



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK**

OFFICE OF PROFESSIONAL DISCIPLINE  
(718) 246-3060/3061

195 MONTAGUE STREET - FOURTH FLOOR  
BROOKLYN, NEW YORK 11201



March 3, 2010

Abraham Solomon, Physician

Re: Application for Restoration

Dear Dr. Solomon:

Enclosed please find the Commissioner's Order regarding Case No CP-1-01, which is in reference to the restoration of license number 205496. This order and any decision contained therein goes into effect five (5) days after the date of this letter.

Very truly yours,

LOUIS J. CATONE, Director  
Office of Professional Discipline

By:

  
ARIANA MILLER  
Supervisor

DJK/AM/er  
Enclosure

**CERTIFIED MAIL - RRR**

cc:

The  
University of the  
Education

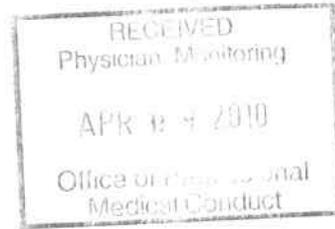


State of New York  
Department

IN THE MATTER

of the

Application of ABRAHAM SOLOMON  
for restoration of his license to practice as  
a physician in the State of New York.



Case No. CP-10-01

It appearing that the license of ABRAHAM SOLOMON,  
to practice as a physician in the State of New York,  
was revoked by the Administrative Review Board for Professional Medical Conduct, effective  
on or about October 4, 2001, and he having petitioned the Board of Regents for restoration of  
said license, and the Regents having given consideration to said petition and having reviewed the  
record, and having disagreed with and rejected the recommendation of the Peer Committee, and  
having adopted the recommendation of the Committee on the Professions, for the reasons set  
forth in the attached written decision, now, pursuant to action taken by the Board of Regents on  
January 12, 2010, it is hereby

ORDERED that the petition for restoration of License No. 205496, authorizing  
ABRAHAM SOLOMON to practice as a physician in the State of New York, is denied.



IN WITNESS WHEREOF, I, David M.  
Steiner, Commissioner of Education of the  
State of New York for and on behalf of the  
State Education Department, do hereunto set  
my hand and affix the seal of the State  
Education Department, at the City of  
Albany, this 3 day of February, 2010.

\_\_\_\_\_  
Commissioner of Education



THE UNIVERSITY OF THE STATE OF NEW YORK  
The State Education Department

Report of the Committee on the Professions  
Application for Restoration of Physician License

Re: **Abraham Solomon**

Abraham Solomon,  
petitioned for restoration of his physician license. The chronology of events is  
as follows:

- 01/10/97 Issued license number 205496 to practice as a physician in New York State.
- 11/29/00 Charged by the Bureau of Professional Medical Conduct of the New York State Health Department with professional misconduct and physician license summarily suspended.
- 06/01/01 Decision and Order BPMC-01-140 sustained charges of practicing the profession fraudulently, with gross negligence, with negligence on more than one occasion, and in violation of Sec. 2805 of the Public Health Law and revoked license.
- 06/07/01 Effective date of license revocation.
- 09/24/01 Administrative Review Board (ARB) Decision and Order No. 01-140 amended the BPMC determination by deleting a charge of gross negligence in regard to one patient, sustaining additional charges of gross incompetence in regard to two patients and of incompetence on more than one occasion in regard to three patients, and otherwise affirmed the license revocation.
- 03/06/03 New York Appellate Division, Third Department, dismissed applicant's Article 78 proceeding and confirmed the ARB decision to revoke license.
- 06/06/03 New York Court of Appeals denied leave to appeal.
- 02/10/06 Application submitted for restoration of physician license.
- 06/04/07 Peer Committee restoration review.
- 03/14/08 Report and recommendation of Peer Committee.

11/13/08 Committee on the Professions meeting with applicant.

12/29/09 Report and recommendation of Committee of the Professions.

**Disciplinary History.** (See attached disciplinary documents.) The Bureau of Professional Medical Conduct presented charges against Dr. Solomon, an emergency room physician, in November 2000 for misconduct regarding his treatment of nine, later amended to 10, patients, and for making fraudulent representations on hospital applications. His license was summarily suspended. The Hearing Committee for Board for Professional Medical Conduct thereafter found Dr. Solomon guilty of gross negligence with respect to four patient cases and guilty of negligence on more than one occasion in reference to his treatment of all 10 patients. These violations included failure to obtain proper patient histories, performance of inadequate physical examinations, failure to order appropriate laboratory tests, misdiagnoses of life-threatening conditions that should have been readily recognized, and administration of inappropriate and contraindicated medications. The Hearing Committee also found him guilty of fraudulent practice in violation of the Public Health Law for not disclosing on various hospital applications that his hospital privileges had been terminated at another hospital. He was not found guilty of gross incompetence or incompetence on more than one occasion. Dr. Solomon's license to practice medicine was revoked by order dated June 1, 2001. He appealed to the ARB, which sustained three of the four charges of gross negligence and all of the charges of negligence on more than one occasion, as well as the fraudulent practice charges. The ARB also sustained additional charges of gross incompetence with respect to two patients and of incompetence on more than one occasion with respect to three patients, and affirmed the revocation. Dr. Solomon then commenced an Article 78 proceeding, and, in March 2003, to the Appellate Division, Third Department, confirmed the ARB decision. Leave to appeal was thereafter denied by the New York Court of Appeals.

On February 10, 2006, Dr. Solomon submitted the instant application for restoration of his physician license.

**Recommendation of Peer Committee.** (See attached Report of the Peer Committee.) The Peer Committee (Norris, Lowinson, Lerner) convened on June 4, 2007, to consider Dr. Solomon's application for restoration of his physician license. In its report dated March 14, 2008, the Committee voted unanimously to recommend that Dr. Solomon's license be restored, but only after he had successfully completed seven specified live continuing medical education courses, four of which lead to current certification in various areas, and that he then be placed on probation for five years, under terms which included a provision that he only practice in an Article 28 facility under supervision.

