4:54pm. After when he proceeded to check his email and mumble about how he had to "deal with" a Chinese patient with a translator so he's backed up. We didn't actually talk about my appointment until 6 minutes later. Unacceptable."

Best,

Sandra Villafán, MLIS, RHIT | Director, Quality & Safety

USC Engemann Student Health Center | Division of Student Affairs

1031 W 34th Street | LL 106 | ESH MC 3261

Los Angeles, CA 90089-3261

Direct: 213-740-0232 | Cell: 323-440-8835 | Dept.: 213-740-0206 | Fax: 213-740-4961

svillafa@usc.edu

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Tab 85

Today I had a consultation with Dr. Tyndall to get tested for STDs and talk about birth control methods.

He was late for his consultation. When he saw me, he went over my medical history and then said he would not have time to talk about birth control methods because he was late already. I thought it was very strange of him to use this power as a doctor to tell me to come back to have that conversation. Since it is a matter of health, I agreed in rescheduling to a later visitation. However, what upsets me is that it was ok for him to talk about politics regarding my home country for a long time.

When I left this office the ~~whole~~ time I was ~~walking~~ to the exit door, even though I wanted to talk to the nurse. I left with no prescriptions to my blood or urine tests. This behavior and whole session struck me as odd.

03-25-16

5/25/16

EXHIBIT 11

Tab 86

USC Engemann
Student Health Center

5/25/2016 8:40 AM
TYNDALL, GEORGE MD
Printed: cgilbert at 5/25/2016 9:41 AM

Quality & Safety
Event Form

Section 1. Purpose of Form

To provide a mechanism for reporting unusual events. An event is defined as any occurrence that is outside the usual process in the care of the patient or the operation of the facility and may result in injury or risk to patients, visitors or staff. Forward the completed form to supervisor for review. Reviewed form should be forwarded to Quality & Safety Director.

Section 2. Reporting Information

<input checked="" type="checkbox"/> Incident <small>An occurrence that is not consistent with the routine care or operation of the organization. Incidents may involve patients, visitors, and employees.</small>	<input type="checkbox"/> Adverse Incident <small>An unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition. Events such as actual breaches in medical care, administrative procedures, or other events resulting in an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and services for a patient.</small>	<input type="checkbox"/> Near Miss <small>Any process variation, that did not affect an outcome for which a recurrence carries a significant chance of a serious adverse outcome.</small>	
Date: <small>5/25/16 MM DD YY</small>	Time: <small>9:45 am hercept time Unknown was 0840 am</small>	Discovery Date (if different) <small>1/1 MM DD YY Same</small>	Discovery Time (if different) <small>AM PM Same</small>
Location: <small>PCC- ESHC</small>	Reporter's Name (Last, First): <small>Gilbert, Cindy on behalf of [REDACTED]</small>	Department: <small>Clinical</small>	

Where did the event or unsafe condition occur? Describe location:

Clinic (Women's Health appointment)

Briefly describe the event or unsafe condition: (continue on separate sheet if needed)

Please also see Comments from Student attached.
[REDACTED] was upset because the Dr. was 20min late then did not address what she came in for, but rather talked about the politics in her country. She said when I red [REDACTED] he said if she wanted the birth control pills she would need to schedule →

Section 3. Individual Effected (Complete only if applicable)

Name (Last, First): _____	<input type="checkbox"/> Male	USC 10-digit No.: _____
Date of Birth: _____ Age: _____	<input type="checkbox"/> Female	<input type="checkbox"/> Patient
		<input type="checkbox"/> Volunteer
		<input type="checkbox"/> Employee
		<input type="checkbox"/> Other: _____

Section 4. Event Type

What type of event is being reported? Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adverse Reaction | <input type="checkbox"/> Fire | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Against Medical Advice | <input type="checkbox"/> Improper Identification | <input type="checkbox"/> Security |
| <input type="checkbox"/> Altercation | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Lab Related | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Orders Not Executed | <input type="checkbox"/> Treatment Related |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Needle Stick | <input type="checkbox"/> Utilities Interruption |
| <input type="checkbox"/> Employee Injury -> <input type="checkbox"/> Accident Form | <input checked="" type="checkbox"/> Other: pt. felt unhappy with care. | <input type="checkbox"/> Wrong Dosage |
| <input type="checkbox"/> Equipment Malfunction/Failure | <input type="checkbox"/> Patient Injury | <input type="checkbox"/> Wrong Drug |
| <input type="checkbox"/> Fall/Slip <input type="checkbox"/> Employee <input type="checkbox"/> Patient <input type="checkbox"/> Visitor | <input type="checkbox"/> Post-Procedural Wound Infection | <input type="checkbox"/> Wrong Patient |

another appoint with him this afternoon. She said she is a grad student, works and time is limited, but she felt her health was important. She said because of this fact he uses his control/power to manipulate. She finds this behavior odd, unprofessional.

She reg scheduled apt with him as he told her to, but is now asking if she can cancel that as she does not trust him. She would like to schedule with someone else. She may be interested in IUD? not sure, but would like to see someone she trusts more.

- Her apt was Cx & she was sched. c another clinician at this time

USC Engemann
Student Health Center

[REDACTED]

3/25/2016 9:50 AM
ADACHI, SHARON PA
Printed: cgilbert at 5/25/2016 10:57 AM

Quality & Safety
Event Form

Section 5. Witness Information (Write "NA" if not applicable)

Name (Last, First)	Address	Telephone
Anney, Marilina	ESTC (03) W. 34th St.	212-740-8315
Name (Last, First)	Address	Telephone

Section 6. Follow-Up Action (If indicated)

Section 7. Investigational Findings (Note contributory factors related to incident; recommendations to mitigate future risk)

Section 8. Committee Review & Action

Committee Review Date:

Education Committee Executive Committee Forms Committee Quality & Safety Committee Other: _____

Tab 87

Seen 5/8 & 5/13 ("creepy") and
"uncomfortable"

Used 2 fingers - used after she said

Please only we one "He was creepy
about how he did it. He does not
seem to listen" asked her to return for a second visit
because it was abnormal

She was glad
Linda was
in with her to
see it. and to
be comforting

Linda B makes weird jokes about how

high her uterus is
& other weird things

Kick hernia Hx ~~shocked~~ Please be gentle
↓ use less pressure but

He did not,

then he still use

She
was
nervous
and then

he said

It was ok

Not abn.?

She was

confused

Very weird &
uncomfortable

She is in NY now
but will come to put
it in writing if it would
help.

→ 2 fingers when she

had asked him not to

~~seems to be not listening~~ It was ok

the patient

mentioned this

several times.

it upset her how he did it & it was all

abn. that he does not

listen & it was all

I called her
today 5/23 to see
if she would mind
coming in to put this
in writing she said shes
in NY but will come
see me when she
returns.

Makes
weird jokes
while doing it

Said
twice

5/20/16 when she came in for B/P check per GT
morphine

spoke to her

checked for the per MO



"International
From Lebanon
per GT

(*) Upset about visit on Feb 8/2016 & about his practice to keep
██████████ shared w/ Morline how upset she was you coming
- mo had been @ her side, comforting during exam.
She asked if she would mind talking to me
& she said it would be fine

- Was asking for birth control Refill
she was originally put on for daily menorrhagia
but is now sexually active - She was
given opt to GT

she said the visit was terrible because he
was inappropriate - first telling her her hymen
was intact / then later tried to back track
by telling her "how she could fake being
a virgin". She said it was weird how he
went on about Middle Eastern culture.

etc... & Then he was putting a lot of pressure
on "me" to return later for the B/C Refill
She did not want come back just wanted
at least 1 n.h.i.s so she could see another

EXHIBIT 12

Tab 88

Tatiana Small

From: Sandra Villafan <svillafa@usc.edu>
Sent: Monday, June 6, 2016 1:06 PM
To: Tatiana Small; Tatiana Small
Subject: FW: [Secure]Diversity & Equity Concern C052516
Attachments: 16_052516_Medical Concern_Tyndall.pdf

2nd try

From: Sandra Villafan
Sent: Monday, June 06, 2016 8:53 AM
To: Tatiana Small
Subject: [Secure] Diversity & Equity Concern C052516

Hi Tatiana,
Attached is a written concern from a student. Sorry for the delay, as I was hoping an additional student would also step forward with a behavioral concern so I could present both but I have not heard back from her.
Please note that though the attached concern does touch upon various items, the item of concern for your area would be the political conversation that made the student feel uncomfortable. You can open the document to see the student's full name and id.

