



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

July 29, 1996 Karen Schimke
Executive Deputy Commissioner

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Sylvia P. Finkelstein, Esq.
NYS Department of Health
5 Penn Plaza-Sixth Floor
New York, New York 10001

Stephen P. Scaring, Esq.
666 Old Country Road
Suite 501
Garden City, New York 11530

George Raniolo, M.D.
14 Quail Path
Nissequogue, New York 11780

Effective Date: 08/05/96

RE: In the Matter of George R. Raniolo, M.D.

Dear Ms. Finkelstein, Mr. Scaring and Dr. Raniolo:

Enclosed please find the Determination and Order (No.96-174) 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required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate.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.

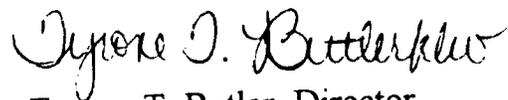
The notice of review served on the Administrative Review Board should be forwarded to:

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,

A handwritten signature in cursive script that reads "Tyrone T. Butler".

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:rlw
Enclosure

COPY

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

**IN THE MATTER
OF
GEORGE R. RANIOLO, M.D.**

**DETERMINATION
AND
ORDER
BPMC-96-174**

A Notice of Hearing and a Statement of Charges, dated February 28 and February 27, 1996, respectively, were served upon the Respondent, George R. Raniolo, M.D. **THERESE G. LYNCH, M.D. (Chair), STEPHEN A. GETTINGER, M.D. and ROBIN N. BUSKEY, R.P.A.** duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter pursuant to Section 230(10)(e) of the Public Health Law **JEFFREY W. KIMMER, ADMINISTRATIVE LAW JUDGE**, served as the Administrative Officer. The Department of Health appeared by Sylvia P. Finkelstein, Esq., Associate Counsel. The Respondent appeared by Stephen P. Scaring Esq.,. Evidence was received and witnesses sworn and heard and transcripts of these proceedings were made.

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

PROCEDURAL HISTORY

Date of Service of Notice of Hearing and Statement of Charges:	March 1, 1996
Answer to Statement of Charges:	None
Dates of Hearing:	March 22, 1996 April 2, 1996 April 26, 1996

Witnesses for Department of Health:

Patient A
Patient B
Patient C
Patient D
Patient E
Patient G
Patient H
Patient I
Patient J

Witness for Respondent:

None

Deliberations Held:

June 19, 1996

STATEMENT OF CASE

The Statement of Charges originally alleged thirty specifications of professional misconduct, including allegations of willfully abusing a patient, engaging in conduct which evidences moral unfitness to practice the profession and the fraudulent practice of medicine. The charges relating to Patient F were withdrawn thus reducing the number of specifications to twenty seven.

A copy of the Statement of Charges is attached to this Determination and Order as Appendix I.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. Unless otherwise noted, all Findings and Conclusions herein are the unanimous determination of the Hearing Committee. Having heard

testimony and considered evidence presented by the Department of Health and the Respondent respectively, the Hearing Committee hereby makes the following findings of fact. Conflicting evidence, if any, was considered and rejected in favor of the evidence cited. Numbers in parentheses refer to transcript page numbers or exhibits. These citations represent evidence found persuasive by the Hearing Committee in arriving at a particular finding. All Findings of Fact made by the Hearing Committee were established by at least a preponderance of the evidence.

1. GEORGE R. RANIOLO, M.D., (hereinafter the Respondent), was authorized to practice medicine in New York State on or about July 1, 1971, by the issuance of license number 108694 by the New York State Education Department. (Petitioner's Exhibit 2 [hereinafter Pet. Ex.]).
2. The Respondent is currently registered with the New York State Education Department to practice medicine from 463 Moriches Road, St. James, New York. (Pet. Ex. 2).
3. At all times herein mentioned, Respondent maintained a private practice as a general practitioner in New York. (Transcript pp. 21, 143, 199, 319, 400, 503 [hereinafter T.]).