**Recommendation of the Committee on the Professions.** On November 13, 2008, the Committee on the Professions (O'Grady-Parent, Frey, Hansen) met with Dr. Solomon to consider his application for restoration. He was not represented by an attorney.

The Committee asked Dr. Solomon to explain the events that brought him to his present situation of having to seek restoration of his license. Dr. Solomon explained

that he had come to the United States from Montreal, Canada because of what he described as political turmoil in that country. He wanted to live the "American Dream." He stated that he had been well educated, having graduated from a very difficult medical school in Belgium. Prior to working in the New York City area, he had provided medical services to Native Americans in Alaska and Montana. Dr. Solomon stated that when he came under investigation by the Office of Professional Medical Conduct (OPMC) for his emergency room treatment of patients at Maimonides Hospital, Nathan Littauer Hospital, and Columbia Memorial Hospital, which was about one year before charges were served against him in November of 2000, he had cooperated with the investigator. However, he felt that OPMC treated him poorly and that the proceeding against him was not conducted fairly. Dr. Solomon claimed that before the charges were brought against him, he had treated over 80,000 people over a 19 year period. He believed the charges brought against him by OPMC were vague and that OPMC did not have the correct information on the relevant cases. He also disagreed with how the Peer Committee dealt with his restoration hearing, since it did not admit documents which he attempted to put in as evidence to prove why OPMC was wrong in its decision against him. Dr. Solomon went on to state that he wants closure in reference to the proceedings against him and wants justice.

Throughout his presentation to the COP, Dr. Solomon continued to reiterate that he had made no incorrect diagnoses as had been found by OPMC. When asked about his appeals to the ARB which upheld his license revocation and his further appeal to the Appellate Division, Third Department which had confirmed the ARB determination and the revocation, Dr. Solomon responded that he had done his own submissions in the appellate process, and that he had had no attorney to assist him, because of monetary reasons. The COP then asked Dr. Solomon whether he believed that he had done anything wrong in regard to any of the 10 patient cases involved in the action against him. Dr. Solomon explained that emergency rooms are very busy places and that he may not have been as "articulate" at late hours working at the hospital as he was in the morning. However, he claimed that the OPMC had not considered all of the medical records and did not have all of the information about his cases to substantiate their decision.

The COP then asked Dr. Solomon to explain why he was entitled to restoration of his license at this time. Dr. Solomon responded by indicating that he loves medicine and that he had never done anything illegal. He also indicated that he has stayed current in medicine and is constantly reading. He stated he wants to get back to working as a physician, after having had to work as a waiter for a while, and even as an Everglades guide. He indicated that he is working at the present time in Florida as a professor of anatomy and physiology at Florida Gulf Coast University and Edison College. He emphasized that he believes that his record of only having a problem with 10 patients out of 80,000 treated over 19 years is a good over-all statistical record.

The overarching concern in all restoration cases is the protection of the public. Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a professional license. Section 24.7 of the Rules of the Board of Regents charges the COP with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated by law or regulation, the Board of Regents has instituted a process whereby

a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee petitioning for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct that resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner. It is not the role of the COP to merely accept, without question, the arguments presented by the petitioner but to weigh and evaluate all of the evidence submitted and to render a determination based upon the entire record.

The COP does not agree with the recommendation by the Peer Committee to restore Dr. Solomon's license. Dr. Solomon spent most of his time before us attempting to relitigate the decisions of the Board of Professional Medical Conduct Hearing Committee and the ARB, as a result of which he had been found guilty of negligence on more than one occasion, gross negligence, incompetence on more than one occasion, gross incompetence, fraudulent practice. Those decisions were ultimately affirmed upon appeal to the Appellate Division, Third Department, with further appeal being denied by the New York Court of Appeals. Although Dr. Solomon was entitled to maintain his innocence in regard to the charges for which he was found guilty by the Hearing Committee and the ARB, Melone v. New York State Education Department, 182 A.D.2d 875 (3d Dept. 1992), in presenting his case before us, he still needed to present a compelling case that he understood the seriousness of the public record in reference to the offenses of which he was convicted and that the public would not be at risk if his license were returned to him. He failed to do so. Dr. Solomon spent the majority of his time before us disputing the findings made in the Department of Health proceedings. We note that the doctrine of res judicata applies to quasi-judicial determinations made by administrative agencies which were litigated on the merits or could have been so litigated at the time, so that this Committee must accept the determination previously made against Dr. Solomon by the ARB and confirmed upon appeal. (See Calapai v. Zoning Board of Appeals of Village of Babylon, 57 A.D.2d 987, 989.) Indeed, Dr. Solomon, despite his denial of wrongdoing, failed to present to us any understanding of how he came to be the subject of misconduct charges for 10 different patients and fraudulent practice claims for misrepresenting answers on hospital application forms, other than to blame his prosecutors.

We note that the 40 hours of continuing medical education he submitted with his application and as part of the Peer Committee hearing consist of one-hour online courses, half completed in one month in 2006 and the other half completed in a three-month period in 2006 and 2007. We find these efforts to be insufficient given the length of time he has been out of practice. Nor do we find that he has presented sufficient proof of rehabilitation. We do not agree with the Peer Committee that Dr. Solomon's position as a college professor teaching anatomy and physiology, medical terminology, and microbiology is sufficient to establish that he has re-educated and rehabilitated himself sufficiently in his field of practice to support the restoration of his license. There have been significant advances in medicine in the years since he lost his license, and Dr. Solomon has failed to demonstrate that he is presently competent to return to medical practice.

We do not agree with the Peer Committee that Dr. Solomon's shortcomings in his re-education and rehabilitation efforts would be appropriately addressed by the courses in medical ethics, medical recordkeeping, emergency medicine, advanced cardiac life support, advanced trauma life support, pediatric advanced life support, and anger management that the Peer Committee would require him to complete as part of its recommendation. Rather, it is the responsibility of an applicant for the restoration of a professional license to present evidence in his application that he has successfully met the requirements for restoration. We find that Dr. Solomon simply did not present a compelling case that he has done so, and he has failed to convince us that he can be safely returned to the practice of medicine.

Subsequent to our meeting with Dr. Solomon, he has made several submissions. In each such submission he challenges the legitimacy of the revocation of his license. As noted above, this proceeding is not the correct forum in which to pursue such claims. We have considered the applicant's submissions and find them to be irrelevant to the purpose of this proceeding as the Board of Regents is not authorized to review the proceedings that led to the revocation of Dr. Solomon's medical license.

Therefore, based on all of the foregoing, a complete review of the record, and its meeting with him, the Committee on the Professions voted unanimously to disagree with the recommendation of the Peer Committee and to recommend instead that his application for restoration be denied at this time.

Erin O'Grady-Parent, Chair  
Joseph Frey  
Stanley Hansen

## Abraham Solomon, M.D.

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Telephone : 239-603-6442

Committee of the Professions  
Attention: Seth Rockmuller  
89n Washington Avenue, 2<sup>nd</sup> Floor West  
Albany, New York 12234  
December 29th, 2009,

RECEIVED

DEC 30 2009

ASSOCIATE COMMISSIONER  
Office of the Professions

Re: Recommendation of the Committee on the Profession: **Case Number CP-10-01**  
Dated December 29<sup>th</sup>, 2009 ( Submitted in letter from Seth Rockmuller dated  
December 15<sup>th</sup>, 2009

Dear New York State Education Department / Board of Regents;

I respectfully disagree with the Recommendation of the  
Committee on the Profession: Case Number CP-10-01.

I had a meeting with November 13<sup>th</sup>, 2008, the meeting was  
little more than an hour. I addressed all the questions posed to me at that time. I spent  
about 8 minutes describing myself, putting a human face and heart to this case.

I described the seismic impact the Licensure Revocation  
had; the embarrassment, and the disruption to my career, life, and relations this has  
had. There was almost a verbatim reproduction of my introductory remarks, almost  
mocking my statements.

Importantly the OPMC was nonresponsive to the important  
details of my November 13<sup>th</sup>, 2008 Hearing. I spent about 50 minutes addressing one  
case, and one case only ( One hour does not leave room to discuss 10 cases, nor were  
any other cases discussed, contrary to the assertions in the OPMC document )

I was falsely charged with making a Misdiagnosis of a Small  
Bowel Obstruction, I explained the facts, issues and evidence to support my claims. I  
followed this discussion with a letter: titled "Clarification Small Bowel Obstruction Case"  
dated December 7<sup>th</sup>, 2008 ( herein attached ), and stands as proof to my assertion that  
only one case was discussed. I never received any direct or indirect response to this  
one case, or acknowledgement or denials of my claim for this case.

I believe that nearly 10 years of Licensure Revocation and  
nearly 5 years of a Reinstatement Process permitted me the right to obtain a clear  
statement on the issue I was raising. I believe that it was and is important in this

process to rectify the ratio of fact to fiction made in the OPMC's Determination of 2001.

There was no intent to simply be arrogant, or irresponsible, but to have the facts presented, and evaluated. With the clear intent that once the issues of this one case were properly established that it would logically lead later to a full and proper evaluation of the other cases that were under review. There was no effort or intent of making any blanket statement about the ten cases under review, without a responsible and reasonable effort to support all my claims, by building a foundation to support my assertions.

To date I have not received any response. I was simply ignored repeatedly; and now 13 months later I am informed that these issues would not / never will be addressed. This to my thinking is more than simply unfair, it is egregious, given the near five years spent in the reinstatement process. What did the OPMC do with all this time?

I do not see how the OPMC can make their recommendation, without addressing any issue I raised. The consequences of a false diagnosis as part of a medical record can be serious, for the patient. I have repeatedly informed the OPMC of this Fraud, and yet have received no response, and no evidence to counter my claims on this specific matter; and no direct clear statement that I was wrong in my assertions. Simply silence.

The only letter addressing my concerns was submitted November 27<sup>th</sup>, 2009 ( herein attached ). This letter simply ignored multiple letters I had written in 2009. This one letter insists I need to simply trust the OPMC, in their current judgments based on letters, dated 1998, to issues going back and focused on 1992; that predate my Licensure Revocation, and that never addressed my allegations declared at the November 13<sup>th</sup> 2008 Hearing. Regrettably another lame excuse to avoid addressing my serious allegations.

I believe there was Discriminatory Animus in my Licensure Revocation, now more than 10 years: No physician should lose a medical license because of routine cases of:

- ~Constipation
- ~Right Shoulder Bursitis
- ~Urinary Tract Infection

All correctly diagnosed and treated, and no factual evidence to prove the contrary, despite the charges and, the intervening years since my Revocation was filed. The opinion of a medical witness well paid to find fault, who offered that a Routine Urinary Tract Infection required a Cat Scan to diagnosis A legitimate medical witness called this simply " crazy ". The repeated suggestion of negligence do not change the issues and the reality of these cases. The use of legal language to repeatedly defame me is reprehensible, and not defensible:

As to the issue of being prepared to return to clinical medicine, no amount of training would cause a reasonable physician to order a Cat Scan for a routine Urinary Tract Infection. No amount of training would cause a Right Shoulder Bursitis, in an emergency department to order a complete cardiac work-up. This patient was seen before and after by an orthopedic physician, who did not order a cardiac work-up, and this Orthopedic doctor was not charged with any misconduct. Without any logic or rational, it becomes impossible to be trained to think like the OPMC designated expert. No reasonable or rational physician thinks or acts like this medical charlatan.

Given the OPMC assertions / charges I felt it was and is important to fully sort out the facts, and from the manufactured fiction created by the OPMC. None of my well formulated allegations were denied by the OPMC. Many of my allegations were self evident, immediately obvious, and stood firmly on their own.

Rather than responsibly address these, the OPMC chose to simply ignore, and bury them in their legalese. The OPMC I believe after nearly five years of this Reinstatement process had an obligation to cherry pick, or misinform the Board of Regents.

Justice will not be done in my case by the continuation of my Revocation. Justice will not be done if my allegations are simply ignored. If the OPMC wants to keep my Revocation, then let them investigate my concerns, four to five years of a Reinstatement process focused on simply accepting one side, while ignoring my legitimate documented concerns is egregious. Misrepresenting my hearings, and ignoring my concerns is not appropriate, and not fair, and should not be made legitimate.

I am not invisible, I am an American citizen, with all the full rights this implies. I need no longer be ignored, nor abused. I did not give up my legal and constitutional rights, when I entered the doors of the OPMC offices in Manhattan. I was also very clear in my communications with the OPMC through 2009, that I believe that there was prosecutorial misconduct, and perjury during my hearing process in 2001. These issues were also ignored. I would not have made my assertions without documented evidence to support my claims. No effort has been made to evaluate these serious allegations.

There has been no denial or confirmation of my allegations in this, and other related matters. Only silence..... Why? FALSUS IN UNO, FALSO IN OMNIBUS. Do not ask, do not seek, do not tell; should not be the mantra of an evidentiary hearing process.

Until there is full, fair and accurate investigation of my allegations, Justice will not have been served. The OPMC's ratio of fact to fantasy

needs to be properly aligned, and recalibrated. To do less in the process of making any Determination is wrong.

I have cooperated fully in this long drawn out process, to then have my concerns misrepresented and ignored is wrong. I would accept any finding that is both fair and accurate. This simply has not happened to date.

To make repeated claims of my practicing medicine fraudulently is also egregious. I have a Medical Degree from an Accredited Medical School. The Universite de Liege ( Belgium ). I passed all the required examinations the first time, every time. I was duly licensed by the State of New York, based on my education and clinical experience that was accepted by New York State, including time spent at Boston University Surgical Program, Lincoln Hospital Emergency Medical Program, and the Beth Israel Emergency Programs.

The claims that I did not receive any clinical credit for my emergency medicine training was categorically false. This assertion was never duly addressed or confirmed, simply ignored. The false charges were highlighted in a letter dated January 29, 2009. ( herein enclosed ) There was no basis for the charge, and no basis to support the deliberately false claim that I had no credit for my training in Emergency Medicine. The fact that this important point was ignored is egregious. The repeated assertions of fraudulently practicing medicine is also egregious.

The fact that 10 years after my revocation I continue to fight to simply bring the truth out is also egregious. I do not know or understand why there has been a repeated effort to deny my fundamental legitimate rights to a fair process, where all the facts are evaluated and addressed, not cherry picked or disregarded.

I respectfully request that these allegations be fully taken into consideration, before any Final Determination is made, by the New York Board of Regents. Should my allegations be supported, then I believe a full and complete timely re-evaluation needs to be considered in this case.

I am asking that the facts be examined, and not repeatedly ignored. The Reinstatement Process was a fact finding body, that was selective in their review, ignoring completely my claims, repeatedly, and without any justification offered for this egregious conduct. I sincerely hope the Board of Regents will not simply rubber stamp the Committee of the Professions recommendation, without addressing my request for an independent review. Thanking you in advance for your consideration of this letter and the important issues I raised

Respectfully submitted;  
Dr. Abraham Solomon

**Attached letters:**

- 1) December 7<sup>th</sup>, 2008: Clarification Small Bowel Case
- 2) January 29, 2009: Addendum
- 3) November 27<sup>th</sup>, 2009 : OPMC Letter

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**Seth Rockmuller**  
**Committee of the Professions**  
**89n Washington Avenue, 2<sup>nd</sup> Floor West**  
**Albany, New York 12234**  
December 7, 2008

## RE: CLARIFICATION Small Bowel Obstruct Case

Dear Panel Members November 13 2008 Reinstatement Hearing;

I would like to take this opportunity to thank you for your efforts in this process. I am writing to clarify an important point that was raised at my November 13, 2008 Reinstatement Hearing:

In a case of a "Small Bowel Obstruction".... X-rays are used to rule in, or rule out this diagnosis! It is therefore the "Gold Standard" for making this diagnosis! No other standard exists. The diagnosis does not exist simply by the pontification of any one physician.

***If there were a Small Bowel Obstruction***, the official x-ray report, by the Board Certified Radiologist would have read: ' SIGNIFICANT AIR FLUID LEVELS NOTED, CONSISTENT WITH A SMALL BOWEL OBSTRUCTION. DIAGNOSIS: SMALL BOWEL OBSTRUCTION'.

The diagnosis of "Small Bowel Obstruction" would therefore have been clearly delineated, by the official X-ray report. No such radiology report ever existed for this case!

The Board Certified Radiologist reported clearly and succinctly that all the X-rays taken were 'normal'. Importantly the radiologist of record, could not understand why normal x-rays needed to be repeated. The repeat of normal x-rays made no sense! The treating surgeon should have known better.

Clinically exposing a patient to needless x-rays is not inconsequential. The New England Journal of Medicine reported increased incidence of cancers to such patients. N Engl J Med 358:850, February 21, 2008.

I can only assume that the patient was deliberately misinformed about her diagnosis, despite the clear directive from the radiologist. All future medical contacts by this patient would perpetuate this false diagnosis, when her medical history is taken. This ethical lacunae would perhaps lead to future medical misadventures, for this patient. No one seemed to address this important issue. All efforts were directed solely at claiming my guilt; despite the evidence.

This patient, never had a small bowel obstruction. And importantly was never worked-up, or evaluated for a small bowel obstruction, by the admitting surgeon.

The treating surgeon that admitted this patient to the hospital, was knowingly deceitful. His Final Diagnosis on discharge the next day was "Gastroenteritis / Small Bowel Obstruction"! This diagnosis was pure nonsense. If in fact there was a small bowel obstruction, this designation alone would have been sufficient. It is equivalent to claiming a Patient had an amputation of his foot, for traumatic injuries, but was noting that the diagnosis include " an ingrown toenail" ! My diagnosis was Gastroenteritis. This was the correct and only diagnosis for this patient.