Please let me know if I can do anything else to assist with this investigation.

Best,

Sandra Villafán, MLIS, RHIT | Director, Quality & Safety
USC Engemann Student Health Center | Division of Student Affairs
1031 W 34th Street | Rm 273 | ESH MC 3261
Los Angeles, CA 90089-3261
Direct: 213-740-0232 | Cell: 323-440-8835 |
svillafa@usc.edu

Email is not a secure medium of communication, therefore confidentiality cannot be guaranteed. Nevertheless, this message and any attachments are covered by the Electronic Communications Privacy Act, 18 U.S. Code § 2510 and intended to be confidential and/or privileged. If you are not the intended recipient, please be aware that any retention, distribution or copying of this communication is prohibited. Please reply to the sender if you have received this message in error, then delete it. Thank you for helping to maintain privacy.

USC Engemann
Student Health Center

Quality & Safety
Event Form

Section 1. Purpose of Form

To provide a mechanism for reporting unusual events. An event is defined as any occurrence that is outside the usual process in the care of the patient or the operation of the facility and may result in injury or risk to patients, visitors or staff. Forward the completed form to supervisor for review. Reviewed form should be forwarded to Quality & Safety Director.

Section 2. Reporting Information

Incident

An occurrence that is not consistent with the routine care or operation of the organization. Incidents may involve patients, visitors, and employees.

Adverse Incident

An unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition. Events such as actual breaches in medical care, administrative procedures, or other events resulting in an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and services for a patient.

Near Miss

Any process variation, that did not affect an outcome for which a recurrence carries a significant chance of a serious adverse outcome.

Date:

5/25/19
MM DD YY

Time:

9:45 AM
Report time
□ Unknown

□ AM
□ PM

Discovery Date (if different)
MM DD YY

Discovery Time (if different)

□ AM
□ PM

Unknown

Location:

PCC-ETHC

Reporter's Name (Last, First):

Mariana Curiel

Department:

Clinical

Where did the event or unsafe condition occur? Describe location:

Clinic (Women's Health, appointment)

Briefly describe the event or unsafe condition: (continue on separate sheet if needed)

Please also see comments from student attached.
Mariana was upset because the Dr. was 20 minutes late then did not address what she came in for, but rather talked about the Politics in her country. She said when I met her to say if she wanted the visit covered with the insurance she would need to schedule →

Section 3. Individual Effected (Complete only if applicable)

Name (Last, First):

Date of Birth:

USC 10-digit No.:

Patient
 Employee
 Visitor

Volunteer
 Other

Name (Last, First):

Date of Birth:

Age:

USC 10-digit No.:

Patient
 Employee
 Visitor

Volunteer
 Other

Section 4. Event Type

What type of event is being reported? Check all that apply:

- Adverse Reaction
- Against Medical Advice
- Altercation
- Communication
- Confidentiality
- Documentation
- Employee Injury → Accident Form
- Equipment Malfunction/Failure
- Fall/Slip Employee Patient Visitor

- Fire
- Improper Identification
- Infection Control
- Lab Related
- Orders Not Executed
- Needle Stick
- Other: *left in library - H/CAC*
- Patient Injury
- Post-Procedural Wound Infection

- Property Damage
- Security
- Theft
- Transcription
- Treatment Related
- Utilities Interruption
- Wrong Dosage
- Wrong Drug
- Wrong Patient

USC Engemann
Student Health Center

Quality & Safety
Event Form

Section 5. Witness Information (Write "NA" if not applicable)

Name (Last, First) Address Telephone

Name (Last, First) Address Telephone

Section 6. Follow-Up Action (If Indicated)

Section 7. Investigational Findings (Note contributory factors related to incident; recommendations to mitigate future risk)

Section 8. Committee Review & Action

Committee Review Date:

Education Committee Executive Committee Forms Committee Quality & Safety Committee Other _____

: another appoint with him this afternoon. One said she is a grad student, works and time is limited, but she felt her health was important. She said because of this fact he uses his control/power to manipulate. She finds this behavior odd, unprofessional.

She reg scheduled apt with him as he told her to, but is now asking if she can cancel that as she does not trust him. She would like to schedule with someone else. She may be interested in IUD? not sure, but would like to see someone she trusts more.

- Her apt was Cx & she was sched. c another clinician at this time

Today I had a consultation with Dr. Tyndall to get tested for STD and talk about birth control methods.

He was late for his consultation. When he saw me, he went over ^{the} medical history and then said he would not have time to talk about birth control methods because he was late already. I thought it was very abusive of him to use this power as a doctor to tell me to come back to have that conversation. Since it is a matter of health, I agreed in rescheduling ~~to~~ a later visitation. However, what upsets me is that it was ok for him to talk about politics regarding my home country for a long time.

When I left the office she ~~said~~ ^{walking} she I was ~~telling~~ to the exit door, even though I wanted to talk to the nurses. I left with no prescriptions to my blood or urine test. This behavior and whole session struck me as odd.

[REDACTED]
103.25.16

[REDACTED] 5/25/16

Interview: Nurse Cindy Gilbert (CG)

Date: 6/6/16

- CG reported that she was relatively new, started 6 years ago, 3 years ago, moved to currently floor (RN Nurse Supervisor – role)
 - Prior to current role would do triage calls with students and when she attempted to schedule interviews with Dr. Tyndall –students would often say, “oh, no – I’ll wait,”
 - Students often said, no – I don’t want an appointment with him, “he’s creepy”
- CG stated that Dr. Tyndall’s behavior towards students should be looked at because “he’s odd”
- BREAST EXAM: RN Jerry Koysdar told her that during a breast exam, Dr. Tyndall lifted up patient’s shirt and said “my, your breast are perky,”
- During a vaginal exam, and while he’s doing a digital manipulation, “oh, my – your tone are you a runner.”
 - According to CG - Dr. Niestein (former director at Student Health Center) supposedly investigated this matter
 - Personally CG reported hearing this 3 or 4 times in the last three years
 - CG reported that she has heard this twice over the last six months (doesn’t remember the dates)
 - One of the students looked annoyed and confused by the comment and the other looked scared
- CG reported that she feels that she can’t get anyone in her building to do anything about Dr. Tyndall – according to CG, she brought this up to Tamie Akyoshi and Maria Francisco (nothing gets done) (scared, shaking, broke up out in tears)
 - CG reported that she feels that Tamie thinks that if it goes outside of the department, individual is not doing her job, but inside no one gets anything done
 - Inside doesn’t get anything done between a rock and a hard spot
- CG complained that during the visits, Dr. Tyndall spends all the time talking about the students life or politics and then will have to reschedule for another visit b/c he didn’t diagnosis the health problem
- CG provided two complaints from two students
 - See complaints
 - CG will reach out to the students and ask the students if they would like to speak with OED
- CG reported that Linda Byrd told her that Dr. Tyndall said, “why do you speak proper English,” “most black people don’t speak proper English”
- CG reported that Dr. Tyndall said, that he has a Hispanic gardner and he prefers Hispanic Gardners because they have green thumbs
 - CG couldn’t recall the exact date, but would attempt to remember it

- CG reported that she said you really shouldn't say that, that's wrong, and he asked her why not
- CG stated that he "doesn't get it"
- CG stated that he's "on his own track, no matter what" guidance he receives
- CG reported that she has witnessed him doing a full body exams on women patients, but does not document or chart this
 - Last one she remembers was two weeks ago
 - None of the other women's health providers do a full body check
- Anything else? No

Morlina told me about [REDACTED]

(She is an international student) She was here to for birth control which she takes for dysmenorrhea. She was given appointment with Dr. T

She was upset during her visit and shared with Morlina that she was uncomfortable with the visit.

Morlina told me about it and I later spoke with [REDACTED] as requested. She explained to me that the visit and he were 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 back tracked by saying how she could make it look like she was a virgin because of her culture that was important. Then he was trying to get her to come back later in the day for the prescription. She did not want to, she just at least wanted 1 refill so she could see someone else. She said "he was clueless- and switched birth control due to his concern about her weight decreasing.

He wanted her to start with dietician even though she said her weight was slightly down because her sorority had her traveling a lot and very busy. She said her wt. is normal for her age at 5'4" and 110 lbs. She states her wt. has been as high as 118 and average wt. is around 114-115, yet she admits it is down to 110 now because of her busy schedule, travel, sorority ect. She is not worried and tried to explain this to him. Yet he just keeps sending her secure msg. about dietician referral. She said "He again tried to force her to see him again if she wanted the prescription; he was putting a lot of pressure on me"

- [REDACTED] Seen 5/18 & 5/05 ("creepy") and
"uncomfortable"

Used 2 fingers - used after she said

Please only use one. He was creepy
about how he did it. He does not.

Seem to listen → asked her to return for a second visit
then he → because it was abnormal

Linda B Makes weird jokes about how

high her uterus is.

& other weird things

Kick hernia Hx sneaked Please be gentle
& use less pressure but

He did not.

Then he still use

She was

nervous

and then

had asked him not to

he said

~~seems to be not listening~~ It was ok

the patient

Not abn.?

mentioned this

She was

several times.

confused

it upset her how he did

it was

& made her uncomf

911

ortable that he does

very weird,

not

uncomfortable

listen

She is in NY now
but will come to put
it in writing if it would
help.

Sex: F Age: 31
DOB: [REDACTED] USC - ESHC
Printed: cgilbert at 5/20/2016 4:22 PM

[REDACTED]
I called her
today 5/23 to see
if she would mind
coming in to put this
in writing she said she's
in NY but will come
see me when she
returns.

* Makes
weird jokes
while doing it

Said
twice

5/20/16 When she came in for B/P check per GT
morphine

spoke to her

~~requested~~ for flu perm

[REDACTED]
Sex: F Age: 21
DOB: [REDACTED] USC - ESHC
Printed: cglibert at 5/20/2016 4:23 PM

International 8
From [REDACTED] per GT

(*) Upset about visit on Feb 8/2016 & about his practice to keep
[REDACTED] shared to Morphine how upset she was you coming
- mo had been @ her side, comforting during exam. f
She asked if she would mind talking to me
& she said it would be fine

- Was asking for birth control Refill

she was originally put on for depo menovral
but is now sexually active - She was
given opt to GT

she said the visit was terrible because he
was inappropriate - first telling her her hymen
was intact / then later tried to back track
by telling her "how she could fake being
a virgin". She said it was weird how he
went on about Middle Eastern culture.

ect... Then he was putting a lot of pressure
on "me" to return later for the B/C Refill

She did not want come back just wanted
at least in n.h. so she could see another

USC Engemann
Student Health Center

Chinchen, But he kept
on & ended up lung her --
B/c due to his concern about
her wt & drop. She said
soultly keepc
hr
busy traveling
but he
wt is
ok
5'4" d
120 lb now 110 down now
when is
a bit
but
See is
not
concre
WT high
as 118
nearly 113-115
now
110 so it's
down

ENGEMANN STUDENT HEALTH CENTER

SUMMER 2016 ALTERNATIVE WORKWEEK SCHEDULE AGREEMENT FORM

NON-EXEMPT STAFF

I, _____, am requesting to work the four-day workweek.

(Print Name and 7-digit Employee I.D. #)

schedule for the Summer of 2016 beginning May 19, 2016 and ending August 10, 2016

I understand that this change in workweek is voluntary; it is a privilege and not a right and may be changed or canceled by the Department. As mentioned in the memo, the work schedule consists of working from 8 am to 6 pm and taking a 40-minute unpaid meal period (meal period must be taken before the completion of the fifth consecutive hour worked). I comprehend that each day will consist of working 9.375 hours for a total of 37.5 hours per week, and I will not accrue overtime unless approved by my immediate supervisor. I am aware that I will begin to accrue overtime after 9.4 hours worked in a day or beyond 40 hours per week starting May 19, 2016 through August 10, 2016. I agree that if I take a vacation and/or sick day off, it will be deducted at a rate of 9.38 per day. I understand that should a holiday fall on a day I am scheduled to work, I will get the day off plus paid as holiday. If the holiday falls on my scheduled day off, I will check with my supervisor regarding an alternate paid day off.

The regular five-day workweek schedule will resume on Thursday, August 11, 2016.

Note that hours of operation May 16th – May 20th and August 8th – August 12th will remain 8:00am-6:00pm and that we will have to be creative in staggering shifts.

Please sign, date and return this Agreement to Lucy Vergara located in ESH 301C, no later than April 22, 2016.

Employee Signature

Date

Certification of Approval:

Supervisor Signature

Date



Interview: [REDACTED]

Date: 6/27/16

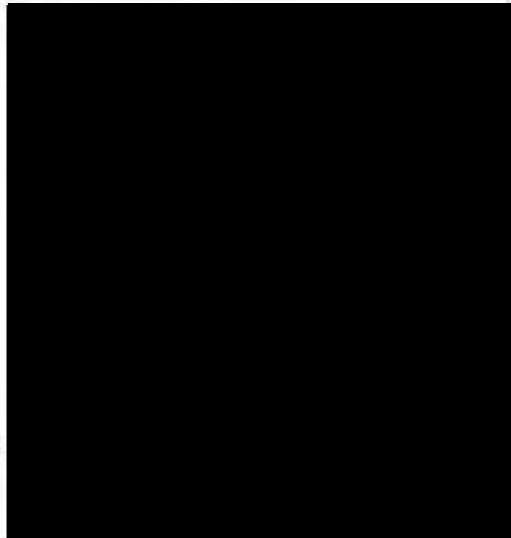
Re: Tyndall

- [REDACTED] is a rising senior at USC
- [REDACTED] first apt. with Tyndall was Tuesday, April 21, 2015 (this was the apt. re: the below concerns about Tyndall)
 - [REDACTED] was Tyndall's patient for last year, has wanted to go to another OBGYN but Tyndall is the only OBGYN ever available
- [REDACTED] explained she is from [REDACTED] and usually prefers to see OBGYN when she is back home at [REDACTED]
- [REDACTED] reported she scheduled apt. at the health center b/c she wanted to start taking birth control
 - [REDACTED] was not sexually active, but wanted to get on birth control b/c she thought she would potentially become sexually active
- During the visit [REDACTED] reported that she told Tyndall that her family had a history of breast cancer, [REDACTED] could not recall how the topic came up, but somehow she informed Tyndall that she was from [REDACTED]
- [REDACTED] reported that Tyndall asked her if she was currently sexually active
- After she responded that she was not sexually active, Tyndall asked if she was not sexually active b/c her family or religion
 - [REDACTED] reported that initially she wasn't surprised b/c her OBGYN in [REDACTED] also asked her why she was not sexually active and if she had any concerns about being sexually active that the OBGYN could answer
- [REDACTED] reported that she told Tyndall that her family was not preventing her from not being sexually active and they were very open, and that it was a personal choice
- [REDACTED] reported that Tyndall responded 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 the bed on her wedding night
- [REDACTED] also reported that Tyndall shared his personal story – Tyndall's wife had to wait to marriage to have sex because she comes from an Asian family,
 - [REDACTED] couldn't remember the exact details of this conversation due to the delay in reporting – but that Tyndall said something along the lines of that he didn't mind waiting for marriage for his wife
- [REDACTED] said she was shocked, but she assumed that in the USA doctors were more outspoken than [REDACTED] so she didn't know if his comments were normal after she talked to her roommate and her parents, she felt insulted by his comments
- [REDACTED] stated that she recently reported the above to a nurse (couldn't recall name of nurse) b/c she was complaining to them how Tyndall makes her go through hoops to get her birth control and the nurse asked if she had any other concerns with Tyndall and to fill out a comment card

