

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation and Petition
to Revoke Probation Against
Against:

ALANA DOREEN DIXSON, M.D.

Physician's and Surgeon's
Certificate No. A 160037

Respondent.

Case No. 800-2021-082305

DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 15, 2023.

IT IS SO ORDERED May 16, 2023.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

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OAH No. 2022070201

PROPOSED DECISION

Administrative Law Judge Karen Reichmann, State of California, Office of Administrative Hearings, heard this matter on March 20 and 21, 2023, by videoconference.

Deputy Attorneys General Kendra Rivas and Greg W. Chambers represented complainant Reji Varghese, Interim Executive Director, Medical Board of California, Department of Consumer Affairs.

Respondent Alana Doreen Dixon, M.D., Ph.D., represented herself.

The record closed and the matter was submitted for decision on March 21, 2023.

FACTUAL FINDINGS

Procedural Background

1. On December 18, 2018, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number A 160037 to respondent Alana Doreen Dixon, M.D., Ph.D. The certificate expired on December 31, 2020, and is in delinquent status.

2. Respondent's certificate was issued by the Board after an administrative hearing before an administrative law judge and a subsequent hearing before a panel of the Board. The certificate was issued with a five-year term of probation, with conditions including that respondent's first two years of practice be performed in an Accreditation Council for Graduate Medical Education (ACGME)-approved postgraduate training program and that respondent pay the costs of the probation monitoring program.

3. On December 23, 2021, complainant's predecessor, William Prasifka, filed this accusation and petition to revoke probation,¹ solely in his official capacity as the Executive Director of the Board.

¹ Although styled as an accusation and petition to revoke probation, all allegations pertain to probation violations; no new causes for discipline are alleged.

4. Respondent filed a timely notice of defense, and this proceeding ensued.

Board's Decision

5. The Board issued respondent a probationary license based primarily on the testimony of an expert witness, who opined that respondent's performance during her internship and residency demonstrated deficiencies in each of the six ACGME core competencies. Applicant's neurosurgery residency contract was not renewed after her second year of a four-year residency program. The expert witness opined that respondent was not safe to practice outside of a supervised residency program due to the nature and extent of the deficiencies that manifested during her internship and residency, especially her "inability to receive and use feedback and take responsibility for her actions and mistakes." He noted that respondent's deficits were well-documented, and persisted despite efforts that were made to help her improve.

The Board also considered respondent's evidence, including her impressive academic credentials, significant personal challenges she experienced during residency, and numerous letters of support. The Board determined that a period of probation was necessary in order for respondent to demonstrate that she is safe and competent to practice medicine independently.

Non-Compliance with Probation Conditions

FAILURE TO MAINTAIN A CURRENT AND RENEWED CERTIFICATE

6. Condition 6 requires respondent to maintain a current and renewed certificate. Respondent has failed to maintain a current and renewed certificate. Her certificate expired on December 31, 2020.

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FAILURE TO PAY COSTS

7. Condition 12 of respondent's probation provides that respondent must pay costs associated with probation monitoring annually. Respondent is relieved of this condition when residing out of state. As of the date the petition was filed, respondent was delinquent \$4,969 for 2019 probation monitoring costs and \$1,775 for 2020 probation monitoring costs incurred prior to her notifying the Board that she was not residing in California after July 5, 2020. In March 2023, a week prior to this hearing, respondent made two payments to the Board totaling \$1,775, but remained delinquent for \$4,969.

FAILURE TO PRACTICE

8. Condition 8 of respondent's probation provides that respondent must practice medicine for at least 40 hours each calendar month. Practice in another jurisdiction counts towards this requirement only if respondent is on probation with the licensing authority in that jurisdiction. If respondent's period of non-practice exceeds 18 months, she is required to complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical assessment program, prior to resuming practice.

9. Respondent has not participated in an ACGME-approved postgraduate training program at any point since her certificate was issued in December 2018. Respondent has not practiced medicine in California or in any jurisdiction where she is on probation with that jurisdiction's licensing authority since her certificate was issued.

10. Letters were sent to respondent in July and November 2020, and June 2021, notifying her that her period of non-practice had exceeded 18 months and that she is now required to complete the Federation of State Medical Board's Special

Purpose Examination, or, at the Board's discretion, a clinical assessment program, prior to resuming practice in California.

11. Respondent has not taken the Federation of State Medical Board's Special Purpose Examination, or completed a Board-approved clinical assessment program.