The surgeon likely had the official radiology report, before discharging the patient from the hospital; but definitely had this report before making his Discharge Summary. The Radiologist report typically gets buried in the hospital record. This surgeon was covering himself, and committed insurance fraud, by making a false inflated diagnosis, that paid him more than he deserved for this case; and misinformed the patient.

I was informed that Dr. Adams, a well-connected Albany Emergency Physician, and partner to the newly appointed ER Physician group, filed this Bowel Obstruction case; and several other cases against me with the OPMC.

**Each report filed by Dr. Adams against me was knowingly, and deliberately false!** This was not a victimless crime committed by Dr. Adams; and therefore deserves to be fully investigated and prosecuted to the full extent of the law. To do less would be wrong.

The cases filed, by Dr. Adams, had been previously reviewed by the outgoing Medical Director, and these cases were deemed to be appropriately managed! My conversations with the medical director confirmed, what I already knew. This was three years before the OPMC charges against me! Dr. Adams was well aware of the Medical Director's findings.

I never worked for, nor had any direct discussion with Dr. Adams. I believe that Dr. Adams deliberately had the OPMC carry out his perceived bias and vendetta, against me! The OPMC were willing agents in this deception.

Let me respectfully remind the panel, that both Governors Spitzer and Pallin were alleged to use State Agencies to carry out their vendettas! It was these governors alleged misconduct that added to my personal insight to this case. I had no idea this kind of

conduct existed. My complaint and statement should not therefore be ruled out as being a priori farcical, without an appropriate investigation.

The OPMC should never have been an agent in carrying out vendettas! The OPMC deliberately ignored the Rules of Evidence, and Discovery. The OPMC had a legal obligation to provide relevant documents, and sought justice under the existing Rules of Law. This is the mandate of the OPMC. This mandate was ignored.

The truth is discovered in the whole, not cherry picked evidence, with preconceived desire to prove guilt, where no guilt existed! I am confident that the People of New York State did not intend the OPMC to be agents of Vendettas! I believe that there was Prosecutorial Misconduct in this case, as well as misconduct by the State Witness, and others. I sincerely believe the whole truth needs to come out in this case, and I am therefore taking this opportunity to set the record straight.

I am not seeking to deliberately malign anyone, nor do I have an ego need, to be proven right. I already have paid dearly and disproportionately, for the charges made against me. The loss of what should have been the golden years in my career have been permanently lost. Justice has never been served in this case. I have a responsibility to myself, and my family; that worked valiantly in seeing me become a physician, to not let this matter slide. It would have been easy to let this slide.

One is neither right nor wrong because people agree with you. You're right because your facts and reasoning are right! In the end this is what counts!

I am seeking closure, in a responsible and legitimate process. I am looking forward, to a renewed beginning to my career. I believe my allegations deserve a full investigation. The delays and lost time for this case have already been extreme. I do not, however, wish to have this investigation, at the price of any further delays in my returning to work as a physician, with the full rights, privileges, and benefits that are merited by practicing physicians in the State of New York.

Respectfully submitted.

Abranam Solomon, M.D.

cc: Panel Members November 2008 REINSTATEMENT HEARING

# Abraham Solomon, M.D.

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**Seth Rockmuller**  
**Committee of the Professions**  
**89n Washington Avenue, 2<sup>nd</sup> Floor West**  
**Albany, New York 12234**  
January 29, 2009

RE: Addendum

Dear Panel Members November 13 2008 Reinstatement Hearing;

I would like to take this opportunity to thank you again for your efforts in this process. I am writing to offer some information I believe to be important to the understanding of this case. The limitation of time at my hearing did not permit me to offer every relevant detail that supports my position.

After much deliberation on my part, I decided that material evidence offered in this addendum, should not be overlooked or buried. The evidence addresses the malicious intent and fundamental dishonesty of the process; I have now endured for nearly a decade! There has been more than enough pain, suffering, and delay/obstruction of justice in this case.

I painfully accept the delays in the process, knowing that to a large measure, a thorough review of my claims is finally happening. My intent in this current document is not to simply air a complaint, and to use polarizing language; but to offer evidentiary proof that the OPMC case against me was significantly tainted, and ultimately flawed.

I sincerely hope that those responsible will be held fully accountable, for their deliberate abuse of their authority and power. The People of New York State would not knowingly have permitted this negligence.

I have been deprived of the most essential right offered a citizen of this country. The right to work and practice my chosen profession. Supreme Court Justice Douglas reaffirmed this opinion when he clearly delineated:

*" The right to work, I had assumed was the most precious liberty that a man possesses....Man has indeed as much right to work as he has to live, to be free, to own property...To work means to eat. It also means to live."* **Barsky v. Board of Regents of the University of New York 347 US 442 (1954 ) 328-329, 343.**

I respectfully remind this panel that in our American System of Justice, the Prosecution has the Burden of Proof to establish and make their case. The prosecution did not meet their obligation.

There is a legal adage that states: "If you have the facts, pound the facts. If you have the law, pound the law. If you have neither, pound the table!" The OPMC obfuscated with volume, when they lacked depth, and relevant and verifiable facts.

In an evidentiary hearing process, the OPMC knowingly submitted and used FALSE EVIDENCE, and permitted unverified hearsay, using logic that can only be described as both invalid and illogical. Pseudo-logic. Regrettably, this has become a standard in America.

In a New York Times editorial called 'Blinding Justice' the following was written: "...Prosecutors do not always work the way they should...Evidence tying a defendant to a crime is sometimes trumped up, while evidence that casts doubt on a defendant's guilt is sometimes hidden." NY Times Editorial November 13<sup>th</sup>, 2005.

I am respectfully asking this panel to examine, the Final Determination of the OPMC. I have selected out an interesting important and revealing segment:

Final Determination page 10:

**"at FF 68, the Committee found that the Respondent ( Dr. Solomon ) never received credit for a residency at Beth Israel and that the Respondent admitted he never received credit for the residency. The Respondent argued that no basis existed for that statement. "**

How is it logically possible that I, within two sentences both deny and admit to the statement outlined above? The Final Determination goes on to support these false claims with inverted logic, that denies the truth in this matter.

I used my credits at Beth Israel to receive my medical license in New York State. My issues with Beth Israel were fully available to the New York State Medical Licensing Board, at the time of my licensure. Had I lost all my Beth Israel credits. Beth Israel would have needed to notify relevant Emergency Medical Board, State and National Agencies of this fact, as well as informed me directly. This never happened.

I have never made any statement, at any time, to suggest that I did not receive credit for my time at Beth Israel. My dispute with Beth Israel was over twelve months. I have recently filed a complaint with two New York State agencies that counter these OPMC claims, allegedly made and reported by Beth Israel.

I am enclosing supporting documents to outline my position in this matter. I would hope the panel reviews this material. My complaint in this and all matters have, to date simply been ignored by the OPMC.

As I indicated to the Hearing Panel in New York, the relevant facts, and truth in this matter are buried, in a sea of numbing verbiage. Why?

Thanking you in advance for your consideration in this matter.

Respectfully submitted.

Abraham Solomon, M.D.

cc: Panel Members November 2008 REINSTATEMENT HEARING

**<< PLEASE COPY AND DISTRIBUTE TO THE PANEL MEMBERS OF THE  
NOVEMBER 13<sup>TH</sup>, 2008 REINSTATEMENT HEARING ...please confirm via  
mail / email that this has been done.  
Please also note that the letterhead address and contact numbers are the  
ones to be used>>**



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner

November 27, 2009

CONFIDENTIAL

Abraham Solomon, MD

Dear Dr. Solomon:

I am writing in response to your letter to Governor David A. Paterson, dated October 29, 2009, in which you state dissatisfaction with an investigation of your medical practice that was conducted by the Office of Professional Medical Conduct (OPMC) and the resulting hearing before the NYS Board for Professional Medical Conduct. Your letter also explains your dissatisfaction with the handling of complaints you filed against other physicians.

The investigation and adjudication of physician misconduct are governed by Section 230 of the New York State Public Health Law. In accordance with the law, an investigation was conducted of your practice and a Board Hearing in which you were found guilty of misconduct was conducted. Following the hearing, your medical license was revoked effective June 14, 2001. Within your rights under the law, you subsequently filed an appeal to the Administrative Review Board (ARB).

The ARB considered the issues you raised regarding inappropriate conduct at the hearing and found no evidence in the record to sustain your allegation. Your present letter contains the same issues that were previously considered.

Your letter also contends that the OPMC has failed to investigate complaints you filed regarding other physicians who you believe are guilty of misconduct. Your letter states, in part, "To my knowledge no investigation has been initiated..." I have confirmed that an investigation was conducted and that you were informed in a letter dated June 18, 1998 that the OPMC did not find sufficient evidence to substantiate your allegations. In your letter dated July 7, 1998, you thanked "the committee" for its investigation, although you also indicated your dissatisfaction with the investigation.

The OPMC has not initiated an investigation into the allegations contained in your most recent letter dated January 15, 2009, since they were previously investigated.

I assure you that the fair and appropriate process inherent in the law has been followed, in the investigation and adjudication of your case, as well as the investigation of your complaint.

No further action is warranted in either matter. Thank you.

Sincerely,

Keith W. Servis  
Director  
Office of Professional Medical Conduct



# The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT  
OFFICE OF PROFESSIONAL RESPONSIBILITY  
STATE BOARD FOR MEDICINE

-----X

In the Matter of the Application of

ABRAHAM SOLOMON

REPORT OF THE  
PEER COMMITTEE  
CAL. NO. 23328

for the restoration of his license to practice  
as a physician in the State of New York.

-----X

ABRAHAM SOLOMON,

hereinafter known as the applicant, was  
previously licensed to practice as a physician in the State of  
New York by the New York State Education Department. Said  
license was revoked effective September, 2001. The applicant has  
applied for restoration of his license.

## CHRONOLOGY OF EVENTS

1/10/97 The applicant was issued license number 205496 to  
practice as a physician in the State of New York.

11/29/00 The applicant's license summarily suspended and the applicant was charged with professional misconduct by the Office of Professional Medical Conduct.

6/1/01 Order issued revoking the applicant's license to practice medicine in the State of New York.

9/24/01 Administrative Review Board Order upholding revocation of license.

2/10/06 The applicant submits his application for restoration of license to practice as a physician in the State of New York.

6/4/07 Peer Committee restoration review.

BACKGROUND INFORMATION

The written application, supporting papers provided by the applicant, and papers resulting from the investigation conducted by the Office of Professional Discipline (OPD), were compiled by the prosecutor from OPD into a packet that was distributed to this Peer Committee in advance of its meeting and also provided to the applicant.

Listed below is information from that packet, which was also submitted by OPD on the day of the meeting. Further details pertaining to the documents in the packet may be found therein.

PRIOR DISCIPLINARY HISTORY

The applicant's license was summarily suspended in November 2000 based on charges relating to the care of nine patients, fraudulent practice and violations of public health law. A tenth

ABRAHAM SOLOMON (23328)

patient case was added to amended charges. A Hearing Committee of the New York State Board for Professional Medical Conduct found the applicant guilty of gross negligence in four cases, negligence on more than one occasion (ten patients), fraudulent practice and violations of public health law regarding fraudulent hospital credential applications. The Committee found the applicant evasive and unable or unwilling to give direct responses to questions posed by Committee members, State counsel and even his own counsel. They felt the applicant's patient care was superficial and resulted in incorrect diagnoses and improper treatments. The Committee voted to revoke his New York State medical license, effective June 2001.

The applicant appealed to the Administrative Review Board (ARB), which modified the Committee findings. They reduced or eliminated certain findings and found guilt in additional charges, including gross incompetence and three cases of incompetence on more than one occasion. The ARB found the applicant's hospital applications demonstrated deliberate and knowing misrepresentation of his past medical practice, which were intended to deceive the hospitals. The ARB also agreed that the applicant's egregious sub-standard care warranted license revocation. He commenced a court appeal, which was eventually dismissed in 2003.

Based on the New York action, Connecticut imposed an emergency suspension in 2001 and revoked the applicant's medical license in May 2002.

THE APPLICATION

The application, in a personal statement attached thereto, lists the following continuing medical education (CME):

- I have taught Anatomy & Physiology, Radiology, Pathology, EKG to allied health students.
- I was asked and provided the U.S. Virgin Island Government authorities with a Disaster Preparedness Plan for their Physicians.
- I have been asked and have held lectures on "Old and New Medical Legal Issues for Emergency Physicians" and have several scheduled presentations within the next year.
- I have kept current with ACLS and PALS and will continue to keep these current, as well as renew my ATLS in the next few months.
- I have provided a list of CMEs and will add many more in the next few weeks.
- As indicated earlier, I have submitted a group of select 10 ER cases that I personally managed to demonstrate my skills in Documentation, and Medical analysis.

In part G of the application, the applicant states that he was not aware until three months before he filed the application that he was permitted to apply for restoration of his medical license.

The personal statement concludes as follows:

"In eighteen years of full-time practice as an emergency physician, I have seen and successfully diagnosed and treated approximately 80,000 patients (2.2 patients/hr/2000 hrs/yr {national average} X 18 years). No discipline can lengthen a man's arm, but it can lengthen his reach by hoisting him on the shoulder's of his predecessors. I have been shown and taught a profoundly painful lesson through this entire process. I sincerely hope I will be given an opportunity to return to practice medicine."

INVESTIGATIVE INTERVIEW

The applicant was interviewed on November 6, 2006. He stated it was his opinion that the action taken by the Department of Health (OPMC) was unjustified. He believes that the initial investigation and hearing process did not accurately address the facts relevant to the situation. He also stated that the same day his NYS license was revoked, the State of Connecticut was notified, and disciplinary action commenced based on the action taken by the State of New York against him. When the applicant was asked why the members of the NYS Board for Medicine and other Committee members should grant the reinstatement of his NYS medical license at this time, the applicant responded by saying "I am a good physician, very knowledgeable and was never disciplined by any other Board until

ABRAHAM SOLOMON (23328)

the NYS Department of Health (OPMC) revoked my NYS medical license, especially since I had been practicing medicine since 1987."

After his medical licenses were revoked, the applicant worked as a waiter from 2002 through 2004 in the state of Florida. Starting in the year 2003, the applicant worked on a part-time basis teaching radiology, physiology, anatomy and EKG to allied health students at Keiser College located in Fort Lauderdale, Florida. The applicant stated he earned approximately \$15,000 to \$20,000 per year, and stated the staff at the college were aware that his medical licenses were revoked. The applicant has not done any community service volunteer work.

The applicant stated that when his NYS medical license was revoked, no one notified him that he could file a petition for the restoration of his license after a period of three years, and therefore he did not concentrate on continuing education as it was expensive, and at the time he felt it was not necessary if he could not apply for the reinstatement of his NYS license. However, the applicant took approximately 50 hours of CME credits sponsored by the New England Journal of Medicine. Approximately 20 credit hours were taken on-line during the months of January and February of 2006. The applicant took another 30 hours of CME courses since then.

In the year 2004, the applicant took the required course sponsored by the American Heart Association in order to get certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). These certificates have already expired, but the applicant anticipates renewing them for the next two years. The applicant also reads medical books in his specialty emergency medicine, has written medical papers; and subscribes to and reads the New England Journal of Medicine on a weekly basis. The applicant stated that even though he is Board eligible in his field, he is not Board certified.

Regarding rehabilitation, the applicant stated that rehabilitation was not necessary, and he is not taking any prescription medications, nor has he been under the care of a duly licensed individual for any type of counseling, treatment or medical intervention.

PEER COMMITTEE MEETING

On June 4, 2007, this Peer Committee met to consider this matter. The applicant appeared before us personally and elected to proceed without an attorney. Also present was Wayne Keyes, Esq., an attorney from the Division of Prosecutions, Office of Professional Discipline (OPD). During the course of the applicant's testimony, applicant's exhibit A, a New Yorker article, dated January 29, 2007, was admitted into evidence.

Almost all of the applicant's direct testimony consisted of a prepared statement read by him. The essence of this statement was a denial of any wrongdoing by the applicant (with one possible exception), and a condemnation of the disciplinary proceeding against him.

When questioned by Mr. Keyes regarding the applicant's attitude about the disciplinary proceeding brought against him, the applicant maintained that he had done nothing wrong to warrant said proceeding and that the action taken against him was "an injustice."

When questioned by Mr. Keyes regarding CME, the applicant conceded that he had only done some 50 hours of CME and only starting in January of 2006. The applicant said he did not start doing CME until January 2006 because he did not know until about that time that he could apply for the restoration of his license. He stated that he thought that his teaching of courses, in colleges and at the university since 2005, in basic science, anatomy, physiology, radiology and EKG should also be considered regarding CME. He said he would take any additional CME the panel wanted.

When questioned by Mr. Keyes regarding his lack of any community service, the applicant stated that he had done his community service while he was practicing medicine by servicing

ABRAHAM SOLOMON (23328)

needy patient populations and that "I have no guilt" about not having done any community service since then.

One panel member asked the applicant if he felt competent to work in an emergency room, given that he has not practiced medicine since 2001 and has only recently done some CME.

The applicant replied that there would be a certain nervousness on his part but he is highly motivated to reclaim the knowledge that he had and move beyond it and above it. He said that he would love to take refresher training by way of a twelve month residency.

Upon questioning by the chairperson about the one case that the applicant referred to where he might have done something wrong, the applicant said it was regarding patient J. The applicant said he had discharged patient J without giving patient J adequate tests and the patient returned to the emergency department four or five hours later in extremis and passed away. The applicant said he sincerely regretted doing that and he did not think he would do that again.

The chairperson then asked if there were any other cases where the applicant had done something wrong. The applicant at first replied "absolutely the only case" but then said there was another case that he also regretted. It was regarding a woman patient at Maimonides Hospital who was under the applicant's care for several hours in the emergency room. The applicant had

ordered a CAT scan for this patient but many hours went by and before the CAT scan was given, the patient died.

Upon further questioning by the chairperson, the applicant conceded that he could benefit from a remedial course in recordkeeping as well as other CME.

Mr. Keyes closed by saying that the applicant had not presented a compelling case for restoration of licensure. He pointed out that the applicant had not started CME until 2006 and had inadequate credits. He also pointed out that the applicant had done no community service. He said perhaps the applicant had learned during this hearing what he needed to do to have his license restored in the future, but that as of the date of this hearing, he had not demonstrated a compelling case for restoration of licensure at this time.

The applicant closed by saying in part that he is 58 years old, that his punishment was more than was necessary and certainly had gone on long enough and to continue to punish him would be wrong.

POST HEARING SUBMISSION

After the hearing on June 4, 2007, the applicant submitted the following additional materials:

- His curriculum vitae
- A packet under cover letter dated June 18, 2007
- A packet under cover letter dated July 24, 2007

- A letter dated September 20, 2007 (the applicant is now a full Professor at Edison College, as well as an Adjunct Professor at Florida Gulf Coast University)
- A packet under cover letter dated October 10, 2007

These post hearing submissions are made a part of the record herein and are marked as applicant's exhibits B, C, D, E and F respectively.

RECOMMENDATION

It is true that, at first in the hearing herein, the applicant denied any wrongdoing. However, under questioning by the panel he conceded that he would benefit from additional CME and a course of retraining. He also admitted to mishandling at first one patient and then to mishandling a second patient and also to some bad recordkeeping. He expressed regret regarding same.

While we recognize that the applicant has not met the traditional requirements for restoration of licensure, we do not believe, given the applicant's age, that any good purpose would be served by denying restoration of licensure, outright, at this time given that it would probably be four or five years or more before the applicant would have another restoration hearing.

We consider the applicant's teaching efforts as evidence of both CME and rehabilitation. Accordingly, we recommend that the

applicant's license be restored after he successfully completes the following requirements:

- Satisfactory completion of a recognized course in medical ethics;
- Satisfactory completion of a recognized course in medical recordkeeping;
- Satisfactory completion of a recognized review course in emergency medicine and obtain a current certificate therein;
- Satisfactory completion of a recognized review course in advanced cardiac life support and obtain a current certificate therein;
- Satisfactory completion of a recognized review course in advanced trauma life support and obtain a current certificate therein;
- Satisfactory completion of a recognized review course in pediatric advanced life support and obtain a current certificate therein;
- And to address some of the applicant's personal issues, satisfactory completion of a recognized course in anger management.

All of the above courses are to be live attendance courses.

No on-line or correspondence courses.

ABRAHAM SOLOMON (23328)

Evidence of the completion of the above requirements is to be presented to the Board of Regents through the Director, Office of Professional Discipline, New York State Education Department, 475 Park Avenue South, Second Floor, New York, New York 10016-6901, or such other method as the Board of Regents directs, within 18 months of the order issued herein.

Upon a finding by the Board of Regents that the above requirements have been met and that restoration of licensure is appropriate, we further recommend that the applicant then be placed on probation for a period of five years under the terms attached hereto, made a part hereof and marked as exhibit A.

Respectfully submitted,

James E.C. Norris, M.D., Chairperson

Joyce Lowinson, M.D.

Robert Lerner, M.D.

Chairperson

Dated

*March 14, 2000*

EXHIBIT A

TERMS OF PROBATION  
OF THE HEARING PANEL

ABRAHAM SOLOMON

CALENDAR NO. 23328

1. That applicant, during the period of probation; shall be in compliance with the standards of conduct prescribed by the law governing applicant's profession;
2. That applicant shall submit written notification to Director, Office of Professional Medical Conduct (OPMC), Department of Health (DOH), 433 River Street, Troy, N.Y. 12180-2299, of any employment and/or practice, applicant's residence, telephone number, and mailing address, and of any change in applicant's employment, practice, residence, telephone number, or mailing address within or without the State of New York;
3. That applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), 2<sup>nd</sup> Floor, North Wing, 89 Washington Avenue, Albany, New York 12234, that applicant has paid all registration fees due and owing to the NYSED and applicant shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by applicant to the DOH, addressed to the Director, OPMC, as aforesaid, no later than the first three months of the period of probation;
4. That applicant shall submit written proof to the DOH, addressed to the Director, OPMC, as aforesaid, that 1) applicant is currently registered with the NYSED, unless applicant submits written proof that applicant has advised DPLS, NYSED, that applicant is not engaging in the practice of applicant's profession in the State of New York and does not desire to register, and that 2) applicant has paid any fines which may have previously been imposed upon applicant by the Board of Regents or pursuant to section 230-a of the Public Health Law, said proof of the above to be submitted no later than the first two months of the period of probation;

ABRAHAM SOLOMON (23328)

5. That applicant shall make quarterly visits to an employee of the OPMC, DOH, unless otherwise agreed to by said employee, for the purpose of said employee monitoring applicant's terms of probation to assure compliance therewith, and applicant shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;
6. That applicant, during the period of probation, shall practice medicine only as a salaried physician under supervision in an article 28 facility and/or the equivalent thereof on the federal level;
7. That applicant shall have quarterly performance reports submitted to DOH addressed to the Director, OPMC, as aforesaid evaluating his performance as a physician in his place of employment, said reports to be prepared by applicant's supervisor;
8. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the OPMC, DOH may initiate a violation of probation proceeding and/or such other proceedings as appropriate.