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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *September 20, 18*
BY: Jody Wright ANALYST

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2018-042109

15 **GEORGE R. TYNDALL, M.D.**
16 3010 Wilshire Blvd, Ste. 93
Los Angeles CA 90010

A C C U S A T I O N

17 Physician's and Surgeon's Certificate
18 No. G 57942,

19 Respondent.

20
21 Complainant alleges:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
24 capacity as the Executive Director of the Medical Board of California, Department of Consumer
25 Affairs (Board).

26 2. On July 21, 1986, the Medical Board issued Physician's and Surgeon's Certificate
27 Number G 57942 to George R. Tyndall, M.D. (Respondent). The Physician's and Surgeon's
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1 Certificate will expire on January 31, 2020, unless renewed, and is in SUSPENDED status
2 pursuant to an Interim Suspension Order issued on August 27, 2018.

3 **JURISDICTION**

4 3. This Accusation is brought before the Board, under the authority of the following
5 laws. All section references are to the Business and Professions Code unless otherwise indicated.

6 4. Section 2234 of the Code provides, in pertinent part:

7 “The board shall take action against any licensee who is charged with unprofessional
8 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
9 limited to, the following:

10 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
11 violation of, or conspiring to violate any provision of this chapter.

12 “(b) Gross negligence.

13 “. . .”

14 5. Section 726 of the Code provides, in pertinent part, that the commission of any act of
15 sexual abuse, misconduct, or relations with a patient, client, or customer constitutes
16 unprofessional conduct and grounds for disciplinary action.

17 **FACTS COMMON TO ALL CAUSES FOR DISCIPLINE**

18 6. Respondent is an obstetrician/gynecologist. Between 1989 and 2016, Respondent
19 worked as a gynecologist at the student health center at the University of Southern California
20 (USC). Over the years, a number of patients and student health center staff complained about
21 sexually and otherwise inappropriate conduct committed by Respondent during examinations of
22 and treatment provided to USC students at the student health center. In the summer of 2016, a
23 registered nurse employee of the student health center reported Respondent’s conduct to the
24 campus rape crisis center. USC launched an investigation, and Respondent was placed on an
25 administrative leave. The administrative leave lasted until June 2017, when USC and Respondent
26 entered into a settlement agreement under which he resigned his position with USC.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 (Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

3 Patient #1

4 7. In 2012 Patient #1 was a first-year graduate student at USC. She contacted the USC
5 student health center to schedule an appointment for her annual gynecological exam. An
6 appointment was scheduled for Patient #1 to see Respondent in November 2012.

7 8. When Patient #1 arrived for her appointment she was seated in a chair outside an
8 office/exam room. Respondent opened the office door and informed Patient #1 that a chaperone
9 was not available and that she would need to wait at least 30 minutes if she wanted a chaperone,
10 or that she could go ahead and proceed with the appointment without one. She decided to proceed
11 with the examination.

12 9. When Patient #1 entered the room, Respondent locked the door behind her. She sat
13 down in a chair next to the examination table, and Respondent asked her questions regarding
14 what she was studying. Patient #1 informed him that she had taken courses in medical school. He
15 asked her if she had learned the physical exam and how to take an oral history. She informed him
16 that she had learned the basic physical exam and how to take an oral history, but not a pelvic
17 exam or breast exam, as those were taught in the second year of medical school. Respondent then
18 asked Patient #1 if she was Chinese, pointed to a map of China on his wall and asked her to point
19 to where she was from. He asked her if she had had a gynecological exam before, and if she was
20 currently with a sexual partner.

21 10. Respondent then asked Patient #1 to get undressed for the exam. He didn't leave the
22 room while Patient #1 disrobed and put on the paper gown she was provided. At this point, there
23 was a knock at the door. A female voice asked if Respondent was with a patient, informed him
24 that she was back and available to come into the room, and inquired why Respondent had not
25 waited for her. Respondent opened the door about six inches told the woman that Patient #1 said
26 "it would be fine." He shut the door and locked it. The woman outside the door knocked a few
27 more times, indicating urgency. She said words such as, "Is she ok? Do I need to be in there?"
28 Respondent replied, "No."

1 11. Patient #1 got on the examination table and placed her feet in the stirrups as directed.
2 Respondent put gloves on and informed the patient he was going to check her vagina to see if the
3 speculum would fit. Respondent then inserted his fingers inside Patient #1's vagina and moved
4 his fingers in and out, back and forth, repeatedly, for several minutes. When Patient #1 asked him
5 to stop, Respondent said that it would be over in a few minutes and that she should just relax.
6 While his fingers were moving in and out of her vagina, Respondent told Patient #1 that her
7 vaginal wall felt very strong and that it was very "tight." He told her that she was very beautiful
8 and asked if she had ever modeled. He told her that her mother must be very beautiful too. He
9 also asked her what kind of sex she had with her boyfriend. He encouraged her to take birth
10 control and said that he was sure her boyfriend would enjoy it more if she used birth control
11 without a condom as a barrier. Throughout this time, Respondent repeatedly told Patient #1 to try
12 to relax. He put his face within a couple of inches of her vagina, and Patient #1 heard Respondent
13 breathing heavily.

14 12. Respondent eventually removed his fingers, inserted a speculum, and proceeded with
15 the exam. When he was finished, he removed the speculum and gloves. Respondent then asked
16 Patient #1, who had moved to a seated position, to move the paper gown off her upper body so
17 that he could see both of her breasts at the same time. Respondent commented that her breasts
18 were very symmetrical and placed his hands on each of her breasts and squeezed them more than
19 one time. Respondent also squeezed Patient #1's nipples and said that he was feeling for any
20 discharge. He was breathing heavily during this time.

21 13. Respondent next told Patient #1 to get dressed, and again stayed in the room and
22 watched her. Patient #1 prepared to leave the room and Respondent unlocked the door. The
23 woman who had knocked earlier was sitting in the chair outside the room, and asked Respondent
24 why he hadn't waited for her, given that she told him that she was going on a short break.
25 Respondent's answer was that Patient #1 agreed to it.

26 14. Respondent's conduct as set forth above, in failing to allow Patient #1 to dress and
27 undress in privacy, failing to provide the patient with suitable draping, failing to maintain proper
28 professional boundaries, locking the exam room door, inserting his fingers into the patient's

1 vagina as described, purporting to assess the strength and tightness of the vagina, touching Patient
2 #1's breasts in a non-clinical manner, making sexually provocative comments containing sexual
3 innuendo, and advising the patient not to use a condom, constitute unprofessional conduct, and/or
4 sexual misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234,
5 and/or 726, and/or 2234(b) of the Code.

6 **SECOND CAUSE FOR DISCIPLINE**

7 (Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

8 Patient #2

9 15. Patient #2 was a 19-year-old USC student. In March 2016, Patient #2 called the
10 student health center to make an appointment to see a female gynecologist whom she had seen
11 before. The requested physician was not available, and Patient #2 was instead given an
12 appointment to see Respondent. On April 4, 2016, Patient #2 went to the appointment seeking a
13 standard test for sexually transmitted disease (STD) and to discuss medication.

14 16. Patient #2 was shown to Respondent's office. Respondent asked her about her race,
15 and she told him that she is Filipina. Respondent told Patient #2 that she was pretty, proceeded to
16 compare her to his wife, and stated that Filipinas are the smartest, most giving and gentle people.
17 He told her that Filipinas are "good in bed," devoted to their partners and that they don't sleep
18 with many people in their life time. Respondent then asked Patient #2 intimate sexual details,
19 such as how many sexual partners she has had, and then stated, "I guess that's because you're
20 mixed."

21 17. Respondent took Patient #2 to an exam room. There was no one else in the room, and
22 a chaperone was not offered. Respondent told Patient #2 that he would need to perform a pelvic
23 exam, and instructed her to undress from the waist down. He remained in the examination room
24 and watched Patient #2 undress. Respondent then asked Patient #2 to get on the exam table,
25 which was elevated to a seated position, and put her feet in the stirrups. Respondent gave Patient
26 #2 a paper drape to put over her lap and then told her he was going to insert two fingers into her
27 vagina. From her seated position, Patient #2 could see that Respondent was not wearing gloves.
28 Respondent placed his ungloved fingers in Patient #2's vagina and proceeded to move them

1 around in a circular motion. Respondent did not examine Patient #2 in a medical fashion, and did
2 not use a speculum.

3 18. Respondent removed his fingers and told Patient #2 he needed "some lube."
4 Respondent then placed the lubricant on his fingers (still ungloved) and on top of Patient #2's
5 vagina. He again inserted his fingers and repeated the circular movements Respondent
6 represented to Patient #2 this was part of the STD test, and that he was doing it to make sure the
7 swab wouldn't hurt when inserted. Respondent again removed his fingers, procured a vial and a
8 swab, and obtained the sample.

9 19. Respondent then told Patient #2 to get dressed. Respondent remained in the
10 examination room while Patient #2 dressed. After she was dressed, Respondent told Patient #2
11 that she should return for a pap smear.

12 20. Respondent's conduct in failing to allow Patient #2 to dress and undress in privacy,
13 failing to maintain professional boundaries, conducting an examination without using gloves,
14 inserting his fingers in the patient's vagina as described, and making sexually provocative
15 comments containing sexual innuendo, and making race based remarks, constitute unprofessional
16 conduct, and/or sexual misconduct, and/or gross negligence and cause for discipline pursuant to
17 sections 2234, and/or 726, and/or 2234(b) of the Code.

18 **THIRD CAUSE FOR DISCIPLINE**

19 (Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

20 Patient #3

21 21. In February 2016, Patient #3 was 18 years old and a freshman at USC. On February
22 20, 2016, she had an appointment at the student health center for a routine STD check and birth
23 control. It was her first appointment with a gynecologist.

24 22. When Patient #3 arrived at her appointment, a nurse led her to an exam room.
25 Respondent entered the room, introduced himself and told Patient #3 to undress from the waist
26 down. Respondent left the room and she disrobed. Patient #3, who was not provided with a
27 gown or drape, sat on the exam table naked from the waist down.

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1 23. Respondent returned to the examination room and instructed Patient #3 to move her
2 buttocks down to the edge of the table, then put his hands on her calves and tried to position her
3 legs. There was no one else in the room with them, and a chaperone was not offered.
4 Respondent told Patient #3 something to the effect that he had to insert his fingers inside of her
5 vagina to feel a muscle.

6 24. Respondent then put one hand under Patient #3's buttocks and inserted two fingers
7 from his other hand into her vagina. He inserted his fingers in a massaging, penetrative way, that
8 reminded Patient #3 of a sexual act. It was very uncomfortable. While he had his fingers in her
9 vagina, Respondent looked at the patient and told her that she was tight and elastic. He
10 commented that her hymen was broken, commented on how tall she was, and asked about her
11 ethnicity. Respondent obtained a specimen, but did not use a speculum for the examination.

12 25. When he was finished, Respondent told Patient #3 to meet him in his office. Once
13 there, Respondent commented on the dark circles under her eyes and asked if she had forgotten to
14 use a condom because she was so tired. Respondent asked her about her sleep patterns and gave
15 her pamphlets for insomnia. He discussed the need for a pap smear and/or a cervical exam, but
16 did not ask her to schedule an appointment for these procedures. Respondent again asked Patient
17 #3 about her ethnicity and her family, then asked her if her parents were disappointed that she did
18 not choose a "STEM" (Science, Technology, Engineering, Mathematics) major. Respondent
19 made remarks along the lines of, "Indian people are like work horses." During this meeting,
20 Respondent also asked Patient #3 questions about when she first had sex and the number of
21 sexual partners she has had. When Patient #3 asked for birth control, Respondent said he could
22 not give her a prescription until she saw him again because he needed more time to talk to her
23 about birth control.

24 26. In March 2016, Patient #3 was sexually assaulted. She experienced pain and bleeding
25 and made an appointment with Respondent approximately one week after the assault. This
26 appointment was similar to her first appointment. Respondent entered the room, told Patient #3
27 to undress from the waist down, then left. Respondent returned and in a patronizing manner,
28 asked Patient #3 if she had forgotten "to use a condom again? We talked about this." Patient #3

1 told Respondent that she was experiencing pain from an aggressive, nonconsensual encounter, but
2 he did not comment on this disclosure, nor did he provide her with a list of resources or referrals
3 of any kind. Patient #3 explained her symptoms to Respondent and told him again that she was in
4 pain.

5 27. Respondent informed Patient #3 that he wanted to perform an exam and asked her to
6 lie down. Again, Patient #3, who was not provided with a gown or other covering and sat naked
7 from the waist down on the table. Respondent again inserted two fingers in her vagina and moved
8 them around. He placed his hands on her calves, spread her legs open, and looked closely at her
9 vagina. He then said that he could see "lesions" and asked the position that she was in when she
10 had sex. Patient #3 informed him that she was unconscious during the assault and she could not
11 answer his question. Respondent commented that the lesions/injuries appeared to be consistent
12 with someone "who does a lot of 'doggy-style.'" Respondent eventually took a culture. There
13 was no chaperone present, nor was one offered to Patient #3.

14 28. After the exam, Respondent told Patient #3 to get dressed and meet him in his office.
15 Respondent recommended the over the counter cream Monistat, explaining that he thought it
16 would help with the pain she was experiencing since the injury was external, not internal. Patient
17 #3 again asked for a birth control prescription; again, Respondent responded that she needed to
18 make another appointment so he would have more time to discuss birth control options with her.

19 29. Respondent's conduct in as set forth above, in failing to provide the patient with
20 suitable draping, inserting his fingers into the patient's vagina as described, making sexually
21 provocative comments containing sexual innuendo, making race based comments, placing his
22 hand under the patient's buttocks during an examination, touching the patient in a non-clinical
23 manner, and failing to properly respond to or address the patient's report of a sexual assault,
24 constitute unprofessional conduct, and/or sexual misconduct, and/or gross negligence and cause
25 for discipline pursuant to sections 2234, and/or 726, and/or 2234(b) of the Code.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

3 Patient #4

4 30. In February 2009, USC graduate student Patient #4 made a gynecological
5 appointment with Respondent at the student health center for the primary purpose of obtaining a
6 prescription for birth control.

7 31. When Patient #4 arrived for her appointment, a medical assistant escorted her to
8 Respondent's office, where there was a desk and an examining table. After engaging in some
9 small talk and directing Patient #4's attention to a provocative photograph of Respondent's wife,
10 Respondent proceeded to ask Patient #4 questions such as what type of sex she had, what
11 positions she used, whether she allowed her partner to ejaculate inside of her, whether she had
12 oral sex, whether she swallowed ejaculate, whether she had anal sex, whether her partner wore a
13 condom, and if not, where did he ejaculate, whether she had sex with men and how many partners
14 she has had. At no point did Respondent ever discuss birth control options or alternatives, which
15 was the reason that Patient #4 made the appointment.

16 32. After this conversation, Respondent, who was sitting on a swivel chair, drew the
17 curtain dividing the examining table from his office, and told Patient #4 to disrobe. Respondent
18 did not leave the room. Once the patient was undressed and lying on the table, with her feet in
19 the stirrups, a chaperone entered and stood behind Respondent, near the door. Respondent
20 conducted what he described as a pelvic examination. After the exam was completed, the
21 chaperone left the room, and Respondent stood on the other side of the curtain while Patient #4
22 got dressed. Respondent provided Patient #4 with a prescription for a 3-month supply of birth
23 control pills and told her to return in three months for a follow-up appointment.

24 33. Patient #4 returned for the follow-up visit as instructed. In February 2011, Patient #4
25 again met with Respondent at the student health center. It was either at this appointment or the
26 2009 appointment that Respondent groped Patient #4's breasts after rubbing his hands together
27 and stating, he wanted to warm his hands first. He then put his hands on her breasts. He didn't
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1 systematically feel for lumps or abnormalities, but rather used his full-hands and grabbed both of
2 her breasts at the same time. Respondent described this as a breast exam.

3 34. In 2012, while overseas, Patient #4 developed a yeast infection that never resolved.
4 When she returned to the U.S., she made an appointment at the student health center, which was
5 now in a new facility which featured exam rooms that were separate from Respondent's office.
6 On August 19, 2013, Patient #4 met with Respondent in his office. He returned to the same line of
7 questioning from 2009, concerning her sexual history, and again proceeded to ask a series of
8 intrusive and personal questions about Patient #4's sexual practices.

9 35. Respondent escorted Patient #4 to an exam room and told her to get undressed. He
10 left the room. She took off her clothes and put on a paper gown. Respondent and a chaperone
11 returned and he proceeded to conduct the pelvic exam. During the exam, Respondent "wiped"
12 Patient #4's vagina with his finger, showed her the vaginal discharge, and informed Patient #4
13 that she had a yeast infection. The chaperone then left the room. Respondent asked Patient #4 if
14 her sexual partners had been tested for STDs, if they used condoms, and when Patient #4 last had
15 an HIV test. Patient #4 informed Respondent she had very recently had an HIV test which was
16 negative. Respondent nevertheless recommended that she have another HIV test, commenting
17 that yeast infections were common in women who have AIDS. Although the test was negative,
18 Patient #4 was not notified of the result.

19 36. On January 29, 2014, Patient #4 returned to see Respondent to obtain birth control.
20 She explained that she had a boyfriend and wanted to resume taking birth control. Respondent
21 asked her a series of intrusive questions, such as, "Did you already sleep with him? How many
22 times? Did he use a condom? Do you usually use condoms? Do you think you'll continue to use
23 condoms? "Respondent gave Patient #4 a prescription for Plan B-One Step (the morning after
24 pill) which she did not ask for or want. He also gave her a prescription for birth control.
25 Respondent asked her to return for a second contraceptive counseling appointment.

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1 she had nice legs. At some point during this visit or the second visit that Patient #5 had with
2 Respondent, he said that her boyfriend was a 'lucky guy.'

3 41. When Respondent was finished, he again drew the curtain and Patient #5 got dressed
4 while he remained on the other side. Respondent then pulled the curtain aside and asked her
5 about her ethnicity. He held up a framed picture of a woman that was on his desk, showed it to
6 her, and said the woman was his wife, whom he described as Filipina. Respondent wrote Patient
7 #5 a prescription for her yeast infection.

8 42. The next month, Patient #5 made another appointment at the student health center to
9 discuss her painful menstrual cramps. On February 28, 2011, when she arrived, she learned that
10 she was scheduled to see Respondent. She met with Respondent in his office and requested birth
11 control to alleviate her pain. Respondent wanted to do another pelvic exam, but Patient #5
12 refused. Respondent tried to convince Patient #5 to use NuvaRing, a form of birth control that he
13 would personally insert in her vagina. Patient #5 informed him that she only wanted an oral
14 contraceptive. Respondent wrote a prescription for a 1-month supply of the oral contraceptive
15 Marlissa. However, he also wrote a prescription for NuvaRing in the event that she changed her
16 mind.

17 43. Respondent's conduct as set forth above, in failing to use a speculum, and making
18 personal, suggestive and provocative remarks, constitute unprofessional conduct, and/or sexual
19 misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234, and/or
20 726, and/or 2234(b) of the Code.

21 PRAYER

22 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
23 and that following the hearing, the Medical Board of California issue a decision:

24 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 57942,
25 issued to respondent George R. Tyndall, M.D.;

26 2. Revoking, suspending or denying approval of respondent George R. Tyndall, M.D.'s
27 authority to supervise physician assistants and advanced practice nurses;

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1 3. Ordering respondent George R. Tyndall, M.D., if placed on probation, to pay the
2 Board the costs of probation monitoring; and

3 4. Taking such other and further action as deemed necessary and proper.

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5 DATED: September 26, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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