Respondent's Evidence

12. Respondent did not deny the violations, but insisted her violations were not willful and that she tried to comply to the best of her ability. Respondent stated she felt remorse and regret for her noncompliance.

13. Respondent maintains that she was discriminated against during her residency because she is a woman of color, and suffered severe personal challenges, including pregnancy losses, which resulted in her unfair dismissal from the program. She also maintains that the Board hearing that resulted in the issuance of her probationary certificate was unfair, and that the Board's decision was premised on hearsay evidence and the opinion of an expert witness who was not a neurosurgeon (and in respondent's opinion not qualified to assess her competency). Respondent contends that the Board's decision and a video of the Board hearing, which are both available online, are defamatory, have damaged her reputation, and have made it difficult for her to obtain work.

14. Respondent explained that the most viable path for her to obtain another ACGME-approved residency in neurosurgery would be for her to complete a pre-residency fellowship, and she expressed frustration that this type of program was not allowed by her Board probation. She was previously offered such a position at the University of California, Davis (UC Davis) and has identified other similar programs.

15. Respondent and her husband both testified that she has sought residency opportunities in other disciplines, including obstetrics and gynecology, emergency medicine, and family medicine. Respondent stated that she has been precluded from participating in the annual residency "Match" because the program director of her previous residency would not provide her with an updated letter for use in seeking another residency. There was no documentary evidence establishing that respondent has applied for any ACGME-approved residency position.

16. Respondent testified that she had discussions with her Board probation monitor about requesting modification of probation and was told it was not an option. Respondent has never submitted a petition to modify her probation.

17. Respondent testified that her Board probation monitors provided her with conflicting information regarding the practice requirement, told her that she did not need to pay monitoring costs while her probation was tolled, and advised her that the Board would be lenient with her probation violations because of the pandemic.

18. Respondent stated that she did not receive some communications from the Board due to erratic mail service during the pandemic and because her family was itinerant for a period of time.

19. Respondent described many challenges she has faced during the time she has been on probation, including flooding of her home in Minnesota, the death of her father in April 2020 (possibly due to Covid-19), her mother's dementia diagnosis, her own medical issues, and loss of rental income during the pandemic.

20. Respondent reported that she plans to take the Federation of State Medical Board's Special Purpose Examination in July 2023. She stated that the exam was cancelled in 2020 due to the pandemic, and that she wanted to take it in 2022 but

did not due to the expense and because she knew this petition was forthcoming. She also stated that she does not believe she should have to take the exam.

21. Respondent expressed a willingness to seek a residency. She continues to think neurosurgery is her best option, but stated she plans on applying for open residency positions in other specialties during the next several months, and that if she does not obtain a position, she will participate in the residency Match in 2024.

22. Respondent explained that she has been financially unable to pay probation monitoring costs until recently. She reported periods of housing instability and difficulty having money for necessities including food. She stated she was able to make her recent payments towards the delinquent costs the week before the hearing after her lawyer withdrew from representing her and refunded her retainer. She reported that she has a plan to pay off the remaining balance by the end of April 2023, from the proceeds of contract work that she has recently obtained.

23. Respondent holds an unrestricted medical license in Minnesota. Respondent reported that she has provided telemedicine in Minnesota since 2017, on a pro bono basis. Her patients are referred to her by physicians she knows, from her church community, or by community health workers in indigenous communities. She has performed some physical examinations of patients in consultation with other providers. She denied ever engaging in telemedicine while in California or for California patients. She requested that her practice in Minnesota be treated as satisfying the practice requirement of her Board probation. She declined to answer whether she has maintained medical records for the telemedicine services she has provided.

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24. Respondent is the founder of two companies: Viral Sciences, LLC, which was started to combat Covid-19 misinformation and has partnered with other entities in the development of digital health platforms and in formulating solutions to public health problems; and Creole Sushi, a construction and real estate development company with the goal of developing affordable housing in New Orleans.

25. Respondent is married and the mother of a 14-year old son. She is active in her church community.

26. Respondent requests that the Board grant her a training license instead of a probationary license, or credit her with serving three years of her probation term. Respondent is passionate and determined to resume practicing medicine and denies having ever posed a risk to the public. She hopes to provide care to Black, indigenous, people of color, and other underserved communities.

Respondent's Witnesses

27. Several individuals testified and/or wrote letters on respondent's behalf.

a. Stephen S. Haines, M.D., was the head of the neurosurgery department during respondent's residency. He was aware that respondent suffered two miscarriages during her residency and was out on medical leave each time. Dr. Haines was involved in the decision to place respondent on a performance improvement plan and ultimately to dismiss her from the program. He stated that he did not support respondent continuing in the program but was generally supportive of her potential for a residency program outside of neurosurgery. He has known others who have failed in neurosurgery training who have gone on to practice well in other specialties. Dr. Haines has provided respondent a letter of recommendation for obtaining another residency. He does not believe that respondent is a danger to the public. He has not

witnessed her practice since she left the residency in 2016 and has no knowledge of her current fitness to practice or her compliance with her Board probation.

b. Tyler B. Evans, M.D., met respondent more than 20 years ago, when both were attending graduate school in public health at Columbia University. Dr. Evans is an internal medicine and infectious disease physician who has served as chief medical officer for several government agencies, including New York City during the initial phase of the pandemic. In that role, he tried to recruit respondent to practice in New York under emergency credentialing provisions, but this effort was unsuccessful. Dr. Evans has also worked overseas on humanitarian projects with Doctors Without Borders. Dr. Evans is the chief executive officer and co-founder of Wellness & Equity Alliance (WEA), which contracts with government agencies to provide public health services for vulnerable communities. Respondent has been working with WEA since December 2022. She has not been providing patient care. She is working on grant applications, supervising students and interns, and has a leading role on WEA's indigenous health initiatives. Dr. Evans is in the process of writing letters of recommendation for respondent to apply for residency programs in preventative medicine, which he thinks would be a good path for her. Dr. Evans described respondent as an exceptional physician and scientist who needs to "close the loop" on her training. He believes the nation needs her talents. He supports her continued licensure in California. He has never practiced medicine with respondent and has no firsthand knowledge of her clinical skills.

c. Jan Paul Muizelaar, M.D., was formerly the chair of the neurosurgery department at UC Davis, before retiring from that position in 2013. He first met respondent in 2013 when he interviewed her for the residency program at UC Davis. He became reacquainted with her in 2022, through his collaboration with her on a

research project on hydrocephalus. He is not being compensated for his participation in the project.

Dr. Muizelaar believes that sexism, racism, and pregnancy discrimination are rampant in medicine and that respondent has been a victim of discrimination. He believes the Board was wrong to deny her application and place her on probation, and that the probation conditions have been impossible for respondent to meet. Dr. Muizelaar agrees that it would be almost impossible for respondent to obtain another residency in neurosurgery without first completing a pre-residency fellowship in neurosurgery. He created the pre-residency fellowship program at UC Davis and described it as essentially the same as an ACGME residency. The program was designed both to increase the staffing in the department and to afford individuals the opportunity to obtain a subsequent neurosurgery residency. Dr. Muizelaar acknowledged that it would probably be easier for respondent to pursue a different specialty. Dr. Muizelaar has never practiced with respondent and has no firsthand knowledge of her clinical skills.

d. Respondent's husband, Adam Robinson, discussed the many challenges the couple has faced. Respondent suffered six pregnancy losses with life-threatening hemorrhaging and devastating medical bills. He spoke admiringly of respondent's toughness, determination, and work ethic. Robinson has faced periods of unemployment and reported that the couple has essentially had no money since 2018, and have no family resources to help them.

Robinson described the Board's requirement that respondent complete two years of ACGME residency as a "death sentence." He believes that respondent has tried her best to comply but that compliance is impossible. He stated that in the two months prior to the hearing, respondent began actively looking at opportunities for a

residency in emergency medicine, and that she now has a plan in place to comply with all condition of probation.

e. Michelle Mitchum is a tribal chief in South Carolina. She is the director of the Pine Hill Initiative Health Network, which has a partnership with WEA. She met respondent in January 2023 through this partnership. Chief Mitchum performed background research on respondent and discovered a video on YouTube of respondent's Board hearing as well as the Board's order. She characterized the Board's treatment of respondent as a "witch hunt," a defamation of respondent's character, and discrimination against a woman of color. She noted that indigenous patients are reluctant to accept people who are "outsiders" and prefer interactions with other people with indigenous backgrounds, such as respondent. Chief Mitchum recommended respondent to the board of her agency because she believes the Board's allegations against respondent were unfounded and that the Board's actions preventing respondent from practicing are detrimental to the public. She hopes that respondent can clear her license in California.

f. James Boggan, M.D., is a retired neurosurgeon who was previously chair of the neurosurgery department at UC Davis. He interviewed respondent for a residency position in 2013 and 2016. He confirmed that the department had a pre-residency fellowship program to help individuals improve their chances at obtaining a neurosurgery residency. He believes that if respondent completed a pre-residency fellowship in neurosurgery, she might get the opportunity for another neurosurgery residency because of her excellent credentials, but that it would still be an "uphill battle." He noted that the field of neurosurgery is small. Dr. Boggan noted that individuals who fail at a neurosurgery residency generally succeed in another

specialty. He believes that respondent could more easily obtain a residency in another field, such as neurology, neuropathology, general surgery, or family medicine.

g. Randolph Muhlestein wrote a letter on behalf of respondent. He is a lawyer who is currently on a humanitarian mission for the Church of Jesus Christ of Latter-Day Saints. Muhlestein wrote that he has known respondent and her husband for many years, having met when both were members of Muhlestein's ward. He wrote that respondent has a reputation for intelligence, honesty, integrity, hard work, and caring for others.

LEGAL CONCLUSIONS

1. Complainant has the burden of proving each of the grounds for revoking probation alleged in the petition to revoke probation, and must do so by a preponderance of the evidence. (*Sandarg v. Dental Bd. of California* (2010) 184 Cal.App.4th 1434, 1441.)

2. Condition 6 of respondent's probation requires respondent to maintain a current and renewed physician and surgeon's certificate while on probation. Respondent violated this condition by allowing her certificate to expire as of December 31, 2020. Cause for probation revocation has been established, in light of the matters set forth in Finding 6.

3. Condition 8 of respondent's probation requires her to practice medicine, and provides that any period of non-practice on probation shall not exceed two years. It further requires that if respondent's period of non-practice exceeds 18 months, she must complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical assessment program. Respondent has failed to

practice since her probationary certificate was issued in December 2018. Her practice in Minnesota cannot satisfy this condition. Furthermore, she has not completed the Federation of State Medical Board's Special Purpose Examination or a Board-approved clinical assessment program. Cause for probation revocation has been established, in light of the matters set forth in Findings 8 through 11.

4. Condition 12 of respondent's probation requires her to pay for probation monitoring costs during periods when she resides in California. Respondent failed to do so. Cause for probation revocation has been established in light of the matters set forth in Finding 7.

5. Condition 10 of respondent's probation provides that failure to comply with any condition of probation is a violation of probation. Cause for probation revocation has been established in light of the matters set forth in Legal Conclusions 2 through 4.

6. Business and Professions Code section 2229, subdivision (b) provides that when exercising its disciplinary authority, the Board, whenever possible, shall take action that aids in the rehabilitation of the licensee. Protection of the public, however, remains the Board's highest priority. (Bus. & Prof. Code, § 2229, subd. (a).)

7. The Board's Disciplinary Guidelines provide for license revocation as the maximum penalty for a probation violation. The Guidelines advise that the maximum penalty should be given for repeated similar offenses or for violations revealing a cavalier or recalcitrant attitude.

8. Since being issued her probationary license more than four years ago, respondent has failed to practice medicine as required by the terms of her probation. It does not appear that she has made meaningful efforts to obtain an

ACGME-approved residency. She has not participated in the annual residency Match. She asserted that she has sought numerous residency opportunities, but has been thwarted in this endeavor by her prior residency director's failure to provide her with an updated letter. She did not provide documentary evidence of these efforts. Respondent has not taken the Federation of State Medical Board's Special Purpose Examination, which became required in June 2020 due to her failure to practice for more than 18 months. In addition, respondent has not renewed her certificate and has been delinquent in payment of probation monitoring costs.

Respondent demonstrated a cavalier attitude towards probation. She does not accept responsibility for failure to comply with probation and instead portrays herself as a victim of mistreatment in her residency program and during the Board's prior proceedings.

Because respondent has not been practicing, the Board has been unable to assess her competency and confirm her fitness to practice safely. Her probation violations warrant revocation. It would be against the public interest to permit respondent to retain her physician's and surgeon's certificate.

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ORDER

The Petition to Revoke Probation concerning Physician's and Surgeon's Certificate Number A 160037 issued to respondent Alana Doreen Dixson, M.D., is granted. The stay of revocation is lifted and the certificate is revoked.

DATE: 04/12/2023

Karen Reichmann

KAREN REICHMANN

Administrative Law Judge

Office of Administrative Hearings