- By "hoops" [REDACTED] reported that she mentioned to Tyndall that she had migraines during her first visit, so second visit he advised her to switch birth control – referred her to a neurologist
- Tyndall called the dietician at health center b/c he said he was concerned about her weight – she felt that Tyndall insisted that she see dietician before birth control refill
- Most recently Tyndall only gave her a 2 month refill on birth control and she was concerned b/c summer is 3 months long
- [REDACTED] reported that she wanted to go see another OBGYN, but had an STD scare and only availability for 2-3 months, was Tyndall
- [REDACTED] reported that the nurses assured her that she will not have to see Tyndall again (will find apt. for other OBGYN)

USC Directory

Name
Email
Title
Department
Division
Campus
Major
School
Degree Program



[Start a new search](#) [Back to results](#)

Website by USC Web Services

EXHIBIT 13

Tab 89

From: Monique Menke
To: Tatiana Small
Sent: 6/14/2016 3:46:57 PM
Subject: RE: Tyndall

Tatiana,

In a review of files from Dr Neinstein's office, I have come across some notes/letters. The most recent being "interview" notes of the medical assistants conducted back in 2013. The notes are hard to read and I do not believe that anything came of that internal investigation as far as I can tell. If you'd like to come over and view the folder, just let me know.

Best,

**Monique Menke, MPH | Director, Administrative Operations
Interim Executive Director
University of Southern California | Engemann Student Health Center
1031 W 34th Street | 301B
Los Angeles, CA 90089-3261
(213) 740-7726 ph
(213) 228-5018 fx
mmenke@usc.edu**

From: Tatiana Small [mailto:TSmall@hr.usc.edu]
Sent: Monday, June 13, 2016 1:32 PM
To: Wendy M. Arima
Cc: Shondra Brookins; Monique Menke
Subject: RE: Tyndall

Great, thank you.

From: Wendy M. Arima [mailto:wendya@usc.edu]
Sent: Monday, June 13, 2016 1:28 PM
To: Tatiana Small
Cc: Shondra Brookins; Monique Menke
Subject: Tyndall

Hi Tatiana

Here is the documents. Let me know if you need a hard copy.
Have a great day!

Wendy Arima
Human Resources
Office of the Provost
P: 213-740-3367
Email: wendya@usc.edu

Tab 90

Schedule:

Wednesday, June 15, 2016
Cardinal Conference Room

9:30 – 9:45	Tammie Akiyoshi, RN
1 10:00 – 10:30	Cynthia Bobo, MA
2 10:45 – 11:15	Morraine Pinney, MA
3 11:30 – 12:00	Juana Alonso, MA
12:00 – 1:00	Lunch
4 1:00 – 1:30	Linda Byrd, MA
1:45 – 2:15	Jenni Kosyder, RN (BE - PERIOD Y)
5 2:30 – 3:00	Lizbeth Ramirez, MA
6 3:15 – 3:45	Elizabeth Lopez, MA

Should you have any questions or would like to alter the schedule, please contact me at:

Tammie's Cell:
Lucy Vergara:

[REDACTED]
x05338

Cynthia M. Bobo

1

6/15/16

Background

- CM is a Medical Assistant Supervisor (MA) worked with USC as MA for 24 years
- Supervises the other MA's
- Works closely with Tyndall and all clinicians

Experience working with Dr. Tyndall

Concern Re: Dr. Tyndall Practice/Comments

Comments During Vaginal Exam:

- CM – Cynthia Bobo reported that Tyndall places a digit (finger) in the female patient's vagina prior to placing a speculum [all MA's noted the same but one stated this was to see if the patient could tolerate the speculum]
 - CM reported that her concern is that this procedure is unnecessary, she does not witness other clinicians following this same practice [note that they don't sit in on female clinicians exams]
 - While the speculum is in the vagina, CM reported that Tyndall tells the female patient that they have a tight pubial cocic (which, CM explained was the kegel muscle) – and, I will tell you about this muscle, then proceeds to tell the patient what this muscle is and how it works
 - CM reported that during this exam – he also comments "are you a runner" – "do you do some sort of exercise"
 - When asked re: duration, when, etc. - how many patient visits, etc. → CM reported that this occurs during every exam, with every single OB patient

Comments during breast exam:

- CM reported that during a breast exam, he will tell his patients that according to ACOG, if he finds a lump → he will refer the patient to get a biopsy, which will cause a scar, and may just be benign → However, the other medical form (CM could not recall the name of the other medical form) states that it unnecessary to conduct self – breast exams because it is not likely that you will find a lump
 - CM's concern is that he should just conduct the breast exam – not give patients the choice of whether or not to conduct a breast exam
 - CM reported that this occurs on every single visit, with every female OB patient

Concern with full body check

- CM reported that Tyndall does a full body check on every female patient but does not document this full body check (CM reported that he documents everything else well) [another MA noted this was to look for moles, anything dermatologically abnormal]
 - CM reported that he first looks at the breast and lower area then has the patient turn arounds, opens the buttock and looks at the skin of the buttock
 - After the full body check is completed he comments "oh, you have flawless skin."
- Duration: Every patient visit

General concerns re: practice and cleanliness

- CM stated that Tyndall waste time with patients asking the patients what their background is, where they are from, and this is not related to their medical history
- CM reported that she has never seen him wash his hands prior or after patient visit
 - CM reported that all other clinicians wash their hands as soon as they enter the room
- CM concerned that he wears the same clothes every day regardless of whether he spills specimens on the clothes
- CM is concerned that he hordes in his office (hording)

Concerns re: racial comments

- CM reported that last fall (she couldn't recall the date, speculated it was last October or November) all the MA's were sitting in a row and he said, "I like to get the Hispanics to watch my plant because they know how to make things grow."

Concerns re: retaliation, misc.

- CM reported that she believes Tyndall is a very smart man, but is concerned that he would physically retaliate if he was termed – CM reported that Tyndall is on campus on Saturdays and Sundays – he knows where everyone parks and is ex - military)
 - CM reported that he has never made any threats or said anything to her that makes her feels this way – just a gut feeling she has
- CM also reported that she worried about his wife, Daisy (un educated, doesn't drive, moved away from the Philippines at 18 to marry him)

Marlina Pinney, MA

2

6/15/16

Background

- Marlina Pinney has worked with USC since May 5, 1987
- Marlina explained that as a MA her duties include but are not limited to, taking the patients vitals, taking EKGs, audiograms, stocking and cleaning room, and assisting with physicals and gynecology – anything that requires personal touch –

Concerns re: practice

Comments during vagina exam

- Marlina reported that when Dr. Tyndall conducts a pelvic exam – he inserts two fingers in the vagina prior to inserting the speculum
 - Marlina reported that while the speculum is inserted in the vagina, Dr. Tyndall comments, "oh - you're a runner - my your a toned."
 - Duration: every visit, mostly younger patients
 - Marlina reported that she assists all the other clinicians and has never heard them say that
 - Most of the young patients - Every day, every single visit with the patient
- Marlina could not recall the date, but speculated that last April during a patient visit –Dr. Tyndall told the patient, "your hymen is partially intact," and Marlina reported that the patient looked at her with a puzzled look on her face, and told Marlina "no one has told me that before," and she said, "I'm married – how can that be."
 - Marlina also reported that she has never heard another clinician say that

Comments during full body exam

- Marlina reported that he does a full body check on all OB patients – and, after full body exam is completed he stated "oh my, you have flawless skin"
 - Marlina reported that no other clinicians do full body checks – when patient needs body check the other clinicians send the patients to dermatology

Comments during breast exams

- Marlina could not articulate the two medical theories, but reported that during breast exams – Dr. Tyndall gives patients a choice of whether they want a breast exam
 - She said that he will say there are two theories – one theory is that you don't have to get a breast exam because you are very young – there is another theory that if you do breast exam and they find a lump, then you have to get a biopsy, and it's costly
 - Marlina feels that Dr. Tyndall should not give patients the choice, should just do the breast exam

Juan Alonso, MA

6/15/16

Background:

- Juan Alonso (JA) has worked at USC for 13 years as a MA
- JA reported that it's a pleasure to be an employee of USC, she is very happy, she walks to work

Concerns re: Dr. Tyndall

- No personal concerns with Dr. Tyndall, she feels that he is very respectful to her

Concerns re: Dr. Tyndall Patient Visits

Concerns re: Pelvic Exams

- JA reported that Dr. Tyndall puts gel on his fingers and then inserts his fingers into the patients vagina to see if they can tolerate the speculum
 - JA reported that she does not feel that Dr. Tyndall has a need to stick his fingers into the patients vagina in order to tolerate the speculum
- Duration: JA reported that this occurs during every visit
- JA reported that she does not notice the other male clinician using this procedure (doesn't assist women doctors)

Full Body Exam

- Checks the skin for any moles. Checks the body from head to toe for skin conditions
- , he just started doing the full body exams - can't think of an exact time, but he does them now frequently
- Concerned that he may not chart the full body exam on the skin condition (everything from head to toe ~ including rectal area ~ to see if the patient has any skin conditions – checks breast, legs, and arms)

Talks to patient a lot, (smart doctor) – any doctor, anything that is not even related to the visit, sometimes patients get uncomfortable, some are happy to talk to him (feels that this puts them behind and asks patients to come back to talk about exam)

- Four weeks ago there was a patient that was pregnant, and she was concerned about her pregnancy – she asked if his uterus is closed, would stay closed to hold the pregnancy (she was having cramps) – Dr. Tyndall gave her a YES, answer, and made a joke about a dentist – she kept quiet and didn't laugh
 - She thought it was rude because the patient seemed very concerned about her pregnancy

Times when he eats raw onions that smells – spreads smell all the way to hall and the rooms

Linda Byrd, MA

4

6/15/16

Background:

- Worked with USC for 24 years

Concerns re: Tyndall's Practice

Concerns re: Pelvic Exams

- Linda Byrd (LB) reported that instead of using a speculum to find a cervix, Dr. Tyndall uses his two fingers, which Linda felt could hurt the patients
 - Duration: every OB visit
- LB reported that while his fingers are inserted into the patient's vagina, Dr. Tyndall often asks the patients "if they are a runner,"
- LB reported that she feels that this has nothing to do with their vaginal exams
 - Duration: every OB visit
- LB reported that she has witnessed Dr. Tyndall telling patients that their hymen is still intact
 - Duration: LB reported hearing this several times (couldn't recall exact amount of times), speculated that the last time she heard him say this was May
- LB reported that this past May (couldn't recall exact date) a patient said she didn't want to be examined with two fingers, but he still did against patient's wishes
- LB also reported that sometimes he says "open wide" - could not recall last time he said this, but said she has frequently heard Dr. Tyndall saying this
- LB reported that she has witnessed two patients cry because of the pain of him inserting his two fingers (This past May)
 - NOTE: Only other male doctor is a P.A. – Michael Kramer – LB reported that she never sees Michael Kramer use his fingers, he always puts gel on a speculum and then uses the speculum to find the cervix

Concern re: Racial Comment

- LB reported that she said the word, "ask" and Dr. Tyndall responded that he had never heard an African – American women say "ask," that African American women always say the word "ax"
 - LB reported that he called her an "oreo" – which she explained, was "black on the outside, white on the inside"
 - LB reported that this occurred at least ten years ago (speculated on date couldn't remember exactly)
 - LB reported that she didn't take the offense b/c she felt that it was a compliment

S
Jeri Kosyder, RN (CLEAN UP)

6/15/16

Background: RN for 10 years, worked with USC for 5.5 years, working for Engelmann

- Assists male clinicians in visits

Concerns re: Tyndall

Concerns re: Pelvic Exam

- JK reported that when Tyndall conducts a pelvic exam, he says, "I'm going to put my fingers in your vagina to see if the speculum will fit, first one finger and then the other finger," then he generally says, "my, your toned," "do you work out" "what exercise do you do, this muscle is very strong"
 - JK reported that she has witnessed some patients not answering and others laughing (nervously) - "like, is this far real?"
 - JK reported that she has witnessed Tyndall saying "go talk to your boyfriend about this muscle, he will tell you how much he likes that strong muscle."
 - JK reported that in her opinion this occurs more with the international students (Asian)
 - JK reported that she has never heard him say the above to a graduate student - always under the age of 28
 - Duration: JK reported that over the last three years, the above occurs with 90% of the patients that she assists him with
- JK reported that she spoke with Nurse Practitioners (and, reviewed her nursing text books) and OB/GYNs are not suppose to put their fingers in the entire vagina, only at the entrance (introitus) of the vagina prior to the speculum
 - JK - in JK's opinion - in order for Tyndall to comment on the tone of the vagina muscle, he must put his fingers all the way up the vagina, which is past the introitus
 - JK feels that Tyndall is feeling the girls up
- JK reported that during a whole pelvic exam - there are fingers that go in after the speculum is removed, and then a bimanual examination of uterus and ovaries are done via the vagina - and they palpate the size of the uterus (from inside and out)
- JK reported that never in her nursing experience has she heard someone say "my, your tone."

Concerns re: Full Body Check

- JK reported that she is also concerned with his full body checks
- JK reported that Tyndall conducts full body checks to look for dermatological abnormalities
 - JK reported that he will chart that they have a tattoo -- but will not chart full body assessment done
- JK reported that he has heard him saying to Asian girls - "what beautiful skin, you have" "flawless skin you have"

- JK reported that she has witnessed some girls looking shocked
- Duration: JK reported witnessing this greater than 20 times over the last three years
- JK reported that during one full body exam, he lifted up the sheet, and said, "my, you have perky visits" "look at that, they look straight up"
 - When: JK reported that this occurred within the last 6 weeks
 - JK reported that the patient didn't understand b/c English was not her first language
 - JK reported that the patient looked speechless
- JK reported that about 3 months ago - there was a tattoo somewhere around the private area of a patient, and he said to the patient, "oh, can I read your tattoo." And she didn't answer him → she squeezed JK's hand, like...and, then "he said, do you mind that I read it." And, "she said, go ahead," and then when she left the room, the patient started to cry
 - She gave her Sandra Villafan's card
 - Sandra called her the next day and the student told Sandra everything was fine
- JK reported that he requires patients to come back to visit twice (couldn't articulate why he needs to see patients twice)
- JK reported that her supervisor told her that he asked if she could stop talking to his patients
- JK reported that during exams Tyndall requests nurses to raise the table to put the patients at his exact height then puts his face two inches from their crotch
 - In JK's opinion – the patients look uncomfortable
- JK reported that while she was a triage nurse - when patients would call in for appts. they would request not to make an apt. with Dr. Tyndall and often say "he's creepy"
- JK was concerned re: the flash light he uses during patient visits
 - JK reported that normally all providers use a goose neck light to look at the perineal, however, Tyndall refuses to use the light, instead he utilizes a little flash light and makes the nurse hold the light for him
 - JK doesn't feel comfortable with that practice and refuses
- JK reported witnessing a dozen girls within the last year look tearful after an exam with Tyndall
- JK reported that Tyndall sends rogue e-mails to students and pressures them to say they like him, and always comments he has a stack of positive letters and no one has ever complained about him
- JK reported that she spoke with Jane Davis (gynecologist on floor) – she said that she had these concerns when she got here 10 years ago (and, she personally went to Dr. Niestein office) and said, Dr. Niestein put him off and that she told Dr. Jacobs about this he said he would look into this (Jane Davis is off for the summer)
- JK reported that at the nursing station, he said "I'm going to have Mexican girls water my plants, b/c they have a green thumb."
 - When: last summer before he went on vacation and needed someone to water his plants in the office (his office is full of stuff)
- JK reported general bizarre behavior – he takes patients into his office and his office smells and is full of food (two medical directors trying to do something)

- JK reported that she believes there was an investigation on Tyndall done 3 years ago, b/c Dr. Niestein(sp) pulled in the MA's one by one and asked questions re: Tyndall (Tammie was present and they asked him questions about Tyndall but nothing was ever done about this (during this investigation – JK reported her concerns with his pelvic exams and full body exam)
 - Dr. Niestein pulled in the nurses and the medical assistants one by one who work with Dr. Tyndall and nothing was ever done with this
 - Her understanding, was that there was no complaints from students
- Dr. Niestein (sp) died, Dr. Jacobs took over –didn't feel that Dr. Jacobs was approachable and now that Dr. Jacobs left

Lisbeth Ramirez, MA

6

6/15/16

Background: worked with USC three years

Race Concerns re: Dr. Tyndall

- LR reported that a year ago - Tyndall was going on vacation for a week (she speculated that it was last spring, but could not recall the exact date) – Tyndall asked her if she could take care of his plants for him 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”

Concerns re: Pelvic Exam

- LR reported that when Tyndall conducts a pelvic exam, he usually asks the patients if “they are runners, or if they exercise,” b/c there PC is so tight
- LR reported that Tyndall inserts one finger or two fingers to see if they can tolerate speculum
 - LR reported that she doesn’t feel that’s appropriate
 - Duration: every patient
- LR feels that the international students don’t know what’s going on b/c of the language barrier
- LR reported that she tries to avoid Tyndall as much as possible
- LR reported that in the last month she witnessed a female patient looking like she wanted to cry and said, “ I’m glad your in here with me” to her
- LR reported that she doesn’t feel like he has a filter

Elizabeth Lopez, MA

7

6/15/16

Background: worked 15 years at USC

- EL reported that her general opinion is that every practitioner has their own way of doing things,
- EL reported that she has assisted Tyndall for 15 years, and the way he practices is a little different than other providers but he has always done it this way so is not concerned

EL only concern is re: full body checks

- EL reported that Tyndall does a full body check to see if there any abnormal moles – turns patients around and looks in their butt cheeks
 - What's upsetting to EL is that he uses the same gloves to check the patient's thyroid that he used to check their anus

Tab 91

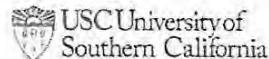
Shondra Brookins

From: Helena Curtis
Sent: Tuesday, June 21, 2016 10:09 AM
To: Shondra Brookins
Subject: FW: Summary of Discussion

Sensitivity: Confidential

As per our discussion today.

Helena Curtis, MPA
Senior HR Business Partner
Office of the Provost | HR and Payroll Services
3434 S. Grand Avenue
Third Floor
Los Angeles, CA 90089-1264
(213) 740-1760



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

From: Monique Menke [mailto:mmenke@usc.edu]
Sent: Friday, June 17, 2016 11:07 AM
To: Helena Curtis <hcurtis@provost.usc.edu>
Subject: FW: Summary of Discussion
Sensitivity: Confidential

For your records.

Monique Menke, MPH | Director, Administrative Operations
Interim Executive Director
University of Southern California | Engemann Student Health Center
1031 W 34th Street | 301B

Los Angeles, CA 90089-3261
(213) 740-7726 ph
(213) 228-5018 fx
mmenke@usc.edu

From: George Raymond Tyndall
Sent: Friday, June 17, 2016 8:51 AM
To: Monique Menke
Cc: Mildred Wenger; William A. Leavitt
Subject: RE: Summary of Discussion
Sensitivity: Confidential

Monique,

I come to Engemann even on my days off — like today Friday the 17th — to 1) respond to the items on my Task List and 2) read new emails, among other tasks.

I will add that I am the only Engemann clinician who regularly does so. The reason I do this is that I wish to 1) provide USC's women with the highest possible level of care 2) in a timely manner

I'm so glad that I do come in not only on my days off but also the weekends, as otherwise I would not have seen your email until Monday.

I will compose a full and complete response; however, it will be in the form of confidential letters to each of the three individuals above, as "electronic communication" is a non-secure method for discussing matters of such a sensitive nature.

You've written, "Because of the seriousness of these violations, the Co-Acting Medical Directors and I are continuing to investigate this event. This investigation may lead to a more formal review of your professional conduct."

Request: Please be sure to delay your joint discussion until such time as all three of you have had the opportunity to read my confidential letter, as it is only fair that all three of you take into account my view of the relevant events.

Thank you.

From: Monique Menke
Sent: Thursday, June 16, 2016 4:41 PM
To: George Raymond Tyndall
Cc: Mildred Wenger; William A. Leavitt
Subject: Summary of Discussion
Importance: High
Sensitivity: Confidential

Dr Tyndall,

Please allow this electronic communication to serve as follow up and acknowledgement of our meeting yesterday at 8:15am regarding the condition of your office and resulting effects, resulting in violation of Engemann Student Health Center policies and procedures.

While you were away on vacation, there was staff complaint of flying bugs in the PCC area. It was determined by Facilities that the source of the flies was your office. One of our Facilities ordered and then placed non-toxic Fruit Fly baits in your office in an effort to attract and kill the bugs. In the process of opening one of the baits, the employee also suffered a cut on her hand which was treated in ACC.

Days later, the number of flying bugs had not only increased, but had migrated into exam rooms on the 2nd floor and downstairs to the 1st floor ACC. The exam room infiltration resulted in a formal complaint from a patient. Facilities (with the assistance of Dr Wenger) performed an inspection of your office in an effort to determine the source of the bugs. The following items were found:

1. Perished food and drinks
2. Personal electronic equipment including two fans and a desktop computer
3. Professional samples of contraceptive devices
4. Old photographs and slides of female patients' cervix, some with patient names and ID numbers

All items were confiscated and your office was thoroughly cleaned including a shampoo of the carpet.

The four items listed above are in violation of Engemann Student Health Center policies and procedures (see attachments). The unsanitary condition of your office resulting in bugs within a medical facility is unacceptable in of itself. Willful possession of professional samples and patient identifiable medical information are considered to be egregious violations of policy and our Medical Staff Bylaws (Article VIII).

Because of the seriousness of these violations, the Co-Acting Medical Directors and I are continuing to investigate this event. This investigation may lead to a more formal review of your professional conduct.

**Monique Menke, MPH | Director, Administrative Operations
Interim Executive Director**
University of Southern California | Engemann Student Health Center
1031 W 34th Street | 301B
Los Angeles, CA 90089-3261
(213) 740-7726 ph
(213) 228-5018 fx
mmenke@usc.edu

To: Helena Curtis[hcurtis@provost.usc.edu]
From: Monique Menke
Sent: Fri 6/17/2016 6:06:31 PM
Subject: FW: Summary of Discussion

For your records.

**Monique Menke, MPH | Director, Administrative Operations
Interim Executive Director**
University of Southern California | Engemann Student Health Center
1031 W 34th Street | 301B
Los Angeles, CA 90089-3261
(213) 740-7726 ph
(213) 228-5018 fx
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Sensitivity: Confidential

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source of the flies was your office. One of our Facilities ordered and then placed non-toxic Fruit Fly baits in your office in an effort to attract and kill the bugs. In the process of opening one of the baits, the employee also suffered a cut on her hand which was treated in ACC.

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**Monique Menke, MPH | Director, Administrative Operations
Interim Executive Director**

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(213) 740-7726 ph
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mmenke@usc.edu

Tab 92



OFFICE OF THE PROVOST
HR and Payroll Services

MEMORANDUM

To: George Tindall, M.D.
Engemann Student Health Center

From: Helena Curtis, MPA
Office of the Provost Human Resources

Date: June 17, 2016

Re: Administrative Leave

Effective immediately, you are being placed on a paid administrative leave until August 1, 2016. This is a result of the complaints received by students and staff around your medical care delivery as well as violating Engemann's policies and procedures on office maintenance and protection of patient health information.

While you are on paid administrative leave it is imperative that you comply with the following:

1. You are not to engage in any University work, and should refrain from contacting any individuals regarding University business unless instructed to do so by Dr. Leavitt, Dr. Wenger or Monique Menke or as required in conjunction with matters related to the reason for this leave.
2. The University will make every effort to limit the number of persons who may learn about this matter. To help us assure that the highest levels of confidentiality are maintained we urge you to refrain from discussing with other University employees or others associated with the University the reason for the leave, except as required in the course of resolving the matter.
3. During this leave, you must make yourself immediately available upon request by your supervisors, Monique Menke or by University personnel or representatives charged with investigating the matter. When you are notified to report to the University, you are required to report on the date, location and at the time communicated.

Please be assured that during the paid administrative leave you will continue to receive your regular base pay (e.g., your current salary or wages for hours worked under your regular work schedule). University benefits will not be affected.

If you have any questions during this time, please do not hesitate to contact Provost HR and Payroll Services at (213) 740-0737 or provosthr@provost.usc.edu.

Tab 93

Interview: [REDACTED]

Date: 6/27/16

Re: Tyndall

- [REDACTED] is a rising senior at USC
- [REDACTED] first apt. with Tyndall was Tuesday, April 21, 2015 (this was the apt. re: the below concerns about Tyndall)
 - [REDACTED] was Tyndall's patient for last year, has wanted to go to another OBGYN but Tyndall is the only OBGYN ever available
- [REDACTED] explained she is from Lebanon and usually prefers to see OBGYN when she is back home
- [REDACTED] reported she scheduled apt. b/c she wanted to start taking birth control
 - [REDACTED] was not sexually active, but wanted to get on birth control b/c she thought she would potentially become sexually active
- During the visit [REDACTED] reported that she told Tyndall her family had a history of breast cancer, [REDACTED] could not recall how the topic came up, but somehow she informed Tyndall that she was from Lebanon
- [REDACTED] reported that Tyndall asked her if she was currently sexually active
- After she responded that she was not sexually active, Tyndall asked if she was not sexually active b/c her family or religion
 - [REDACTED] reported that initially she wasn't surprised b/c her OBGYN in Lebanon also asked her why she was not sexually active and if she had any concerns about being sexually active that the OBGYN could answer
- [REDACTED] reported that she told Tyndall that her family was not preventing her from not being sexually active and they were very open, rather it was a personal choice
- [REDACTED] reported that Tyndall responded 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 the bed on her wedding night
- [REDACTED] also reported that Tyndall shared his personal story – Tyndall's wife had to wait to marriage to have sex because she comes from an Asian family,
 - [REDACTED] couldn't remember the exact details of this conversation due to the delay in reporting – but that Tyndall said something along the lines of that he didn't mind waiting for marriage for his wife
- [REDACTED] said she was shocked, but she assumed that in the USA doctors were more outspoken than Lebanon so she didn't know if his comments were normal after she talked to her roommate and her parents, she felt insulted by his comments
- [REDACTED] stated that she recently reported the above to the nurses b/c she was complaining to them how Tyndall makes her go through hoops to get her birth control and nurses asked if she had any other concerns with Tyndall
 - By "hoops" [REDACTED] reported that she mentioned to Tyndall that she had migraines during her first visit, so second visit he advised her to switch birth control – referred her to a neurologist

- Tyndall called the dietician at health center b/c he said he was concerned about her weight – she felt that Tyndall insisted that she see dietician before birth control refill
- Most recently Tyndall only gave her a 2 month refill on birth control and she was concerned b/c summer is 3 months long
- █ reported that she wanted to go see another OBGYN, but had an STD scare and only availability for 2-3 months, was Tyndall
- █ reported that the nurses assured her that she will not have to see Tyndall again (will find apt. for other OBGYN)

Tab 94

Tatiana Small

From: Tatiana Small
Sent: Monday, June 27, 2016 11:59 AM
To: [REDACTED]
Subject: RE: USC Office of Equity & Diversity

Follow Up Flag: Follow up
Flag Status: Flagged

[REDACTED]

Would you be available to come to my office and have an in-person interview. We are located at the USC Credit Union – 3720 South Flower Street, Second Floor. Please advise.

Best,

Tatiana

From: [REDACTED]
Sent: Monday, June 27, 2016 11:51 AM
To: Tatiana Small
Subject: Re: USC Office of Equity & Diversity

Hi Tatiana,
I cannot do it through phone. Is there another form to do the interview?

[REDACTED]

2016-06-27 10:50 GMT-07:00 Tatiana Small <TSmall@hr.usc.edu>:

[REDACTED]

I hope all is well. If you are available, I would like to interview you regarding your concerns that you recently lodged with the Quality & Safety Department at USC Engemann Student Health Center regarding your visit with Dr. Tyndall. Would that be okay? Please feel free to call me if you have any questions or concerns. My contact information is below.

Best regards,

Tatiana Small |Senior Equity & Diversity Specialist
University of Southern California
Office of Equity & Diversity

3720 S. Flower St., Ste. 200

Los Angeles, CA 90089

Office (213) 740-5086 | tsmall@hr.usc.edu

This email message is confidential, intended only for the recipient(s) named above and may contain information that is privileged, attorney work product or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender by return email and delete this message from your computer. Thank you.

From: Tatiana Small
Sent: Monday, June 6, 2016 4:32 PM
To: [REDACTED]
Subject: RE: USC Office of Equity & Diversity

[REDACTED]
At your convenience, could you please call me at 213-740-5086.

Best,

Tatiana

From: [REDACTED]
Sent: Monday, June 6, 2016 4:31 PM
To: Tatiana Small
Subject: Re: USC Office of Equity & Diversity

Hi Tatiana Small,

how can I help you?

2016-06-06 16:02 GMT-07:00 Tatiana Small <TSmall@hr.usc.edu>:

[REDACTED]

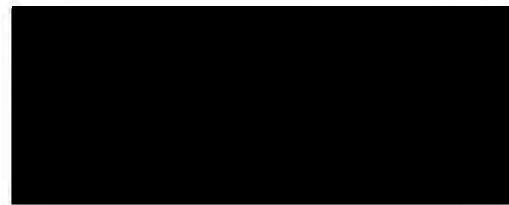
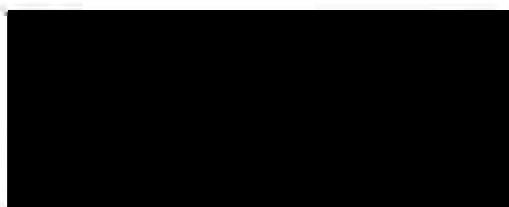
I am a Senior Equity & Diversity Specialist at USC's Office of Equity & Diversity. I am writing because I would like to conduct a follow up discussion regarding the complaint that you recently lodged with the Quality & Safety Department at USC Engemann Student Health Center. At your convenience, could you please call me at 213-740-5086 or e-mail me.

Please do not hesitate to contact me with any questions or concerns.

Best,

Tatiana Small |Senior Equity & Diversity Specialist
University of Southern California
Office of Equity & Diversity
3720 S. Flower St., Ste. 200
Los Angeles, CA 90089
Office (213) 740-5086 | tsmall@hr.usc.edu

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Tab 95

Interview: [REDACTED]

Re: Experience with Dr. Tyndall

Date: 7/11/16

Contact Info:

- [REDACTED]
- [REDACTED]

Experience with Dr. Tyndall

- [REDACTED] delta – sister – Black Sorority) left a comment call, Sandra followed up with [REDACTED]
- [REDACTED] reported that she made an apt. with Dr. Tyndall to discuss birth control options in November of 2015
 - [REDACTED] stated she would follow up with Engemann to determine exact date of visit
- [REDACTED] reported that during her visit with Dr. Tyndall they were having small talk, he asked her what her interest were
 - [REDACTED] couldn't recall exactly what she stated, but reported that she explained to Dr. Tyndall that she wanted to become a social entrepreneur and do something with the Black community
 - [REDACTED] couldn't recall Dr. Tyndall's exact statement, but reported that he said something along the lines that she should open a clinic for Black women because they have too many babies
 - [REDACTED] reported that she was in shock, and stated something along the lines of... "Umm...no, that's not what I want to do..." and conversation ended...
- During the apt. [REDACTED] felt like she was being pushed to get an IUD
- Towards end of apt...Dr. Tyndall referred her to planned parenthood to get an IUD...after, the apt. Dr. Tyndall messaged her on secured message and asked if she went to Planned Parenthood
- [REDACTED] never went to see Dr. Tyndall again

Tab 96

7/24/18

medical
directors

{ DR. WILLIAM LEAVITT / DR. MICHAEL WENGER

- not consistency / specificity w/
survey
- DR. WESTERWELL \Rightarrow transitioned
to electronic
- last year DR. JACOBS chose
clinicians to focus on patient
satisfaction
 - ↳ DR. TYNDALL wasn't
reviewed last year
 - typically go out in
April, but didn't go out
b/c BETA audit

\rightarrow 3 month period MARCH 1 - MAY 30, 2018



2,000 responses

- doesn't know how many sent out
- 25 responses
 - ↳ 22 identified e-mails



every unique visits

- generally only 1 considered nothing to substantiate gut feeling
 - ↳ don't want to take / I graduated
 - don't want to deal
- rest were satisfied w/ visits
- general
 - didn't address concerns }
- initially DR. NIESERIN thought only negative responses, if improved scores
 - would you recommend center 96% satisfaction rate
- surprised satisfaction rate.

to encourage
participation
Participate

25 responded
22

- ad's 3 kiss concert / public sex w/ menstruating women
- solicit students for positive comments
- do you have any additional information to share?

1.)

2.) odd, don't agree
came for concern,
didn't address my
concern
- didn't give me
what came for

only 2 students
negative

{
1.) odd, didn't clinical
2.) address my concerns

25 responded

22 identified / 2 negative out of 22

would you recommend this doctor?

FEEDBACK

7/25 would not recommend

I identified

I would not recommend

(I didn't identify themselves

A.) don't want to talk about it

B.) no additional comments

C.) never talked back

D.) not satisfied didn't do anything wrong receive better care elsewhere

E.) no called back

F.) strange person, weird things were said

he said he

talked about heart

attack not birth control

2 negative
responses

UTI
we better
no basic
visit not
problems

last years convert 1 month

this year convert 3 month



Tab 97

Tatiana Small

From: Tatiana Small
Sent: Friday, August 5, 2016 9:37 AM
To: [REDACTED]
Subject: Office of Equity & Diversity

Dr. Tyndall,

The Office of Equity and Diversity has received additional complaints regarding your behavior in the workplace. I would like to meet with you to discuss these complaints. Are you available Wednesday August 10, anytime between 1:30 and 4:00 p.m. or Thursday, August 11, anytime between 10:00 a.m. and 4:00 p.m.? Please advise at your earliest convenience.

Thank you in advance for your time.

Best,

Tatiana Small |Senior Equity & Diversity Specialist
University of Southern California
Office of Equity & Diversity
3720 S. Flower St., Ste. 200
Los Angeles, CA 90089
Office (213) 740-5086 | tsmall@hr.usc.edu

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From: George Raymond Tyndall [<mailto:tyndall@usc.edu>]
Sent: Thursday, June 16, 2016 1:21 PM
To: Tatiana Small
Subject: RE: Office of Equity & Diversity

Noted and thanks for the timely notification.

From: Tatiana Small [<mailto:TSmall@hr.usc.edu>]
Sent: Thursday, June 16, 2016 12:03 PM
To: George Raymond Tyndall
Subject: RE: Office of Equity & Diversity

Dr. Tyndall,

I apologize for any inconvenience, but I will have to reschedule our meeting for tomorrow due to a conflicting mandatory meeting. I will reach back out to you next week or the following to schedule another date. Thank you for your understanding.

Best regards,

Tatiana

From: George Raymond Tyndall [mailto:tyndall@usc.edu]
Sent: Monday, May 23, 2016 3:40 PM
To: Tatiana Small
Subject: RE: Office of Equity & Diversity

1130 is perfect

From: Tatiana Small [mailto:TSmall@hr.usc.edu]
Sent: Monday, May 23, 2016 3:37 PM
To: George Raymond Tyndall
Subject: RE: Office of Equity & Diversity

Yes, anytime after 11:30 a.m. on Friday, June 17 works for me. Please advise as to your preferred time.

From: George Raymond Tyndall [mailto:tyndall@usc.edu]
Sent: Monday, May 23, 2016 3:36 PM
To: Tatiana Small
Subject: RE: Office of Equity & Diversity

I'll be away that week.

Will Friday Jun 17 work for you?

And if so, what is your preferred time?

From: Tatiana Small [mailto:TSmall@hr.usc.edu]
Sent: Monday, May 23, 2016 3:23 PM
To: George Raymond Tyndall
Subject: RE: Office of Equity & Diversity

Thank you for your e-mail. I am free any time after 9:30 a.m., Monday, Wednesday, Thursday, and Friday – the week of June 6. Please let me know your preferred date and time. The Office of Equity and Diversity is located at 3720 S. Flower St., Ste. 200. Best, Tatiana

From: George Raymond Tyndall [mailto:tyndall@usc.edu]
Sent: Monday, May 23, 2016 3:10 PM
To: Tatiana Small
Subject: RE: Office of Equity & Diversity

I am off on Friday the 27th.

What is your office location, and what time would you like me to be there?

From: Tatiana Small [mailto:TSmall@hr.usc.edu]
Sent: Monday, May 23, 2016 2:55 PM
To: George Raymond Tyndall
Subject: FW: Office of Equity & Diversity

Dr. Tyndall,

I am a Senior Equity & Diversity Specialist at USC's Office of Equity & Diversity ("OED"). Earlier this semester, a student filed a complaint with the Office of Equity & Diversity regarding an interaction that she had with you. The student's complaint did not meet the threshold level for an Office of Equity & Diversity investigation. However, at your convenience, I would like to meet with you to arrange a time to discuss the complaint. Please feel free to call me at 213-740-5086 and/or e-mail me to arrange a time to meet. Also, please do not hesitate to call me and/or e-mail with any questions or concerns you may have.

Best,

Tatiana Small |Senior Equity & Diversity Specialist
University of Southern California
Office of Equity & Diversity
3720 S. Flower St., Ste. 200
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