PATIENT A

4. Respondent treated Patient A in or about the spring and/or summer, 1981, at his office. (T. 45).
5. In or about the summer of 1981, Patient A, a female, was seen by Respondent for a gynecological exam. (T. 22-23, 45).
6. During the course of the examination Patient A was sitting on the examination table, Respondent put both of his hands on Patient A's buttocks and pulled her towards him. (T. 28, 68-69, 73).
7. After performing a pelvic examination, Respondent left the room and Patient A got dressed. Respondent returned to the examination room, approached Patient A, put both of his hands on both of her breasts, leaned forward and tried to kiss Patient A. (T. 28-30).
8. One week after the incident, Patient A returned to Respondent's office and confronted him about his actions. Respondent told Patient A that he got "emotional" during her previous visit. (T. 64-65).

PATIENT B

9. Respondent treated Patient B, a 33 year old female, at his office from in or about February 1995 through in or about August, 1995. (T. 142, 144-145).

10. On several occasions, in the course of purportedly performing a physical examination Respondent pulled Patient B's bra out and touched Patient B's breasts. (T. 149-151,155-157, 194).
11. On or about May 25, 1995, Patient B was seen by Respondent complaining of oral thrush. In the course of purportedly performing a physical examination Respondent straddled Patient B's leg and pressed his groin against Patient B's knee. Then, Respondent pulled Patient B's bra outward and looked at her breasts and subsequently felt Patient B's breasts with his hands while she was wearing her bra. (T. 148-150, 153-155, 189-190).
12. On or about August 17, 1995, Patient B was seen by Respondent complaining of a boil under the right arm. In the course of purportedly performing a physical examination Respondent placed his hands under Patient B's bra and touched and felt her breasts. (T. 146- 147, 152-153).
13. Patient B immediately reported this incident to her fiance and subsequently to the police (T. 158,165).

PATIENT C

14. Respondent treated Patient C, a 29 year old female, at his office on or about September 4, 1991. (T. 84, 98) (Pet. Ex. 3).
15. On or about September 4, 1991, Patient C was seen by Respondent

complaining of a bladder infection. (T. 83, 86).

16. In the course of purportedly performing a physical examination, Respondent placed Patient C's legs in the stirrups, grabbed her thigh and pulled Patient C closer to him. Patient C stated that she did not need an internal exam; Respondent grabbed her ankle to keep Patient C from getting up and ordered her to lie back down. He then inserted his fingers in her vagina and ran his fingers through her pubic hair. Respondent did not wear gloves. (T. 88, 91,135).
17. Subsequently, while Respondent's fingers were still inside Patient C's vagina Respondent asked Patient C if she had a boyfriend and if her boyfriend performed oral sex on her. Then, Respondent removed his fingers and placed his mouth on Patient C's vagina. (T91-93. 132-133).
18. Patient C subsequently reported these events to a friend, her fiance and the police. (T. 95-97, 114).

PATIENT D

19. Respondent treated Patient D, a 42 year old female, at his office, on or about July 6, 1995. (T. 198) (Pet. Ex. 4).
20. On or about July 6, 1995, Patient D was seen by Respondent complaining of a lump on her right forearm and swollen ankles. In the course of purportedly performing a physical examination Respondent told Patient D to take off her shirt and lie down on the examining

table. Respondent unhooked Patient D's bra and put both hands on her breasts and squeezed them simultaneously. He then squeezed each of her breasts with both hands. (T. 198-199, 201, 203-206, 232-233, 253) (Pet. Ex. 10, 11).

21. Patient D immediately reported these events to her mother, her aunt, and her husband. She also described what occurred at the Respondent's office on that day to a representative of the Aetna Insurance Co. and subsequently filed a written complaint with the Aetna Insurance Co. and the police. (T. 208, 220-223, 225-226) (Pet. Ex. 10).

PATIENT E

22. Respondent treated Patient E, a 35 year old female, at his office on or about May 24, 1995. Patient E was seen by Respondent seeking a referral to an ophthalmologist to obtain treatment for iritis. (T318-320) (Pet. Ex. 5).
23. In the course of purportedly performing a physical examination Respondent suddenly pulled up Patient E's T-shirt and fondled both of her breasts with both hands and he then cupped each breast in each hand. (T. 323-326, 333-335).
24. Thereafter, Respondent started feeling Patient E's abdomen and pulled her shorts and underwear down to mid-thigh exposing her genital area. While holding Patient E's shorts and underwear with one hand,

Respondent touched each side of her groin. (T326-327, 348-349, 357-358, 359).

25. Respondent let go of Patient E's shorts and underwear. The garments went up on their own and Patient E then stood up. She mentioned to Respondent that she had a growth on her leg. Respondent looked at it and told her it was nothing. Respondent pushed Patient E onto the examining table, face down, and ran both his hands up her inner thighs into her groin and pressed his hands and fingers against her vaginal area. (T. 327-328, 369-371, 375-377, 382-383, 385-386).
26. Patient E immediately reported these events to her husband and subsequently to the police. (T342-343, 344-347).

PATIENT G

27. Respondent treated Patient G, a 36 year old female, at his office in or about the spring of 1994. (T. 400) (Pet. Ex. 7)
28. In or about the spring of 1994, Patient G was seen by Respondent complaining of sinusitis. In the course of purportedly performing a physical examination Respondent told Patient G, who was clothed, to lie back on the examining table. Respondent, while holding a stethoscope with his fingers, reached under Patient G's shirt and rubbed her left breast and nipple with the palm of his hand. (T400, 403-405, 427, 455).

29. Patient G immediately reported this incident to her husband, to a girlfriend and to her mother on the date it occurred . Thereafter she reported these events by telephone to CIGNA Insurance Co., and to the police. (T. 406-410,429-430).

PATIENT H

30. Respondent treated Patient H, a 28 year old female, at his office. On or about February 8, 1995, Patient H was seen by Respondent complaining of the flu. Patient H was three months pregnant and informed the Respondent that she had just come from her OB-GYN practitioner who was following her pregnancy. (T. 458-460, 462,472, 498,) (Pet. Ex. 8).
31. In the course of purportedly performing a physical examination Respondent rubbed his genital area against Patient H's knee several times. (T. 462-463).
32. Respondent told Patient H to lie down on the examining table and told her to unbutton her shirt. Respondent then lifted each cup of Patient H's bra and pushed each breast back into the cup. Respondent stated to Patient H words to the effect "that it was great how breasts get larger when you are pregnant". (T. 463-464, 483-486, 498).
33. After Patient H sat up, Respondent, while talking to her, intentionally rested his genital area against her knee. (T. 465-468, 486-487).

34. Patient H immediately reported this incident to her husband. Later that same day she told her parents and subsequently reported it to the police and her employer. (T. 469-471, 489-490).

PATIENT I

35. Respondent treated Patient I, a 34 year old female, at his office on or about March 18, 1995. Patient I was seen by Respondent complaining of sebaceous cysts on her scalp. (T. 264-265) (Exhibit 9).
36. In the course of purportedly performing a physical examination Respondent asked Patient I to remove her shirt and lay down on the examining table. Respondent squeezed and pressed both of Patient I's breasts while her bra was still on. (T. 265-268, 309).
37. Respondent unbuckled Patient I's belt, unzipped her pants, pulled her underwear out and touched her lower abdomen. (T. 267-268, 270, 298-300, 313-314).
38. Respondent immediately reported these events to her husband and subsequently to the police (T. 272, 282-283, 312-313).

PATIENT J

39. Respondent treated Patient J, who was a 20 year old female, at his

office in the fall of 1984. (T. 503) (Pet. Ex. 12).

40. In or about the fall of 1984, Patient J was seen by Respondent complaining of knee inflammation. (T. 503, 512).
41. In the course of the visit Respondent asked Patient J to undress and he remained in the examining room and watched Patient J while she undressed to her underwear. (T. 504-505, 533).
42. Respondent told Patient J to lay down on the examining table and rubbed both of her breasts with his both of his hands. (T. 506-507).
43. Respondent pulled Patient J's underpants down to her thighs and put his fingers inside her vagina. Respondent was not wearing gloves. (T. 509-512, 534, 538, 543).
44. Patient J immediately reported these events to her husband (then fiance) and her parents. Subsequently she reported it to her fiance's family and to the Better Business Bureau. (T. 513-515).

CONCLUSIONS

The following conclusions were made pursuant to the Findings of Fact listed above. The Hearing Committee concluded that the following Factual Allegations were proven by a preponderance of the evidence (the paragraphs noted refer to those set forth in the Statement of Charges, Factual Allegations). The citations in parentheses refer to the Findings of Fact (supra), which support each Factual Allegation:

Paragraph A: (4; except for that part of the allegation which states the exact address of the Respondent's office);

Paragraph A.1.a.: (5,6);

Paragraph A.1.b.: (7,8);

Paragraph B: (9; except for that part of the allegation which states the exact address of the Respondent's office);

Paragraph B.1.: (10);

Paragraph B.2.: (11);

Paragraph B.3.: (12; except for that part of the allegation which alleges the patient's boil was under her "left" arm);

Paragraph C: (14, except for that part of the allegation which states the exact address of the Respondent);

Paragraph C.1.a.: (15,16);

Paragraph C.1.b.: (17);

Paragraph D: (19, except for that part of the allegation which states the exact address of the Respondent's office);

Paragraph D.1.: (20);

Paragraph E: (22, except for that part of the allegation which states the exact address of the Respondent's office);

Paragraph E.1: (23);

Paragraph E.2: (24, except the Respondent felt the Patient's "abdomen");

Paragraph E.3: (25, except the Patient's underwear and shorts raised up on their own);

Paragraph G: (27, except for that part of the allegation which states the Patient's age and the exact address of the Respondent's office);

Paragraph G.1: (28);

Paragraph H: (30, except for that part of the allegation which states the Patient's age and the exact address of the Respondent's office);

Paragraph H.1: (31);

Paragraph H.2: (32);

Paragraph H.3: (33);

Paragraph I: (35, except for that part of the allegation which states the exact address of the Respondent's office);

Paragraph I.1: (36, except the Respondent was found to have "squeezed and pressed" in lieu of "fondled" the Patient's breasts);

Paragraph I.2: (37);

Paragraph J: (39, except for that part of the allegation which states the Patient's age and the exact address of the Respondent's office)

Paragraph J.1.a: (40,41);

Paragraph J.1.b: (42, with the deletion of the word "bare");

Paragraph J.1.c: (43, except the Respondent was found to have pulled the Patient's underpants down to her thighs).

The Hearing Committee further concluded that the following Specifications should **be sustained**. Since the charges relating to Patient F were withdrawn the 6th, 16th and 26th Specifications were not considered by the Hearing Committee. The citations in parentheses refer to the Factual Allegations from the Statement of Charges, which support each specification. An asterisk notes that the Hearing Committee was not unanimous in its conclusion that a particular Factual Allegation supported the Specification:

**WILLFULLY HARASSING, ABUSING OR INTIMIDATING A PATIENT
EITHER PHYSICALLY OR VERBALLY**

First Specification: (Paragraphs A.,A.1.a. and A.1.b.{with the exception noted above});

Second Specification: (Paragraphs B.,B.1.,B.1., B.2. and B.3.{with the exception noted above});

Third Specification: (Paragraphs C.,C.1.a.,C.1.b. and C.1.c.{with the exception noted above});

Fourth Specification: (Paragraphs D. and D.1.{with the exception noted above});

Fifth Specification: (Paragraphs E.,E.1., E.2. and E.3.{with the exceptions noted above});

Seventh Specification: (Paragraphs G. and G.1.{with the exception noted above});

Eighth Specification: (Paragraphs H.,H.1., H.2. and H.3.{with the exception noted above});

