STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

Karen Schimke
Executive Deputy Commissioner

April 30, 1996

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Kevin C. Roe, Esq.
NYS Department of Health
Corning Tower-Room 2438
Empire State Plaza
Albany, New York 12237

Angelo A. Rinaldi, Jr., Esq.
Rinaldi Law Office
120 East Washington Street
Syracuse, New York 13202

Edward Bryant Curry, M.D.
109-B Ball Road
High Acres Apts.
Syracuse, New York 13215

Edward Bryant Curry, M.D.
P.O. Box 70
Syracuse, New York 12215

RE: In the Matter of Edward Bryant Curry, M.D.

Effective Date: 05/07/96

Dear Mr. Roe, Mr. Rinaldi and Dr. Curry:

Enclosed please find the Determination and Order (No. 96-104) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt **or** seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either **certified mail or in person** to:

Office of Professional Medical Conduct
New York State Department of Health
Corning Tower - Fourth Floor (Room 438)
Empire State Plaza
Albany, New York 12237

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), and §230-c subdivisions 1 through 5, (McKinney Supp. 1992), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays all action until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by **certified mail**, upon the Administrative Review Board **and** the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Empire State Plaza
Corning Tower, Room 2503
Albany, New York 12237-0030

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:nm
Enclosure

COPY

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF EDWARD BRYANT CURRY, M.D.	DETERMINATION AND ORDER

BPMC-96-104

WILLIAM K. MAJOR, JR., M.D., Chairperson, **JACK SCHNEE, M.D.** and **CLAUDIA GABRIEL,** duly designated members of the State Board for Professional Medical Conduct, appointed by the Commissioner of Health of the State of New York pursuant to Section 230(1) of the Public Health Law, served as the Hearing Committee in this matter pursuant to Section 230(10)(e) of the Public Health Law. **CHRISTINE C. TRASKOS, ESQ.,** served as Administrative Officer for the Hearing Committee. The Department of Health appeared by **HENRY M. GREENBERG,** General Counsel, **KEVIN ROE, ESQ.,** Associate Counsel. The Respondent appeared by the **RINALDI LAW OFFICE, ANGELO A. RINALDI, ESQ.,** of Counsel. Evidence was received and witnesses sworn and heard and transcripts of these proceedings were made.

After consideration of the entire record, the Hearing Committee submits this Determination and Order.

STATEMENT OF CHARGES

The accompanying Statement of Charges alleged twenty-one (21) specifications of professional misconduct, including allegations of failure to comply with an Order of the Commissioner, physical and/or verbal abuse of patients, conduct evidencing moral unfitness, mental impairment and practicing while impaired.

The charges are more specifically set forth in the Statement of Charges dated November 14, 1995, Amended Statement of Charges dated December 4, 1995, and Petitioner's letter dated April 9, 1996 which reduced the number of specifications to twenty (20). Copies of the aforementioned are attached hereto as Appendix I and made a part of this Determination and Order.

SUMMARY OF PROCEEDINGS

Notice of Hearing Date:	November 27, 1995
Pre-Hearing Conference:	November 30, 1995
Hearing Dates:	December 5, 1995 December 27, 1995 January 8, 1996 February 6, 1996 February 7, 1996 February 20, 1996
Received Petitioner's Proposed Findings of Fact, Conclusions of Law:	March 15, 1996
Received Respondent's Proposed Findings of Fact, Conclusions of Law:	March 20, 1996
Deliberation Date:	March 21, 1996
Place of Hearing:	Onondaga County Court House 421 Montgomery Street Syracuse, New York

WITNESSES

For the Petitioner:	Patient A Patient B Nurse A Nurse B Nurse C Nurse D Nurse E Nurse F

Lea Schmid, RN
David C. Brittain, M.D.
Howard Owens, M.D.

For the Respondent:

Mark Delawyer
Roger Neseff
"R.T."
"R.M."
Glenn Olbricht
"A.F."
Edward Bryant Curry, M.D.
Maurice J. Martin, M.D.

FINDINGS OF FACT

Numbers in parenthesis refer to transcript pages or exhibits[1], and they denote evidence that the Hearing Committee found persuasive in determining a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the evidence cited.

1. Edward Bryant Curry, M.D., the Respondent, was licensed to practice medicine in New York State on February 24, 1989 by the issuance of license number 177497 by the New York State Education Department. (Ex. 1A)

2. On August 31, 1995, a committee on professional conduct, formed pursuant to New York Public Health Law §230(7), determined that there is reason to believe that Respondent may be impaired by mental disability and ordered and directed that Respondent submit to a psychiatric examination by Stephen Price, M.D. on or before September 30, 1995. The committee's order was personally served on Respondent on September 18, 1995. Respondent did not undergo a psychiatric examination by Dr. Price on or before September 30, 1995, or at any time. (Ex. 3; T. 571-572, 617)

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[1]T. __ and Ex. __ indicate a reference to the transcript of the hearing or to an exhibit in evidence.

3. From on or about March 14, 1994 to on or about September 16, 1994, Respondent was employed as a physician at the Syracuse Community Health Center, Inc. (SCHC), 819 South Salina Street, Syracuse, New York 13202. (T. 296, 314, 329, 431)

4. On September 6, 1994, Respondent evaluated Patient A at SCHC. Patient A was seen for a general physical examination in connection with her recent entry into nursing school. (Ex. 4)

5. While Patient A was seated on an examination table, naked from the waist up, Respondent instructed her to bend forward and told her that he would catch her. (T. 68-69, 124-125)

6. While Patient A was wearing only underpants, Respondent told her to squat on the floor and walk like a duck to assess her range of motion. (T. 69, 268)

7. After the physical examination, Respondent opened the door between his office and the examination room and asked Patient A whether her husband favored one breast over the other and then asked whether her chicken favored one breast over the other. Patient A was shocked by these questions. (T. 76-77, 126, 269-270)

8. During the course of the examination, Patient A became very upset and was crying. She felt completely humiliated. (T. 70-71, 77)

9. On or about June 23, 1994, Respondent evaluated Patient B at SCHC. Patient B was seen for a general physical examination with regard to his planned entry into nursing school. (Ex. 5)

10. Prior to undertaking any physical examination, Respondent yelled and screamed at Patient B regarding the patient's alleged failure to provide the proper immunization forms. Respondent became very agitated, angry and was flailing his arms. (T. 18-22)

11. Respondent's conduct upset Patient B and made him feel threatened. He terminated his contact with Respondent and left without any physical examination. (T. 21, 26, 46)

12. While employed at SCHC Respondent told Patient D, an overweight, diabetic female who was concerned about not having money, "You're fat enough, you must be getting money from somewhere" or similar words. Patient D and her family were very upset by what Respondent said to her. (T. 379, 386-387)

13. Nurse A is a Licensed Practical Nurse (L.P.N.) who worked at the SCHC from January of 1993 to February of 1995. (T. 420)

14. In March of 1994, Nurse A was in a room behind the reception area in the Adult Medicine Department of SCHC. Respondent approached her and told her that he understood that she had just broken up with her boyfriend, but if she ever needed any personal or sexual gratification, she could look him up. (T. 424)

15. Nurse A was born on April 6, 1955. On April 6, 1994, Respondent called Nurse A to his office and gave her a birthday card and two boxes of candy. While Nurse A was holding the candy and the card, Respondent held her by her shoulders and kissed her on the mouth. This incident was witnessed by Nurse C. (T. 321, 422)

16. In April of 1994, sometime after April 6, Nurse A was talking with another nurse about joining a gym because she had gained weight after a recent surgery. Respondent told Nurse A that she could work out at his house any time, so that he could watch her work out. Respondent's comments were made with sexual connotation and intonation. (T. 423-424)

17. In May of 1994, Respondent told Nurse A that if she wanted to go away to a secluded island, he would take her and pay for everything. (T. 425)

18. Nurse B is a registered Nurse (R.N.) who worked at SCHC for six weeks in July and August of 1994. On several occasions Respondent told Nurse B referring to Nurse C, "If I have to kill her, I will. Judgment day will come" and "I could fill a syringe with Insulin and take care of her" or similar words. Respondent knew that Nurse C is a diabetic. (T. 345, 382)

19. Nurse D is a Registered Nurse employed at SCHC in the quality assurance department. On August 30, 1994, Respondent told Nurse D that Nurse C kept bumping into him and "if that happens again, I'll have to take her out." He repeated this statement several times. (T. 234-236, 253)

20. On April 14, 1994, a conflict resolution conference was held between Respondent and Nurse C. Nurse E and Filipe Diaz, M.D., Director of the Adult Medicine Department were present. During this meeting, Respondent became very agitated, stood up from his chair, raised his fists and told Nurse C, "I'm not afraid of you and I'll get rid of you so that they will never find your body" or similar words. (T. 280-283, 316, 324)

21. On or about July 12, 1994, in a hallway at SCHC, Respondent deliberately swung his arms in the direction of Nurse C and hit her in the back with his elbow. (T. 319-320, 329)

22. Nurse F is a Licensed Practical Nurse who has been employed at SCHC since 1991. On May 24, 1994, Nurse F was at a copy machine in the central supply room. The copy machine is located near a door. As Respondent passed, he pushed the door and deliberately hit Nurse F with it. Nurse F raised her arm to avoid being hit in the head by the door. The contact between the door and her arm caused a bruise. This incident was witnesses by Nurse E. (T. 136, 140-141, 273)

23. In early July of 1994, near the end of a work day, Nurse F was in the front desk area of the Adult Medicine Department filing prescriptions for patients to pick up the next day. Respondent was on the telephone at the desk. Respondent deliberately touched Nurse F's buttocks with his hand without her consent. (T. 142-143)

24. In July of 1994, approximately one week after the incident described in finding of fact 23 above, Nurse F was in the procedure room getting a syringe out of the cabinet. Respondent was at the sample cabinet. On this occasion, Respondent grabbed Nurse F's buttocks with his hand without her consent. This incident was witnessed by Lea Schmid, L.P.N. (T. 143-144, 147)

25. In July of 1994, approximately two weeks after the incident described in finding of fact 24 above, Nurse F was at the nurses' station and Respondent was at the chart rack. As Nurse F turned to go past Respondent, Respondent grabbed her buttocks with his hand without her consent. Nurse F told Respondent never to put his hands on her again. Respondent replied "go to hell." (T. 147-148)

26. In late March or early April of 1994, a welcoming breakfast for Respondent was held in the supply room behind the secretary station in the Adult Medicine Department of SCHC. As the gathering was breaking up, Nurse G went to a filing cabinet to get her purse. As she bent over to retrieve her purse, Respondent grabbed her buttocks without her consent. This conduct was witnessed by Nurse C. (T. 323, 326, 349, 356)

27. On the day following the incident described in finding of fact 26 above, Nurse G was walking down the hallway in the Adult Medicine Department of SCHC. Respondent was walking toward her. As Respondent approached Nurse G, he attempted to grab her crotch with his hand. Nurse G grabbed his hand and twisted it upward stating "Don't you ever touch me like this. Did you know this is considered sexual harassment?" Respondent laughed and said "Only if you do it more than once a day." (T. 350, 357)

28. While employed at SCHC, Respondent wore a hunting knife on his belt at work on various occasions. (T. 149-150, 276, 353, 363, 591, 592)

29. While employed at SCHC, Respondent told numerous health care personnel that he carried a gun in his briefcase to work. (T. 151, 276, 278, 294, 354, 369)

30. At the request of the Iowa Board of Medical Examiners, Respondent was evaluated by Mel Pisetzner, M.D., a board certified psychiatrist, resulting in a written report dated March 13, 1995. At the request of Petitioner, Dr. Pisetzner reviewed investigative materials. Based on his personal interviews and the investigative materials, Dr. Pisetzner opined that Respondent "likely suffers from a Paranoid Personality Disorder, if not a psychiatric illness of a more severe nature. . . " (Ex. 7)

31. On January 12, 1995, Respondent was interviewed by David C. Brittain, M.D. Dr. Brittain is a board certified internist employed by the Office of Professional Medical Conduct as a medical coordinator. Respondent denied all allegations relating to the subject matter of this proceeding. Based on the nature of his responses and Respondent's conduct during the interview, Dr. Brittain felt that Dr. Curry was in need of psychiatric evaluation. (T. 534-573, 625)

32. Howard Owens, M.D. is a board certified psychiatrist with subspecialty certification by the American Board of Forensic Psychiatry. He is the Assistant Medical Director of the Forensic Psychiatry Clinic at Bellevue Hospital, New York, New York. He performs psychiatric evaluations of criminal defendants who have been identified as possibly having psychiatric disorders and provides reports to the courts and Department of Probation. At the request of Petitioner, Dr. Owens reviewed Exhibit 7, the written reports of Drs. Pisetzner and Lesswing; Exhibit 8, a packet of materials presented to Petitioner by Respondent at the January 12, 1995 interview; and the transcripts of the proceedings in this matter prior to February 6, 1996. (T. 661-664)

33. Maurice J. Martin, M.D. testified as an expert witness for the Respondent. Dr. Martin is board certified in psychiatry and neurology and is at present a Professor at the Mayo Medical School and Senior Consultant in Adult Psychiatry at the Mayo Clinic in Rochester, Minnesota. (Ex. E) Dr. Martin examined Respondent on December 13 and December 14, 1995. Dr. Martin performed extensive psychometrics upon Respondent which included, the Minnesota Multiphasic Personality Inventory, the MCMI-II, the Wunderlich Personality Test and the Rorschach Inkblot Test. (Ex. H, pp. 6-7)

CONCLUSIONS OF LAW

The following conclusions were made pursuant to the Findings of Fact listed above. All conclusions resulted from a unanimous vote of the Hearing Committee unless noted otherwise.

The Hearing Committee concluded that the following Factual Allegations should be sustained. the citations in parenthesis refer to the Findings of Fact which support each Factual Allegation:

Paragraph A:	(2)
Paragraph B:	(3)
Paragraph C:	(4)
Paragraph C.1:	(5)
Paragraph C.2:	(6)
Paragraph C.3:	(7)
Paragraph D:	(9)
Paragraph D.1:	(10, 11)
Paragraph D.2:	Not Sustained
Paragraph E:	Withdrawn by Petitioner
Paragraph F:	(12)
Paragraph G:	Withdrawn by Petitioner
Paragraph H:	(3, 13)
Paragraph H.1:	(14)
Paragraph H.2:	(17)
Paragraph H.3:	(16)
Paragraph H.4:	(15)
Paragraph I:	(18)
Paragraph J:	(19)
Paragraph K:	(20)
Paragraph L:	(21)
Paragraph M:	(22)
Paragraph N:	(23)

Paragraph O:	(24)
Paragraph P:	(25)
Paragraph Q:	(26, 27)
Paragraph Q.1:	(26)
Paragraph Q.2:	(27)
Paragraph R:	(28)
Paragraph S:	(29)

The Hearing Committee further concluded that the following Specifications should be sustained. The citations in parenthesis refer to the Factual Allegations which support each specification:

FAILURE TO COMPLY

First Specification: (Paragraph A)

PHYSICAL AND/OR VERBAL ABUSE

Second Specification: (Paragraph C and C.1 through C.3)

Third Specification: (Paragraph D and D.1)

Fifth Specification: (Paragraph F)

MORAL UNFITNESS

Tenth Specification:	(Paragraph I)
Eleventh Specification:	(Paragraph J)
Twelfth Specification:	(Paragraph K)
Thirteenth Specification:	(Paragraph L)
Fourteenth Specification:	(Paragraph M)
Fifteenth Specification:	(Paragraph N)
Sixteenth Specification:	(Paragraph O)
Seventeenth Specification:	(Paragraph P)
Eighteenth Specification:	(Paragraph Q and Q.1)
Nineteenth Specification:	(Paragraph Q and Q.2)

MENTAL IMPAIRMENT

Twentieth Specification:	(Paragraphs C and C.1 through C.3)
	(Paragraphs D and D.1)
	(Paragraph F)
	(Paragraphs H and H.1 through H.4)
	(Paragraph I)
	(Paragraph J)
	(Paragraph K)
	(Paragraph L)
	(Paragraph M)
	(Paragraph N)
	(Paragraph O)

(Paragraph P)

(Paragraphs Q and Q.1 and Q.2)

(Paragraph R)

(Paragraph S)

PRACTICING WHILE IMPAIRED

Twenty-First Specification: (Paragraph B)

(Paragraphs C and C.1 through C.3)

(Paragraphs D and D.1)

(Paragraph F)

(Paragraphs H and H.1 through H.4)

(Paragraph I)

(Paragraph J)

(Paragraph K)

(Paragraph L)

(Paragraph M)

(Paragraph N)

(Paragraph O)

(Paragraph P)

(Paragraphs Q and Q.1 and Q.2)

(Paragraph R)

(Paragraph S)

The Hearing Committee further concluded that the following specifications should not be sustained:

Sixth Specification

Seventh Specification

Eighth Specification

Ninth Specification

DISCUSSION

Respondent is charged with twenty-one (21) specifications alleging professional misconduct within the meaning of Education Law Section 6530. The Fourth Specification was withdrawn by letter dated April 9, 1996. The Hearing Committee concluded, by a preponderance of the evidence, that sixteen (16) of the remaining twenty specifications of professional misconduct should be sustained. The rationale for the Committee's conclusions regarding each specification of misconduct is set forth below.

At the outset of deliberations, the Hearing Committee made a determination as to the credibility of the significant witnesses presented by the parties. With respect to Petitioner's witnesses Patient A, Patient B and Nurses A through F, the Hearing Committee found each to be honest, sincere and that they had no stake in the outcome of these proceedings. The same was found with respect to Lea Schmid, RN as a corroboration witness. All of these witnesses presented a thread of consistency in describing the events which involved the Respondent and therefore their testimony was given great weight.

The Hearing Committee found David C. Brittain, M.D. a physician investigator for the Department of Health, to be a credible and objective witness as well. Dr. Brittain took detailed notes of his interview with Respondent. His background and training (T. 536-537) qualified him to evaluate Respondent's mental status to make the Department of Health referral for Respondent's psychiatric evaluation.

The Hearing Committee found Howard Owens, M. D. to be well qualified as an expert witness. He appeared to possess a good fund of knowledge and he grasped the essentials of the case. Although he did not meet with Respondent in person, Dr. Owens reviewed witness testimony and other pertinent reports that are contained in the record of this proceeding up to February 6, 1996. (T. 663-664) Dr. Owens was able to synthesize all of the information he reviewed to form an appropriate diagnosis. He was also adequately able to explain his evaluation and judgment. The Hearing Committee concurs with Dr. Owens in that it is possible to review a variety of different complaints from a series of different people in making a clinical judgement as part of an evaluation. (T. 691) The Hearing Committee further concurs that the second report of Dr. Pisetzner (Ex. 7, report dated 6/ 6/ 95) is more valid than his first report (Ex. 7 , report dated 3/ 13 /95) because the second report is based on review of more information about the Respondent. (T. 725) As a result, the Hearing Committee gave Dr. Owens' testimony, which was based upon the past and present history of the Respondent , great weight.

With respect to Respondent's case, the Hearing Committee found Dr. Martin to be a qualified and credible expert witness. Dr. Martin's testimony, however, was based predominately upon his individual interview with Respondent and a battery of psychological tests that were administered to Respondent at the Mayo Clinic. Dr. Martin did not review the same data as Dr. Owens. Therefore, the Hearing Committee gave Dr. Martin's testimony less weight because it did not include a thorough review of the past history and behavior of the Respondent.

The Hearing Committee found Respondent's testimony to be unresponsive as well as loquacious and tangential. His demeanor during the course of the hearing was often agitated. The Hearing Committee found Respondent's defense that the Syracuse Community Health Center, Inc. had plotted against him to be untenable. No proof of a hidden agenda by Respondent's former employer was presented at the hearing. Therefore, Respondent's testimony was given little weight.

In addition, the Hearing Committee found the testimony of several of Respondent's former patients, relatives of patients or acquaintances attesting to his good care or rapport with patients was was credible but not helpful in resolving the charges at hand.

FAILURE TO COMPLY

Respondent argues that he did not comply with an order by the Committee on Professional Conduct for a psychiatric examination because he feared that he would not get a "fair shake" from a Department of Health selected physician (T. 1201). Section 230 (7) of the Public Health Law however, clearly authorizes the Committee to designate the physician who will conduct the evaluation. No evidence was provided at the hearing that Respondent had requested that an alternative physician be selected, so that he could comply with the order. Therefore, the First Specification is sustained.

PHYSICAL AND/OR VERBAL ABUSE

With respect to Patient A, the Hearing Committee believes that it was inappropriate to ask the patient to bend over so far that she could fall. The fact that Respondent would be able to catch her was not reassuring. Respondent testified that he asked Patient A to waddle from one foot to the other to test her joints as part of the Childress test. (T. 928, 929 , 932-933) The Hearing Committee believes that the Childress test was inappropriate for the purpose of a physical exam for clearance for nursing school. By her testimony, Patient A clearly demonstrated that she was frightened and humiliated during the exam. The Hearing Committee finds that these aforementioned actions constitute physical abuse of Patient A. The Hearing Committee further finds that Respondent's questioning Patient A about her husband's breast preference was verbally abusive. Therefore, the Second Specification is sustained.

With respect to Patient B, the Hearing Committee finds that Respondent made this patient feel inadequate and that he had done something wrong concerning his immunization forms. Respondent's inappropriate, bizarre behavior resulted in Patient B feeling physically threatened. The Hearing Committee finds however, that there was insufficient proof to establish that Respondent called Patient B stupid. The Third Specification is sustained.

With respect to Patient D, Nurse B testified that this overweight, diabetic, female, became hurt and stunned during a financial discussion with Respondent. Respondent told her, "Well, you're fat enough, you must be getting the money from somewhere." (T. 379) The Hearing Committee finds these words to be verbally abusive to Patient D. Therefore, the Fifth Specification is sustained.

MORAL UNFITNESS

With respect to Nurse A, the Sixth Seventh and Eight Specifications are not sustained as Respondent's sexually suggestive comments to her in these instances, although inappropriate for the workplace, do not rise to the level of moral unfitness. The Hearing Committee finds however, that Respondent's actions of holding Nurse A by the shoulders and kissing her on the mouth, when she did not expect or solicit such actions (T. 422), coupled with his previous sexually tainted comment do rise to the level of moral unfitness. Therefore the Ninth Specification is sustained.

Respondent's encounters with Nurse C involved direct threatening gestures and verbal threats made to her to do bodily harm , as well as similar threats made about her in the presence of others. The Hearing Committee finds that verbal threats or threatening actions are unacceptable behavior for anyone, let alone a member of the medical profession . Respondent's words and actions here caused great personal distress for Nurse C. Even if Respondent's had past differences with Nurse C, (T. 1078, 1086, 1092-1095) his repeated verbal threats created an atmosphere which impeded the delivery of health care to patients. Therefore, Specifications Ten through Thirteen are sustained.

Respondent grabbed Nurse F's buttocks on three separate occasions as well as deliberately hit her with a door. There were eyewitnesses to at least two of these incidents. The Hearing Committee finds that here Respondent was not only sexually abusive, but he also demonstrated his repeated inability to control his own impulses. Therefore, Specifications Fourteen through Seventeen are sustained.

Respondent grabbed Nurse G's buttocks without her consent in the presence of Nurse C. The very next day he attempted to grab her crotch with his hand until Nurse G twisted his hand away and told him not to ever do this again. The Hearing Committee again finds that Respondent's actions demonstrate a repeated pattern of harassment of the nursing staff. Therefore, Specifications Eighteen and Nineteen are sustained.

MENTAL IMPAIRMENT

Dr. Owens testified that there is" clear evidence that Respondent suffers from a paranoid disorder, probably a paranoid personality disorder." (T. 665) He further defined paranoid personality disorder as a disorder in a person's pattern of thinking, feeling and relationships with other people. Behavior is marked by a series of characteristics, including unjustified fear and suspicion that other people are causing them harm or that people are frequently and consistently trying to harm them or conspiring against them. (T. 665-666) Other characteristics include blaming interpersonal problems on other people without good evidence and seeing no responsibility to oneself for part or all of the problems. (T. 666) Another characteristic is the tendency to believe that one is being insulted or demeaned by "relatively trivial and incidental events or remarks that other people might make." (T. 666-667)

Dr. Owens found evidence of these characteristics by reviewing the complaints from a significant number of different people including both co-workers and patients, Respondent's own written statements and the notes from Dr. Brittan's interview with Respondent. (Ex. 8, T. 667). Dr. Owens noted that Respondent absolutely and completely blamed all the difficulties he had with other people on their malicious and untruthful accusations against him. (T. 667) In his own words, Respondent labeled this accusations as "Vile, malicious, bigoted lies." (T. 668, Ex. 8) Dr. Owens also cited trivial events mentioned in Dr. Brittain's interview as demonstrated examples of

Respondent's misinterpretation of "an apparently fairly innocuous situation" as evidence of his being personally singled out or demeaned. These included people bumping into him at work, people talking about him behind his back, a nurse's note that referred to him as "Curry" not "Dr. Curry" and feeling demeaned because his office had not been cleaned upon his arrival to the Syracuse Health Clinic. (T. 668-669)

The Hearing Committee, finds that Respondent suffers from a paranoid personality disorder pursuant to Dr. Owen's expert opinion. The Hearing Committee further notes that Respondent repeatedly demonstrated several characteristics of paranoid personality discussed above during the course of the hearing These include Respondent's unreasonable degree of defensiveness in answering questions, blaming his problems upon a conspiracy for which no proof was presented, and his failure to acknowledge any responsibility for his own actions in discussing the charges against him. Therefore, the Twentieth Specification is sustained.

PRACTICING WHILE IMPAIRED

Pursuant to the reasons stated above, Dr. Owens further testified that Respondent is impaired for the practice of medicine. (T. 671) He explained that Respondents ability to work with others is impaired because he repeatedly tends to react to people with the feeling that he is being attacked, harmed or discriminated against. Respondents paranoia results in alienating and frightening patients to the degree that some patient might flee from treatment or not be willing to see him anymore. This interferes with the Respondent's ability to treat the patient. (T. 672)

Dr. Owens also stated that Respondent represents a risk of violence to those around him. (T. 672) A paranoid person creates a danger to the extent that the person perceives many more instances where they are likely to feel threatened and thus feel the need to retaliate.(T. 673) Where a person has made actual verbal threats or physical contact such as pushing or shoving, this behavior

is "a step on the continuum of losing control." (T. 674) Dr. Owens further stated that Respondents possession of weapons is another worrisome characteristic. If you combine the factors of a paranoid person who is angry and gets into conflicts with other people, then "the availability of the weapon makes the situation more dangerous just simply because it's there." (T. 674)

The Hearing Committee finds that based upon Respondent's misperceptions of actions and motives of people around him, including nurses and co-workers, his ability to practice medicine is impaired. Therefore, the Twenty-First Specification is sustained.

DETERMINATION AS TO PENALTY

The Hearing Committee, pursuant to the Finding of Facts and Conclusions of Law set forth above determined by a unanimous vote that Respondent's license to practice medicine in New York State should be revoked. This determination was reached upon due consideration of the full spectrum of penalties available pursuant to statute, including revocation, suspension and/or probation, censure and reprimand, and the imposition of monetary penalties.

The Hearing Committee questioned Dr. Owens regarding the likelihood of treatment possibilities for paranoid personality disorder. Dr. Owens stated that while some persons may respond to medication, the main requirement for success involves the person's own willingness to engage in and accept treatment. Dr. Owens further stated that the biggest problem in the treatment of paranoid people is they simply don't recognize that they have any problem in the first place. They tend to be very reluctant or resistant to even engaging in any treatment, or being able to profit from it. (T. 737) More specifically, Dr. Owens stated that Respondent showed no indication of remorse or recognition that any of complaints were his problem and that every single one could be explained away by some kind of malicious, bigoted or lying attitude. (T. 738)

In this instance, the Hearing Committee believes that the prognosis for Respondents rehabilitation is poor. The Hearing Committee also notes that Respondent's resume (Ex. C) reflects numerous gaps in training and indicates that Respondent is constantly on the move from one job to another. The Hearing Committee believes that Respondent has a long track record of unresolved problems and that his impulse is to leave one place for another whenever a problem arises. The Hearing Committee concludes that Respondent lacks total insight into the difficulties that he causes for others. Respondent presents a grave risk of harm to his patients as well as other health care workers. Respondent, therefore, cannot be permitted to practice medicine in New York State. Under the totality of the circumstances, revocation of Respondent's license is the only appropriate sanction in this instance.

ORDER

Based upon the foregoing, **IT IS HEREBY ORDERED THAT:**

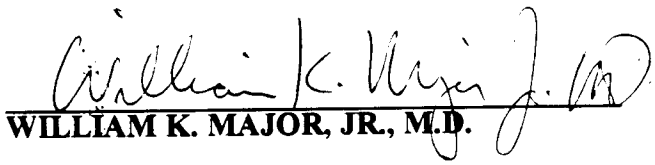
1. The First, Second, Third, Fifth, Tenth, Eleventh, Twelfth, Thirteenth, Fourteenth, Fifteenth, Sixteenth, Seventeenth, Eighteenth, Nineteenth, Twentieth and Twenty-First Specifications of Professional Medical Conduct, as set forth in the Statement of Charges (Petitioner's Exhibit #1A) are **SUSTAINED**; and

2. The Sixth, Seventh, Eighth and Ninth Specifications are **NOT SUSTAINED**; and

3. Respondent's license to practice medicine in New York State be and hereby is **REVOKED.**

4. This Order shall be effective upon service on the Respondent or the Respondent's attorney by personal service or by certified or registered mail.

DATED: Albany, New York
April 29 **1996**



WILLIAM K. MAJOR, JR., M.D.

JACK SCHNEE, M.D.
CLAUDIA GABRIEL

TO: Kevin Roe, Esq.
NYS Department of Health
Corning Tower-Room 2438
Empire State Plaza
Albany, New York 12237

Angelo A. Rinaldi, Jr., Esq.
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Syracuse, New York 13202

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109-B Ball Road
High Acres Apts.
Syracuse, New York 13215

Edward Bryant Curry, M.D.
P.O. Box 70
Syracuse, New York 12215

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

----------X

IN THE MATTER	:	COMMISSIONER'S
OF	:	ORDER AND
EDWARD BRYANT CURRY, M.D.	:	NOTICE OF HEARING

----------X

STATE OF NEW YORK
DEPARTMENT OF HEALTH
DEPT. ✓ RESPT. EXHIBIT 1
ID. ✓ EVD. ✓
DATE 11/30/95 INITIALS

TO: EDWARD BRYANT CURRY, M.D.

The undersigned, Barbara A. DeBuono, M.D., M.P.H., as Commissioner of the New York State Department of Health, after an investigation, upon the recommendation of a committee on professional medical conduct of the State Board for Professional Medical Conduct, and upon the Statement of Charges attached hereto and made a part hereof, has determined that the continued practice of medicine in the State of New York by Edward Bryant Curry, M.D., the Respondent, constitutes an imminent danger to the health of the people of this state.

It is therefore:

ORDERED, pursuant to N.Y. Pub. Health Law Section 230(12) (McKinney Supp. 1995), that effective immediately Edward Bryant Curry, M.D., Respondent, shall not practice medicine in the State of New York. This Order shall remain in effect unless modified or vacated by the Commissioner of Health pursuant to N.Y. Pub. Health Law Section 230(12) (McKinney Supp. 1995).

PLEASE TAKE NOTICE that a hearing will be held pursuant to the provisions of N.Y. Pub. Health Law Section 230 (McKinney 1990 and Supp. 1995), and N.Y. State Admin. Proc. Act Sections 301-307

and 401 (McKinney 1984 and Supp. 1995). The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on the 5th day of December, 1995 at 10:00 a.m. at Room 407, Onondaga County Court House, 421 Montgomery Street, Syracuse, New York and at such other adjourned dates, times and places as the committee may direct. The Respondent may file an answer to the Statement of Charges with the below-named attorney for the Department of Health.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. The Respondent shall appear in person at the hearing and may be represented by counsel. The Respondent has the right to produce witnesses and evidence on his behalf, to issue or have subpoenas issued on his behalf for the production of witnesses and documents and to cross-examine witnesses and examine evidence produced against him. A summary of the Department of Health Hearing Rules is enclosed. Pursuant to Section 301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person.

The hearing will proceed whether or not the Respondent appears at the hearing. Scheduled hearing dates are considered dates certain and, therefore, adjournment requests are not routinely granted. Requests for adjournments must be made in

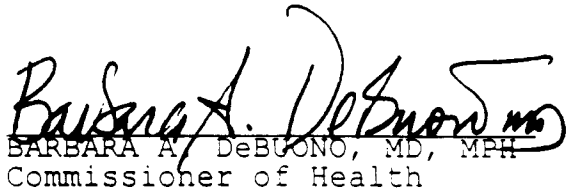
writing to the Administrative Law Judge's Office, Empire State Plaza, Corning Tower Building, 25th Floor, Albany, New York 12237-0026 and by telephone (518-473-1385), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and, in the event any of the charges are sustained, a determination of the penalty or sanction to be imposed or appropriate action to be taken. Such determination may be reviewed by the administrative review board for professional medical conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW SECTION 230-a (McKinney Supp. 1995). YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York

Nov. 27, 1995



BARBARA A. DeBUONO, MD, MPH
Commissioner of Health

Inquiries should be directed to:

Kevin C. Roe
Associate Counsel
NYS Department of Health
Division of Legal Affairs
Corning Tower Building
Room 2429
Empire State Plaza
Albany, New York 12237-0032
(518) 473-4282

STATE OF NEW YORK : DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

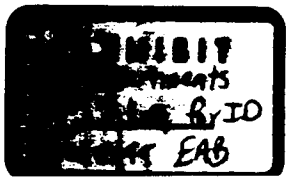
IN THE MATTER OF EDWARD BRYANT CURRY, M.D.	AMENDED STATEMENT OF CHARGES

EDWARD BRYANT CURRY, M.D., the Respondent, was licensed to practice medicine in New York State on February 24, 1989 by the issuance of license number 177497 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On August 31, 1995, a committee on professional conduct, formed pursuant to New York Public Health Law §230(7), determined that there is reason to believe that Respondent may be impaired by mental disability and ordered and directed that Respondent submit to a psychiatric examination by Stephen Price, M.D. on or before September 30, 1995. The committee's order was personally served on Respondent on September 18, 1995. Respondent did not undergo a psychiatric examination by Dr. Price before September 30, 1995.

B. From on or about March 14, 1994 to on or about September 16, 1994, Respondent was employed as a physician at the Syracuse



Community Health Center, Inc. (SCHC), 819 South Salina Street, Syracuse, New York 13202.

C. On or about September 6, 1994, Respondent evaluated Patient A (all persons are identified in the attached appendix) at SCHC. During his examination of Patient A, Respondent engaged in the following conduct:

1. While Patient A was seated on an examination table, naked from the waist up, Respondent instructed her to bend forward and told her that he would catch her.

2. While Patient A was wearing only underpants, Respondent instructed her to squat on the floor and walk like a duck.

3. Respondent asked Patient A whether her husband favored one breast over the other.

D. On or about June 23, 1994, Respondent evaluated Patient B at SCHC. During or immediately prior to a physical examination, Respondent engaged in the following conduct:

1. Respondent yelled and screamed at Patient B regarding the patient's failure to bring immunization forms.

2. Respondent called Patient B stupid.

E. On or about May 18, 1994 Respondent evaluated Patient C at SCHC. During or immediately prior to Respondent's evaluation of Patient C, Respondent engaged in the following conduct,

1. Respondent referred to Patient C as a problem patient.

2. Respondent yelled at Patient C telling her that he was the new doctor and would do things his way.

3. When the nurse asked Patient C what time would be best for her next appointment, the patient responded at 4:00 p.m. because she takes care of her grandchildren. Dr. Curry shouted "I want her here in the morning or not at

~~all~~."

4. ~~Respondent~~ called Patient C a fat slob.

F. While employed at SCHC, Respondent told Patient D, an overweight, diabetic female who was concerned about not having money, "You're fat enough, you must be getting money from somewhere" or similar words.

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G. ~~On or about August 31, 1994, at Crouse Irving Memorial Hospital, Syracuse, New York, Respondent yelled and screamed comments regarding the competency of Doctor A.~~

H. While employed at SCHC, Respondent engaged in the following conduct:

1. Respondent told Nurse A that if she ever needed sexual gratification, she should keep him in mind.
2. On several occasions, Respondent held Nurse A's hand and asked her if she would go away with him to a secluded island.
3. On other occasions, Respondent asked Nurse A if she wanted to go to his apartment to work out.
4. On or about April 6, 1994, Respondent called Nurse A to his office, held her by her shoulders and kissed her on the mouth.

I. While employed at SCHC, Respondent told Nurse B referring to Nurse C, "If I have to kill her, I will. Judgment day will come" and "I could fill a syringe with Insulin and take care of her" or similar words.

J. While employed at SCHC on or about August 30, 1994. Respondent told Nurse D that Nurse C kept bumping into him and "if that happens again, I'll have to take her out."

K. On or about April 14, 1994, Respondent told Nurse C, "I'm not afraid of you and I'll get rid of you so that they will never find your body" or similar words.

L. While employed at SCHC on or about July 12, 1994, Respondent deliberately swung his arms in the direction of Nurse C and hit her in the back.

M. While employed at SCHC on or about May 24, 1994, Respondent deliberately hit Nurse F with a door.

N. While employed at SCHC in or about July of 1994, Respondent touched Nurse F's buttocks with his hand without her consent.

O. While employed at SCHC in or about July of 1994, Respondent grabbed Nurse F's buttocks on a second occasion without her consent.

P. While employed at SCHC in or about July of 1994, Respondent grabbed nurse F's buttocks on a third occasion without her consent. Nurse F told Respondent never to put his hands on her again. Respondent replied "go to hell."

Q. While employed at SCHC in late March or early April of 1994, Respondent engaged in the following conduct:

1. Respondent grabbed Nurse G's buttocks without her consent.

2. Respondent attempted to grab Nurse G's crotch.

R. While employed at SCHC, Respondent on various occasions wore a hunting knife on his belt at work.

S. While employed at SCHC, Respondent told numerous health care personnel that he carried a gun in his briefcase to work.

SPECIFICATIONS

FIRST SPECIFICATION

FAILURE TO COMPLY

Respondent is charged with failing to comply with an order issued pursuant to New York Public Health Law §230(7) in violation of New York Educ. Law §6530(15), in that the Petitioner alleges:

1. The facts in Paragraph A.

SECOND THROUGH FIFTH SPECIFICATIONS

PHYSICAL AND/OR VERBAL ABUSE

Respondent is charged with willfully harassing, abusing, or intimidating a patient either physically or verbally in violation of New York Education Law §6530(31), in that Petitioner alleges:

2. The facts in Paragraphs C and C.1, C.2 and/or C.3.
3. The facts in Paragraphs D and D.1 and/or D.2.
4. The facts in Paragraphs E and E.1, E.2, E.3 and/or E.4.
5. The facts in Paragraph F.

SIXTH THROUGH NINETEENTH SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with engaging in conduct in the practice of medicine which evidences moral unfitness to practice medicine in violation of New York Educ. Law §6530(20), in that Petitioner alleges:

6. The facts in Paragraphs H and H.1.
7. The facts in Paragraphs H and H.2.
8. The facts in Paragraphs H and H.3.
9. The facts in Paragraphs H and H.4.
10. The facts in Paragraph I.
11. The facts in Paragraph J.
12. The facts in Paragraph K.
13. The facts in Paragraph L.
14. The facts in Paragraph M.

15. The facts in Paragraph N.

16. The facts in Paragraph O.

17. The facts in Paragraph P.

18. The facts in Paragraphs Q and Q.1.

19. The facts in Paragraphs Q and Q.2.

TWENTIETH SPECIFICATION

MENTAL IMPAIRMENT

Respondent is charged with having a psychiatric condition which impairs his ability to practice in violation of New York Educ. Law §6530(8), in that Petitioner alleges:

20. The facts in Paragraphs C and C.1, C.2, C.3; D and D.1, D.2; E and E.1, E.2, E.3, E.4; F; G; H and H.1, H.2, H.3, H.4; I; J; K; L; M; N; O; P; Q and Q.1, Q.2; R and S.

TWENTY FIRST SPECIFICATION

PRACTICING WHILE IMPAIRED

Respondent is charged with practicing the profession while impaired by a mental disability in violation of New York Educ. Law §6530(7), in that Petitioner alleges:

21. The facts in Paragraphs B; C and C.1, C.2, C.3; D and D.1, D.2; E and E.1, E.2, E.3, E.4; F; G; H and H.1, H.2, H.3, H.4; I; J; K; L; M; N; O; P; Q and Q.1, Q.2; R and S.

DATED: December 4, 1995

Albany, New York

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct