

January 10, 1996

Patient: [REDACTED]
[REDACTED]-mother ([REDACTED])
RE: Regarding Complaint Against Dr. Richard Strauss (293-3908) from an incident occurring on Friday, January 5, 1996.
Action: After talking with Mary Daniels and Mark Ringer, Dr. Strauss was placed on indefinite administrative leave as of January 8, 1996, pending an investigation of this complaint.

Pertinent History:

Dr. Richard Strauss has a tenured faculty position within the former Preventive Medicine Department, which is now the School of Public Health. He also is editor for the *Sports Medicine Journal*, and is a varsity team physician here at Ohio State University (Men's Swimming, Wrestling, Gymnastics, and Lacrosse at Larkins Hall). In Spring Quarter of 1994, Dr. Strauss proposed a Men's Clinic for Student Health Services, and began working here then, at first as a volunteer, and later as a formal salaried parttime position of 20 percent (8 hours per week). He sees patients about 2 hours per day throughout the regular quarters.

- On January 3, 1995, a student named [REDACTED] ([REDACTED], Columbus, OH [REDACTED], phone number [REDACTED]) presented a complaint to Judy Brady at SHS about Dr. Strauss. While there were multiple components about his complaint, [REDACTED] basically was concerned about the extent of the examination he received from Dr. Strauss, that it was more than he had expected, and was inappropriate for the problem he had come in for. He refused to ever return to Dr. Strauss again, and specifically inquired about his background. Judy Brady, Dr. Strauss, and [REDACTED] all met to discuss these issues in Judy's office, and the resolution centered around the creation of a consent form for Men's Clinic that informed patient's of the components of the examination about to be performed, asked their permission, and gave them an opportunity to request a chaperone be present during the exam.
- On January 6, 1995, a student named Steve Hill ([REDACTED] [REDACTED]) presented a complaint to Judy Brady that Dr. Strauss had "come on to him and tried to pick him up during an examination." He had come in for a lump in the breast, and was given a testicular and anal examination. The student also accused Dr. Strauss of having an erection

during the exam, and of pushing against him while he was sitting on the table.

He said he felt upset by the examination the whole next day because it had felt "flirty." Dr. Strauss had begun by asking him personal questions about what he liked to do, and when he learned that he worked with AIDS patients with the health department, he asked, "Oh, are you gay?" He admitted he was, but felt his next line of questioning was totally inappropriate, and centered on his sexual desires. Dr. Strauss asked him if he didn't find it difficult just sleeping with one individual, and if he really didn't want to do something else. He felt he used a lot of intimidation, and that Dr. Strauss immediately became cool towards him when Steve said he was in a stable relationship with a partner. Steve said he felt like if he had given Dr. Strauss the signal, he would have acted on it. The patient described feeling guilty that he had let Dr. Strauss touch him, and thought he should have asked him if he had had a genital exam recently by his own doctor.

Steve also said he had heard similar complaints from other students who had seen Dr. Strauss, including a [REDACTED]. I had interviewed [REDACTED] previously based on his comments in the Lantern, and he denied accusations against physicians here at that time.

I asked Louise Douce to mediate an investigation of this complaint, beginning with a meeting between Steve and Dr. Strauss. Steve brought his partner to the meeting, and I was present as an observer. It lasted two hours, and near the end Dr. Strauss became upset and shouted at Steve. Steve said he did not believe Dr. Strauss's explanation, and that he had to discuss what he would do next with his partner. Dr. Douce made the statement that she was 90 percent confident that Dr. Strauss was not guilty of any wrong doing except being a terrible insensitive provider who asked inappropriate questions.

Steve called him on the telephone on January 24, 1995 and informed me that he was willing to drop the charges if I did three things: that I assure him we had never had a similar complaint about Dr. Strauss before, that we maintain his complaint on file and bring it forward should any other complaint ever be brought against Dr. Strauss, and that we always use the patient consent form in Men's Clinic that had been developed to let students know they have the opportunity to request a chaperone be present during the examination.

- On January 5, 1996, [REDACTED] was heard yelling in Dr. Strauss's office. He then came to the door and yelled into the waiting room that whoever was waiting on Dr. Strauss ought to get out of there. He came to the desk and demanded to have his chart and his appointment record destroyed. The staff went to get Dr. Miller, and [REDACTED] then grabbed his records, tore them up, and threw them on the floor. Then he threw his labwork across the floor, contaminating it, and walked out.

I went into an office with Judy Brady, Dr. Miller, and Dr. Strauss immediately afterwards, and was told what had happened. I remarked that perhaps we should file a report with the campus police in case the student had a history of "acting out" on campus, but Dr. Strauss told me I shouldn't do that. When I asked him why, he said he needed to talk to me alone. He came into my office and told me that the patient should not be reported or charged for his visit because he had been upset with his visit. I asked why, and he told because [REDACTED] had gotten an erection during his exam and ejaculated, and it had embarrassed him. While Dr. Strauss was telling me what had happened, he was visibly shaken, and his entire body was trembling, although he had been fine in the room immediately beforehand).

Within 15 minutes of [REDACTED] leaving, his mother from [REDACTED] called Judy Brady. She was upset, but very reasonable and calm. She related that she apologized for her son's actions, but that he had never gotten so upset before. She said that Dr. Strauss had fondled her son, and that he needed to be able to separate his personal from his professional life. She said [REDACTED], and wanted to be certain nothing like this ever happened again. Judy asked her to have [REDACTED] call. When [REDACTED] called, he said he wanted to come in immediately and get this off his chest and file a complaint. He refused to come back to the third floor, so Judy interviewed him on the first floor.

[REDACTED] said he had filled out the consent form, and Dr. Strauss told him to take off his hat so he could see his eyes. Then he told him to take off his shirt, and he examined his neck, axilla, and chest. Dr. Strauss asked him if he lifted weights, and remarked about his big muscles. Then he told him to take off everything from the waist down, and did a slow exam that [REDACTED] described as fondling and like nothing he had ever had [REDACTED]. Dr. Strauss kept saying, you just have to relax, and on one occasion asked [REDACTED] are we on good terms here? [REDACTED] said he may have gotten an erection, but he doesn't think he ejaculated (although he admits he was so upset that he doesn't remember all of this part of the exam). Then Dr. Strauss walked away, and said that's OK, that's why I wear gloves.

When he came back, Dr. Strauss told [REDACTED] that he was a premature ejaculator, and he could fuck-off what had just happened. Dr. Strauss then proceeded to take two cultures from the end of [REDACTED] penis, and told him to get dressed.

Afterwards, Dr. Strauss came over to talk to him about his infection, and used the word fuck many times, such as, "when you and your girlfriend are fucking," and also used slang terms for anatomy, such as "nuts and ass." [REDACTED] said he felt very uncomfortable having a professional use this type of language around him. The more [REDACTED] thought about what had just happened, the more upset he became, until he just started yelling and stormed out of the clinic. ([REDACTED] was tearful during this interview).

Next, Judy talked [REDACTED] into seeing Dr. Miller (again on the first floor), but [REDACTED] refused any exam or cultures. So Dr. Miller just gave him an antibiotic (doxycycline) for urethritis.

Dr. Strauss came into my office at the end of the day to ask if anything had happened and to bring in his typed note (from his personal computer) for the chart. I read it, and it was a routine exam, but didn't mention anything about the patient getting upset or having an erection. It basically gave the patient's chief complaint, a brief history, the pertinent parts of the physical, a probable diagnosis, and suggested cultures be taken. I told Dr. Strauss that I thought this was incomplete, since some event upsetting to the student had clearly taken place, and there had already been a complaint filed. Dr. Strauss said that he wanted to honor the patient's request to keep everything out of the chart so it would not embarrass him. I told Dr. Strauss that he probably needed to write his version of the entire event down, then, while it was fresh in his mind, and give it to me to keep on secured file. Dr. Strauss said he preferred to keep this information himself, and told back his office note. He then wrote in the chart that the patient had refused treatment, and had subsequently seen Dr. Miller. Dr. Strauss then went in to see Dr. Miller, and Dr. Miller later remarked that Richard seemed to "change his story several times."

First thing on Monday morning, January 8, 1996, I called [REDACTED] and asked him to come into my office. He came at 3 o'clock, and I talked to him for about an hour. He gave me the same information that he had given Judy, only I questioned him in more detail about specifics of the medical exam. [REDACTED] said he had genital exams before, but this had been different. The doctor had touched him in ways that had made him feel very uncomfortable, and had done things that were totally unnecessary.

He behaved in a strange manner. When I asked [REDACTED] to describe the exam, he said that everything had taken a long time, and the doctor never told him anything he was going to do. It was more like being fondled than examined. When I asked him what the difference would be, he said this exam was more like caressing. I asked [REDACTED] if he remembered having an erection, and he said he thought so, but he was lying on his back and not looking down. He certainly remembers Dr. Strauss remarking about it, and his "premature ejaculation," but really doesn't think he ever ejaculated. Dr. Strauss asked him after the cultures if he was getting faint, but [REDACTED] said he was really getting angry. [REDACTED] apologized for getting angry in the waiting room, but said he just wanted to destroy any possible connection with this doctor so he would never have to deal with him again.

Dr. Strauss had come to Student Health Services early on Monday, and tried to see me around noon, but I was out. Immediately after [REDACTED] left, Dr. Strauss came in to meet with me about 4:30 pm. I informed him that [REDACTED] had filed a complaint that he had fondled him during the examination, had done things that didn't need to be done, and had used unprofessional language. Dr. Strauss denied the charges, said he did the same examination that he had always done. He said he did do a very thorough exam, but that he did it on everyone. He denied fondling him and using the words "nuts or ass," but did admit he frequently uses the word "fuck" when he is talking to patients because they can relate to their own language better. Dr. Strauss said that he thinks perhaps he sees 800 new patients a year, and that Dr. Miller could come into the room in the future to chaperone his exams. I said that was unlikely, and he said then maybe I can use a male patient care technician. He also said that erections are quite common during genital examinations on males, and that some are bound to ejaculate. I told him I thought that would be pretty unusual. When I told him the student didn't think he had ejaculated, Dr. Strauss said, "then maybe he didn't."

I told Dr. Strauss that I had discussed this matter with Mary Daniels and Mark Ringer, and that I was placing him on administrative leave pending a campus investigation. He asked what he should use as his defense, and I answered, "the truth." He said, well of course, but it was his word against the students. He asked if he should take his computer and books out of the room, and I told him that was up to him--but that we would be using the room in the meantime. He said, well then call me when you know more about the investigation.

He then went into Dr. Miller's room and talked to him about the matter. At the end of their conversation, he said to Roger, you know I probably won't be coming back.

Richard H. Strauss, M.D.
1501 Doone Road
Columbus, OH 43221
June 5, 1996

Mr. David Williams, II
Vice President for Student Affairs
and Professor of Law
The Ohio State University
33 West Eleventh Avenue
Suite 115
Columbus, OH 43210

Dear Mr. Williams:

As you know, two complaints were made against me by patients at the Student Health Services in January, 1995. Until recently, it was my understanding that both were resolved in my favor. The most compelling evidence for this is my "Professional Staff Performance Evaluation", signed by Ted W. Grace, M.D., on July 1, 1995, in which my Overall Evaluation was "Excellent". Because this evaluation was done by Dr. Grace after these two complaints were resolved, I am very perplexed and upset that you now feel they are still a problem. I do not.

Because these old, resolved complaints have resurfaced, and because I do not know what you know, I want to make sure that you are aware of the outcome of the complaint evaluation process for each case. Since the University refuses to allow me to see the written conclusions about me in these cases, I will describe only what I know directly.

Case 1. Judy Brady, the Assistant Director of the Student Health Services, met with the patient and me. After several minutes of discussion, it became clear that the patient's main complaint was that I had not performed a "vinegar test" on him for the detection of genital warts. (In this test, gauze soaked with vinegar is wrapped around the patient's penis and left in place for five minutes. Then the penis is examined carefully for warts.)

The patient had, indeed, visited me specifically for an examination to detect genital warts because his girlfriend had genital warts. At that time I told him I usually did not perform a vinegar test because I felt I could see small warts better without the vinegar. So I did a thorough examination without using vinegar. The patient seemed satisfied and left my office.

But the patient's girlfriend's mother insisted that the patient return and demand a vinegar test, which he did and which resulted in the "complaint". (The vinegar test works very well on the vaginal mucosa, but not very well on the skin of a

circumcised penis. I doubt that the patient's girlfriend's mother appreciated the difference.)

The patient explained that he, himself, was not enthusiastic about getting the vinegar test, which is why he had left my office satisfied. He apologized to me for the complaint.

I told the patient that he could visit Dr. Miller for the vinegar test, if he wished. He did so. Dr. Miller later told me that the patient was ambivalent about getting the vinegar test even when visiting him, but Dr. Miller told him to do it and get it over with. The patient agreed and Dr. Miller did the vinegar test.

Within a few days after the discussion between Judy Brady, the patient, and me, Ms. Brady showed me her one-paragraph summary of the resolution. I read it and interpreted it to be in my favor, and Ms. Brady filed it. Unfortunately, I do not have a copy of the report. I hope that you have a copy of this resolution.

Case 2. This case involved a genital examination that revealed pubic molluscum contagiosum, a contagious disease that the patient had not been aware of. He questioned whether my examination had been appropriate.

A two-hour conference resulted which was attended by the patient; his male sexual partner; Dr. Louise Douce, Director of Counselling for O.S.U. Student Affairs; Dr. Grace; and me. After two hours, the patient asked for a decision by Dr. Grace or Dr. Douce as to whether I had carried out the appropriate examination. Dr. Grace chose not to offer an opinion. Dr. Douce stated to all present that she was "99% sure" that everything I had said was truthful and that the examination was appropriate.

I have no way of knowing if Dr. Grace or Dr. Douce filed a report on this resolution.

I request that you look into both of these cases in detail, both for the manner in which they were investigated and their resolution. I invite you to review the extremely thorough method of physical examination that I use when evaluating patient's for sexually transmitted diseases. I was trained at the University of Washington in Seattle and use the methods of King Holmes, M.D., who is the Director of the Center for Sexually Transmitted Diseases there. He is also the editor of *Sexually Transmitted Diseases*, which is the most widely used textbook on this subject in the United States. I have attached a copy of the chapter in his book which covers the physical examination. I have bracketed in pen the descriptions of what I do in a routine examination for sexually transmitted diseases.

In order to compare the complaints against me with other patterns of complaints, you will need to investigate all cases of medical complaints of a sexual nature at the Student Health Services from approximately January, 1991, through the present. The reasons

for this are explained in Dr. Lanese's letter dated May 26, 1996, a copy of which is attached. The investigating panel must include a medical expert on sexually transmitted diseases, a medical expert on urology, and an expert on medical epidemiology and biostatistics.

Please let me make the following point clear. This letter constitutes a formal request for a full review, by a panel of experts, of all complaints of a sexual nature made by patients at the Student Health Services from January, 1991, through the present time.

I look forward to your reply.

Sincerely,



Richard H. Strauss, M.D.
Professor of Public Health



Office of the Director
Student Health Services

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Phone 614-292-8606
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Date: June 27, 1996
To: David Williams and Helen Ninos
From: Ted W. Grace, MD
Re: Complaints against Richard Strauss, MD

I have finally had a chance to read some of the materials that Dr. Strauss submitted to you in his defense, and thought you might be interested in my comments on the subject.

- It is true that Dr. Strauss received an excellent evaluation last June by Dr. Miller, and I co-signed it after the fact. At the time, we were using a check-off evaluation form, and the majority of physicians received the same score based on their clinical expertise. For legal reasons, we would never mention a serious allegation against a physician on their evaluation form, which is a permanent part of their personnel record. There were no lies in the evaluation—Dr. Strauss is a highly competent, dependable, knowledgeable, and thorough clinician. Otherwise, he wouldn't have been working at the Student Health Center. I even asked him as a favor to make a presentation on our Men's Clinic at an Ohio College Health Association Meeting in October, 1995. But the most serious complaint, and in some respects a replication of a previous one, occurred after the evaluation. I presume that his past performance and underlying medical expertise would not absolve him of any future charges, and should not be an issue in this case.
- The clinical record that Dr. Strauss presented (attachment #4) as an "unaltered" medical record from the day of the incident has definitely been altered. The original note that Dr. Strauss presented to me contained nothing about the student having an erection, ejaculating, or becoming angry. It did not contain a discussion about premature ejaculation. Judy Brady also read the original note and can attest to that fact. When I discussed this with Dr. Miller, who was in and out of my office during this whole incident, he remarked that the note couldn't have ended with the line, "Patient was seen and treated by Dr. Miller." Dr. Miller was sure of this, because he had purposely not told Dr. Strauss he had seen the patient later in the day at the patient's request.

The record that Dr. Strauss presented to me originally was a computer print-out of his normal examination, and looked exactly like all of his other records. I told Dr. Strauss I did not want him to put such an incomplete and inaccurate record in the medical chart. He refused to add anything about the patient having an erection, tearing up the chart, or even becoming angry. I asked him if I could have the clinical record, or at least a copy of it, to keep in my personal files. Dr. Strauss refused, saying he wanted to keep the record himself. We then agreed (at his suggestion) that Dr. Strauss would at least document in the chart that the patient was refusing to be treated by him (which he certainly was), and that the patient would be referred to another physician. Dr. Roger Miller and Judy Brady witnessed all of this.

I did, in fact, suggest calling Campus Police initially when I heard what the student had done (but not why). Dr. Strauss failed to mention that he vehemently opposed it because he said it would only further upset the patient.

Once again, the medical record has been brought forward as an issue in an attempt to detract from the real allegations here against Dr. Strauss. Dr. Strauss has apparently been advised by his counsel that whatever is present in the record is defensible. Since he was asked not to create a record that didn't even acknowledge a problem had occurred, he is making that the issue. But everything that was put in the medical record was of Dr. Strauss's own free will. He was never "forced" to do anything. I make suggestions, and then if a physician records what I consider to be an inaccurate or incomplete statement, I simply addend the record with my own administrative observations.

- I find the report from Richard Lanese, PhD, to be a bit peculiar (attachment #2). I know he works very closely with Dr. Strauss in the School of Public Health (previously Preventive Medicine), but for a professor to manipulate statistics so drastically is surprising to me. I may only have a Master's degree in Epidemiology, but I know good data when I see it. I presume the study concerning genital warts at the health center to which he refers was conducted by one or more of his students on medical records. I was one of the group who asked his class to conduct the second study on patient satisfaction with the health center in 1994-95, and he never set foot in the door of our facility. As a non-medical provider, he certainly is not qualified to make comments on clinical issues. Let's talk about some of the inaccuracies in his data:

- 1) Dr. Strauss was never a "director" of the men's clinic;
 - 2) Dr. Strauss began volunteering here a couple of quarters before, but was not officially appointed until July 1, 1994 to work here four hours per week. He allowed 30 minutes per patient. That equates to 8-12 patients per week. That would calculate out closer to 500 patients per year, except that Dr. Strauss took about 8 weeks off during the summers. So instead of seeing 3,000 patients in his time here, I doubt if he saw 1,000;
 - 3) Dr. Smith was Acting Director for 1 year instead of 18 months. I cannot verify 6 complaints during that time of a sexual nature, although there were frequent complaints at the time against one of our gynecologists who is no longer employed here;
 - 4) We certainly saw far more than 1333 male-related visits per year out of our 100,000 visits per year total. If you then divide those "4.5" complaints per 1,000 encounters out between 18 different medical providers, it only comes out to a quarter of a complaint per physician even using his faulty figures. How can you compare complaints against one physician to those against the rest of the entire clinical staff?;
 - 5) Dr. Miller and I presume that Dr. X refers to him. Since Dr. Miller works 40 hours per week, he objects to the suggestion that he only saw 300 male patient visits in 27 months. In addition, he has only had 1 complaint (not 2) against him during this time;
 - 6) The conclusion that Dr. Strauss has a complaint rate that is one-fifth that of the other physicians at the Student Health Center is simply not true, and is based on a total misuse of statistics. How could he allege that Dr. Strauss saw more patients per month for sexual problems than my two full-time gynecologists—where every one of their exams is of a sexual nature. The statement that Dr. Strauss should be congratulated on his "exemplary.....low record of complaints" is an abomination that totally disregards the gravity of the complaints and the potential harm to patients.
- Here are some facts that might shed some light on the above discussion:

—During the six years I was on staff at a small rural hospital and the five years I worked at the San Diego State University Student Health Center (the latter 3 years as Medical Director), there were never any complaints from a male against another male physician. The more common complaint has always been from a patient against a physician of the opposite sex (usually a woman against a male physician).

—In the four years I have been Director of the OSU Student Health Center, there have been 8 total complaints of a sexual nature. Three were from women against three different male physicians--one which was encouraged to cease practicing here as a result. Another complaint was indirect and never formalized, and the third resulted in criminal charges being brought against a doctor, and then later dropped.

—Of the remaining five incidents (all involving a male being examined by another male physician), one was against Dr. Pangalangan, one against Dr. Miller, and three against Dr. Strauss. Dr. Pangalangan self-reported his incident of a patient threatening to blackmail him for money to keep him from reporting alleged sexual misconduct during an exam. Dr. Pangalangan tried to bring the patient upstairs to file a report afterwards, and the patient refused. Dr. Miller's case resulted in a conference with the patient and someone from the Ombudservices' Office. It was decided this case represented a sexual identity crisis in an adolescent male, and he voluntarily withdrew the charges. Dr. Strauss is the only physician to have more than one complaint issued against him, and this is in spite of the fact he sees the fewest patients of any provider on my staff. It is also the only instance where the complaints (2) could not be resolved to the patient's satisfaction.

- The 30 year-old article from an obscure psychological journal on premature ejaculation (attachment #6) is really not relevant. I agree that occasionally an adolescent male will get sexually aroused during an examination (i.e., get an erection). However, premature ejaculation occurs when a male ejaculates so early in the sexual act that neither partner is satisfied. That really isn't a factor here, and I have been unable to document another male doctor that has ever had a male patient ejaculate during an examination.

Conclusion:

1. There have been many attempts to deceive and detract us from the complaint at hand, but the real issue is whether or not Dr. Strauss is guilty of sexual misconduct during routine examinations of young males in his duties as a physician at The Ohio State University.
2. In January of 1995 we received a very believable report from a student by the name of Steven Hill that Dr. Strauss had "come on to him." Steven Hill was a very mature, homosexual student who had been working for the County Health Department as a volunteer for the HIV antibody testing program. Louise Douce did say that she was 90 percent sure that Dr. Strauss was not guilty of misconduct at the time (not 99% as Strauss reports), but that he was an incredibly insensitive provider who used his status to intimidate students. After learning of the second complaint, Dr. Douce regrets her statement of 90%, and has suggested counseling for Dr. Strauss. Mr. Hill never accepted the explanation, and only agreed to drop his charges if we promised to bring his complaint forward if we ever got another one on Dr. Strauss.
3. Following the above complaint, Dr. Strauss suggested shortening his examination to just the affected areas of the body involved. I agreed to this procedure, and assumed that he had stopped doing the complete examination on everyone, which is not done by any of my other providers. I distinctly remember Dr. Strauss saying that if he got another such complaint, it wouldn't be worth working here. My answer to him was that he didn't have to worry about it, because if I got another one, he wouldn't be!
4. I did tell Dr. Strauss that the second complaint was from a patient and his family who lived in [REDACTED] that I thought were reasonable, credible, and believable; and that they were the least vindictive people I had ever met. Although [REDACTED], he had [REDACTED]. I was struck by his pain and embarrassment when he tells his story (he cried both times he told it at the health center), by his integrity, and by the similarity of his story with that of the previous patient, Steven Hill.

5. On the basis of these two strong and unusual complaints of such a serious nature against a single provider, it is the collective opinion of my Management Team that Dr. Strauss should not be allowed to continue seeing patients of such a vulnerable age at this facility. We might feel differently if he underwent a psychiatric evaluation by someone with expertise in sexual misconduct, but I think we all doubt that Dr. Strauss would submit to such an exam voluntarily.
6. The final factor that really concerns me in this case is that Dr. Strauss has not only acted so unprofessionally with all of his threats and accusations against the patient and myself, but he has just out and out lied about so many of the details. Dr. Miller commented on this early on in the investigation, and Dr. Strauss continues to change his story on a regular basis. For example, Dr. Strauss had talked with Dr. Miller in the past about using the vernacular with his patients because then they understood what he was saying. Immediately after the incident, Dr. Strauss stood in my office in front of Dr. Miller, Judy Brady, and myself and stated that he had used the terms fuck, nuts, and ass during his examination of [REDACTED]. I can't imagine why he would deny this, since other patients have remarked in the past about his use of vulgar terms. I not only could never trust this physician again, but I also know from the past session with a psychologist (Dr. Louise Douce) that at the minimum, Dr. Strauss has an incredibly insensitive and manipulative bedside manner that has apparently not improved.
7. Dr. Strauss and his attorney have reported me to the Ohio State Medical Board for "alteration of medical records." They apparently feel there is some benefit to 'getting their story heard first.' I welcome the opportunity of having Dr. Strauss's case undergo the intense scrutiny of a medical investigation.
8. I would highly recommend that before a final decision is made in this matter, that the person(s) making the decision talk to [REDACTED] and/or Steven Hill and hear their stories directly.

Privileged--Attorney-Client Communication

Date: 7/22/96
To: David Williams, Vice President of Student Affairs
From: Helen Ninos
Subject: Strauss

After reviewing the materials provided by Dr. Strauss and his attorney and interviewing Dr. Miller and Judy Brady the following information was gathered:

With regard to the first complaint, the student was interested in having a "vinegar test" as relayed in his statement to you during our meeting in June and in his written statement. However, as related by Judy Brady and reflected in her notes, the student (Refused to be seen by Dr. Strauss when the second exam and vinegar test was done. Dr. Strauss fails to mention this in his statement to you. Rather he represents that he told the student he could see Dr. Miller for this test. This student did not report that Dr. Strauss had an erection during the examination. I have attached Judy Brady's note to this memo;

The second complaint quickly followed the first. The statement by Dr. Strauss to you is quite brief. However he fails to discuss the details of the complaint. Rather, he relies on the statement of Louise Douse who acted as a mediator in this matter that she felt "99% sure" that Dr. Strauss' version of the exam is accurate. Dr. Douse actually said she was "90% sure" that Dr. Strauss was correct. At this time she did not know of the previous student's refusal to see Dr. Strauss again and of course did not know of the [REDACTED] complaint. This student, as reflected in Judy Brady's notes was highly upset by the examination. He complained that Dr. Strauss was "flirty" and made inappropriate commentary on his personal relationships. This student did believe that Dr. Strauss had an erection during the examination and "pressed up against him." Since he had come in for a lump in his breast and indicated that he was being followed by his own physician, he was upset that Dr. Strauss had done a testicular and anal exam. These allegations are quite serious and Dr. Douse's remark cannot be used to discount this complaint. Additionally, Dr. Grace recalls Dr. Strauss commenting that he was going to stop doing these complete examinations and examine for the complained of problems because it was not worth the hassle. Obviously, based [REDACTED] complaint, Dr. Strauss did not cease his practice of doing complete examinations regardless of the stated medical complaint of the patient. Additionally this student was adamant that if another complaint of this nature came forward against Dr. Strauss, that his complaint would be considered in conjunction with any other complaints;

There are several problems with Dr. Strauss' recollection of the events leading to the complaint of [REDACTED] [REDACTED]. Dr. Strauss seemed to fixate on the student's desire to destroy his medical records and supposes this is because of Dr. Strauss' speculation that the student had a problem with premature ejaculation. The student's complaint was that he had been fondled and that Dr. Stases had used inappropriate language. Those individuals who interviewed the student found him to be very credible. His relation of events was consistent and he felt this examination had been quite different than examinations that he had before. The truth of what occurred in that examination is really in the minds of Dr. Strauss and the patient. However, Dr. Strauss' misrepresentation of events that followed and his attempts to provide false documentation to you color his credibility in this matter. The document he says he created simultaneously with the events of the day could not have been so created because the document contains the notation that the patient saw Dr. Miller. Dr. Miller recounted to me that he had not told Dr. Strauss he had seen the

06/07/96

Confidential

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REDACTED
CONFIDENTIAL

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patient because the patient specifically requested he not tell Dr. Strauss he was being seen. In his statement to you Dr. Strauss also denies he used inappropriate language during [REDACTED] exam. However, both Judy Brady and Dr. Grace remember that Dr. Strauss admitted having used such language during the exam; a practice he said he followed because he felt students would relate to him better if he spoke in vernacular rather than using medical terms. Additionally, Dr. Strauss accuses Dr. Grace of forcing him to falsify the medical record in an attempt to cover up the incident. Judy Brady confirms Dr. Grace's statement that what occurred is exactly opposite. It was Dr. Strauss that tried to introduce a medical record that made this examination appear to be completely normal. It was Dr. Grace who insisted that something be entered into the record that indicated that the exam had been out of the ordinary while respecting the patient's wishes that all records of his examination by Dr. Strauss be destroyed. Dr. Strauss has gone so far as to file a complaint with the medical board of Ohio. During the investigation of that complaint, the investigator indicated that she did not believe one physician could force another to create a false medical record since the physician is responsible for the record created. She did indicate following her interview with Judy Brady that the Board may have a concern that Dr. Strauss had filed a false complaint with the Medical Board. She also inquired whether the University would be filing a complaint against Dr. Strauss and indicated the Board might self initiate a complaint based on the [REDACTED] incident. When I interviewed Dr. Miller he indicated that while it may not be unusual for a patient to get an erection during an examination, in his medical practice he would not continue with the examination under such circumstances. Rather, he would back off and suggest to the patient he may want to come back at some other time and resolve the issue. He found it unusual that the exam would have been continued to the point of taking cultures. Judy Brady commented that the complaints do show a pattern and if Dr. Strauss is not intentionally "fondling" patients he is extremely insensitive to the patient's comfort level during examinations. Ms. Brady was struck with how emotional the patients were about the incidents and that Dr. Strauss at best must have been oblivious or uncaring regarding the patient's reaction to the examination. She felt there was an arrogance to Dr. Strauss' practice that showed a high degree of insensitivity to patient problems.

I do not believe it is relevant to consider the number of complaints or the attempt to misrepresent data from the student health center. Even one of these complaints if true would be sufficient grounds for dismissal. Additionally Dr. Strauss' justification for the examination technique may be accurate and his usual practice. However his statement to Dr. Strauss that he was going to discontinue this practice after the second complaint and the fact that his examinations provoke such complaints confirms Judy Brady's concerns about the lack of sensitivity that Dr. Strauss shows toward patients.

In conclusion, I believe the information arising from the complaints and Dr. Strauss' subsequent actions of making false accusations against Dr. Grace strongly indicate that Dr. Strauss is not the type of physician who should be serving patients in the student health service. Even if Dr. Strauss is not inappropriately touching patients during examinations (and none of the evidence presented by Dr. Strauss proves that such was not the case), his practice and medical examination techniques have prompted three complaints in one year. Further, Dr. Strauss voluntarily stepped down from his position as team physician for the male fencing team due to similar complaints. I spoke with John Lombardo and he indicated he had heard such rumors for some time but since no one athlete came to report anything to him directly he did not believe he had sufficient basis to act. (He has indicated that Dr. Strauss is an independent contractor with his practice and he has decided that he will not renew that contract.) I do not believe that given the information currently available to the University, that Dr. Strauss' 20% appointment with Student Health Services should be renewed. I believe we should inform Dr. Strauss and his attorney of this as soon as possible. Arrangements will need to be made with the School of Public Health for them to pick up the additional 20% funding for Dr. Strauss' faculty appointment. Please contact me as soon as possible so that we can wrap up this matter.