Ninth Specification: (Paragraphs I.,I.1. and I.2.{with the exceptions noted above});

Tenth Specification: (Paragraphs J., J.1.a.*, J.1.b. and J.1.c.{with the exceptions noted above});

**ENGAGING IN CONDUCT IN THE PRACTICE OF MEDICINE
WHICH EVIDENCES MORAL UNFITNESS TO PRACTICE MEDICINE**

Eleventh Specification: (Paragraphs A.,A.1.a. and A.1.b.{with the exception noted above});

Twelfth Specification: (Paragraphs B.,B.1.,B.1., B.2. and B.3.{with the exception noted above});

Thirteenth Specification: (Paragraphs C.,C.1.a.,C.1.b. and C.1.c.{with the exception noted above});

Fourteenth Specification: (Paragraphs D. and D.1.{with the exception noted above});

Fifteenth Specification: (Paragraphs E.,E.1., E.2. and E.3.{with the exceptions noted above});

Seventeenth Specification: (Paragraphs G. and G.1.{with the exception noted above});

Eighteenth Specification: (Paragraphs H.,H.1., H.2. and

H.3. {with the exception noted above});

Nineteenth Specification: (Paragraphs I.,I.1. and I.2. {with the exceptions noted above});

Twentieth Specification: (Paragraphs J., J.1.a.*, J.1.b. and J.1.c. {with the exceptions noted above});

PRACTICING THE PROFESSION FRAUDULENTLY

Twenty-first Specification: (Paragraphs A.,A.1.a. and A.1.b.* {with the exception noted above});

Twenty-second Specification: (Paragraphs B.,B.1.,B.1., B.2. and B.3. {with the exception noted above});

Twenty-third Specification: (Paragraphs C.,C.1.a.,C.1.b. and C.1.c. {with the exception noted above});

Twenty-fourth Specification: (Paragraphs D. and D.1. {with the exception noted above});

Twenty-sixth Specification: (Paragraphs E.,E.1., E.2. and E.3. {with the exceptions noted above});

Twenty-Seventh Specification: (Paragraphs G. and G.1. {with the exception noted above});

Twenty-Eighth Specification: (Paragraphs H.,H.1., H.2. and H.3. {with the exception noted above});

Twenty-Ninth Specification: (Paragraphs I.,I.1. and I.2. {with the exceptions noted above});

Thirtieth Specification: (Paragraphs J., J.1.a., J.1.b. and J.1.c. {with the exceptions noted above});

DISCUSSION

The Hearing Committee was informed that they may but do not have to draw a negative inference from the failure of the Respondent to testify. The Committee did not draw such an inference. However the Committee notes that the Respondent never denied the allegations either in writing or by testimony under oath. The testimony of the Petitioner's witnesses was never refuted.

The Hearing Committee found the Patients' testimony completely credible. The Respondent questioned their credibility because of the lapse of time before they reported the events to the authorities. The Committee found the delay in reporting to be quite normal behavior given the conduct they were subjected to by the Respondent and if anything bolstered their credibility. The witnesses' testimony was consistent and remained so during extensive direct and cross-examination.

Based on a preponderance of the evidence the Hearing Committee concludes that Respondent engaged in the conduct set forth in detail above with respect to Patients A through E and G through J.

The Committee finds that Respondent, while purportedly rendering medical care, willfully abused them by inappropriately touching each of them. Respondent's touching of each of these Patients did not constitute a component of a proper physical examination and was not related to their symptoms or clinical needs. In particular, the Committee found the manner in which the

Respondent touched the Patients' breast inappropriate. Respondent has not denied that these acts occurred. The Committee concluded that his conduct amounted to physical abuse of the Patients in question.

Actions which show a moral unfitness can arise from conduct which violates a trust related to the practice of the profession or from activity which violates the moral standards of the professional community to which the Respondent belongs. The Committee found the Respondent's actions with respect to these Patients constituted a violation of professional trust.

Therefore, The Committee found Respondent engaged in conduct which evidences moral unfitness to practice medicine in that the facts show Respondent to have violated his professional trust and the ethical standards of the medical community to which he belongs. Respondent severely abused the trust that each of these Patients placed in him.

The Respondent was charged with the Fraudulent Practice of Medicine under N.Y. Education Law § 6530(2). During the course of its deliberations on these charges, the Hearing Committee consulted a memorandum prepared by Henry M. Greenberg Esq., General Counsel for the Department of Health. This document, entitled "Definitions of Professional Misconduct Under the New York Education Law," included a suggested definition of the fraudulent practice of medicine.

The following definition from the memorandum was used by the Hearing Committee during its deliberations:

FRAUDULENT PRACTICE ... The intentional misrepresentation or concealment of a known fact, made in some connection with the practice of medicine, constitutes the fraudulent practice of medicine. ... The licensee's

knowledge and intent may properly be inferred from facts."

Using this definition as a framework for its deliberations with respect to the specifications of practicing the profession fraudulently, the Hearing Committee unanimously concluded that these specifications were supported by the evidence in the record. The Hearing Committee determined that the Respondent's conduct fit the definition as set out above and therefore the specification should be sustained.

Respondent knew that his inappropriate touching of each of these Patients was not for a legitimate medical purpose and was not for the benefit of the Patient but for Respondent's own gratification. In so doing, Respondent intended to deceive each Patient for Respondent's own self-serving purposes. The Respondent misrepresented what he was doing. He was purportedly performing physical examinations when in reality he was not. The Respondent's actions amounted to the fraudulent practice of medicine.

DETERMINATION AS TO PENALTY

The Hearing Committee, pursuant to the Findings of Fact and Conclusions set forth above, unanimously determined 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 record in this case clearly established that Respondent willfully abused these Patients, exhibited conduct which indicates his moral unfitness to practice medicine and engaged in the fraudulent practice of medicine.

Any individual who receives a license to practice medicine is placed into a position of public trust. Respondent essentially forfeited his right to that public trust by his actions with respect to the Patients noted above.

The Hearing Committee unanimously determined that no sanction short of revocation would adequately protect the public.

ORDER

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

1. The First through Fifth, Seventh through Fifteenth, Seventeenth through Twenty-fifth and Twenty-seventh through Thirtieth Specifications of professional misconduct, as set forth in the Statement of Charges (Appendix I) are **SUSTAINED**;

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

DATED: Pittsford, New York

July 26, 1996


THERESE G. LYNCH, M.D. (CHAIR)

**STEPHEN A. GETTINGER, M.D.
ROBIN N. BUSKEY, R.P.A.**

TO: Sylvia P. Finkelstein, Esq.
Associate Counsel
New York State Department of Health
5 Penn Plaza - 6th Floor
New York, New York 10001

Stephen P. Scaring, Esq.
Suite 501
666 Old Country Road
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George Raniolo, M.D.
14 Quail Path
Nissequogue, New York 11780

APPENDIX I

IN THE MATTER
OF
GEORGE R. RANIOLO, M.D.

STATEMENT
OF
CHARGES

GEORGE R. RANIOLO, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1971, by the issuance of license number 108694 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. At all times herein mentioned, Respondent was a general practitioner with offices located at 463 Moriches Road, St. James, New York. Respondent treated Patient A in or about the spring and/or summer, 1981, at his office. (Patient A and all patients are identified in the annexed Appendix).

1. In or about the summer of 1981, Patient A, a 31 year old female, was seen by Respondent for a routine gynecological exam. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent engaged in conduct as follows:

a. As Patient A was ^{laying down} ~~sitting~~ on the examination table, Respondent put both of his hands on Patient A's buttocks and pulled her towards him.

- b. After performing a pelvic examination, Respondent left the room and Patient A got dressed. Respondent returned to the examination room, approached Patient A, put both of his hands on both of her breasts, leaned forward and tried to kiss Patient A on the lips.

B. Respondent treated Patient B, a 33 year old female, at his office located at 463 Moriches Road, St. James, New York, from in or about February 1995 through in or about August, 1995.

1. On numerous occasions, in the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent touched Patient B's breasts.
2. On or about May 25, 1995, Patient B was seen by Respondent complaining of oral thrush. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent repeatedly pressed his penis against Patient B's knee. Then, Respondent pulled Patient B's bra outward and looked at her breasts; Respondent felt Patient B's breasts with his hands.
3. On or about August 17, 1995, Patient B was seen by Respondent complaining of a boil under the left arm. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent placed his hands under Patient B's bra and fondled her breasts.

C. Respondent treated Patient C, a 29 year old female, at his office located at 463 Moriches Road, St. James, New York, on or about September 5, 1991.

1. On or about September 5, 1991, Patient C was seen by Respondent complaining of a bladder infection. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent engaged in conduct as follows:

- a. Respondent placed Patient C's legs in the stirrups, grabbed her thigh under the paper sheet and pulled Patient C closer to him. Patient C stated that she did not need an internal exam; Respondent grabbed her ankle to keep Patient C from getting up and ordered her to lay back down. He then inserted his ungloved fingers in her vagina and ran his fingers through her pubic hair.
- b. Subsequently, while Respondent's fingers were still inside Patient C's vagina Respondent asked Patient C if she had a boyfriend and if her boyfriend performed oral sex on her. Then, Respondent Removed his fingers and placed his mouth on Patient C's vagina.

D. Respondent treated Patient D, a 42 year old female, at his office located at 463 Moriches Road, St. James, New York, on or about July 6, 1995.

1. On or about July 6, 1995, Patient D was seen by Respondent complaining of a lump on her right arm and swollen ankles. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent told Patient D to take off her shirt and lay down on the examining table. Respondent unhooked Patient D's bra and put both hands on her breasts and squeezed them. He then squeezed each of her breasts with both hands.

E. Respondent treated Patient E, a 35 year old female, at his office located at 463 Moriches Road, St. James, New York. On or about May 24, 1995, Patient E was seen by Respondent seeking a referral to an ophthalmologist to obtain treatment for iritis. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent engaged in conduct as follows:

1. Respondent suddenly pulled up Patient E's T-shirt and fondled both of her breasts with both hands; he then cupped each breast in each hand.
2. Thereafter, Respondent started feeling Patient E's stomach and pulled her shorts and underwear down to mid-thigh exposing her genital area. While holding Patient E's shorts and underwear with one hand, Respondent touched each side of her groin.
3. Respondent let go of Patient E's shorts and underwear and

Patient E raised them and sat up. She mentioned to Respondent that she had a growth on her leg. Respondent looked at it and told her it was nothing. Respondent pushed Patient E onto the examining table, face down, and ran both his hands up her inner thighs into her groin and pressed his hands and fingers against her vaginal area.

F. Respondent treated Patient F, a 29 year old female, at his office located at 463 Moriches Road, St. James, New York, on or about October 25, 1995.

1. On or about October 25, 1995, Patient F was seen by Respondent complaining of a sinus infection. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent told Patient E to lay down on the table and while she was fully clothed placed his hands under her shirt and pressed on her stomach. Respondent then reached up and placed one hand under Patient F's shirt and bra and fondled her left breast and nipple.

G. Respondent treated Patient G, a 37 year old female, at his office located at 463 Moriches Road, St. James, New York, in or about the spring of 1994.

1. In or about the spring of 1994, Patient G was seen by Respondent complaining of sinusitis. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent told Patient ^G who was clothed, to lay back on the examining table. Respondent , while holding a

stethoscope with his fingers, reached under Patient G's shirt and rubbed her left breast and nipple with the palm of his hand.

H. Respondent treated Patient H, a 29 year old female, at his office located at 463 Moriches Road, St. James, New York. On or about February 8, 1995, Patient H was seen by Respondent complaining of the flu. Patient H was three months pregnant. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent engaged in conduct as follows:

1. Respondent rubbed his genital area against Patient H's knee several times.
2. Respondent told Patient H to lay down on the examining table and told her to unbutton her shirt. Respondent then lifted each cup of Patient H's bra and pushed back each breast back into the cup. Respondent stated to Patient H words to the effect "that it was great how breasts get larger when you are pregnant".
3. After Patient H sat up, Respondent, while talking to her, rested his genital area against her knee.

I. Respondent treated Patient I, a female, at his office located at 463 Moriches Road, St. James, New York. On or about March 18, 1995, Patient I was seen by Respondent complaining of sebaceous cysts on her scalp. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent engaged in conduct as follows:

1. Respondent asked Patient I to remove her shirt and lay down on the examining table. Respondent fondled both of Patient I's breasts while her bra was still on.
2. Respondent unbuckled Patient I's belt, unzipped her pants and touched her lower abdomen. Respondent then "snapped" Patient I's underwear up and down and told her that everything was fine.

J. Respondent treated Patient J, who was a 19 year old female, at his office located at 463 Moriches Road, St. James, New York, in the fall of 1984.

1. In or about the fall of 1984, Patient J was seen by Respondent complaining of knee inflammation. In the course of purportedly performing a physical examination, but not for a legitimate medical purpose, Respondent engaged in conduct as follows:
 - a. Respondent remained in the examining room and watched Patient J while she undressed to her underwear.
 - b. Respondent told Patient J to lay down on the examining table and rubbed both of her bare breasts with his both of his hands.
 - c. Respondent pulled Patient J's underpants down to her knees and put his fingers inside her vagina.

SPECIFICATION OF CHARGES

FIRST THROUGH TENTH SPECIFICATION

WILLFULLY HARASSING, ABUSING OR INTIMIDATING A PATIENT EITHER PHYSICALLY OR VERBALLY

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(31)(McKinney Supp. 1996) by willfully harassing, abusing or intimidating a patient either physically or verbally, as alleged in the facts of:

1. Paragraph A, A.1, A.1.a, and/or a.1.b.
2. Paragraph B, B.1, B.2, and/or B.3.
3. Paragraph C, C.1, C.1.a and/or C.1.b.
4. Paragraph D and D.1.
5. Paragraph E, E.1, E.2, and/or E.3.
6. Paragraph F and F.1.
7. Paragraph G and G.1.
8. Paragraph H, H.1, H.2 and/or H.3.
9. Paragraph I, I.1 and/or I.2.
10. Paragraph J, J.1.a, J.1.b and/or J.1.c.

ELEVENTH THROUGH TWENTIETH SPECIFICATIONS
MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20)(McKinney Supp. 1996) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

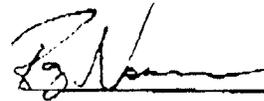
11. Paragraph A, A.1, A.1.a, and/or a.1.b.
12. Paragraph B, B.1, B.2, and/or B.3.
13. Paragraph C, C.1, C.1.a and/or C.1.b.
14. Paragraph D and D.1.
15. Paragraph E, E.1, E.2, and/or E.3.
16. Paragraph F and F.1.
17. Paragraph G and G.1.
18. Paragraph H, H.1, H.2 and/or H.3.
19. Paragraph I, I.1 and/or I.2.
20. Paragraph J, J.1,a, J.1.b and/or J.1.c.

TWENTY-FIRST THROUGH THIRTIETH SPECIFICATIONS
FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2)(McKinney Supp. 1996) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

21. Paragraph A, A.1, A.1.a, and/or a.1.b.
22. Paragraph B, B.1, B.2, and/or B.3.
23. Paragraph C, C.1, C.1.a and/or C.1.b.
24. Paragraph D and D.1.
25. Paragraph E, E.1, E.2, and/or E.3.
26. Paragraph F and F.1.
27. Paragraph G and G.1.
28. Paragraph H, H.1, H.2 and/or H.3.
29. Paragraph I, I.1 and/or I.2.
30. Paragraph J, J.1,a, J.1.b and/or J.1.c.

DATED: February 22, 1996
New York, New York



ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct