Report of Independent Investigation:
Allegations of Sexual Misconduct Against Robert E. Anderson

May 11, 2021
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>I. The Independent Investigation</td>
<td>8</td>
</tr>
<tr>
<td>A. Our Engagement</td>
<td>8</td>
</tr>
<tr>
<td>B. Scope of Review and Methodology</td>
<td>9</td>
</tr>
<tr>
<td>1. Patient Outreach</td>
<td>9</td>
</tr>
<tr>
<td>2. University of Michigan Personnel Outreach</td>
<td>10</td>
</tr>
<tr>
<td>3. Non-University Community Outreach</td>
<td>12</td>
</tr>
<tr>
<td>4. Documentary Evidence</td>
<td>12</td>
</tr>
<tr>
<td>C. Limitations</td>
<td>13</td>
</tr>
<tr>
<td>D. Investigation Team</td>
<td>14</td>
</tr>
<tr>
<td>II. Background: Robert E. Anderson</td>
<td>17</td>
</tr>
<tr>
<td>A. Early Life and Career: 1928-1966</td>
<td>17</td>
</tr>
<tr>
<td>B. Initial Years at the University of Michigan: 1966-1981</td>
<td>19</td>
</tr>
<tr>
<td>1. UHS Generally</td>
<td>19</td>
</tr>
<tr>
<td>2. Patient Population</td>
<td>20</td>
</tr>
<tr>
<td>3. Responsibilities as a Clinical Instructor and Lecturer</td>
<td>21</td>
</tr>
<tr>
<td>4. Resignation as UHS Director</td>
<td>21</td>
</tr>
<tr>
<td>C. Continued Service in the Athletic Department: 1981-1999</td>
<td>21</td>
</tr>
<tr>
<td>1. Acquisition of the Clark Road Practice</td>
<td>23</td>
</tr>
<tr>
<td>2. Dr. Anderson’s Michigan Medicine Practice</td>
<td>23</td>
</tr>
<tr>
<td>III. Dr. Anderson’s Misconduct</td>
<td>24</td>
</tr>
<tr>
<td>A. Dr. Anderson Conducted Medically Unnecessary Examinitions</td>
<td>25</td>
</tr>
<tr>
<td>B. Dr. Anderson Repeatedly Performed Sensitive Examinitions Inappropriately</td>
<td>27</td>
</tr>
<tr>
<td>C. Dr. Anderson Engaged in Conduct that Fell Far Outside the Bounds of Appropriate Medical Practice</td>
<td>29</td>
</tr>
<tr>
<td>IV. Awareness of Dr. Anderson’s Misconduct</td>
<td>33</td>
</tr>
<tr>
<td>A. Tad DeLuca’s 1975 Letter</td>
<td>33</td>
</tr>
<tr>
<td>B. Reports to Thomas Easthope and Dr. Anderson’s Resignation from UHS</td>
<td>36</td>
</tr>
<tr>
<td>1. Jim Toy’s Concerns Regarding Dr. Anderson</td>
<td>37</td>
</tr>
<tr>
<td>2. Mr. Easthope’s Confrontation with Dr. Anderson</td>
<td>37</td>
</tr>
</tbody>
</table>
3. Counseling Services Employees Report Dr. Anderson’s Misconduct ........................................................................................................... 38
4. Dr. Anderson’s Resignation as UHS Director ...................................................... 39
5. Dr. Anderson’s Continued Practice at UHS .......................................................... 41
6. Keith Moree Report ............................................................................................... 42
C. Other Missed Opportunities .................................................................................. 46
  1. Widespread Rumors Among Patients ................................................................ 46
  2. Awareness by Other University Employees ....................................................... 47
  3. Dr. Anderson’s Disclosure of an Assault Lawsuit in 1996 ................................. 55
V. The University’s 2018-2020 Investigation into Misconduct by Dr. Anderson .... 57
  A. OIE Received the 2018 and 2019 Complaints About Dr. Anderson in a Timely Manner .................................................................................................................. 57
    1. Mr. DeLuca’s 2018 Letter ................................................................................ 57
    2. August 2019 Complaint .................................................................................. 58
  B. OIE’s Review of the 2018 and 2019 Complaints About Dr. Anderson Was Unreasonably Delayed .............................................................. 58
    1. OIE’s Initial Review ....................................................................................... 58
    2. Law Enforcement Review ............................................................................. 59
    3. OIE’s Continued Review ............................................................................... 60
VI. Additional Considerations .................................................................................... 61
  A. Dr. Anderson Engaged in Misconduct with Patients Who Were Unlikely to Report Their Experiences .......................................................... 61
  B. The University’s Sexual Harassment Policies and Procedures Were Inadequate .......................................................... 63
VII. Recommendations ............................................................................................... 64
  A. Promote a Culture of Awareness and Reporting .................................................. 65
    1. Training Should Address the Different Ways Misconduct Is Reported ............... 66
    2. Training Should Address Athletic Department Culture Specifically ............... 66
    3. Employees Need to Understand Their Reporting Obligations ........................ 66
  B. Implement Additional Resources and Training Regarding Sensitive Examinations ..................................................................................................... 67
  C. Conduct Periodic Reviews of Departments and Units ......................................... 69
  D. Improve Tracking of Self-Disclosures During the Credentialing Process ........... 69
  E. Improve Communication About Sexual Misconduct Investigations Between OIE, DPSS, and the Prosecutor’s Office .................................................... 70
F. Ensure that OIE Has Sufficient Resources to Fulfill Its Mandate ..........................71

Conclusion ....................................................................................................................................71

Appendix A – Glossary of Acronyms
Appendix B – Dr. Margot Putukian’s Curriculum Vitae
Appendix C – Dr. E. Lee Rice’s Curriculum Vitae
Appendix D – Dr. William Roberts’s Curriculum Vitae
Appendix E – Dr. James DuBois’s Curriculum Vitae
Appendix F – Dr. Deborah Goldfarb’s Curriculum Vitae
Executive Summary

On July 18, 2018, Thomas “Tad” DeLuca sent a letter to University of Michigan Athletic Director Warde Manuel. In his letter, Mr. DeLuca, an alumnus of the University and a member of the wrestling team in the 1970s, described a series of interactions with a former University physician, Robert E. Anderson. Mr. DeLuca wrote that, beginning in 1972, he sought treatment from Dr. Anderson for cold sores on his face and that, during several visits, Dr. Anderson examined his penis, did a hernia check, and conducted a digital rectal examination without explaining why such examinations were necessary. Mr. DeLuca also stated that he sought treatment from Dr. Anderson in 1974 for a dislocated elbow and that, once again, Dr. Anderson performed penis, hernia, and prostate examinations, all without any explanation or apparent justification. According to Mr. DeLuca, these types of examinations were standard operating procedure for “Dr. ‘Drop Your Drawers’ Anderson.” Dr. Anderson worked in various capacities at the University between 1966 and 2003. He died in 2008.

On July 26, 2018, Mr. DeLuca’s letter was forwarded to the University’s Office for Institutional Equity (“OIE”), which is responsible for investigating Title IX complaints and other reports of sexual misconduct. Pamela Heatlie, who was then the Director of OIE, contacted Mr. DeLuca on August 6 and met with him later that month. On October 1, 2018, Ms. Heatlie referred the matter to the University’s Division of Public Safety and Security (“DPSS”). DPSS assigned the matter to Detective Mark West. On October 3, DPSS instituted a “law enforcement hold,” which froze OIE’s review while Detective West investigated whether any crime may have been committed.

Over the next several months, Detective West conducted an extensive investigation, during which he interviewed former patients of Dr. Anderson and current and former University employees and reviewed potentially relevant documents. In April 2019, Detective West forwarded the DPSS investigative report to the Washtenaw County Prosecutor’s Office (the “Prosecutor’s Office”). The next month, DPSS informed OIE that it could resume its review.

On August 18, 2019, an individual who had been a student at the University in the late 1960s and early 1970s (“Individual A”) sent an email to the administrative assistants for Dr. Robert Ernst, Executive Director of the University Health Service (“UHS”), which is the University’s on-campus medical clinic, and Dr. Elizabeth Cole, who was then the Interim Dean of the University’s School of Literature, Science, and the Arts. In the email, Individual A provided a detailed description of an appointment he had with Dr. Anderson at UHS in 1971. Individual A, who had sought treatment for potential exposure to a sexually transmitted infection (“STI”), said that Dr. Anderson asked him to manually stimulate Dr. Anderson’s penis until Dr. Anderson ejaculated. Individual A, who is a gay man, also stated that he had discussed the incident shortly afterward with another gay patient of Dr. Anderson, who shrugged his shoulders, from which Individual A inferred that what happened to him was standard for Dr. Anderson.
when providing medical care to gay patients. Dr. Ernst and Dr. Cole each promptly sent Individual A’s email to OIE, which forwarded it to DPSS.

By the final weeks of 2019, OIE had not made material progress investigating the allegations about Dr. Anderson. In light of the seriousness of the allegations and the fact that almost a year and a half had passed since Mr. DeLuca’s letter was received, OIE contacted the University’s Office of the Vice President and General Counsel (“OGC”). On January 23, 2020, the University’s Board of Regents retained the law firm Steptoe & Johnson LLP (“Steptoe”) to conduct an independent investigation.

On February 18, 2020, the Prosecutor’s Office confirmed that it had completed its review and would not be bringing any criminal charges. The next day, the University publicly announced the availability of a hotline to collect information from Dr. Anderson’s former patients. The announcement garnered significant media coverage. Within two weeks, more than one hundred people called in to share their experiences.

Our Investigation

On March 21, 2020, at the request of the Board of Regents of the University of Michigan, Wilmer Cutler Pickering Hale and Dorr LLP (“WilmerHale”) assumed responsibility for the independent investigation into Dr. Anderson’s conduct. We undertook: (1) to investigate the nature and scope of any misconduct by Dr. Anderson as a University employee; (2) to determine who at the University knew or should have known about such misconduct and what was done to address it; and (3) to recommend measures the University should take to help prevent, detect, and address such misconduct in the future.

Over the last year, WilmerHale collected information from more than 800 people. Nearly 600 patients came forward to share their experiences, and over 300 ultimately participated in interviews. These individuals described conduct by Dr. Anderson across the various positions he occupied over his nearly four decades as a University employee. Although some of Dr. Anderson’s patients expressed support for him or reported favorably on the care they received from him, the vast majority of his patients who contacted us reported experiences that they found inappropriate and, in many cases, deeply upsetting.

WilmerHale also investigated the University’s awareness of and response to information suggesting that Dr. Anderson engaged in inappropriate conduct in his various positions at the University. We interviewed approximately 200 current and former University employees, including administrators, faculty members, and coaches, as well as additional UHS, Athletic Department, and Michigan Medicine personnel. We also collected more than two million documents from the archives housed in the University’s Bentley Historical Library (“the Bentley

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4 At the time, WilmerHale was conducting an unrelated independent investigation of former University Provost Martin A. Philbert.

5 Michigan Medicine today includes both the University of Michigan Health System (University Hospital and outpatient clinics) (“UMHS”) and the University of Michigan Medical School. Before 2016, UMHS and the Medical School were run through separate administrative structures. We refer to “Michigan Medicine” throughout this Report to describe both UMHS and the Medical School, except where it is appropriate to discuss them separately.
Library”) and other repositories, reviewed tens of thousands of documents using targeted search terms, and reviewed more than 125 boxes of hard copy documents from a University employee’s personal files. We retained medical experts to help us understand relevant standards of care during Dr. Anderson’s tenure; we retained social science experts to help us understand how and why sexual misconduct may go undetected for extended periods of time in institutional and medical settings.

No restrictions were placed on our fact gathering, our analysis, or our independence. Although the University provided logistical support to our team when requested, we did our own work. No one on the Board of Regents or at the University directed, inhibited, or sought to influence us in any way. We had the freedom and resources to follow the facts wherever they led, to contact every individual we thought might have relevant information, and to access and review every document we thought might be relevant.

This Report sets forth our findings, analysis, and recommendations. No one on the Board of Regents or at the University of Michigan has previewed the Report or any drafts of it or suggested any content or revisions; the findings, analysis, and recommendations are ours alone.

Our Findings

The University of Michigan hired Dr. Anderson as an associate physician at UHS in 1966. In 1968 Dr. Anderson was promoted to UHS Director, a position he held for the next twelve years. During this period, Dr. Anderson also held positions as a team physician in the Athletic Department, a clinical instructor at the University’s Medical School, and a lecturer in the Department of Medical Care Organization at the School of Public Health. Dr. Anderson resigned as UHS Director in 1980, but he remained at UHS as a senior physician until July 1981, when he transferred to the Athletic Department.

Dr. Anderson continued to serve as a physician in the Athletic Department until 1999. He also held a series of clinical faculty appointments at the Medical School until his retirement in early 2003. In 1995, the University acquired Dr. Anderson’s private medical practice, and he spent the final years of his career treating patients in Michigan Medicine-operated clinics.

What Dr. Anderson Did

Over the course of his thirty-seven years as a University employee, Dr. Anderson engaged in sexual misconduct\(^6\) with patients on countless occasions. Dr. Anderson’s misconduct ranged from performing medically unnecessary hernia and rectal examinations on patients seeking treatment for wholly unrelated issues, to manually stimulating male patients and causing them to ejaculate, to *quid pro quo* arrangements in which he provided medical services in exchange for sexual contact. Dr. Anderson’s misconduct prompted some student athletes to quit their teams; it caused some students to question their sexuality; it caused some students to seek counseling; it affected some students’ academics, including some who left the University; and it

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\(^6\) In this Report, we generally use the term “sexual misconduct” to describe Dr. Anderson’s conduct, which included sexual harassment, sexual abuse, and sexual assault.
undoubtedly affected other students in myriad ways. The trauma that Dr. Anderson’s misconduct caused persists to this day.

The experiences that many of Dr. Anderson’s patients relayed to us were widely consistent, containing similar details and key elements. In light of the one-on-one setting in which Dr. Anderson’s misconduct occurred, the passage of time, the dearth of contemporaneous medical records, and the fact that many patients and witnesses are no longer alive, we could not determine that particular incidents unfolded exactly as patients described them to us. But we have no doubt based on the evidence available to us, including the first-hand accounts of his patients, that Dr. Anderson engaged in a pervasive, decades-long, destructive pattern of sexual misconduct.

Dr. Anderson’s misconduct occurred across his various roles at the University and throughout his University career—with patients who sought treatment from him at UHS, with student athletes who were sent to him for required pre-participation physical examinations (“PPEs”), and with medical students he was responsible for teaching. The misconduct occurred in his examination room at UHS, in training rooms at Athletic Department facilities, and in treatment rooms of Michigan Medicine’s East Ann Arbor Health and Geriatrics Center (“EAA”). Dr. Anderson abused men and women, students from different racial backgrounds, undergraduate and graduate students, student athletes, and members of the lesbian, gay, bisexual, transgender, and queer (“LGBTQ”) community.

The most common form of misconduct patients described to us involved Dr. Anderson conducting sensitive examinations (i.e., hernia and/or genital, prostate and/or rectal, and breast and/or pelvic examinations) that they perceived as unnecessary, performed inappropriately, or both. For example, approximately one hundred patients described inappropriate prostate or rectal examinations; nearly 150 patients detailed inappropriate hernia and/or genital examinations; and a half-dozen patients told us about inappropriate breast and/or pelvic examinations. Many of those patients recounted receiving multiple forms of inappropriate examinations.

Dr. Anderson conducted digital rectal examinations and examined the genitals of numerous students who saw him for unrelated conditions such as respiratory infections, sprained ankles, injured elbows and knees, and sore shoulders. The medical experts we consulted confirm what many patients suspected: Dr. Anderson’s conduct was not consistent with any recognized standard of care and was, on the contrary, grossly improper. In addition, dozens of former student athletes told us that they received rectal examinations from Dr. Anderson during PPEs. The medical experts again confirm that, other than in limited circumstances, sensitive examinations beyond hernia checks were not indicated for these types of physicals.

Even when conducting a particular sensitive examination may have been consistent with the standard of care at the time, Dr. Anderson regularly performed those examinations in grossly inappropriate ways. Many patients told us about Dr. Anderson subjecting them to prolonged or forceful examinations of their genitalia and prostates, requiring them to fully disrobe during examinations, and, according to some, performing sensitive examinations without gloves. Nearly a dozen patients described instances in which Dr. Anderson—under the guise of demonstrating how to perform sensitive examinations—invited patients and medical students to
perform those examinations on his own body. Although some patients resisted, others complied because of Dr. Anderson’s professional status or the need to obtain medical services.

A smaller number of patients recounted experiences in which Dr. Anderson engaged in overtly sexual conduct while conducting a sensitive examination. Though fewer patients reported such experiences to us, their experiences were generally consistent with one another. For example, approximately two dozen patients described Dr. Anderson using his hands to stimulate their penises, sometimes to erection and ejaculation. In some instances, Dr. Anderson paired the stimulation of patients’ genitalia with forceful digital rectal examinations. Other patients described Dr. Anderson inviting them to manually stimulate his genitalia to erection and ejaculation. Several patients told us that Dr. Anderson proposed, implicitly or explicitly, engaging in *quid pro quo* arrangements involving sexual contact, including suggesting that a patient perform oral sex on him in exchange for expensive medication.

These patient experiences illustrate the broad range of Dr. Anderson’s misconduct. Some patients were subjected to misconduct across multiple visits; others had a single searing experience. Most patients who spoke to us described misconduct that occurred while Dr. Anderson was at UHS in the 1960s and 1970s, but we also heard from patients who saw him in later years, including into the early 2000s, just before he retired.

Many of Dr. Anderson’s patients thought that something “strange,” “odd,” or “unusual” had occurred in the examination room, but they did not complain because they were unsure if what they had experienced was normal for adult medicine or elite university athletic programs. Patients generally gave Dr. Anderson the benefit of the doubt, trusting and deferring to his medical expertise. Some were too ashamed or embarrassed to share the details of their examinations with friends, authority figures, or family members. Others thought they would not be believed.

A significant number of affected patients were members of susceptible populations. Some had limited experience with doctors or had never before received an adult physical examination. A number of LGBTQ patients felt they had little choice but to abide Dr. Anderson’s abuse, as reporting him meant outing themselves at a time when LGBTQ individuals were stigmatized. Some student athletes feared they would lose playing time or their scholarships if they complained to their coaches. Some patients needed Dr. Anderson’s help to get a medical exemption from the Vietnam War-era draft.

*How the University Responded*

The University received contemporaneous information about Dr. Anderson’s misconduct from multiple sources. A senior University administrator was told about Dr. Anderson’s misconduct several times between 1978 or 1979 and 1981 but did not take appropriate action. Concerning information was also shared with other University personnel. Although the information these individuals received varied in directness and specificity, Dr. Anderson’s misconduct may have been detected earlier and brought to an end if they had considered, understood, investigated, or elevated what they heard.
Almost immediately after Dr. Anderson arrived at the University, rumors about him performing inappropriate and unnecessary examinations of a sensitive nature started circulating on campus. Roughly half the patients who reported negative experiences with Dr. Anderson to us were aware of rumors or jokes about him either before or after their own incidents. Rumors and jokes about Dr. Anderson were widespread among student athletes, with whom Dr. Anderson had a reputation for performing genital or rectal examinations no matter the reason for the visit. The names by which student athletes referred to Dr. Anderson included “Handy Andy,” “Goldfinger,” “Dr. Handerson,” and “Dr. Drop Your Drawers Anderson,” among others.

In 1975, Mr. DeLuca complained in writing to his wrestling coach, Bill Johannesen, that “[s]omething is wrong with Dr. Anderson. Regardless of what you were there for, he asks that you ‘drop your drawers’ and cough.” There is no evidence that Mr. Johannesen looked into Mr. DeLuca’s complaint about Dr. Anderson. And in that regard Mr. Johannesen was not alone. We interviewed nearly fifty current and former Athletic Department administrators, coaches, and trainers, and many more student athletes. We learned of multiple instances in which Athletic Department personnel may have heard concerns, communicated to them by students with varying degrees of directness and specificity, about Dr. Anderson’s conduct in the examining room. We also learned of more than a dozen additional instances in which Athletic Department personnel heard jokes or rumors about Dr. Anderson’s examinations, some of which highlighted Dr. Anderson’s propensity for performing sensitive examinations for no apparent medically appropriate reason. Yet no one in the Athletic Department appears to have recognized what they heard as indicative of abuse or initiated any inquiries into Dr. Anderson’s conduct.

Much the same occurred at UHS. UHS personnel told us that they heard rumors and jokes about Dr. Anderson’s conduct. Patients mentioned or alluded to Dr. Anderson’s inappropriate behavior to other UHS doctors or staff. Again, it appears no action was taken in response.

In addition to the swirl of rumors surrounding Dr. Anderson in the Athletic Department and at UHS, a senior University administrator was explicitly informed of Dr. Anderson’s misconduct on multiple occasions. In late 1978 or 1979, Jim Toy, the Gay Male Advocate in the University’s Human Sexuality Office, told Thomas Easthope, who was then the Assistant Vice President of Student Services with oversight responsibility for UHS, that Dr. Anderson was “fooling around with boys” at UHS. Around the same time, two psychological counselors in the University’s Counseling Services Office reported concerns about Dr. Anderson’s conduct with patients to Mr. Easthope. In his interview with us, and in sworn deposition testimony, Mr. Easthope acknowledged that he heard Mr. Toy’s allegations while Dr. Anderson was UHS Director.

Mr. Easthope claimed to have confronted Dr. Anderson and fired him. But Mr. Easthope did not do so. Contemporaneous documentation reflects that Dr. Anderson voluntarily resigned as UHS Director effective January 1980, but he continued working at UHS as a senior physician with the title of Director of Athletic Medicine. Despite having heard about Dr. Anderson’s misconduct, Mr. Easthope himself signed documentation related to Dr. Anderson’s continued employment at UHS in January 1980 and approved a salary increase for him in or around August 1980.
In late 1980 and early 1981, Mr. Easthope again received information concerning Dr. Anderson’s misconduct with patients. Keith Moree, an undergraduate student who volunteered in the Human Sexuality Office, complained to Mr. Toy and subsequently to Mr. Easthope about an inappropriate examination Dr. Anderson had given Mr. Moree at UHS in May 1980. According to Mr. Moree, Mr. Easthope promised to remove Dr. Anderson from all patient-facing responsibilities. Mr. Easthope told us that he had no memory of Mr. Moree or his complaint, but Mr. Moree’s description of these events is corroborated by contemporaneous evidence.

Despite the credible reports of misconduct that Mr. Easthope received, the University never terminated Dr. Anderson’s employment or moved him to a role in which he would no longer see patients. Instead, in July 1981 Dr. Anderson transferred to the Athletic Department, for which Mr. Easthope had no oversight responsibility. Dr. Anderson continued to work at the University, including in the Athletic Department and in various capacities at Michigan Medicine, until his retirement in 2003. He continued to provide medical services to student athletes and other patients—and to engage in sexual misconduct with large numbers of them—for the rest of his career.

Our Recommendations

Based on the facts uncovered in our investigation, we have identified concrete measures, including the enhancement of existing policies, procedures, and practices, that the University should take to help prevent, identify, investigate, and respond to the kind of misconduct in which Dr. Anderson engaged. We recognize that the University has taken significant steps in recent years to improve its response to sexual misconduct reports. Thus, we focus on additional actions that the University can take. Specifically, we recommend that the University:

- Enhance its training programs to promote a culture of awareness and reporting;
- Enhance resources, training, and policies relating to sensitive examinations;
- Assess how individual departments respond to sexual misconduct issues to increase their accountability;
- Enhance certain diligence procedures to ensure that concerning information about physicians is adequately investigated;
- Improve communication and coordination between and among OIE, DPSS, and the Prosecutor’s Office; and
- Ensure that OIE has sufficient resources to carry out its important responsibilities.

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7 We spoke with Mr. Moree in the presence of his counsel on two occasions. Mr. Moree gave us permission to use his name in this Report.
I. The Independent Investigation

A. Our Engagement

The University of Michigan publicly announced an independent investigation of allegations of sexual misconduct involving Dr. Anderson on February 19, 2020.8 The Steptoe law firm was hired to conduct the investigation, but the University soon decided to engage a different firm, citing Steptoe’s previous representation of “prominent clients who were accused of sexual misconduct.”9 On March 21, 2020, the University’s Board of Regents retained WilmerHale to take over the investigation.10

Our investigation was independent from the University. WilmerHale retained sole discretion to employ the investigative resources, techniques, and processes that we deemed appropriate to conduct a thorough investigation and to prepare this Report. The University did not attempt to direct, manage, influence, interfere with, or inhibit our investigation in any manner. On the contrary, the University cooperated fully with the investigation and facilitated our access to all relevant documents and witnesses within its control. At our request, the University also provided significant assistance in support of our efforts to identify and contact former students and current and former University personnel.

WilmerHale’s engagement did not include any undertaking to represent the University or its interests in any other matter. WilmerHale does not and will not advise the University on the defense of any actions brought by plaintiffs alleging that they were harmed by Dr. Anderson. Our work was wholly separate from the civil litigation relating to Dr. Anderson that has been brought against the University in federal court by or on behalf of some of Dr. Anderson’s former patients.11

The findings, analysis, and recommendations set out in this Report are ours alone. No draft or copy of the Report was provided to or reviewed by anyone on the Board of Regents or at the University of Michigan prior to its public release.

8 Patients of Late U-M Campus Physician Asked to Call Hotline, UNIVERSITY RECORD (Feb. 19, 2020), https://record.umich.edu/articles/patients-of-late-u-m-campus-physician-asked-to-call-hotline/.
10 See Engagement Letter from Wilmer Cutler Pickering Hale and Dorr LLP to Board of Regents of the University of Michigan (Mar. 21, 2020), https://publicaffairs.vpcomm.umich.edu/wp-content/uploads/sites/19/2020/03/ENGAGEMENT-LETTER.pdf. We thank Steptoe for its assistance in transitioning the investigation to WilmerHale.
B. Scope of Review and Methodology

The Board of Regents charged us with conducting an independent investigation of allegations that Dr. Anderson engaged in sexual misconduct during his employment at the University. To that end, we undertook: (1) to make a full and fair accounting of Dr. Anderson’s conduct; (2) to determine whether the University knew or should have known of any misconduct by Dr. Anderson, whether appropriate actions were taken, and, if not, why not; and (3) to recommend forward-looking measures to prevent, detect, and address misconduct such as that perpetrated by Dr. Anderson.

WilmerHale identified three categories of individuals and organizations most likely to have relevant information: Dr. Anderson’s former patients; current and former University employees who may have supervised, worked with, or otherwise interacted with Dr. Anderson or who may have knowledge about relevant University policies, procedures, or processes; and entities within the University and in Ann Arbor with which Dr. Anderson may have had contact. We also identified several repositories of potentially relevant documents, including the extensive University archives housed at the Bentley Library, the personal records of a former University employee, and the email accounts of University employees involved, directly or indirectly, in handling the allegations against Dr. Anderson during the 2018-2020 period.

We briefly discuss below our methodology for interacting with and collecting information from these individuals and entities.

1. Patient Outreach

Efforts to make contact with Dr. Anderson’s patients commenced prior to WilmerHale’s engagement. On February 19, 2020, the University issued a statement inviting former patients of Dr. Anderson who believed they were “subjected to sexual misconduct during a medical exam” to contact the University’s compliance hotline.12 The University’s announcement garnered significant press coverage, and the University received more than one hundred reports over the next two weeks.

Patients wishing to share information had multiple ways to do so. In addition to the compliance hotline, the University set up a dedicated call center to receive information from Dr. Anderson’s former patients. We provided a script for the call center to solicit information about why patients called in and, when callers were willing to provide it, contact information for follow-up by our team. Dozens of patients also contacted individuals at the University directly—including the Office of the President, the Athletic Department, and OIE—to make reports (which were then referred to us). Steptoe, and then WilmerHale, also established telephone hotlines and dedicated email inboxes to field communications from patients.

At WilmerHale’s request, the University undertook two large-scale outreach efforts. In April 2020, the University sent emails and letters from Warde Manuel, the University’s Athletic Director, to roughly 6,800 student athletes who attended the University between the mid-1960s and early 2000s to encourage any who had been patients of Dr. Anderson or who may have

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12 Patients of Late U-M Campus Physician Asked to Call Hotline, supra note 8.
information to share about him to contact WilmerHale. In June 2020, the University sent emails and letters from President Mark Schlissel to roughly 300,000 students who attended the University from the mid-1960s to the early 2000s, also to encourage any who had been patients of Dr. Anderson or who may have information to share about him to contact WilmerHale.

WilmerHale also made targeted efforts to contact certain patients. We reached out to patients who had previously shared information with DPSS to ask if they would be willing to speak with us. We contacted legal counsel for Dr. Anderson’s former patients at more than twenty different law firms to ask if their clients would consider being interviewed by our team, and we invited the former patients’ counsel to attend our interviews of their clients. Although most of the law firms declined to make their clients available for interviews, several agreed to do so, and we interviewed roughly two dozen individuals in the presence of their counsel.

In total, nearly 600 patients made reports about their experiences with Dr. Anderson. We responded to patients who contacted us as promptly as possible, almost always within twenty-four to forty-eight hours after they provided their contact information, to determine if they wished to be interviewed by our team. Ultimately, more than 300 patients agreed to be interviewed. We are grateful to all who provided information about Dr. Anderson.

2. **University of Michigan Personnel Outreach**

WilmerHale made extensive efforts to identify and contact current and former University employees who might have relevant information; we ultimately spoke with approximately 200 such individuals. We organized our outreach to current and former employees around the following categories:

- **University employees who may have first-hand knowledge or awareness of Dr. Anderson’s alleged misconduct.** Without exception, if at any point during our investigation we received information that a current or former University employee may have knowledge of Dr. Anderson’s misconduct, we attempted to interview that person.

- **University employees with supervisory authority over Dr. Anderson.** Among others, we interviewed a former President of the University, two former Vice Presidents of Student Services, a former Associate Vice President of Student Services, a former UHS Director, seven current or former senior administrators in

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15 We have omitted or generalized certain details regarding the experiences patients conveyed to us to shield the identity of individual patients.

16 The total includes interviews that DPSS and Steptoe conducted with patients prior to our engagement.

17 This includes current and former employees who were patients of Dr. Anderson.
Michigan Medicine’s Department of Internal Medicine, one former Medical Director at EAA, and one former Athletic Director.

- University personnel who worked with Dr. Anderson and/or interacted with his patients or student athletes. We interviewed numerous individuals in this category, including medical staff (such as physicians, nurses, and nurse practitioners), a receptionist, secretaries, clinic clerks, patient representatives, medical students and residents, team physicians, athletic trainers, head and assistant coaches of various athletic teams, and administrators.

- Individuals who supervised complaint processes or had knowledge of potential channels for complaints. We spoke with current and former employees in a variety of positions and offices, including the Office of Patient Relations and Clinical Risk at Michigan Medicine, the Office of Clinical Affairs at Michigan Medicine, the relevant clinical departments (Internal Medicine, Urology, and Surgery) at Michigan Medicine, University Risk Management, Michigan Medicine Compliance, the Office of Faculty Affairs and Faculty Development, and UHS Patient Relations Coordinators. We also spoke with employees in the State of Michigan’s Department of Licensing and Regulatory Affairs (“LARA”), the entity charged with licensing physicians and processing public complaints about physicians.

- Individuals who were involved in the University’s 2018-2020 investigation of Dr. Anderson. We interviewed several current and former University administrators, attorneys, and investigators in connection with the University’s investigation of Dr. Anderson after Mr. DeLuca’s letter was received in 2018. This group included four current and former OIE employees, four members of DPSS, four members of the OGC, the current Athletic Director, the Executive Director of UHS and Associate Vice President for Health and Wellness in Student Life, one current faculty member, and the Assistant Director of Risk Management. We also interviewed two former members of the Prosecutor’s Office.

- University personnel with knowledge of the University’s policies, practices, and procedures. We interviewed current and former employees with knowledge of the University’s policies, practices, and procedures related to addressing sexual misconduct, including employees of the Affirmative Action Office, the Office of the Ombuds, the Counseling Services Office, the Sexual Harassment Policy Office, the Sexual Assault Prevention and Awareness Center, OGC, OIE, the Athletic Department, Michigan Medicine, and UHS.

- University personnel with knowledge of potentially relevant records. We interviewed and received information and documents from current and former University employees with knowledge of the existence and location of potentially relevant documents.
3. Non-University Community Outreach

Dr. Anderson served in various capacities, both paid and unpaid, for entities not affiliated with the University of Michigan, including hospitals and private practices in the Ann Arbor area, local schools and colleges, local businesses, and federal entities. Because our investigation focused on Dr. Anderson’s conduct at the University, we did not try to contact patients who saw him at unaffiliated entities. However, we did contact a number of entities to determine whether they had records or information relevant to Dr. Anderson or had ever notified the University of any possible misconduct by Dr. Anderson.\(^\text{18}\) Of the entities that responded to our outreach, only one, Hurley Medical Center, had records related to Dr. Anderson, which we obtained and reviewed.

We also submitted Freedom of Information Act requests to five federal agencies—the Federal Aviation Administration (“FAA”), the U.S. Military Entrance Processing Command, the U.S. Army Recruiting Command, the Selective Service, and the National Archives and Records Administration—for records relating to Dr. Anderson. Additionally, we submitted a state Freedom of Information Act request to LARA for records relating to Dr. Anderson. Only the FAA had relevant records, which we obtained and reviewed.

4. Documentary Evidence

We collected over two million documents from University repositories, employees’ email accounts, and other sources, and reviewed tens of thousands of documents that might contain relevant information or that included particular terms. The documents we reviewed included:

- The University’s personnel records for Dr. Anderson;
- A collection of historical documents stored at UHS from the time that Dr. Anderson worked there;
- Certain Medical School course catalogs, medical student rotation schedules, and student and resident evaluations of Dr. Anderson;
- Investigation reports and related materials from DPSS;
- University President’s Reports;
- University and department-level policies and procedures;
- Documents from the Bentley Library, including selections from the Don Canham, Henry Johnson, James W. Toy, Athletic Department, Medical School, and UHS archival collections;\(^\text{19}\)

\(^\text{18}\) Our team contacted the following entities: Hurley Medical Center, St. Joseph Mercy Ann Arbor Hospital, McLaren Flint Hospital, Ann Arbor Public Schools (including, specifically, Pioneer High School and Huron High School), Flint Community Schools, Ypsilanti High School, Washtenaw Community College, Eastern Michigan University, and Allied, Inc.

\(^\text{19}\) With the assistance of the Bentley Library’s team of archivists, we identified collections of documents we considered reasonably likely to contain potentially relevant information. We did not identify any collections under Dr. Anderson’s name. Selected materials were then digitized to facilitate our review. We thank the archivists for their assistance.
More than 125 boxes of Mr. Toy’s personal records;

Emails from nearly three dozen employees involved in the University’s response to the allegations regarding Dr. Anderson that surfaced beginning in 2018;

FAA records pertaining to Dr. Anderson and FAA Aviation Medical Examiner guides;

Medical publications written by Dr. Anderson; and

Civil litigation records.

C. Limitations

This Report sets out findings and conclusions supported by the evidence we collected during our investigation. It does not detail all of the information we collected as part of our investigation; rather, it contains information at what we consider an appropriate level of detail to describe the relevant facts, support our findings and conclusions, and explain the rationale for our recommendations.

Our information collection was limited in several ways:

First, to respect the privacy of Dr. Anderson’s former patients, we spoke (with limited exceptions) only to patients who affirmatively made contact through the channels described above. Although nearly 600 patients spanning all four decades of Dr. Anderson’s career at the University provided information, we know that many of his former patients did not contact us. In addition, for a variety of reasons, we were not able to interview every patient who did contact us. For example, a number of patients retained legal counsel after first making contact with us, and their counsel declined our interview requests. Other patients reported their experiences to us anonymously and did not provide contact information for follow-up. In the summer of 2020, we stopped communicating with Dr. Anderson’s former patients for approximately six weeks pursuant to a court order.20 When the order was lifted in August 2020,21 several patients with whom we had previously scheduled interviews were no longer willing to speak with us.

Second, for the vast majority of the patients with whom we spoke, medical records were not available to verify information they provided, having been destroyed long ago pursuant to applicable record retention policies and procedures.22 Accordingly, to the extent this Report includes information from patient interviews, we offer that information as it was presented to us, generally without independent verification. Our findings and conclusions are based on our

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22 We attempted to locate patient medical records at UHS, the Athletic Department, and Michigan Medicine. UHS generally destroyed paper health records ten years after the date of a patient’s last visit at UHS or death. The Athletic Department also generally followed a ten-year retention policy. Records are generally available for patients who saw Dr. Anderson at a Michigan Medicine facility after 1995. We reviewed a small sample of such medical records. While the records generally corroborated that patients saw Dr. Anderson, they did not provide material information with respect to any potential misconduct by Dr. Anderson.
analysis of the totality of the information we received, and we have not attempted to determine whether any particular patient experience occurred exactly as it was described.\textsuperscript{23}

Third, we could not speak with every former University employee who may have had relevant information. Some did not respond to our efforts to contact them, while others, including former Vice President of Student Services Robert Knauss, former Head Athletic Trainer Russell Miller, and former Athletic Director Tom Goss, declined to be interviewed by us.\textsuperscript{24} In addition, although we researched publicly accessible resources and retained a private investigations firm to assist us, we were unable to locate a small number of individuals.

Fourth, our investigation involved events that transpired many—in some cases more than fifty—years ago. A significant number of potentially material witnesses, as well as Dr. Anderson himself, are deceased.\textsuperscript{25} And some of the witnesses we interviewed provided vague, incomplete, or contradictory recollections of events, noting that it was difficult to recall details from so long ago. In addition to patient medical records, many other potentially relevant documents and records were discarded or destroyed in the ordinary course long ago.

Finally, our investigation began and ended during the COVID-19 pandemic. As a result, we conducted all of our interviews by telephone or videoconference.\textsuperscript{26} We were unable to gain physical access to University facilities, including the Bentley Library, and relied on University personnel to assist us in identifying and collecting potentially relevant documents.

Despite these limitations, we are confident that we were able to gather, review, and assess evidence sufficient to support the factual findings and conclusions set forth in this Report.

D. Investigation Team

The investigative team was led by WilmerHale partners Bruce Berman and Brenda Lee. Mr. Berman leads WilmerHale’s Higher Education practice and also serves as general counsel for the law firm. Ms. Lee is Vice Chair of WilmerHale’s Anti-Discrimination practice. They were assisted by several other WilmerHale attorneys, including counsels Kaitlyn Ferguson and Ariel Warner.\textsuperscript{27} The team has significant experience investigating sensitive matters, including

\textsuperscript{23} We have not included information provided by patients that we have reason to believe, based on other evidence we have reviewed, to be inaccurate. For instance, a report might refer to an incident at a time and location that made it not possible (or highly improbable) in view of other objective evidence about where Dr. Anderson worked at that particular time.

\textsuperscript{24} Former University employees and individuals who are not affiliated with the University were under no obligation to speak to us. But the vast majority of people we contacted agreed to be interviewed, and we are grateful to them for doing so.

\textsuperscript{25} We attempted to speak with Dr. Anderson’s children but were unable to make contact.

\textsuperscript{26} Prior to WilmerHale’s engagement, Steptoe conducted certain interviews in person.

\textsuperscript{27} WilmerHale partner Aaron Zebley, a former federal prosecutor who served as Deputy Special Counsel for the investigation of Russian interference in the 2016 U.S. presidential election, provided valuable oversight. Mr. Zebley co-led WilmerHale’s Philbert investigation.
allegations of sexual misconduct. Every member of the team who led a patient interview received training in trauma-informed interviewing.

WilmerHale retained three physicians and two social scientists as consultants. The three physicians are Dr. Margot Putukian, Dr. E. Lee Rice, and Dr. William Roberts (collectively, “the medical experts”).

- Dr. Putukian has nearly thirty years experience as a collegiate team physician and associate clinical professor of internal medicine. She received her medical degree from Boston University School of Medicine in 1989 and is board certified in Internal Medicine and Sports Medicine. Dr. Putukian currently serves as the Chief Medical Officer for Major League Soccer. She recently retired after serving as the Director of Athletic Medicine and Head Team Physician at Princeton University for seventeen years. She was also Assistant Director of Medical Services at Princeton’s Health Services and an Associate Clinical Professor at Rutgers-Robert Wood Johnson Medical School. Dr. Putukian previously held the roles of Team Physician and Director of Primary Care Sports Medicine at Pennsylvania State University for more than a decade; she was also an Assistant Professor in the Department of Orthopedics and Internal Medicine for six years. Dr. Putukian has served as a team physician for U.S. Soccer since 1994 and currently serves as the lead team physician for the Under-20 Women’s Team. She is a past president, past foundation president, and member of the American Medical Society for Sports Medicine, chair of the Clinical Sports Medicine Leadership Committee for the American College of Sports Medicine, and member of the American College of Physicians.

- Dr. Rice has over forty years experience as a family and sports medicine physician. He received his osteopathic medicine degree from Kirksville College of Osteopathic Medicine (now A.T. Still University) in 1973 and completed a family medicine residency in the U.S. Navy Medical Corps. Dr. Rice is board certified in Family Medicine and Sports Medicine. He established the San Diego Sports Medicine and Family Health Center in 1979 and served as the Medical Director until 2002. He has since served as the Medical Director for the Lifewellness Institute, where he provides primary care. Dr. Rice served as a team physician for San Diego State University for sixteen years. He has also served as a team physician for professional and Olympic teams. Dr. Rice has held a variety of clinical teaching roles and academic appointments, including at the University of California San Diego School of Medicine and San Diego State University. He is a founder and past president of the American Osteopathic Academy of Sports Medicine and the American Medical Society for Sports Medicine.

- Dr. Roberts received his medical degree from the University of Minnesota in 1978 and completed his residency in Family Medicine. He is board certified in Family Medicine and Sports Medicine. Dr. Roberts has nearly forty years experience as a clinical instructor or professor of family medicine. He had a private practice in family medicine for twenty-two years until he joined the

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28 The medical experts’ curricula vitae are attached as Appendices B, C, and D to this Report.
faculty in the Department of Family Medicine and Community Health at the University of Minnesota in 2003. He continues to maintain a practice at the Department’s clinic, where he performs PPEs for high school students. Dr. Roberts has served as a team physician for Team USA Minnesota for twenty years. He has been involved in the publication of every version of the Preparticipation Physical Evaluation (PPE) Monograph—a joint publication by organizations including the American Academy of Family Physicians and the American College of Sports Medicine that is an authoritative source on PPEs for medical providers—since its first publication in 1992. He is a fellow, past president, and past foundation president of the American College of Sports Medicine and a charter member of the American Medical Society of Sports Medicine.

The two social scientists are Dr. James M. DuBois and Dr. Deborah Goldfarb (together, the “social science experts”):29

- Dr. DuBois received his Ph.D. in philosophy from the International Academy of Philosophy in Schaan, Liechtenstein, in 1992 and his D.Sc. in psychology from the University of Vienna, in 1997. From 1997 to 2013, he served as an Assistant Professor, Associate Professor, and Professor (Hubert Maeder Endowed Chair) of Health Care Ethics at Saint Louis University. He is currently a Professor of Medicine, Psychology and Brain Sciences and the Steven J. Bander Professor of Medical Ethics and Professionalism at Washington University in St. Louis. He has served on multiple scientific advisory and review panels, including at the National Institutes of Health and the American Psychological Foundation, and has published extensively in academic journals on issues of medical ethics. In 2019, Dr. DuBois published an article in The American Journal of Bioethics analyzing nearly 300 incidents of serious ethical violations by medical providers.

- Dr. Goldfarb earned her law degree from the University of Michigan Law School in 2004 and her Ph.D. in developmental psychology from the University of California, Davis in 2018. Since 2018, she has served as an Assistant Professor of Legal Psychology at Florida International University. Dr. Goldfarb has researched, presented, and published extensively on the intersection of memory and sexual trauma.

As noted above, we also retained a private investigations firm to assist with the location and identification of individuals and documents.

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29 The social science experts’ curricula vitae are attached as Appendices E and F to this Report.
II. Background: Robert E. Anderson

A. Early Life and Career: 1928-1966

Robert Edward Anderson was born on February 20, 1928, in L’Anse, Michigan. After attending L’Anse High School, he graduated from Michigan State University in 1949 and the University of Michigan Medical School in 1953. From 1953 to 1957, Dr. Anderson was an intern and then a resident in internal medicine at Hurley Medical Center in Flint, Michigan.

From 1957 to 1966, Dr. Anderson worked in a general medicine practice in Flint called Anderson, Abbott, and Gulowicz. During this time, he provided physical examinations and served as a team physician at area high schools and colleges. He also became certified as an FAA Aviation Medical Examiner. According to a resume he prepared and information he submitted as part of his University personnel record, Dr. Anderson began serving as a medical advisor for the Selective Service System in 1960 and as a consultant for the Armed Forces Entrance and Examination Station in Detroit, Michigan as early as 1962; he continued in these roles until as late as 1972.

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30 The practice consisted of three general medicine physicians, including Dr. Anderson, who saw adults and children thirteen years of age and older. Dr. Anderson also saw male patients for sexual dysfunction treatment at least one day a week.

31 We located several resumes prepared by Dr. Anderson dated between 1975 and 2002. The resumes have inconsistent dates for some of Dr. Anderson’s activities.
Dr. Anderson’s Career at the University of Michigan

UHS

1966 - 1967
1968 - 1969
1970 - 1971
1972 - 1973
1974 - 1975
1976 - 1977
1978 - 1979
1980 - 1981
1982 - 1983
1984 - 1985
1986 - 1987
1988 - 1989
1990 - 1991
1992 - 1993
1994 - 1995
1996 - 1997
1998 - 1999
2000 - 2001
2002 - 2003

Associate Physician
(1966-1968)

Team Physician
(as part of UHS duties)

Senior Physician

Senior Physician
(Athletic Department)
(1981-1984)

Clinical Instructor I
Internal Medicine
(1968-1964);
Surgery Department - Urology
(1973-1991)

Clinical Instructor II
Internal Medicine

Clinical Asst Prof.
Internal Medicine

Athletic Department

Michigan Medicine
B. Initial Years at the University of Michigan: 1966-1981

Dr. Anderson was employed by the University of Michigan from 1966 until his retirement in 2003. From 1966 to 1981, his primary role at the University was with UHS. He joined UHS as an associate physician in September 1966, served as UHS Assistant Director from July to September 1968, and became UHS Director on October 1, 1968. In or around 1967, as part of his responsibilities at UHS, Dr. Anderson began serving as a team physician with the University’s Athletic Department. In 1968, Dr. Anderson also received an appointment as Clinical Instructor I in Michigan Medicine’s Department of Internal Medicine, a part-time role with limited teaching responsibilities. Dr. Anderson continued in these three roles—UHS Director, Athletic Department team physician, and Michigan Medicine clinical instructor—until January 1980, when he stepped down as UHS Director but remained at UHS as a senior physician. Dr. Anderson transferred from UHS to the Athletic Department in July 1981.

1. UHS Generally

UHS has been located at 207 Fletcher Street on the University of Michigan’s Ann Arbor campus since before Dr. Anderson’s start date. In the late 1960s, UHS employed at least twelve physicians. It offered a general medical clinic, an emergency clinic, a small infirmary, and other specialty clinics and medical services. Each year, thousands of undergraduate and graduate students, University employees (both faculty and staff), and their spouses and dependents received medical care at UHS. UHS also maintained certain STI testing programs, which were open to individuals with no University affiliation.

As UHS Director, Dr. Anderson had an office suite on the first floor of the Fletcher Street building near a reception area where patients checked in for their appointments. Dr. Anderson’s office adjoined his personal examination room, which did not have a separate entrance and was accessible only through his office.

32 Although we found no documentary evidence that Dr. Anderson worked at UHS before his start date of September 1966, a few patients said that they thought they saw him there prior to that time.

33 As UHS Director, Dr. Anderson initially reported to the Vice President of Student Services. Beginning around 1972, Dr. Anderson began reporting to the Assistant Vice President of Student Services, who in turn reported to the Vice President of Student Services.

34 The number of physicians employed by UHS grew over time; by about 1980, the general medical clinic alone had a staff of sixteen full-time physicians.

35 See infra note 100.

36 Dr. Anderson’s secretary, and later an additional assistant, had a desk inside his suite, in front of Dr. Anderson’s office. Dr. Anderson also kept hours at a UHS “satellite clinic” for Health Science students, which was located at University Hospital.

37 Other UHS physicians’ offices had a similar layout at the time.
2. **Patient Population**

Dr. Anderson saw patients both by appointment and on a walk-in basis at UHS. His patients included student athletes—including for issues unrelated to their athletic participation, such as colds and other routine illnesses—as well as other members of the University community.\(^{38}\) UHS clinic clerks (and later, UHS registered nurses) assigned walk-in patients to physicians through an informal triage system, which involved routing patients to providers based on their specialties. One UHS receptionist told us that there was an unwritten protocol, enforced by a UHS head nurse, pursuant to which certain male patients, including student athletes and individuals seeking STI testing, were routed to Dr. Anderson. Other employees do not recall such a protocol, but some said that Dr. Anderson mainly examined male student athletes and did not see as many female patients.

In the late 1960s, Dr. Anderson recommended that a PPE program be instituted for all student athletes (which included only males at the varsity level at that time). In November 1968, Dr. Anderson asked Athletic Director Don Canham to inform “all coaches that preseason physicals [we]re required,” and to implement a process whereby student athletes were issued “a card to be turned into the[ir] coach certifying that health approval has been granted.”\(^{39}\)

Dr. Anderson performed PPEs at UHS.\(^{40}\) He also saw student athletes, including for PPEs, at Yost Field House and the Sports Services Building, which many former student athletes and Athletic Department personnel refer to as “the football building.” Dr. Anderson generally saw patients in a one-on-one setting at these venues. By at least 1979, Dr. Anderson’s team physician role included staffing afternoon football practice sessions, home and away football games, home hockey games, and Big Ten championship events.

Dr. Anderson saw patients unaffiliated with the University during his lunch break or after hours at UHS, including for FAA physicals, life insurance examinations, and infertility treatments. A former secretary and a former UHS clerk told us that Dr. Anderson paid them with

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\(^{38}\) UHS and the Athletic Department engaged in a series of cost-sharing measures to facilitate the treatment of student athletes. In a 1979 memorandum to Vice President of Student Services Henry Johnson, Dr. Anderson explained that there were “two designated team physicians[,]” Dr. Anderson and Dr. Gerald O’Connor, an orthopedic surgeon. The Athletic Department “pa[id] the Health Service a monthly stipend of $1,200.00 per month for male athletes and $750.00 per month for female athletes. This stipend covers physical examinations, lab tests, x-rays and pharmacy.” Dr. Anderson further explained that his salary was paid by UHS, and Dr. O’Connor’s salary was paid by the Athletic Department and the University’s Medical Center, which later became known as UMHS.

\(^{39}\) We received conflicting information about whether student athletes were required to receive their PPEs through the University during this period or could satisfy the requirement with a physical from a personal physician. However, since at least the 1990s, the Athletic Department has required PPEs to be performed by University doctors to enable the Athletic Department to maintain certain standards of care and keep more complete medical records for student athletes.

\(^{40}\) We received conflicting information about whether Dr. Anderson performed all of the Athletic Department’s PPEs or whether other physicians also performed some of these examinations. Most witnesses recalled that Dr. Anderson performed at least the large majority of PPEs, but several former student athletes told us they recalled lining up with their teams to see either Dr. Anderson or another physician.
his own funds for their help with scheduling and insurance billing for patients who were not affiliated with the University.

3. Responsibilities as a Clinical Instructor and Lecturer

In 1968, Dr. Anderson received an appointment as Clinical Instructor I in Michigan Medicine’s Department of Internal Medicine. This was a part-time position with limited teaching responsibilities. From 1971 to 1978, Dr. Anderson also had an appointment as a lecturer in the Department of Medical Care Organization in the University’s School of Public Health.

In 1973, Dr. Anderson was appointed Clinical Instructor I in Michigan Medicine’s Department of Surgery, Section of Urology. This appointment primarily related to his work supervising the Urology Section’s weekly male fertility clinic, where he provided clinical care and supervised residents and medical students who rotated through the clinic. Dr. Anderson was not a urologist, but he took an interest in andrology, an area of medicine focused on male reproductive health.

4. Resignation as UHS Director

In January 1980, Dr. Anderson resigned as UHS Director, but he remained at UHS as a senior physician. He continued to see patients at UHS, though several UHS employees said they saw him there infrequently after he stepped down as Director. Dr. Anderson remained on the UHS staff until July 1981, when he transferred to the Athletic Department and ceased to have any formal affiliation with UHS.

C. Continued Service in the Athletic Department: 1981-1999

Dr. Anderson was a senior physician in the Athletic Department from July 1981 until October 1984, and he continued working there as a physician from November 1984 until June

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42 An employment form dated June 1976 in Dr. Anderson’s personnel file does not reflect that he was recommended to continue as a lecturer (although it does reflect such recommendations for Dr. Anderson’s UHS and Michigan Medicine roles). His Medical Care Organization appointment nevertheless appears to have continued. Another employment form from 1977 reflects that Dr. Anderson was recommended for the lecturer position, and he continued in the position until 1978. We were unable to determine if the lack of recommendation in 1976 was an administrative error. One individual who signed the 1976 form had no recollection of it, and we did not hear any concerns about Dr. Anderson’s performance as a lecturer.

43 The Department of Medical Care Organization is now the Department of Health Management and Policy.

44 In 2001, the Urology Section became a standalone Department.

45 Andrology is not recognized by the American Board of Medical Specialties. Physicians can now complete an andrology certification course through the American Society of Reproductive Medicine, which is accredited by the Accreditation Council for Continuing Medical Education.
As the men’s and women’s athletic departments merged into a single unified department in the 1990s and the student athlete population grew, the Athletic Department brought on additional physicians to provide medical care to student athletes. Dr. Anderson provided care across sports, including football, track, and wrestling, among others.

Dr. Anderson saw student athletes in the Sports Services Building, and then in the new football facility, Schembechler Hall, beginning in 1991. In addition to practice facilities, training areas, and office space, Schembechler Hall had a medical suite, which included offices for physicians (including Dr. Anderson) and several examination rooms. Dr. Anderson performed PPEs and treated student athletes for minor injuries and illnesses. PPEs were typically set up by athletic trainers and were usually conducted as individual appointments.

Dr. Anderson also maintained a private practice during this period. By 1979, he had entered into a professional relationship with an obstetrics and gynecology practice, Ann Arbor Reproductive Medicine, located on Clark Road in Ypsilanti, Michigan. As of at least 1982, Dr. Anderson also maintained a solo practice in the same Clark Road building. At his Clark Road office Dr. Anderson focused on general internal medicine, sports physicals, FAA physical examinations, and fertility and male reproductive health. He saw adults from the community as well as University student athletes, who his office manager understood were referred by UHS or the Athletic Department.

Dr. Anderson remained a clinical instructor at Michigan Medicine in both Internal Medicine (from 1968 through 1984) and Urology (from 1973 through 1991). In the early to mid-1990s, he supervised several medical students who completed clinical rotations at the Clark Road practice.

Dr. Anderson had a stroke in 1992 and emergency heart surgery in 1994. He resumed his role as a team physician when he recovered and remained in that role until 1999.

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46 After Dr. Anderson’s transfer from UHS, the Athletic Department was responsible for his salary. Although Dr. Anderson’s personnel records reflect that his role with the Athletic Department ended in 1999, he may have been replaced as team physician in 1998.

47 Dr. O’Connor was the orthopedic surgeon for the Athletic Department for much of Dr. Anderson’s tenure as team physician. Dr. Anderson and Dr. O’Connor were initially the only team physicians; other physicians were added in the 1980s and 1990s.

48 One person we interviewed recalled working as a clerk in Dr. Anderson’s private practice beginning around 1978. However, the articles of incorporation indicate that Dr. Anderson incorporated his practice, “Robert E. Anderson, M.D., P.C.,” effective September 1, 1982. The practice was initially located at 3075 Clark Road and relocated to 4990 Clark Road around 1987.

49 A resume prepared by Dr. Anderson states that he “periodically” taught “Sophomore Physical Diagnosis” from 1980 to 1996. We have located no student evaluations or other documentation related to this teaching activity.

50 Contemporaneous student evaluations of these experiences reflect no concerns about Dr. Anderson.

51 In 1993, Dr. Anderson requested a “phased retirement program” from the Athletic Department over the following three years. From August to November 1994, the Department hired an interim team physician to fill in for Dr. Anderson following his heart surgery.

1. Acquisition of the Clark Road Practice

The University acquired Dr. Anderson’s Clark Road practice in 1995 as part of an initiative to expand Michigan Medicine’s primary care network. No one we interviewed recalled, and none of the documents we reviewed reflect, why Dr. Anderson’s practice in particular was acquired.

It is unclear what due diligence was conducted as part of the acquisition of Dr. Anderson’s practice. Physicians at acquired practices were subject to a diligence process to receive credentials allowing them to see patients at Michigan Medicine, but we could not determine whether the acquisition of Dr. Anderson’s practice depended on the outcome of this process. Dr. Anderson’s credentials were approved after the effective date of the acquisition.

2. Dr. Anderson’s Michigan Medicine Practice

When the University acquired Dr. Anderson’s practice, he received an appointment as Clinical Instructor II in Michigan Medicine’s Department of Internal Medicine. He continued to practice as a general internist, andrologist, and certified FAA Aviation Medical Examiner at his Clark Road office until 1998, when his practice moved to EAA. He supervised both medical students and residents, first at Clark Road, then at EAA. He also had limited involvement in teaching clinical courses to medical students. In 2000, Dr. Anderson was promoted to Clinical Assistant Professor of Internal Medicine; his responsibilities remained the same.

Dr. Anderson retired from EAA in 2003. We found no evidence that he interacted with patients after his retirement.

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52 We were not able to locate the acquisition contract(s) and found only limited records related to the acquisition more generally. No one we interviewed recalled learning of any complaints against Dr. Anderson during the acquisition process. An individual from the Internal Medicine Department who was involved in the acquisition recalled that Dr. Anderson was a well-respected community practitioner at the time of the acquisition. The acquisition team received three letters regarding Dr. Anderson, all of which recommended his practice.

53 See infra Section IV.C. for a discussion of the credentialing process.

54 Between the late 1990s and his retirement in 2003, Dr. Anderson supervised approximately forty-five medical students. We identified and reviewed approximately thirty medical student evaluations. Dr. Anderson was generally rated near the mean for Internal Medicine faculty. During that same period, Dr. Anderson also supervised at least ten residents, but the nature and extent of his interactions with them is unclear; former colleagues do not recall Dr. Anderson serving as an attending physician for EAA’s resident clinic. We reviewed all available evaluations by residents; Dr. Anderson was rated below the mean for General Medicine and Internal Medicine faculty. The evaluations do not include any comments or explanations of the ratings.

55 According to a resume he prepared, Dr. Anderson taught “Introduction to the Patient” for first-year medical students from 1998 to 2002. We have located no student evaluations related to Dr. Anderson’s courses, nor do Dr. Anderson’s colleagues at EAA or Internal Medicine administrators recall him having any teaching role at the Medical School.
III. Dr. Anderson’s Misconduct

Dr. Anderson committed sexual misconduct on countless occasions during his nearly four decades as a University employee. He engaged in practices that were improper in a clinical or educational setting—and would have been improper in any other setting. This finding is based on information received from almost 600 of Dr. Anderson’s former patients and interviews of more than 300 of those patients, approximately ninety percent of whom were male. We recognize that this group of patients represents only a fraction of the total patients treated by Dr. Anderson in University settings between the late 1960s and early 2000s. In all likelihood, Dr. Anderson abused many patients in addition to those who provided information to us.

With limited exceptions, we did not verify, and had no way to verify, the information patients provided to us about their individual clinical interactions with Dr. Anderson. As noted above in Section I.C., most contemporaneous medical records are no longer available. We also note that public interest in this matter and the pendency of civil litigation in which some of the people we interviewed are plaintiffs or class members could have influenced the accounts we received.

Nevertheless, hundreds of patients, many with no other connection to one another, described strikingly similar patterns of misconduct by Dr. Anderson. And as we explain below, we uncovered evidence tending to corroborate some of what we were told. Thus, while we did not verify the specifics of individual examinations, we have no doubt, based on the totality of the evidence, that Dr. Anderson engaged in sexual misconduct with a large number of patients over an extended period of time.

We also received information from roughly one hundred patients who felt they received only appropriate and professional medical examinations and treatment from Dr. Anderson. Many of these patients saw Dr. Anderson on multiple occasions without incident, and some used Dr. Anderson for decades as their personal or family physician. However, patients reporting positive interactions with Dr. Anderson were far outnumbered by those reporting experiences that, at the time or in retrospect, they found deeply troubling. This was especially true of patients on whom Dr. Anderson performed sensitive examinations—that is, hernia and/or genital and rectal and/or prostate examinations of male patients, and breast and/or pelvic examinations of female patients.

Based on all of the information we obtained and reviewed, and in conjunction with the analysis and opinions of the medical experts we consulted, we conclude that: (1) Dr. Anderson frequently performed sensitive examinations that were not medically indicated; (2) even when such examinations may have been within the applicable standard of care, Dr. Anderson regularly conducted them in a grossly inappropriate manner; and (3) Dr. Anderson repeatedly engaged in conduct far outside the bounds of appropriate medical practice.\textsuperscript{56}

\textsuperscript{56} We organized the information we received from patients regarding Dr. Anderson’s misconduct into these three categories. Many patients experienced misconduct that fits in multiple categories.
A. Dr. Anderson Conducted Medically Unnecessary Examinations

Dr. Anderson engaged in a pattern of performing sensitive examinations that were not medically indicated, including during examinations for unrelated injuries and illnesses and during PPEs student athletes were required to receive. Patients received hernia and/or genital, rectal and/or prostate, and breast and/or pelvic examinations from Dr. Anderson while seeking treatment for stomach ulcers, ankle sprains, injured elbows, respiratory infections, and other ailments. And student athletes routinely received prostate and/or rectal examinations during PPEs throughout Dr. Anderson’s tenure as a team physician. Examples of medically unnecessary examinations performed by Dr. Anderson include the following:57

- In 1968, an undergraduate student sought treatment at UHS for a sore throat and laryngitis. During her examination, Dr. Anderson asked if she was pregnant and then performed a pelvic examination. The patient reminded Dr. Anderson that she was seeking treatment for a sore throat, but Dr. Anderson continued with the pelvic examination, explaining that it was required to make sure she was not pregnant.

- In 1970, a medical student sought treatment from Dr. Anderson at UHS for flu-like symptoms. Dr. Anderson asked the patient to undress completely. During the examination, Dr. Anderson “spent an inordinate amount of time” examining, touching, and observing the patient’s testicles, a period the patient estimated at five to ten minutes.

- In the fall of 1971, an undergraduate student sought treatment at UHS for an upper respiratory issue, possibly related to allergies. During the examination, Dr. Anderson performed hernia, genital, and prostate examinations. Dr. Anderson “held [the patient’s] testicles in his hand” and asked if the patient had “homosexual tendencies.” At the end of the visit, Dr. Anderson told the patient that, if he returned to UHS, he should ask for Dr. Anderson because he examined all of the male patients.

- A medical student sought treatment at UHS in the fall of 1975 for a sore throat. Dr. Anderson performed a hernia check and a “forceful” digital rectal examination during the appointment.

- A graduate student sought treatment at UHS for a sinus infection in the fall of 1975. Dr. Anderson performed a rectal examination on the patient, during which he looked the patient “square in the eye” with a “grin on his face” and said, “That feels good. I mean, normal.”

- A student athlete on the football team saw Dr. Anderson for annual PPEs in the late 1970s and early 1980s. During each examination, Dr. Anderson applied lubricant to his gloved finger and inserted his finger into the patient’s rectum, causing the patient, on at least one occasion, to scream in pain.

57 The patient experiences detailed in this section offer a representative sample of the experiences that patients described to us.
In 1991, a student athlete on the football team sought treatment from Dr. Anderson at Schembechler Hall for an injured knee. During the examination, Dr. Anderson spent a “long period of time” examining the patient’s genitals.

A student athlete on the wrestling team sought treatment from Dr. Anderson at Schembechler Hall in 1998 because his shoulder was popping out of its socket. After Dr. Anderson examined the patient’s shoulder, he stated something to the effect of “since you’re here, I may as well check you for a hernia,” and then performed a hernia check.

Each of the medical experts we consulted confirmed that sensitive examinations like the ones described above are generally not indicated as part of an examination of college-age patients for an illness or injury, or as part of a routine PPE, absent a history or symptoms suggesting specific genitourinary or gastrointestinal risks, such as abdominal pain, blood in the stool, or sores or lesions in the indicated area. It was never consistent with the standard of care—in 1966, 2003, or today—to perform a genital or rectal examination on a patient seeking treatment for a knee injury.

Some sensitive examinations were consistent with the standard of care for certain types of routine examinations during the period Dr. Anderson was employed by the University. For example, hernia and genital examinations were a standard component of PPEs, general physicals, and FAA examinations during Dr. Anderson’s employment. Setting aside the question of how the examinations were performed, see Section III.B. below, the fact that Dr. Anderson performed them does not necessarily indicate that the examinations were inappropriate.

By contrast, rectal or prostate examinations were not part of standard PPEs or general physicals for asymptomatic college-age males without relevant medical histories at any point during Dr. Anderson’s University career. Rectal examinations were considered a standard component of an FAA physical examination until 1992. Dozens of patients told us that Dr. Anderson performed rectal or prostate examinations on them during their physical examinations. Virtually none of those individuals described relevant symptoms or a medical history that might indicate the need for a rectal or prostate examination at the time. For a large group of patients with whom we spoke—especially former student athletes—the rectal and/or prostate examinations they received from Dr. Anderson were the primary experiences they wished to describe to us.

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58 We use the term “general physical” to describe ordinary health screening examinations, such as annual well visits.

59 Rectal examinations were considered a standard component of an FAA physical examination until 1992.

60 To the extent that Dr. Anderson provided explanations for the sensitive examinations he performed, many of his explanations were not consistent with the applicable standard of care. For example, numerous patients stated that Dr. Anderson told them that he was performing a lengthy genital examination to identify varicoceles, a condition involving the enlargement of veins in the scrotum that can reduce sperm production and cause infertility. However, the medical experts concur that the possibility of finding varicoceles is not a sufficient reason, on its own, to conduct a genital examination of a college-age male.
B. Dr. Anderson Repeatedly Performed Sensitive Examinations Inappropriately

Even when a sensitive examination may have been consistent with the applicable standard of care, Dr. Anderson performed such examinations in a grossly inappropriate manner numerous times. Dozens of patients told us, for example, that sensitive examinations lasted an excessive length of time, including prolonged examinations of the penis, testicles, and/or prostate. Dr. Anderson instructed some patients to fully disrobe during their examinations, and although most patients recalled Dr. Anderson wearing gloves while performing genital and/or rectal examinations, several patients told us that Dr. Anderson did not wear gloves when performing those types of examinations.

On multiple occasions, Dr. Anderson invited his patients to look at or touch his own genitalia during examinations. For instance, Dr. Anderson purported to “teach” several patients how to perform sensitive self-examinations by dropping his pants and using his own body and genitalia to model how to conduct the examinations. In multiple instances, Dr. Anderson instructed patients to touch his body as part of these demonstrations, which included hernia and prostate examinations. Several former medical students told us that Dr. Anderson demonstrated how to perform sensitive examinations on patients by exposing himself and/or inviting students to conduct the examination on Dr. Anderson’s own body during clinical experiences.

Examples of this type of misconduct include the following:

- A medical student sought treatment at UHS for chronic urethritis and prostatitis in 1969. Dr. Anderson examined the patient from behind, placing his left hand on the patient’s penis and using a “masturbatory type of motion” for ten to fifteen seconds.

- A patient saw Dr. Anderson numerous times at UHS during his undergraduate, graduate, and doctoral studies in the 1960s and 1970s. On one occasion, Dr. Anderson performed a hernia examination on the patient and then offered to show the patient how to check for a hernia himself. Dr. Anderson did this by pulling down his own pants and asking the patient to perform the hernia examination on him. The patient “lifted up” Dr. Anderson’s penis and “felt around” Dr. Anderson’s scrotum as requested. Dr. Anderson directed the examination, telling the patient to “push harder” at one point.

- A University employee sought treatment from Dr. Anderson five or six times in or around 1973. During some of the patient’s appointments, Dr. Anderson undressed in front of the patient. During one appointment, Dr. Anderson asked the patient to put his finger in Dr. Anderson’s rectum and feel his prostate, explaining that he was teaching the patient where the prostate was located.

- A graduate student visited UHS for a physical examination in the mid-1970s. During the appointment, the patient told Dr. Anderson that he was experiencing a feeling of tightness in his foreskin and explained that he had been diagnosed with a genital yeast infection the year before. Dr. Anderson disrobed from the waist down, positioned himself on the examination table, and invited the patient to examine his penis, purportedly to give the patient a basis for comparison with the patient’s own genitalia.
A student athlete saw Dr. Anderson regularly at UHS in the mid-1970s in connection with his role as team physician. During one examination, Dr. Anderson explained how hernias formed. Dr. Anderson pulled down his pants, got on the examination table, and guided the patient’s hand onto his body, saying, “Here is where the muscles are on me.”

A graduate student visited UHS in 1979 for a pre-employment physical. At the beginning of the examination, Dr. Anderson grabbed the waistband of the patient’s shorts and pulled them down, stating, “We won’t be needing those anymore.” Dr. Anderson then performed a lengthy testicular examination before inserting a finger in the patient’s rectum while simultaneously squeezing the patient’s penis. Dr. Anderson told the patient he was “milking” his prostate. After a drop of seminal fluid was expelled from the patient’s penis, Dr. Anderson collected the fluid and examined it under a microscope.

In the 1990s, Dr. Anderson asked a medical student if the student had sufficient experience performing testicular examinations. Dr. Anderson told the student that he would demonstrate and performed an unusually long genital examination on the student. Dr. Anderson also attempted to perform a prostate examination on the student, and when the student refused, he directed the student to perform a prostate examination on him. The student complied.

In 2001, a patient saw Dr. Anderson for an FAA physical examination. Dr. Anderson asked the patient to remove all of his clothing, pulled back the foreskin of the patient’s uncircumcised penis, and closely inspected his genitals. The patient subsequently received at least one FAA physical examination from another physician, during which the patient remained fully clothed.

Multiple patients also described inappropriate commentary or questions from Dr. Anderson during sensitive examinations. For example, several patients told us that Dr. Anderson commented on the size of their penis. Another patient told us that Dr. Anderson commented on the size of other patients’ penises, recalling that Dr. Anderson said some of the members of the football team were “really hung.”

The practices illustrated by these incidents were clearly inappropriate. The medical experts we consulted all agree that sensitive examinations performed during Dr. Anderson’s career at the University:

- Should have been performed by a physician wearing gloves and required limited contact with genitalia;
- In the case of hernia and rectal examinations, required only one finger;
- Should have lasted only a few seconds;
- Required patients to lower their pants only to the extent necessary to afford the physician access to the pelvic region, and never required patients to disrobe fully;
- Could involve a physician teaching patients how to self-examine, with instruction typically occurring while the physician conducted the examination at issue on the patient;
● Could include questions about the patient’s sexual behavior or history to identify the need for STI screening or education regarding safe sex practices, but not in a judgmental or sexualized manner;
● Should never involve a physician disrobing, demonstrating an examination on himself, or asking a patient to touch the physician’s genitals for any reason.

The medical experts also concur that it was not consistent with standards for medical education during the relevant period for an instructor to require medical students to perform sensitive examinations on the instructor.

C. Dr. Anderson Engaged in Conduct that Fell Far Outside the Bounds of Appropriate Medical Practice

In addition to the scores of patients who received unnecessary or inappropriate sensitive examinations from Dr. Anderson, a smaller group of patients described clinical experiences in which Dr. Anderson engaged in overtly sexual conduct. These patients were fewer in number, but their experiences were widely consistent with each other. The misconduct they detailed suggests that, on numerous occasions over the course of his career at the University, Dr. Anderson subjected patients to sexually abusive conduct that had no medical purpose, contravened standard medical practice, and violated his medical and ethical duties.

For example, more than twenty male patients told us or DPSS that Dr. Anderson manually stimulated their genitals and/or directed them to manually stimulate his genitals, sometimes to the point of erection and sometimes to ejaculation. Other patients reported that Dr. Anderson masturbated during their appointments. Two additional patients told us Dr. Anderson proposed explicit quid pro quo arrangements involving conduct of a sexual nature in exchange for expensive medication or a letter in support of a medical exemption from military service. Several gay patients explained that they considered subjecting themselves to Dr. Anderson’s inappropriate examinations as the cost for having their health concerns addressed. And one patient described an instance of forcible rape in which Dr. Anderson put both hands around the patient’s waist and inserted his penis into the patient’s anus.

Dr. Anderson’s patients reported the following to us or to DPSS.\(^{61}\)

● A patient saw Dr. Anderson on the University of Michigan campus (likely at UHS) for a physical examination in 1965 or 1966. Dr. Anderson told the patient to “strip down” and instructed him to do jumping jacks while naked. Dr. Anderson then performed a prostate examination on the patient while simultaneously grabbing the patient’s penis with his other hand. Dr. Anderson

\(^{61}\) In addition to descriptions of Dr. Anderson’s misconduct that patients provided directly to us or DPSS, we identified two reports that Dr. Anderson’s patients made to LARA in 1988 and 1995. LARA no longer has records relating to either complaint, and we could not establish contact with either complainant. One complainant told DPSS in 2018 that he filed a report with LARA in 1995 that Dr. Anderson had “fondled his genitals” during a physical examination at UHS sometime between 1973 and 1975, when the complainant was a student at the University. We found no evidence that the University was aware of any complaints lodged with LARA.
“stroked” the patient’s penis until he ejaculated. The patient told DPSS that Dr. Anderson observed the ejaculate and remarked, “Nice color.”

- A patient saw Dr. Anderson at UHS as an undergraduate in 1968 or 1969 for treatment of a rash in his genital area. After examining the patient’s genitalia, Dr. Anderson pulled down his own pants and underwear, exposing himself and stating that he wanted to illustrate how a “penis and balls” should look. Dr. Anderson then instructed the patient to touch Dr. Anderson’s genitals, and as the patient did so, Dr. Anderson instructed him to “milk me.”

- An undergraduate student saw Dr. Anderson at UHS in the late 1960s seeking support for a medical exemption from the Vietnam War-era draft. The patient’s roommate told him that Dr. Anderson had a reputation for fondling students and then providing them with a draft exemption letter, as long as the patients “ke[pt] their mouths shut.” During the appointment, Dr. Anderson fondled the patient’s scrotum during a purported hernia check. Then Dr. Anderson “lingered” for an excessive amount of time while examining the patient’s rectum. When Dr. Anderson examined the patient’s penis, he began “stroking” the patient as if to masturbate him, causing the patient to obtain an erection. Following the examination, Dr. Anderson wrote a letter detailing medical issues with the patient’s feet and toenails, but the patient did not receive a medical exemption.

- An undergraduate student made an appointment with Dr. Anderson at UHS for a physical examination in 1969 or 1970 in hopes that Dr. Anderson would help him avoid the draft. Dr. Anderson diagnosed a heart murmur. When the patient asked Dr. Anderson for a letter documenting the diagnosis, Dr. Anderson asked him to make himself available for physical examinations with medical students present so that they could hear the murmur. The patient agreed and received at least ten physical examinations by Dr. Anderson at UHS. At one of those visits, Dr. Anderson conducted a digital rectal examination and asked the patient if it “made his penis tingle.” Dr. Anderson later wrote a note for the patient supporting a medical exemption.

- A law student visited UHS in the early 1970s to seek care for sexual health concerns. During one appointment the patient told Dr. Anderson that although he was married to a woman, he thought he might be gay. Dr. Anderson advised the patient to keep his sexuality secret and to have sexual encounters outside of marriage. Dr. Anderson then brought the patient into the examination room and locked the door. Purporting to show the patient how to check a potential sexual partner for STIs, Dr. Anderson lay down on the table and pulled down his pants. Dr. Anderson then directed the patient to stroke Dr. Anderson’s penis until he ejaculated, after which he purported to show the patient how to examine ejaculate for STIs.

- An undergraduate student sought treatment at UHS in 1971 for a suspected urinary tract infection or STI. While drawing blood from the patient’s arm, Dr. Anderson proceeded to “grind his crotch” into the patient’s hand. With the needle still inserted in the patient’s arm, Dr. Anderson informed the patient that the medicine he might need for treatment would be expensive, but that Dr. Anderson
could “handle” the cost if the patient agreed to give Dr. Anderson oral sex. The patient performed oral sex on Dr. Anderson in exchange for the medication.

- An undergraduate student saw Dr. Anderson at UHS for treatment of an STI in 1971 or 1972. The patient sought out Dr. Anderson because “there was no other doctor where a gay man could go with a gay problem.” One of the patient’s friends, also an undergraduate, told the patient that, during his own appointment, Dr. Anderson “pulled out a tube of KY jelly” and masturbated him. Another friend, a non-student patient, said that “he knew Dr. Anderson would treat him,” but “there was a cost, and the cost was sex.”

- An undergraduate student visited UHS in 1972 seeking treatment in connection with serial yeast infections that he and his girlfriend were experiencing. The patient was initially seen by a physician who, after hearing the patient’s concern, said that “this is something Dr. Anderson handles” and left the examination room. When Dr. Anderson entered the room, he asked the patient to disrobe and examined the patient’s genitals. Dr. Anderson said he needed to see the patient “in an aroused state” and manipulated the patient’s genitals until he had an erection. The patient pulled away, at which point Dr. Anderson called him a “dirty immoral hippie.”

- A patient visited UHS for a physical examination in 1973. During the examination, Dr. Anderson inserted his finger in the patient’s rectum and stimulated the patient’s penis with his other hand. The patient became erect but did not ejaculate. Dr. Anderson remarked that “most people would have ejaculated by now” and then told the patient that the patient needed to ejaculate because he had “too much sperm.”

- A graduate student visited UHS in the mid-1970s for treatment of a “funny sensation in his penis.” During his examination, Dr. Anderson remarked that the patient’s penis was “pretty large.” Dr. Anderson then told the patient that he needed to obtain a semen sample from the patient so that he could observe its color to determine if the patient had an STI. Dr. Anderson pulled down his own pants and began to masturbate. When Dr. Anderson ejaculated, he and the patient observed the color of his semen. Dr. Anderson then manually stimulated the patient’s penis until he ejaculated.

- A student visited UHS in 1978 or 1979 to seek treatment for a dermatological issue on his penis. Dr. Anderson asked the patient to remove his pants, and Dr. Anderson proceeded to manipulate the patient’s penis, noting that it was “going to get hard.” The patient obtained an erection, and then Dr. Anderson placed the patient’s arm between Dr. Anderson’s own legs where the patient could feel Dr. Anderson’s genitalia. Dr. Anderson then stated, “We can meet in private if you want more of this.” The patient refused, got dressed, and left the examination room.62

- In 1979, a medical student saw a flyer on a medical school bulletin board noting that Dr. Anderson was seeking paid participants for a study on sperm motility.

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62 This patient declined to speak with us but provided written answers to our questions.
After filling out medical history paperwork, the medical student was enrolled in the study and went to UHS for a medical examination with Dr. Anderson. During the visit, Dr. Anderson performed a genital examination and spent an “inordinate amount of time” massaging the patient’s testicles. At the conclusion of the examination, Dr. Anderson alluded to other ways the student could earn money “more on a personal level,” which the student interpreted as a sexual solicitation. The student declined the offer.

- A student athlete sought treatment from Dr. Anderson at UHS in the late 1970s or early 1980s for a suspected STI. While examining the patient’s genitals, Dr. Anderson began masturbating the patient until the patient ejaculated, stating that he needed to “get some size” to the patient’s penis so that he could check for “crabs crawling around.” After the patient ejaculated, Dr. Anderson let the patient’s semen “stay in his hands” and asked the patient whether the examination “fe[lt] good.”

The medical experts we consulted advise that it was never appropriate, medically necessary, or consistent with professional standards for:

- A physician to manually stimulate a patient during a medical appointment, including a physical examination or PPE, to the point of erection or ejaculation;
- A physician to make sexual contact with patients, including manual stimulation, oral sex, or anal penetration;
- A physician to propose or enter into any quid pro quo arrangement with a patient, such as soliciting sexual contact in exchange for medical care or a medical diagnosis in support of a draft deferment or exemption.

To state the obvious, Dr. Anderson’s suggestion and initiation of sexual contact with patients, as exemplified above, was grossly violative of the doctor-patient relationship. This conduct had no medical justification whatsoever.

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The patient experiences included in this Report are not an exhaustive accounting of Dr. Anderson’s misconduct. Many patients who shared information with us may not see their specific experiences reflected. That does not reflect a judgment on our part that those patients were not credible or that their experiences were not significant. Rather, it is a necessary consequence of the scope and duration of Dr. Anderson’s misconduct, such that it is impossible to chronicle every improper incident. He performed sensitive examinations that were not indicated, conducted lengthy, unnecessary, and inappropriate genital, rectal, and other sensitive examinations, and committed grossly improper behavior with his patients that constituted sexual assault by any definition.

Scores of former students told us that Dr. Anderson’s misconduct significantly disrupted their academic, extracurricular, and social experiences. Some effects were immediate; others played out over time. Some patients say they dropped out of the University or quit their sports teams at least in part because of their experiences with Dr. Anderson. Others described
emotional and psychological effects that persisted throughout their years at the University and beyond.

IV. Awareness of Dr. Anderson’s Misconduct

At least a small number of University personnel were aware from early days of concerns about Dr. Anderson’s conduct with patients. In addition, there were other indications, including widespread rumors about Dr. Anderson, that could have led to discovery of his misconduct had they been understood and pursued.

First, in July 1975, Tad DeLuca, a member of the wrestling team, sent a letter to head wrestling coach Bill Johannesen and assistant wrestling coach Cal Jenkins that, among other things, included a complaint about Dr. Anderson. Neither Mr. Johannesen nor Mr. Jenkins inquired about Dr. Anderson’s conduct or referred the matter for investigation by others.

Second, in or around 1979 to 1981, senior University administrator Thomas Easthope received complaints regarding Dr. Anderson’s misconduct on at least three separate occasions. Mr. Easthope, who had supervisory authority over UHS, was told directly and explicitly about Dr. Anderson’s misconduct and failed to take proper action to address it.

Third, the University failed to investigate persistent and widespread rumors about Dr. Anderson. We found that at least some personnel in UHS and the Athletic Department heard or were aware of jokes, banter, and innuendo about Dr. Anderson’s conduct with patients, but they did not recognize such comments as cause for concern.

Fourth, the University did not conduct due diligence with respect to a 1995 lawsuit alleging that Dr. Anderson assaulted a patient during a pre-employment physical. Dr. Anderson himself disclosed the lawsuit on an application for Michigan Medicine credentials in September 1996.

A. Tad DeLuca’s 1975 Letter

Mr. DeLuca entered the University of Michigan on a full athletic scholarship in 1972 and was a member of the University’s wrestling team for the next three years. Between 1972 and 1975, Mr. DeLuca received at least five rectal examinations from Dr. Anderson while seeking treatment for ailments such as a dislocated elbow and cold sores on his face.

In January 1975, a member of the football team told Mr. DeLuca that Dr. Anderson was a “pervert” who was conducting unnecessary rectal and genital examinations for seemingly unrelated illnesses. Mr. DeLuca was shocked and decided that he would never see Dr. Anderson again. According to Mr. DeLuca, a chronic elbow injury—and his refusal to seek treatment for it based at least in part on his aversion to Dr. Anderson’s examinations—hampered his ability to wrestle, his attitude toward wrestling, and, as a consequence, his standing on the team.

On May 9, 1975, Mr. Johannesen wrote a letter to Mr. DeLuca criticizing what Mr. Johannesen perceived as Mr. DeLuca’s lack of effort and warning that he would be removed
from the team if his attitude did not improve. In July 1975, Mr. DeLuca responded by sending a ten-page handwritten letter to Mr. Johannesen and Mr. Jenkins. The letter covered a wide range of issues, including the negative consequences of Mr. DeLuca’s wrestling injuries and his broader dissatisfaction with the wrestling program. Mr. DeLuca said this about Dr. Anderson on the second page:

According to Dr. “drop your drawers” Anderson, nothing is wrong with me. At Christmas, it was found by the Stanton University report that I had hepatitis, among other things. Proof available upon request. Something is wrong with Dr. Anderson. Regardless of what you were there for, he asks that you “drop your drawers” and cough.

Mr. DeLuca went on to say that he “no longer want[ed] to be an athlet[e],” but he promised to “return and give wrestling my whole-hearted effort, provided that I am treated as a man and my welfare is not overlooked.”

Mr. Johannesen wrote back on July 24, 1975, notifying Mr. DeLuca that he was being removed from the wrestling team. Mr. Johannesen made no reference to Mr. DeLuca’s complaint about Dr. Anderson. The following day Athletic Director Don Canham made it official. In a letter to Mr. DeLuca, Mr. Canham stated, “Based upon your letter to Coach Bill Johannesen and your decision to ‘no longer want to be an athlete,’ your financial aid from the University of Michigan will not be in effect for the 1975-76 school year.” Although Mr. Canham referenced Mr. DeLuca’s letter, there is no way to know if Mr. Canham read it, or even saw it. Mr. Canham is deceased. Mr. DeLuca, for his part, does not believe that his scholarship was revoked based on his complaint about Dr. Anderson.

Mr. DeLuca appealed the revocation of his scholarship to the University’s Board in Control of Intercollegiate Athletics (“Board in Control”). In late September 1975, he appeared with legal counsel before the Board in Control. Mr. DeLuca believes that the members of the Board in Control had before them copies of his July 1975 letter to Mr. Johannesen, but no one

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63 When WilmerHale interviewed Mr. Johannesen, he stated that he wrote the May 1975 letter in part because Mr. DeLuca missed two wrestling practices without an adequate excuse. Mr. DeLuca denies missing any practices; he told us that even if he could not wrestle due to an injury, he was still “in the room.”

64 Mr. Jenkins does not recall Mr. DeLuca’s letter.

65 Mr. DeLuca also noted that he sought care from Dr. Anderson in connection with his injured elbow, writing in part: “Another problem that still plagues me is my elbow. It seems to come out. The other day it came out while I was carrying some boards. A few months ago, Dr. Anderson assured me that it was OK. That same night it came out in practice. I didn’t complain because no one really believed me. It came out at least 20 times in practice, while drying my back with a towel, and even while sleeping. It was a real thrill to wake up at night after dreaming about arm pain and finding your elbow out of socket.”

66 The Board in Control was formed in 1893 to establish a degree of faculty control over the Athletic Department and to oversee the athletic policy and financial management of the University’s athletic program. In September 1975, the Board in Control was chaired by Mr. Canham and consisted of nine faculty members, four alumni, two student representatives, and three ex-officio members.
asked him any questions about Dr. Anderson. Shortly after the meeting, the Board in Control reinstated Mr. DeLuca’s scholarship, but Mr. DeLuca elected not to rejoin the team.

Mr. Johannesen does not recall receiving complaints about Dr. Anderson from any members of the wrestling team, including Mr. DeLuca. Mr. Johannesen also does not recall receiving Mr. DeLuca’s July 1975 letter and maintains that Mr. DeLuca “never verbalized” to him that “something [was] wrong with Dr. Anderson.” By the time Mr. Johannesen received Mr. DeLuca’s letter, the coach had already given up on Mr. DeLuca as a wrestler. It did not occur to Mr. Johannesen that Mr. DeLuca’s performance was affected by his experiences with Dr. Anderson. Mr. Johannesen told us that if any student athlete had told him that a doctor was doing “weird stuff,” he would have reported it immediately to Mr. Canham or to the President of the University.

Mr. Johannesen does recall hearing some “scuttlebutt,” joking, and laughing among the members of the wrestling team about Dr. Anderson, such as “you go to see Dr. Anderson for a sore elbow and he tells you to take your pants down.” But Mr. Johannesen told us that no one ever said, “Hey, Coach, there’s something weird about this doctor.”

It seems plausible that Mr. Johannesen missed Mr. DeLuca’s comment about Dr. Anderson altogether—the handwritten letter was long and hard to read; Dr. Anderson was mentioned only briefly; and Mr. Johannesen had already made up his mind that Mr. DeLuca was not going to make a positive contribution to the team. It also seems likely that Mr. Johannesen paid no mind to the locker room talk about Dr. Anderson. As a result, Mr. Johannesen never asked any questions about Dr. Anderson or raised any concerns about him to anyone else. As discussed in Section V below, Mr. DeLuca’s concerns about Dr. Anderson were not investigated until more than forty years later, when Mr. DeLuca wrote another letter, to Athletic Director Warde Manuel, in July 2018.

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67 We tried to find and speak with each living person who served on the Board in Control in September 1975. Former Vice President of Student Services Henry Johnson, who was an ex-officio member of the Board in Control at this time, does not recall hearing any complaints about Dr. Anderson while he was a member of the Board, does not recall Mr. DeLuca or any athlete contesting a lost scholarship before the Board, and does not recall Mr. DeLuca’s letter. We also spoke with two former faculty members, one former student member, and one former alumni member, none of whom has any recollection of Mr. DeLuca’s appeal of his scholarship revocation or his July 1975 letter.
B. Reports to Thomas Easthope and Dr. Anderson’s Resignation from UHS

Thomas Easthope was named Assistant Vice President of Student Services in 1972; he was promoted to Associate Vice President in July 1980. In both roles he reported directly to Vice President of Student Services Henry Johnson, who reported to the President of the University. Mr. Easthope oversaw several divisions within Student Services, including UHS, and handled employee personnel issues for Student Services.

Mr. Easthope received specific reports about Dr. Anderson’s misconduct at least three separate times:

- In or around late 1978 or 1979, James “Jim” Toy, an employee in the University’s Human Sexuality Office and the University’s Gay Male Advocate, informed Mr. Easthope that Dr. Anderson was “fooling around with boys” at UHS.
- In the fall of 1979, Marvin Parnes and Jane Hassinger, counselors in the University’s Counseling Services Office, reported Dr. Anderson to Mr. Easthope based on information they heard from a medical student and during counseling sessions with students.
- In late 1980 and early 1981, Keith Moree, a student volunteer in the Human Sexuality Office, complained to Mr. Easthope, with the assistance of Mr. Toy, about Dr. Anderson’s misconduct during a May 1980 examination at UHS.

Mr. Easthope told us and testified that he fired Dr. Anderson after learning of his misconduct. But Mr. Easthope’s recollection is contradicted by contemporaneous evidence that shows that Dr. Anderson was never fired. Instead, he stepped down as UHS Director in January 1980; although his decision to do so may have been related to what Mr. Easthope had heard, the documentary evidence reflects that Dr. Anderson’s resignation was voluntary. Nor could Mr. Easthope have thought, at the time, that Dr. Anderson had been fired. Mr. Easthope signed the employment form effectuating Dr. Anderson’s change in status from UHS Director to a UHS senior physician; Mr. Easthope also signed an employment form approving a salary increase for Dr. Anderson effective in September 1980.

Contemporaneous evidence also shows that, in late 1980 and early 1981, Mr. Easthope again received information concerning Dr. Anderson’s misconduct, this time from Mr. Toy and Mr. Moree. Mr. Easthope did not fire Dr. Anderson then either. Instead, in July 1981 Dr.

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68 Mr. Easthope was deposed in the civil litigation in July and August 2020. We reviewed the transcript of his deposition and then interviewed Mr. Easthope for approximately four hours in October 2020. Our efforts to interview Mr. Easthope again early this year were unsuccessful. Mr. Easthope died in February 2021.

69 As early as April 1976, Mr. Easthope also served as the Unit Title IX Coordinator for Student Services.

70 As set out in Detective Ryan Cavanaugh’s November 15, 2018 affidavit in support of a search warrant during the DPSS investigation, Mr. Easthope told DPSS that he heard this information in “late 1978 or 1979.” In his interview with us almost two years later, Mr. Easthope acknowledged receiving this information from Mr. Toy but told us he did not recall when, other than that it occurred while Dr. Anderson was UHS Director.

71 The Counseling Services Office later became known as “Counseling and Psychological Services” or “CAPS.”
Anderson transferred from UHS to the Athletic Department, where he was no longer within Mr. Easthope’s purview.

1. **Jim Toy’s Concerns Regarding Dr. Anderson**

   In 1971, Mr. Toy founded the Human Sexuality Office, within the University’s Student Services, as a resource for gay and lesbian students. Mr. Toy served as the Gay Male Advocate in the Human Sexuality Office from 1971 until 1994. Among other things, the Human Sexuality Office provided counseling services and referred students to medical providers, including through a “Gay Hotline” managed by Mr. Toy and volunteers. As early as December 1978, a referral list used by the Human Sexuality Office identified Dr. Anderson, among other UHS physicians, as someone patients could see for medical care.

   Documentary evidence from 1980 shows that Mr. Toy had concerns about Dr. Anderson’s conduct with patients. Mr. Toy noted in February 1980 that Dr. Anderson was “risky.” Handwritten notes on a July 1980 medical referral list found in Mr. Toy’s papers in the Bentley Library described Dr. Anderson as “iffy” and noted that clients should be “warn[ed]” about him. Another provider list created around the same time included a notation that the Human Sexuality Office received “mixed feedback” about Dr. Anderson, and instructed volunteers to “please say so when referring [patients] to him[.]”

   A student who volunteered in the Human Sexuality Office around that time recalls rumors circulating widely in the Ann Arbor gay community between 1978 and 1981 to the effect that a football team physician who worked at UHS—a description that could only apply to Dr. Anderson—engaged in “unnecessary sexualized” examinations with patients at UHS, including with student athletes. The doctor was rumored to perform examinations that were unrelated to the patient’s reason for seeking medical care; it was said that the doctor required male patients to maintain an erection during genital examinations and used an unspecified instrument to “stretch” patients’ anuses. According to the student volunteer, Mr. Toy encouraged students to raise complaints about the doctor.

2. **Mr. Easthope’s Confrontation with Dr. Anderson**

   Mr. Easthope acknowledged that Mr. Toy told him that Dr. Anderson was “fooling around with boys.” From what Mr. Toy relayed at the time, Mr. Easthope understood that Dr. Anderson was taking advantage of gay students (whom Mr. Toy did not identify by name). Although Mr. Easthope did not recall exactly when his conversation with Mr. Toy occurred, he was certain that Dr. Anderson was still UHS Director at the time, which means it happened sometime before January 14, 1980. We found no reference to the conversation in any of the contemporaneous documents we reviewed.

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72 This may have been an informal title. Mr. Toy’s position was also referred to as “Human Sexuality Program Coordinator.”

73 Mr. Toy, who is ninety-one years old, had difficulty remembering certain details from this time period. He does not recall receiving any complaints about Dr. Anderson or any conversations with Mr. Easthope about Dr. Anderson.
Mr. Easthope told us he was so alarmed by what Mr. Toy told him that he walked across the University “diag” to confront Dr. Anderson. According to Mr. Easthope, he went to Dr. Anderson’s office at UHS and told him, “Bob, you’re outta here.” As Mr. Easthope recalled it, Dr. Anderson looked at him with a “dumb look” and made no effort to deny any misconduct.

According to Mr. Easthope, before confronting Dr. Anderson, he informed his own supervisor, Mr. Johnson, that they needed to “get rid” of Dr. Anderson. While he did not recall the specifics of his conversation with Mr. Johnson, Mr. Easthope maintained during our interview that he clearly conveyed that Dr. Anderson engaged in “unacceptable behavior” related to sexual misconduct. Mr. Johnson denies ever being made aware of any complaints about Dr. Anderson’s misconduct with patients, including by Mr. Easthope or Mr. Toy. We found no documentary evidence to the contrary.

Mr. Easthope did not remember telling anyone else about Dr. Anderson’s alleged misconduct, except possibly Dr. Caesar (“Cy”) Briefer, who served as UHS Director from January 1981 until his retirement in 1999. Dr. Briefer is deceased. In his deposition, Mr. Easthope testified that he did not inform the Athletic Department of the allegations against Dr. Anderson. He did not recall requesting an investigation by UHS, the University of Michigan Police Department, the Ann Arbor Police Department, or LARA. Nor did Mr. Easthope recall telling anyone in the Affirmative Action Office or the President’s Office about Mr. Toy’s allegations.

3. Counseling Services Employees Report Dr. Anderson’s Misconduct

Mr. Easthope was informed about Dr. Anderson on other occasions. In late 1979, Jane Hassinger and Marvin Parnes, who were then psychological counselors in the University’s Counseling Services Office, received information about Dr. Anderson that they found disturbing. Ms. Hassinger and Mr. Parnes reported the information together to Mr. Easthope.

Ms. Hassinger recalls hearing specific allegations of misconduct by Dr. Anderson from three individuals:

- In or about 1977, a gay male student told Ms. Hassinger that Dr. Anderson subjected him to inappropriate, prolonged, and invasive examinations, including a

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74 Mr. Easthope provided inconsistent testimony on this topic during his deposition. Compare Thomas Easthope Deposition 68:3-68:8, Doe MC-1 v. University of Michigan, No. 2:20-cv-10568 (E.D. Mich.) (“Actually, I have no memory of what I said to Henry Johnson at all.”), with Thomas Easthope Deposition 204:6-204:14 (“I had an opportunity to read the transcript since it was published and there was one part in there that I want to make clear. It says in there, I believe, I didn’t broadcast it. That doesn’t mean I didn’t tell Henry. I told Henry, but I guess it could have been interpreted that I didn’t tell anyone, and I didn’t want that to go down because that would not be true.”).

75 We interviewed Mr. Johnson in June 2020 and February 2021. He was deposed in the civil litigation in February 2021. In both of our interviews and his deposition, Mr. Johnson denied having any knowledge of Dr. Anderson’s misconduct.

76 Mr. Easthope testified at his deposition that he may have told Dr. Briefer that Dr. Anderson had been “accused,” but he could not recall the details of any such conversation.

77 OIE was not created until 2003.

78 Ms. Hassinger and Mr. Parnes are married. We interviewed them jointly.
rectal examination. The student had specifically sought out Dr. Anderson because of his progressive, gay-sensitive reputation.

- Around the same time, a member of the football team told Ms. Hassinger that Dr. Anderson performed an invasive examination unrelated to the issue for which the student athlete had sought medical care. The student athlete was angry about the examination but was unwilling to share details with Ms. Hassinger.

- In early 1978, a medical student told Ms. Hassinger that Dr. Anderson required male students to participate in classes involving genital examinations in Dr. Anderson’s office at UHS. The medical student told Ms. Hassinger that the students did not report Dr. Anderson for fear of losing their scholarships and draft deferments.

Mr. Parnes recalls hearing complaints about Dr. Anderson from multiple students in the 1970s, including another member of the football team who told him about an inappropriate experience with Dr. Anderson during a broader conversation about the student’s issues with the Athletic Department.

According to Ms. Hassinger and Mr. Parnes, they jointly reported Dr. Anderson to Mr. Easthope, whose responsibilities included oversight of the Counseling Services Office, in the fall of 1979. Ms. Hassinger recalls speaking with Mr. Easthope about Dr. Anderson on several occasions and describing the allegations in some detail. According to Ms. Hassinger, Mr. Easthope “didn’t appear to be surprised.” At one point he said, “This guy’s gotta go.” But he also asked her, in sum or substance, “How would you feel if I would say, we’ll get him out of here, even if I don’t fire him?” Ms. Hassinger and Mr. Parnes understood Mr. Easthope to be suggesting that Dr. Anderson would leave UHS and not be able to see patients anymore.

Mr. Easthope told us he did not recall either Ms. Hassinger or Mr. Parnes raising any concerns about Dr. Anderson, and Mr. Easthope noted that he was not the counselors’ direct supervisor. Neither counselor recalls saying anything about Dr. Anderson to their direct supervisor in the Counseling Services Office or to Mr. Johnson. Both counselors recall hearing sometime later that Dr. Anderson had left UHS and assuming it was as a result of action by Mr. Easthope.

4. Dr. Anderson’s Resignation as UHS Director

Mr. Easthope repeatedly told us that he fired Dr. Anderson. But he did not. As noted above, it is possible that Dr. Anderson’s resignation as UHS Director was fueled by a confrontation between him and Mr. Easthope, but the documentary evidence reflects that it was a voluntary change. And when we asked specifically whether he removed Dr. Anderson from UHS, the directorship of UHS, or the University as a whole, Mr. Easthope stated that he was not sure.

79 In a 2018 interview with DPSS, Mr. Easthope’s wife suggested that Dr. Anderson may have been allowed to resign from UHS. Mr. Easthope told us that his wife had no firsthand knowledge about Dr. Anderson and was merely seeing if the suggestion refreshed his recollection.
A series of memoranda exchanged between the heads of the departments that funded Dr. Anderson’s position as team physician at the time—Mr. Johnson and Mr. Canham, the Athletic Director—show support for his continued employment at UHS. On November 14, 1979, Dr. Anderson wrote a memorandum to Mr. Johnson indicating that he would resign as UHS Director but wished to remain at UHS as a senior physician and team physician. The next day Mr. Johnson wrote a memorandum to Mr. Canham, asking him to agree to Dr. Anderson’s continued role as team physician and noting that “[w]e, of course, are supportive of [Dr. Anderson] remaining in this role[.]” On January 2, 1980, Mr. Canham wrote a memorandum to Mr. Johnson, in which Mr. Canham stated that Dr. Anderson should continue as team physician and remarked that the Athletic Department would be in a “bad position” if Dr. Anderson did not.

In a January 10, 1980, memorandum to UHS Department Heads, Mr. Johnson stated that Dr. Anderson would resign as UHS Director as of January 14, 1980, and would remain on the UHS staff as a “senior physician 50% time and Director of Athletic Medicine.” Mr. Johnson called out Dr. Anderson’s “high quality administrative and medical leadership” and noted that “[w]e are pleased that he plans to remain on the staff as a senior physician.” Consistent with his memorandum, Mr. Johnson recalls that Dr. Anderson voluntarily stepped down as UHS Director to spend more time at his private practice while continuing to support the Athletic Department. Mr. Johnson does not recall learning of any complaints or other issues involving Dr. Anderson leading up to his resignation as UHS Director—or at any other time.

Mr. Easthope himself signed the employment paperwork effectuating Dr. Anderson’s change in title from Director to a senior physician at UHS. Mr. Easthope’s signature alone was sufficient; Mr. Johnson did not sign the form. Mr. Easthope had no explanation for his sign-off

80 In 1999, Dr. Anderson told a reporter that Mr. Canham created, and Dr. Anderson accepted, a position as the “formal team physician” around 1980. See Jim Cnockaert, U-M Football Physician Retiring After 32 Years, MICH. LIVE (June 10, 1999) (hard copy at the Bentley Library) (stating that Dr. Anderson “informed then-U-M athletic director Don Canham that he intended to leave the Student Health Service to return to private practice. Canham then created a position for a formal team physician. Anderson said he accepted immediately.’’).

81 On January 15, 1980, Mr. Johnson provided President Howard T. Shapiro with copies of correspondence between Dr. Anderson and Mr. Canham regarding Dr. Anderson’s continued role as team physician. President Shapiro has no recollection of Dr. Anderson.

82 “Director of Athletic Medicine” does not appear on Dr. Anderson’s employment paperwork, suggesting that it may have been an informal title. It appears to have encompassed the same responsibilities that he had performed since first being named an Athletic Department team physician in 1967.

83 We attempted to speak with each person who signed this paperwork. A UHS administrative manager does not know why Dr. Anderson stepped down as UHS Director in January 1980; he does recall a brief, “cryptic” conversation in late 1979 or 1980 with an administrative assistant (now deceased) in Student Services, who told him that “something” might become apparent with Dr. Anderson in the future. The form was also signed by a former administrative manager in Medical School Administration who is now deceased; a former administrative manager in Internal Medicine who does not recall executing the form and confirmed that she would not have had any role in Dr. Anderson’s employment at UHS; possibly an administrative manager in the Surgery Department who is also now deceased; and another person with initials “SAC,” who we believe was a clerk in the Personnel Office at the time and who does not recall handling any paperwork concerning Dr. Anderson or hearing about him while working at the University.

84 On January 15, 1980, an employment representative in the University’s Personnel Office filled out a separate worksheet for processing the change in Dr. Anderson’s position in the University’s human resources system. The worksheet indicates that Dr. Anderson’s change of status from UHS Director to a senior physician was a
on the title change and acknowledged that he had no recollection of Mr. Johnson (or anyone else) overriding his decision to terminate Dr. Anderson.85

Upon Dr. Anderson’s resignation as UHS Director, the University paid tribute to him for his service. The UHS Annual Report in the University President’s Report for the 1979-1980 academic year noted Dr. Anderson’s resignation as UHS Director and “thank[ed]” him for “11 years of leadership.”86

We interviewed more than ten people who worked at UHS when Dr. Anderson stepped down as UHS Director or shortly thereafter, including Dr. Anna Davol, who served as Interim Director from January 1980 until January 1981; other former UHS physicians; UHS staff members, including a nurse, nurse practitioner, patient relations coordinator, and two clinic clerks; and Dr. Anderson’s two assistants in January 1980. None recalls Dr. Anderson being forced to resign as Director. Several told us that Dr. Anderson left UHS with a positive reputation to spend more time in his private practice or in athletic medicine, while others said they did not know why Dr. Anderson stepped down.87

5. Dr. Anderson’s Continued Practice at UHS

Dr. Anderson continued working at UHS as a senior physician from January 1980 through June 1981 while also working with the Athletic Department and at Michigan Medicine. Although Mr. Easthope told us he did not recall seeing Dr. Anderson ever again at the University after confronting him in Dr. Anderson’s office, it is clear that Mr. Easthope continued to interact with Dr. Anderson. For example, contemporaneous documents show that Mr. Easthope was involved in resolving a conflict between Dr. Anderson and Dr. Davol over his role as Director of Athletic Medicine. Mr. Easthope met with Dr. Davol and Dr. Anderson on May 27, 1980, to discuss the proportion of Dr. Anderson’s time allocable to UHS. And in June 1980, Dr. Anderson complained in a letter to Mr. Johnson that Dr. Davol did not count his hours spent with the Athletic Department toward his total hours at UHS. Dr. Anderson further wrote that the title of “Director of Athletic Medicine” given to him by Mr. Johnson was “meaningless” and that “it may be a more workable plan to have me resign from the Health Service and work out an arrangement with the Athletic Department.” On August 5, 1980, Dr. Anderson wrote to Dr. Davol, copying Mr. Johnson and Mr. Easthope, to memorialize the outcome of a meeting in which the four agreed that UHS would maintain an athletic medicine program and Dr. Anderson “would continue” as Director of Athletic Medicine. Mr. Easthope signed another form documenting an increase in Dr. Anderson’s salary effective September 1, 1980.

“Demotion” and notes, “D[irector] resuming former position.” The employment representative told us that “Demotion” may have merely reflected Dr. Anderson’s change to a less senior position at UHS and may not have had a negative connotation.

85 Mr. Easthope told us that any implication in his deposition testimony that Mr. Johnson overrode Mr. Easthope’s decision to fire Dr. Anderson was based on speculation.

86 The University Record also noted Dr. Anderson’s resignation as UHS Director and his return to the UHS staff as a senior physician on January 14, 1980.

87 Mr. Johnson informed the University’s Student Relations Committee in March 1980 that Dr. Anderson stepped down as UHS Director “to pursue private practice.”
6. Keith Moree Report

a. Experience with Dr. Anderson

On May 28, 1980, Keith Moree, a University student and volunteer in the Human Sexuality Office, went to see Dr. Anderson about a suspected STI. At the beginning of the appointment, Mr. Moree identified himself as gay. Dr. Anderson asked Mr. Moree to remove his pants and pull down his underwear. After Mr. Moree did so, Dr. Anderson began talking about circumcision. Dr. Anderson stated that parents of newborn boys sometimes asked for his opinion about whether to have their babies circumcised and that he had shown these parents his own penis, so they could see an uncircumcised penis. Dr. Anderson then stated that it was “really great to have a foreskin” due to the sensation of the foreskin moving over the head of the penis during masturbation. He told Mr. Moree that it was “too bad” that Mr. Moree was circumcised but suggested that it likely still felt good for Mr. Moree to masturbate.

Mr. Moree believes that Dr. Anderson became aroused during this conversation. In particular, Mr. Moree recalls that Dr. Anderson began “brushing” the front of his pants with his hand, but Mr. Moree does not believe that Dr. Anderson was masturbating.

b. Mr. Moree’s Reporting Efforts

Mr. Moree told Mr. Toy about his experience with Dr. Anderson several months later; Mr. Moree had met Mr. Toy at the Human Sexuality Office, and they developed a close friendship. Mr. Moree recalls that Mr. Toy said there had been a previous report of a similar experience with Dr. Anderson and that the University had taken no action because it was a “he-said, he-said” situation. Mr. Toy stated that if Mr. Moree also wanted to complain, he should send his complaint to the administrator who oversaw UHS, Mr. Easthope. Mr. Moree told us he hand-delivered a written complaint to an administrative building on campus; we did not find a copy of the document.

Shortly after Mr. Moree delivered his complaint, Mr. Easthope contacted him to schedule an in-person meeting. Mr. Moree believes the meeting (which Mr. Toy also attended) probably took place in late 1980, prior to the University’s winter break. As Mr. Moree recalls the meeting, Mr. Easthope asked him to provide a detailed account of his appointment with Dr.

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88 Mr. Toy’s internal notes and calendar indicate that he met with “Keith” on August 5, 1980. Mr. Toy noted that he received negative feedback about Dr. Anderson from “Keith” and would need to “plan some sort of feedback to Dr. A.”

89 Mr. Toy may have been alluding to his prior report to Mr. Easthope that Dr. Anderson was “fooling around with boys” at UHS.

90 Mr. Moree told us that he has a “strong impression” that he delivered his written complaint and later met with Mr. Easthope in the Fleming Administration Building, but he acknowledged that it could have been a different building. Mr. Easthope’s office was located in the nearby Michigan Union Building.

91 Mr. Toy’s calendar indicates that he met with Mr. Easthope on December 10, 1980, and Dr. Anderson on December 20, 1980.
Anderson. After Mr. Moree did so, Mr. Easthope said he would investigate the matter and get back to Mr. Moree.

On January 5, 1981, Mr. Toy made a note in his internal files that he met with “Keith” on that date regarding an “ongoing problem at Health Service (confidential).” Two days later, on January 7, 1981, Mr. Moree met with Mr. Toy and Dr. Anderson in an office Mr. Moree believed to be Mr. Easthope’s. At that meeting, Mr. Moree told us, Dr. Anderson did not deny Mr. Moree’s allegations and apologized for causing him distress.

Two contemporaneous documents confirm that Mr. Moree, Mr. Toy, and Dr. Anderson met on January 7: (1) Mr. Toy’s calendar for that day, which includes an appointment with “Anderson, Moree” at 7 p.m., and (2) another document Mr. Moree located during our investigation. The document, on University of Michigan letterhead and labeled “FOR INTRA-UNIVERSITY CORRESPONDENCE,” is an agreement signed by Mr. Moree, Mr. Toy, and Dr. Anderson. The document includes the following statement:

I have voluntarily agreed that a tape recording be made of our conversation on January 7, 1981.

I understand that no part of the contents of the tape will be released to any person other than the undersigned, without the written consent of all the persons undersigned.

Mr. Moree does not recall anything about the agreement mentioned in the document. He does not have a copy of the referenced recording or know if one was made. We were unable to locate a copy.

Mr. Moree does not recall if Mr. Easthope was present during the conversation with Dr. Anderson on January 7, 1981, but he does recall discussing Dr. Anderson with Mr. Easthope and Mr. Toy after Dr. Anderson left the room. According to Mr. Moree, Mr. Easthope said that this was a “sad situation” and that Dr. Anderson probably needed “professional help,” but that if Dr. Anderson were fired, it would cause financial hardship for him and his family. Mr. Moree recalls that Mr. Easthope proposed a plan by which Dr. Anderson would be moved to an administrative position and kept away from students until his retirement. Mr. Easthope then left the room, and Mr. Toy and Mr. Moree discussed the proposal. When Mr. Easthope returned, Mr. Toy and Mr. Moree accepted the proposal.

When we interviewed Mr. Easthope, he strongly denied having any knowledge of Mr. Moree or his complaint, ever meeting Mr. Moree, or entering into any agreement with him to move Dr. Anderson to a different position. Mr. Easthope also did not recall Mr. Toy coming to him a second time with allegations about Dr. Anderson or meeting with Mr. Toy and a student about Dr. Anderson.92

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92 Mr. Toy has little recollection of these matters. He remembers that Mr. Moree may have been a volunteer in the Human Sexuality Office, but does not recall Mr. Moree’s complaint about Dr. Anderson, assisting Mr. Moree in lodging a complaint, or participating in any meetings with Mr. Easthope or others about Dr. Anderson. Mr. Johnson
After the meeting with Mr. Easthope and Mr. Moree, Mr. Toy continued his efforts to address Dr. Anderson’s conduct. Mr. Toy’s notes from January 13, 1981 reflect “Anderson” as a topic of discussion at a meeting he had with individuals who volunteered for the Gay Hotline.

Mr. Toy’s notes of another hotline meeting, on March 10, 1981, include “Anderson - student surveillance?” under the heading “Pxs,” probably a reference to patients. The same notes show that Ms. Hassinger, who consulted with the Human Sexuality Office, was present and stated that there were “limits to what we have to put up with!” Ms. Hassinger recalls discussions about individuals who contacted the hotline to complain about Dr. Anderson. At the time, she did not realize that Dr. Anderson was still at UHS or the extent of his role with the Athletic Department, but she recalls being upset with Mr. Easthope because Dr. Anderson was continuing to see patients somewhere in the University.93

On March 29, 1981, Mr. Toy met with an Advisory Committee to the Human Sexuality Office regarding Dr. Anderson.94 Draft minutes of the meeting contain this notation under the heading “Health Servi[]ce- Dr. Anderson”: “On hold. Jim [Toy] is to meet with Tom Easthope and Dr. Briefer, new Dir. of HS.”95

c. Dr. Anderson’s Transfer to the Athletic Department in July 1981

In April 1981, Mr. Johnson wrote to Mr. Easthope, alluding to continuing disagreements between Dr. Anderson and Dr. Davol regarding the athletic medicine program at UHS and referencing “two immovable forces needing intervention.” Mr. Johnson requested a meeting to discuss “Dr. Anderson’s relationship and Health Services’s relationship to the Athletic Department and its medical needs.” We have no reason to think that Mr. Johnson’s memorandum was prompted by concern on his part about Dr. Anderson’s conduct with patients.

Dr. Anderson transferred from UHS to a senior physician position in the Athletic Department effective July 1, 1981. The UHS administrative manager who signed the employment form for the transfer has no knowledge of why it occurred.96 Neither Mr. Easthope does not have any recollection of Mr. Moree. We found no evidence that Mr. Johnson was aware of Mr. Moree’s complaint.

93 Ms. Hassinger also told us that Mr. Toy attempted to steer individuals seeking medical care to different providers.

94 During this time, Mr. Toy appears to have set up ad hoc committees, including at least some members who were not affiliated with the University, to discuss issues faced by the gay community in Ann Arbor.

95 We tried to find and speak with every meeting participant identified in the draft minutes. At least one other University employee, a professor, was listed but is now deceased. Another participant—a student who volunteered in the Human Sexuality Office—believes that the notation in the minutes likely referred to Dr. Anderson’s conduct with patients at UHS, but he has no independent recollection of the meeting.

96 The UHS administrative manager—the same individual who signed the paperwork that effectuated Dr. Anderson’s change from UHS Director to a senior physician in January 1980—was also not familiar with handwritten notes that appear in Dr. Anderson’s personnel file pertaining to the transfer. The notes indicate that the UHS administrative manager was “working on athletics posting.” Neither Mr. Easthope nor Mr. Johnson could shed any light on the handwritten notes.
nor Mr. Johnson signed the form; neither had any recollection of the transfer or why it occurred.97

We found no evidence linking the transfer to Mr. Moree’s complaint or to any agreement between Mr. Easthope, on the one hand, and Mr. Moree and Mr. Toy, on the other. We also found no evidence of any other employment action involving Dr. Anderson—no note in his personnel file, no record of any discipline, no reduction in pay—at or around this time. Indeed, we found no evidence to suggest that Dr. Anderson was barred from continuing to examine patients. Shortly before Dr. Anderson moved to the Athletic Department, on June 24, 1981, UHS held a recognition event for him. Dr. Anderson was presented with a plaque and a “jock-doc” award, which he said would be “long cherished as prized possessions.”

d. Mr. Moree’s August 1981 Memorandum

Dr. Anderson stayed on Mr. Toy’s mind even after his transfer to the Athletic Department. On July 14, 1981, Mr. Toy made a note:

re patients [sic] complaints about Dr. Anderson – refer to Steve Mason 662-2240 (work) [Chair]person, Health [and] WellBeing [sic] Committee, Washtenaw County Medical Society (takes info, forms intervention team, tries to help physician deal with situation and feelings) (physician is not told name of patient)[.]

Stephen C. Mason was a physician in Washtenaw County and was involved in the Michigan State Medical Society’s Impaired Physician Program in 1981.98 He is deceased.

We suspect that Mr. Toy wanted to make sure that there would be a written record of Dr. Anderson’s misconduct. On August 28, 1981, Mr. Moree wrote a memorandum detailing his experience with Dr. Anderson at his May 28, 1980 examination. In the memorandum Mr. Moree stated that he would “consult with any concerned and appropriate parties” about the incident or the “events occurring afterwards when I lodged a complaint with the Office of Student Services.” The cover page notes Mr. Moree’s intention to send a copy of the memorandum to the “Human Sexuality Office (‘Gay Male Advocate’),” “Anna L. Davol, MD Director, Clinical Services Health Services,” “Sue Kaufman[n] Program Associate for Women’s Concerns[,] Affirmative Action Office,” “the Lesbian/Gay Law Students Association,” and Mr. Easthope.

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97 In addition to the UHS administrative manager, we reached out to every living person whose signature on the employment form we could decipher. A member of the University’s Personnel Office who processed and signed the paperwork did not know why Dr. Anderson transferred to the Athletic Department. An administrative assistant in Internal Medicine declined to be interviewed.

98 In a February 1981 article, Dr. Mason wrote that the Michigan State Medical Society’s Impaired Physician Program set up “health and well-being committees” through local medical society chapters to intervene with physicians “who [were] faltering due to emotional or physical illness or substance abuse.” S.C. Mason, New MSMS Impaired Physician Effort Drawing All MDs into Helping Network, 80 MICH. MED. 44, 44 (1981). A physician who served in leadership positions in the Medical Society in the late 1970s and 1980s told us she did not recall anyone in the Medical Society mentioning Dr. Anderson.
Mr. Moree recalls the August 1981 memorandum, a copy of which he found in his personal papers, and thinks that Mr. Toy may have asked him to document his experience with Dr. Anderson before Mr. Moree left Ann Arbor in the summer of 1981. Although we found an identical copy of the memorandum in Mr. Toy’s papers in the Bentley Library, Mr. Moree does not recall sending the memorandum or discussing it with anyone.

We spoke with each of the individuals named on the cover page of the memorandum. Mr. Toy does not recall the document. Mr. Easthope maintained that he never saw it. Dr. Davol does not recall receiving it or hearing about Mr. Moree. Ms. Kaufmann, who handled sexual harassment complaints for the University’s Affirmative Action Office at the time, does not remember receiving the document, hearing about Mr. Moree, or learning of any other complaint about Dr. Anderson.

Mr. Moree left campus soon after writing the memorandum. Two months later, on October 18, he sent a letter to Mr. Toy, which we found in Mr. Toy’s papers in the Bentley Library. In the letter, Mr. Moree wrote, in relevant part:

Please use the information you have available about the unpleasantness with Dr. Anderson and co. as best you see fit. I trust you explicitly with it. I would particularly like for you to feel free to use it or ignore it as you need, because you’re on the scene and can judge things better than I, here in DC. Also, do you still want some sort of account of my dealings with Tom Easthope and his office? I believe that such an account would augment a file on possible discrimination within the University, should anyone ever press the case for a sexual orientation anti-discrimination clause. I will supply this if you’re interested, but I may need some help with dates and names.

We did not find a response from Mr. Toy or any further correspondence related to Mr. Moree’s complaint about Dr. Anderson.

C. Other Missed Opportunities

There was an undercurrent of rumors, jokes, innuendo, and expressions of concern about Dr. Anderson throughout his career at the University. University personnel failed to appreciate the significance of what they heard. We found no evidence that anyone inquired into his conduct or referred him for investigation.

1. Widespread Rumors Among Patients

Rumors began circulating about Dr. Anderson shortly after the start of his employment at the University of Michigan. One patient who visited UHS in 1966 recalls that it was “fairly well known” that patients who went to UHS with minor complaints like headaches or a cold “had to be prepared to drop [their] trousers.” A former graduate student remembers hearing about Dr. Anderson from other students in the late 1960s or early 1970s, including that Dr. Anderson performed inappropriate medical examinations on male patients.
Several patients who contacted us recall that Dr. Anderson had a negative reputation among gay students. One patient remembers that, as early as 1972, Dr. Anderson was viewed as a “creep” by gay students because of rumors that he “always” performed rectal examinations on student athletes as part of their annual physicals. Another patient who attended the University in the early 1970s recalls “rumblings among the gay community” that there was a doctor—whom he identified as Dr. Anderson—who “would take liberties” during examinations. Another UHS patient from the early 1970s believes that gay men could see Dr. Anderson for medical treatment and knew there could be a “cost” involving sexual favors, but that there was “no other doctor where a gay man could go with a gay problem.”

Talk about Dr. Anderson’s conduct was widely shared among the University’s student athletes. Many of the student athletes we interviewed remember that Dr. Anderson’s rectal examinations were a “running joke” among members of the football team, including that Dr. Anderson would “stick[] his finger up your anus” during PPEs. Student athletes we interviewed recall that Dr. Anderson’s examinations were also the subject of extensive “locker room talk” among members of the baseball and men’s swimming teams. One student athlete told us that it was “common knowledge” on the swimming team that “if you went to see Dr. Anderson, you were going to be naked.”

A student athlete who attended the University in the 1970s recalls discussions with other athletes in his dormitory about Dr. Anderson’s propensity for performing hernia checks, even when a patient sought treatment for a broken nose or a sprained ankle. He also recalls a perception that Dr. Anderson “liked to look at genitals.” Another student athlete’s fraternity brothers warned him before a mandatory PPE to be “careful with this guy.” Student athletes told their teammates to “[h]ave fun having your balls felt by Doc A” or to “watch out for Dr. A with the glove and the finger.” They were aware that Dr. Anderson performed rectal examinations “with some regularity,” and some were “uneasy” about seeing Dr. Anderson for treatment. Student athletes also used various nicknames for Dr. Anderson, including “Drop Your Drawers Anderson,” “Dr. Balls Anderson,” “Nutsy Anderson,” “Gloves,” “Dr. Jelly Fingers,” “Goldfingers,” and “Handy Andy.”

The cloud around Dr. Anderson persisted into his later career. Students recall hearing rumors and jokes in the mid- to late 1990s from student athletes about Dr. Anderson, including from upperclassmen who told them what to expect during Dr. Anderson’s examinations. A former resident at Michigan Medicine recalls hearing rumors in the mid- to late 1990s from former student athletes that Dr. Anderson conducted inappropriate sports physicals.

2. Awareness by Other University Employees

We interviewed approximately 200 current and former University employees. With the exception of Mr. Easthope, Ms. Hassinger, and Mr. Parnes, very few told us they were aware of any complaints or had any concerns about Dr. Anderson’s conduct with patients.99 In fact, some employees, especially those who worked closely with Dr. Anderson, held him in high regard until they learned of the allegations against him in recent years. Despite this, we identified

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99 As discussed above, it is clear from contemporaneous evidence that Mr. Toy was also aware of complaints about Dr. Anderson.
certain instances in which University personnel appear to have received information, of varying levels of directness and specificity, reflecting patients’ concerns about Dr. Anderson’s conduct.

For a number of reasons, including the dimming of memories with the passage of time, the lack of documentation, and the fact that many witnesses are deceased, we could not independently confirm the accounts that follow. However, taken as a whole, the accounts tend to show that concerning information about Dr. Anderson was shared in real time with at least a limited number of University personnel.

a. **Instances of Potential Awareness at UHS**

We identified eight instances when some level of patient concerns about Dr. Anderson may have been shared with or appear to have been known to UHS personnel:

- A UHS patient told DPSS that he submitted a comment card to UHS in the late 1960s, in which he wrote that Dr. Anderson engaged in inappropriate behavior during his examination. We were unable to locate any comment cards or to determine whether any UHS personnel saw this one. The patient declined to be interviewed after engaging counsel.
- A UHS patient who saw Dr. Anderson in or around 1971 told us that Dr. Anderson exposed himself while discussing circumcision and asked the patient to masturbate him. The patient later asked a UHS scheduler to assign him to a different doctor. When the scheduler asked why, the patient said that Dr. Anderson “behaved inappropriately last time,” to which the scheduler replied, “I understand, I understand.”
- A UHS patient dated a UHS secretary in or around 1973, after the patient began receiving medical care from Dr. Anderson. The secretary mentioned to the patient that a “couple of complaints” (which she implied were of a sexual nature) had come across her desk about Dr. Anderson. The patient no longer recalls the secretary’s name, and our efforts to identify her were unsuccessful.
- A UHS patient told DPSS that, in or around 1978, he told a UHS clerk while leaving the UHS building after a medical appointment that Dr. Anderson had conducted an uncomfortable rectal examination that lasted longer than it should have. The patient returned to UHS the next year and “caused a scene” in the lobby when he learned that Dr. Anderson still worked there. The patient declined to be interviewed after engaging counsel.
- A UHS patient who received a series of painful rectal examinations from Dr. Anderson in the late 1970s recalls that, when he returned to UHS for an unrelated issue some years later, he “complained” about his earlier experiences with Dr. Anderson to the physician who treated him. The physician responded that the patient did not “have to worry about” Dr. Anderson because he was “gone now.” The patient could not recall the name of the physician with whom he spoke.
A former University Hospital physician who volunteered in UHS’s Gay Men’s Health Clinic\(^{100}\) in the late 1970s and early 1980s heard from several patients that Dr. Anderson performed unnecessary genital examinations when they sought treatment for issues such as a sore throat or stomachache. The physician encouraged the patients to file a complaint but did not report the information himself.

A former student who volunteered in the Human Sexuality Office recalls that, sometime between 1978 and 1981, he heard that the Athletic Department team physician who worked at UHS (who he believes may have been Dr. Anderson) behaved inappropriately with a patient. The student reported the matter to his own UHS physician, who is now deceased. The student left the University not long afterward and does not know what, if anything, happened with the information he reported.

A female UHS patient who saw Dr. Anderson in the 1980s recalls that Dr. Anderson made her feel uncomfortable by spending an extended amount of time examining her vagina. A nurse or assistant was also present during the examination. The patient informed a UHS receptionist that she wanted a different doctor because of Dr. Anderson’s behavior and was reassigned to a female physician.

In addition to the circumstances described above, we heard from other patients and former University employees about rumors relating to Dr. Anderson’s conduct at UHS:

- A UHS employee from the 1970s recalls that nurses, secretaries, and receptionists joked about Dr. Anderson and said that he “liked” to perform rectal examinations; one nurse reportedly called Dr. Anderson a “pervert” and said he “liked the jocks.” When we interviewed the nurse, she said she did not recall hearing any rumors, jokes, or other comments about Dr. Anderson from her coworkers.

- A former UHS physician heard that a student athlete “punched [Dr. Anderson’s] lights out” after Dr. Anderson “came on” to him. The physician received this information long after he left UHS in the early 1980s and did not remember any further details.

- A former UHS nurse practitioner heard a comment during a social night out with her co-workers in the mid-1980s that Dr. Anderson did “something inappropriate with men.” She did not tell us who made the statement and does not recall hearing any other complaints about Dr. Anderson.

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\(^{100}\) UHS maintained a clinic referred to as the “Gay Men’s Health Clinic” or the “Gay V.D. Clinic,” which was open to the public during evening hours one night a week and provided STI testing for gay individuals. The clinic was staffed with volunteers from University Hospital. We spoke with two other individuals who volunteered at this clinic, including at the time it was established. They do not recall Dr. Anderson having any involvement in the clinic or hearing any complaints about him. UHS also maintained an STI testing program, sponsored by the Washtenaw County Health Department, through which residents of Washtenaw County, including those who were not affiliated with the University, were able to see a provider at UHS. Dr. Anderson saw patients through this program, as did other UHS providers.
Long after Dr. Anderson’s retirement, a former UHS Director told a UHS administrator—in a tone that made the administrator “kind of uncomfortable”—that Dr. Anderson was an “odd guy,” a “strange guy,” and “want[ed] male patients.” The former UHS Director never shared any specifics about Dr. Anderson’s conduct.

To be sure, these accounts are replete with hearsay and, in some instances, hearsay within hearsay. Any documentary evidence of them that may have once existed has long since been destroyed or discarded. Nonetheless, the number, nature, and general tenor of the accounts, taken together, support the conclusion that Dr. Anderson engaged in a pattern of sexual misconduct when examining patients at UHS and that concerning information about Dr. Anderson was discussed, whether directly or indirectly, with at least some UHS personnel. We did not find evidence that this information led any person in a position to take action—by making an inquiry, warning patients, or referring the matter for investigation—to do so.

b. Instances of Potential Awareness in the Athletic Department

We interviewed nearly fifty current and former Athletic Department employees. None reported receiving any complaints from student athletes about Dr. Anderson. We also heard from more than one hundred former student athletes. From our interviews and from reports made to DPSS, we identified eight instances, in addition to Mr. DeLuca’s July 1975 letter, when a student athlete recalled voicing concerns about Dr. Anderson’s conduct with Athletic Department personnel:

● A member of the basketball team in the 1960s recalls that Dr. Anderson fondled his penis and testicles during a PPE and that he mentioned Dr. Anderson’s “strange examination” to an assistant basketball coach. The patient does not recall the coach’s reaction or what he did in response. The coach is deceased.

● A student athlete recalls that he raised the subject of Dr. Anderson’s examinations with the men’s gymnastics head coach in the late 1960s or early 1970s. The student athlete told us the coach responded with a “wry” smile, “shrugged his shoulders,” and changed the subject, from which the student athlete assumed that the coach knew about Dr. Anderson’s misconduct. The coach is deceased.

● A member of the football team in the late 1970s and early 1980s recalls telling the football team’s athletic trainer that Dr. Anderson was fondling his genitals during examinations. According to the student athlete, the trainer “blew it off” and said, “You’re young.” We interviewed the trainer, who told us he does not recall any student athletes discussing their physical examinations with him. The same student athlete recalls that he also asked Russell Miller, who was head athletic trainer from 1979 to 1990, about Dr. Anderson’s conduct. Mr. Miller declined our interview requests, but he told DPSS that he never heard any complaints about or nicknames for Dr. Anderson.

● A member of the football team told us that Dr. Anderson gave him a rectal examination and fondled his testicles during a PPE in 1976. The student athlete told us he informed Coach Bo Schembechler that he did not want to receive any future physicals from Dr. Anderson and that “things were going down there that
weren’t right.” According to the student athlete, Mr. Schembechler explained that annual PPEs were required to play football at the University. The patient continued to see Dr. Anderson and made no further reports about Dr. Anderson’s misconduct. Mr. Schembechler is deceased.\textsuperscript{101} The same student athlete told us that his position coach used the threat of an examination with Dr. Anderson as a motivational tool. We interviewed the coach, who denied the allegation.

- A member of the football team in the late 1970s told DPSS that he received a genital examination from Dr. Anderson, who fondled his testicles, and a rectal examination, during which the student athlete pushed Dr. Anderson’s hand away. The student athlete told DPSS that he asked Mr. Schembechler “soon” after the exam, “What’s up with the finger in the butt treatment by Dr. Anderson?” According to the student athlete, Mr. Schembechler told him to “toughen up.” The student athlete told DPSS that “you do not mess with Bo, and the matter was dropped.” The student athlete, who is represented by counsel, declined our interview request.

- Another student athlete told us Dr. Anderson conducted genital and rectal examinations during a PPE in the fall of 1982. The student athlete told us that during the examination Dr. Anderson “play[ed]” with the patient’s penis and made comments about its size. Following the examination, the student athlete told us he informed Mr. Schembechler that Dr. Anderson had “mess[ed]” with his penis and that he did not “agree” with the type of physical examination that Dr. Anderson performed. Mr. Schembechler reportedly told the student athlete that he would look into it, but the student athlete never heard anything further about it. The student athlete continued to see Dr. Anderson but did not raise the matter again, fearing that doing so could jeopardize his scholarship.

- A student athlete told DPSS that, in the late 1980s, she requested that an assistant athletic trainer not send her to Dr. Anderson after she received a breast examination from Dr. Anderson, during which he felt her breasts with both hands while “moaning” with his eyes closed. The trainer reportedly never asked why she did not want to see Dr. Anderson and scheduled her with another physician. We interviewed the trainer, who does not recall anyone telling him they did not want to see Dr. Anderson or hearing any complaints or jokes about Dr. Anderson.

- A former student athlete told DPSS that members of the women’s track team complained to an athletic director about Dr. Anderson’s approach to scoliosis examinations in the early 1990s. We interviewed the athletic director, who does not recall ever hearing about it. According to the information provided to DPSS, two coaches were present during a subsequent meeting where this issue was discussed. We separately interviewed both, and both said they have no recollection of such a meeting. One coach told us that, had he learned of the issue, he would have reported it to the athletic director.

\textsuperscript{101} Multiple University personnel who worked with Mr. Schembechler told us that had he been aware of Dr. Anderson’s misconduct with patients, he would not have tolerated it.
In addition to the above, multiple civil lawsuits include allegations by named and pseudonymous plaintiffs that their coaches or trainers knew of but disregarded their concerns about Dr. Anderson’s conduct:

- A student athlete from the 1980s and 1990s alleges that head trainer Paul Schmidt told the student athlete to “get used to that” when he complained about Dr. Anderson’s examinations. 102 Mr. Schmidt told us he does not remember making such a comment. He did know at the time that Dr. Anderson performed digital rectal examinations, but Mr. Schmidt assumed they were appropriate and never thought that Dr. Anderson abused any patient. Mr. Schmidt held Dr. Anderson in high regard; accordingly, if a student athlete had questioned the appropriateness of Dr. Anderson’s examinations, Mr. Schmidt would have given Dr. Anderson the benefit of the doubt. 103

- A student athlete alleges that Mr. Schembechler sent him to Dr. Anderson for migraines in the early 1980s. 104 On at least three occasions, the student athlete alleges, Dr. Anderson gave the patient a digital rectal examination. The student athlete allegedly told Mr. Schembechler, who instructed him to report the matter to Athletic Director Don Canham. The patient alleges that he did so twice, in 1982 and 1983, but Mr. Canham took no action. The student athlete’s attorney declined our request to interview his client.

- A former student athlete alleges that he told track coaches Jack Harvey and Ron Warhurst in 1976 that Dr. Anderson was groping the student athlete’s genitals and that he asked to see another physician. 105 The student athlete alleges that both Mr. Harvey and Mr. Warhurst “laughed” and refused the request. 106 We interviewed both coaches separately; both denied the allegations.

- A former student athlete alleges that he informed Mr. Miller in 1988 of Dr. Anderson’s abuse during a required physical. 107 As noted above, Mr. Miller did

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103 Mr. Schmidt is familiar with allegations that student athletes who saw Dr. Anderson for a cold “had to drop their pants.” He believes that Dr. Anderson may have been checking their lymph nodes for signs of an infection. Mr. Schmidt recalls that student athletes would say, in sum or substance, “I went in for an infection and he said drop my pants,” and Mr. Schmidt would explain that Dr. Anderson was making sure there were no enlarged lymph nodes. The medical experts we consulted all agree that it was not the standard of care at the time to check lymph nodes in the groin area when examining a patient for a common cold.


not respond to our requests for an interview, but he told DPSS that he never heard any complaints about Dr. Anderson.

While all the Athletic Department personnel we interviewed deny receiving reports or complaints or otherwise knowing about any misconduct by Dr. Anderson, a number of current and former Athletic Department employees, some of whom worked in the Athletic Department for decades, do acknowledge hearing jokes, rumors, or other comments about Dr. Anderson. For example:

- In around 1968, a former athletic trainer heard that Dr. Anderson gave rectal examinations to student athletes as part of their physicals. The trainer’s predecessor said that he had looked into the matter, and “everything [Dr. Anderson] does is on the up and up in the physical exam.”

- A student athlete recalls that his position coach on the football team was present during “jesting” and “joking” about Dr. Anderson’s physicals, including jokes about Dr. Anderson’s “glove.” The student athlete does not know whether his coaches thought Dr. Anderson’s conduct was inappropriate. The position coach acknowledged to us that it would “not be uncommon” for student athletes to make jokes about physicals, but he does not recall hearing any such jokes or any concerns specifically about Dr. Anderson.

- An Athletic Department administrator heard a joke about whether Dr. Anderson was going to “use one finger or two fingers.”

- As noted above, former wrestling coach Bill Johannesen heard jokes from members of the wrestling team to this effect: “You go to see Dr. Anderson for a sore elbow, and he tells you to take your pants down.”

- A former Athletic Department administrator heard a rumor that if students “had a broken arm, you would get your sack checked” by Dr. Anderson. At the time the administrator considered the rumor “lighthearted humor.” In hindsight, the administrator thinks that student athletes may have been trying to be heard when they made light of the situation.

- A former equipment manager told us that there was “always locker room talk” about Dr. Anderson and that the “big joke was that Dr. Anderson had a big finger.” He also heard what he called another “locker room joke,” that “[Dr.] Anderson always made you drop your pants.”

- A former men’s track coach heard from his assistant coaches that student athletes were “joking about having to go through a physical [with Dr. Anderson] and exposing yourself,” with no further detail. He never heard anything directly from any student athlete.

- A former women’s head volleyball coach believes some students may have thought Dr. Anderson was “weird.” The former coach does not recall any student ever making a specific complaint about him.

- An athletic trainer for the men’s soccer team recalls that student athletes made jokes on more than one occasion about “dropping your drawers” when seeing Dr.
Anderson. The athletic trainer attributed this kind of talk to a “male-dominated environment of jocularity” and did not see it as a red flag at the time.

- A former head wrestling coach does not recall any “specific” jokes about Dr. Anderson, but he thinks that there was “probably locker room talk” or “banter,” which he considered “just young guys making fun of what we had to do in the next hour or so.” He heard “halfhearted jokes” but nothing “serious in nature.”

- A former student trainer heard jokes, which she described as “college kids being dumb,” about Dr. Anderson making male student athletes “pull [their] pants down.”

- A former student trainer heard locker room jokes about Dr. Anderson along the lines of, “I’m going to get my elbow checked, and it’s like, ‘Yep, drop your pants.’”

A number of the Athletic Department personnel we interviewed saw Dr. Anderson for their own medical care, both when they were University students and/or after they were hired by the Athletic Department. Nearly all of them told us that they did not experience any behavior that they found unusual or unprofessional, including during hernia or rectal examinations for some of them, which at the time they considered, or at least assumed, were appropriate.108 We think it is likely that such Athletic Department personnel may not have considered the jokes about Dr. Anderson problematic because they thought their own experiences with him were appropriate.

Starting in 1991, the Athletic Department conducted exit interviews of graduating student athletes, and medical care was one of the subjects covered. Our efforts to find the questionnaires used during these interviews were not successful, but we did find “The University of Michigan Student-Athlete Exit Interview / Questionnaire Final Analysis” from the 1994-1995 academic year, which compiled results of in-person interviews and written questionnaires for thirty-nine senior student athletes. The analysis shows that student athletes were asked if they had been subjected to physical, sexual, verbal, or mental abuse. None of the respondents reported sexual misconduct by Dr. Anderson.109

Based on our interviews with former student athletes, coaches, trainers, and other Athletic Department personnel, we make the following observations: First, there is abundant evidence that Dr. Anderson engaged in a pattern of sexual misconduct over a period of decades in connection with his examinations of student athletes. Second, very few student athletes reported at the time that Dr. Anderson had engaged in sexual misconduct. Third, whether

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108 One individual told us that when he was a student athlete at the University, he received genital and rectal examinations from Dr. Anderson during a PPE, which he thought was thorough but appropriate at the time; he nonetheless decided not to go back to Dr. Anderson for medical care. Another individual received a rectal examination from Dr. Anderson as an employee of the University. At the time he assumed that he had not effectively communicated his ailment to Dr. Anderson; he now believes the rectal examination may not have been medically appropriate.

109 The analysis included negative evaluations of Dr. Anderson: “a little senile”; “never confident with his conclusions”; “diagnosis was wrong and [Dr. Anderson] never did find out what was wrong with me”; and “self-treatment rather than see Anderson.”
through jokes, rumors, or locker room banter, student athletes’ discomfort with Dr. Anderson, specifically related to his conduct of sensitive examinations, was an open secret—or perhaps no secret at all—including among at least some coaches and trainers. Fourth, the many current and former Athletic Department personnel we interviewed expressed to a person their commitment to the welfare of student athletes, their conviction that, had they known Dr. Anderson was engaging in sexual misconduct, they would have taken action, and their certainty that their predecessors who are no longer alive would have done the same. Fifth, the fact that no Athletic Department personnel took any action, initiated any inquiry, or referred Dr. Anderson for investigation appears to have resulted predominantly from the unquestioned deference of coaches and other Athletic Department personnel to Dr. Anderson’s medical expertise and their assumption that he was acting in accordance with the prevailing standard of care. Sixth, nevertheless, the fact that no one took meaningful action is particularly disturbing in light of the nature, scope, and duration of Dr. Anderson’s misconduct.

c. Instances of Potential Awareness at Michigan Medicine

We interviewed more than seventy current and former Michigan Medicine clinicians, faculty members, medical assistants, office assistants, administrators, medical students, and residents. The vast majority told us they had heard no complaints or concerns about Dr. Anderson. Most of these individuals had generally neutral or positive recollections of Dr. Anderson, to the extent they recalled him at all.110

We heard only two accounts indicating that Dr. Anderson’s misconduct may have come to the attention of Michigan Medicine personnel: First, a patient told us that, in the 1990s, he told his therapist, a clinical social worker at University Hospital, that Dr. Anderson attempted to manually stimulate his genitals during a medical appointment at Dr. Anderson’s private practice. We interviewed the social worker, who does not recall ever hearing any complaints about Dr. Anderson. Second, a faculty member at Michigan Medicine heard from a former patient of Dr. Anderson’s that, during a medical appointment, Dr. Anderson asked whether the patient wanted help collecting a sperm sample and reached for his groin. The faculty member heard of this incident in a non-University setting, perhaps in the early 2000s or after Dr. Anderson died.

3. Dr. Anderson’s Disclosure of an Assault Lawsuit in 1996

After the acquisition of his medical practice by the University in 1995, and at least every two years thereafter, Dr. Anderson was approved for Michigan Medicine credentials, which were required for him to maintain his practice within the Michigan Medicine system.111 In his 1996

110 Moreover, administrators in the Internal Medicine Department who conducted Dr. Anderson’s performance evaluations after his practice was acquired by the University in 1995 do not recall any issues or concerns about Dr. Anderson’s performance.

111 The credentialing process required approval from administrators in the Department of Internal Medicine, as well as the Credentials Committee, the Executive Committee on Clinical Affairs, and, at least since 1998, the Hospital Executive Board or Health System Board. The Office of Clinical Affairs conducted due diligence on physicians applying for credentials. A credentialing specialist told us that, in the mid-1990s when Dr. Anderson first applied for credentials, her role involved no verification or vetting of a physician’s application, though she might raise questions if something out of the ordinary was present on the face of the application. By contrast, Michigan Medicine policy today requires a credentialing specialist to verify a variety of information, including whether a physician has malpractice insurance coverage and whether the State of Michigan has imposed any discipline on the
credentialing application, Dr. Anderson disclosed a lawsuit against him that had been dismissed. We did not find any evidence that the University looked into the matter. Had it done so, it would have seen allegations that Dr. Anderson performed inappropriate breast, pelvic, and rectal examinations on a female patient.

The application for credentials that Dr. Anderson submitted on September 10, 1996 required him to disclose whether he “ha[d] been subject to any litigation within the past two years.” Dr. Anderson wrote in response, “Case Dismissed – Document attached.” Attached to the application was a letter dated June 26, 1996 from Dr. Anderson’s attorney. The letter stated, “Dear Dr. Anderson: I am pleased to inform you that Judge Conlin granted our Motion for Summary Disposition, with prejudice. This means that [the] plaintiff can never bring this action against you at any time in the future.” The letter enclosed an Order of Dismissal based on the plaintiff’s failure to appear.

Neither the letter nor the Order of Dismissal included any information about the allegations in the case. They did, however, reference the case name and number. The court records, which are public, show that a female plaintiff sued Dr. Anderson in August 1995 in Washtenaw County Circuit Court for assault and battery and tortious infliction of emotional distress. The complaint alleged that Dr. Anderson “touched and manipulated” her breasts, “performed a rectal examination,” and “performed a pelvic examination” for “no appropriate or proper purpose” at a pre-employment physical conducted in September 1993. In his answer to the complaint, Dr. Anderson denied conducting a breast, pelvic, or rectal examination. The case was dismissed in June 1996 because the plaintiff failed to file an appearance, as ordered by the court, after her attorney withdrew.

We found no evidence that the University asked Dr. Anderson about this lawsuit or otherwise investigated the allegations. Although we found Dr. Anderson’s September 1996 application in his credentialing file, we saw no evidence that the 1996 application was ever reviewed or approved.

We also found no evidence that Michigan Medicine investigated or considered the lawsuit during any of its five subsequent approvals of Dr. Anderson’s credentials. When Dr.
Anderson re-applied for credentials in May 1997, he answered “No” to whether he had “been subject to any litigation within the past two years,” an answer that is inconsistent with his 1996 application. For the May 1997 application, the Office of Clinical Affairs initiated a search of the National Practitioner Data Bank (“NPDB”), an online database containing information about medical malpractice claims and certain adverse actions taken by state and federal licensing authorities, among others. The NPDB identified no medical malpractice or adverse action reports related to Dr. Anderson as of June 16, 1997. Dr. Anderson’s 1997 application was approved, as were all of his subsequent applications.

V. The University’s 2018-2020 Investigation into Misconduct by Dr. Anderson

We reviewed the University’s response to the complaints it received about Dr. Anderson from Mr. DeLuca and Individual A in 2018 and 2019, respectively. University officials properly and timely forwarded the allegations to OIE as required by University policy, and OIE properly referred them to DPSS, which instructed OIE to stand down until DPSS completed its investigation. However, once the law enforcement hold was lifted in May 2019, OIE made no meaningful progress in its review before January 2020, when the University decided to retain outside counsel to conduct an independent investigation. In the meantime, OIE prioritized allegations of sexual misconduct that potentially posed an active safety risk. That was a reasonable decision; but, given the seriousness of the allegations involving Dr. Anderson OIE should have addressed them more expeditiously.

A. OIE Received the 2018 and 2019 Complaints About Dr. Anderson in a Timely Manner

1. Mr. DeLuca’s 2018 Letter

On July 18, 2018, Mr. DeLuca sent a letter to Athletic Director Warde Manuel detailing allegations of sexual misconduct by Dr. Anderson in the 1970s. As discussed above in Section IV.A., Mr. DeLuca had complained about Dr. Anderson to his wrestling coach, Bill Johannesen, more than forty years earlier, in 1975. In his letter to Mr. Manuel, Mr. DeLuca reported that he had, on multiple occasions, received genital, hernia, and prostate examinations from Dr. Anderson after seeking treatment for cold sores and a dislocated elbow. Mr. Manuel told us that Mr. DeLuca’s letter immediately “stood out” because of the nature of his allegations.

Mr. Manuel was initially unsure how to proceed, given that the alleged misconduct occurred decades earlier and Dr. Anderson was deceased. On July 26, 2018, he turned to Deborah Kowich, the OGC attorney with primary responsibility for providing legal advice to the Athletic Department, for guidance. Ms. Kowich forwarded the letter to Pamela Heatlie, who was then the Director of OIE, later that same day.

Mr. Manuel’s decision to seek guidance from Ms. Kowich was reasonable. There is no evidence that Mr. Manuel, Ms. Kowich, or anyone else ever sought to ignore or conceal Mr. DeLuca’s allegations. Although University policy provides that sexual misconduct allegations

116 Mr. Manuel’s office received Mr. DeLuca’s letter while Mr. Manuel was out of the office. Mr. Manuel reviewed Mr. DeLuca’s letter and discussed it with Ms. Kowich soon after his return.
should be reported directly to OIE, it was not inappropriate for Mr. Manuel to consult OGC in the first instance. Indeed, University employees are advised to contact OGC if they are uncertain about how to proceed, particularly in situations that are not specifically covered in training or that are atypical in some way. Mr. Manuel’s decision to seek guidance from OGC did not impede, interfere with, or delay OIE’s handling of Mr. DeLuca’s letter or the response to it.

2. August 2019 Complaint

Two University administrators promptly made OIE aware of an email they received in August 2019 from another former University student, Individual A, alleging that Dr. Anderson subjected him to sexual abuse in the early 1970s. On August 18, 2019, Individual A sent an email to the administrative assistants for Dr. Robert Ernst, Executive Director of UHS, and Dr. Elizabeth Cole, then the Interim Dean of the University’s College of Literature, Science, and the Arts. The email described in detail alleged sexual misconduct that Individual A experienced during an examination by Dr. Anderson at UHS. Individual A reported that Dr. Anderson had asked him to manually stimulate Dr. Anderson’s penis to the point of ejaculation to receive treatment for suspected exposure to an STI.

Dr. Ernst sent Individual A’s email to OIE and OGC on August 21, 2019, the same day his assistant forwarded the email to him. After receiving Individual A’s email from her assistant, Dr. Cole reached out to Individual A directly on August 22 to thank him for sharing his experience and assure him that she would forward his letter to OIE and the University’s law enforcement team. On August 26, Dr. Cole forwarded Individual A’s email to Jeffery Frumkin, who was then Interim Director of OIE,117 and to DPSS.

B. OIE’s Review of the 2018 and 2019 Complaints About Dr. Anderson Was Unreasonably Delayed

1. OIE’s Initial Review

Less than two weeks after receiving Mr. DeLuca’s letter on July 26, 2018, Ms. Heatlie contacted him to ask whether he would be willing to meet for an interview and to provide him with information about counseling resources, including those provided by the University’s Sexual Assault Prevention and Awareness Center. Mr. DeLuca agreed to be interviewed and met with Ms. Heatlie on August 27, 2018. During that meeting, he told Ms. Heatlie that Dr. Anderson had, on a number of occasions, subjected him to genital and rectal examinations during medical visits for unrelated conditions. After the meeting, Mr. DeLuca found among his personal papers decades-old correspondence with his wrestling coach Mr. Johannesen, including a copy of the letter he sent to Mr. Johannesen in July 1975 referring to “Dr. ‘drop your drawers’ Anderson.” Mr. DeLuca mailed a copy of the letter to Ms. Heatlie.

Over the next month, OIE resource constraints kept Ms. Heatlie from taking further steps to review Mr. DeLuca’s allegations, and she focused on cases that posed an active risk to the

117 In October 2018, Ms. Heatlie transferred to the Dearborn campus as its Director of OIE. See infra Section V.B.
University community. Ms. Heatlie was clear about that with Mr. DeLuca, emailing him on September 6, 2018 that OIE’s review could be delayed due to the office’s workload.

Ms. Heatlie next took action on Mr. DeLuca’s complaint on October 1, 2018, when she referred the matter to DPSS. This referral was consistent with OIE’s practice to notify DPSS of potential criminal conduct.118 Two days later, on October 3, DPSS notified Ms. Heatlie that DPSS was instituting a “law enforcement hold.” Such a hold, though not defined in any University policy, has the practical effect of pressing pause on an OIE investigation while DPSS conducts a criminal investigation. DPSS law enforcement holds vary in scope: some direct OIE not to speak with certain witnesses until DPSS is able to interview them; others bar OIE from taking any investigative actions. In this case, DPSS specifically instructed OIE to “stop” any investigation until DPSS’s investigation was complete. Then—as now—there was no written policy as to how DPSS was to notify OIE when the law enforcement hold had been lifted.

Also on October 3, Ms. Heatlie received information from which she inferred that there may have been other complaints about Dr. Anderson’s misconduct. The information was vague and came from someone without firsthand knowledge. Ms. Heatlie called DPSS the same day to provide this additional information but did not do anything further because of the law enforcement hold.

2. Law Enforcement Review

The DPSS investigation was assigned to Mark West, who joined the Criminal Investigation Unit at DPSS as a detective in 2015. Detective West began his investigation promptly and within two weeks had interviewed Mr. DeLuca, two University employees, and a LARA employee.

Detective West conducted an extensive investigation over the next seven months. He made contact with a half-dozen former University students and non-affiliated community members who said they had experienced serious misconduct at the hands of Dr. Anderson, as well as nearly fifty current and former University employees he thought might have relevant information. He reviewed Dr. Anderson’s personnel file, executed a search warrant to obtain access to certain medical malpractice files, and reviewed court records related to Dr. Anderson.119 Detective West completed his investigation in April 2019.

At the end of an investigation, if DPSS believes that all elements of a crime have been met or wants a second opinion as to whether a crime has been committed, it submits the case to the Washtenaw County Prosecutor’s Office. Case files are typically submitted to the Prosecutor’s Office through an online portal. In this case, Konrad Siller, who was then the First Assistant Prosecuting Attorney, believed that the matter was unlikely to result in criminal charges given the passage of time and the fact that Dr. Anderson was deceased. As a result, Mr.

118 Ms. Heatlie did not report the allegations to DPSS earlier because she had mistakenly assumed that DPSS would not investigate allegations involving a deceased person.

119 Two other DPSS detectives assisted Detective West with his investigation for short periods.
Siller instructed Detective West to send his report by email rather than through the online portal. Detective West did so on April 29, 2019.

After submitting the DPSS report to the Prosecutor’s Office, Detective West periodically inquired about the status of the case. When Detective West checked in on June 11, 2019, Mr. Siller said the review had not been completed because he had “[t]oo many murder cases going on.” When OIE sent Individual A’s report to DPSS in August 2019, Detective West investigated the allegations and sent the Prosecutor’s Office additional information that same month.

It is not clear when the Prosecutor’s Office completed its review. Officials in the Prosecutor’s Office told us that they communicated to DPSS in the fall of 2019 that their review was complete, and nothing had changed Mr. Siller’s earlier informal assessment that no criminal charges would be filed. DPSS officials told us they did not receive such notice. On January 21, 2020, DPSS told Ms. Seney that the Prosecutor’s Office still had not completed its review. On February 18, 2020, Steven Hiller, who was then the Chief Assistant Prosecuting Attorney in the Prosecutor’s Office, provided written notice to University of Michigan Chief of Police Robert Neumann that the Prosecutor’s Office had decided not to file any criminal charges in connection with the allegations against Dr. Anderson.\footnote{120 In February 2020, a University official publicly stated that the University had been awaiting a charging decision from the Prosecutor’s Office before undertaking any broad outreach to Dr. Anderson’s patients. We received conflicting information from individuals at OIE and DPSS about what steps, if any, OIE or the University could have taken after the law enforcement hold was lifted but while the Prosecutor’s Office was reviewing the case. Regardless, any delay caused by uncertainty about the status of the Prosecutor’s Office’s review was relatively brief. The University first considered retaining outside counsel or engaging in broader outreach in December 2019. The University retained Steptoe on January 23, 2020 and publicly announced its investigation on February 19, 2020.}

3. OIE’s Continued Review

DPSS did not inform OIE when it had completed its investigation of Mr. DeLuca’s complaint. On May 20, 2019, Ms. Heatlie emailed DPSS to ask whether the criminal investigation was still in progress. Chief Neumann notified Ms. Heatlie the following day that OIE could proceed with its investigation.

Ms. Heatlie, who had transferred from the Ann Arbor campus to the Dearborn campus, informed the new Title IX Coordinator in Ann Arbor, Elizabeth Seney, that the case was no longer under a law enforcement hold. Ms. Heatlie informed OGC on June 6, 2019, that Ms. Seney would be taking over the investigation. Ms. Seney requested a copy of Detective West’s report on July 2, 2019, and received it on July 17, 2019. Ms. Seney completed her initial review of the DPSS report over the next two months. In the interim, she received Individual A’s email; she contacted him in September 2019.\footnote{121 Ms. Seney does not believe she spoke with Individual A following this outreach.} OIE’s investigation then largely sat dormant for the next three months.

In December 2019 Ms. Seney asked a recently hired OIE investigator to review the DPSS report. After doing so, the investigator suggested that the University consider taking certain steps, including hiring an outside investigator, based in part on how other universities had handled similar allegations of sexual misconduct. The OIE investigator considered it important...
to begin moving quickly, given the time that had passed since the University’s receipt of Mr. DeLuca’s letter. On January 8, 2020, the investigator and Ms. Seney met with OGC. On January 23, 2020, the University hired Steptoe to conduct an independent investigation into the allegations against Dr. Anderson. All told, eighteen months elapsed, including eight months since OIE was given the green light to proceed with its investigation, since Mr. Manuel received Mr. DeLuca’s letter—an unreasonable delay given the gravity of the allegations.

VI. Additional Considerations

We endeavored to understand what Dr. Anderson did, who at the University knew about it, and when they knew. We have also considered why no University personnel took any meaningful action despite the cloud of rumors, jokes, and innuendo that followed Dr. Anderson throughout his University career. With respect to the former constellation of questions, we heard repeatedly that Dr. Anderson engaged in misconduct with patients who may have been, for varying reasons, susceptible targets unlikely to report their experiences. With respect to the latter question, we believe deference to doctors in general, and Dr. Anderson in particular, and insensitivity to direct and indirect expressions of concern about him coincided with a lack of adequate policies and procedures for identifying, reporting, and addressing sexual misconduct.

A. Dr. Anderson Engaged in Misconduct with Patients Who Were Unlikely to Report Their Experiences

As we have described, a number of University students raised concerns at the time, directly or indirectly, about Dr. Anderson. But those who did so represent only a small fraction of the hundreds of patients who have come forward now, who may themselves represent only a fraction of the patients with whom Dr. Anderson engaged in sexual misconduct.

The vast majority of patients with whom we spoke had not previously reported what happened to them outside a close circle of family and friends, if to anyone at all. We believe that at least some patients who might otherwise never have reported their experiences were encouraged to come forward by the parameters we put in place at the outset of our investigation—that we would not share patient names or identifying information with the University or disclose patient names or identifying information in this Report without the patient’s express permission—along with the understanding that other patients who had not previously reported their own experiences were now doing so. Indeed, multiple patients told us they came forward to speak with us because they believed that sharing their own experiences would lend collective credibility and corroboration to what other patients had said about their experiences with Dr. Anderson.

The social science experts we consulted advise that those subjected to sexual assault and other sexual misconduct often do not report their experiences until much later, if ever.122 And, in consultation with the social science experts, we have identified several factors that likely

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discouraged many of Dr. Anderson’s patients in particular from reporting his sexual misconduct at the time.

First, there is an inherent imbalance of power and knowledge between physicians and their patients, particularly patients with relatively little experience with doctors. The doctor-patient relationship is built on trust in the doctor’s medical expertise, which the patient typically lacks, and the assumption that the physician’s actions have a sound medical basis and are performed in the best interest of the patient. Here, that dynamic resulted in many of Dr. Anderson’s patients not knowing with certainty whether his conduct was inappropriate when they experienced it. Many of Dr. Anderson’s patients told us, for example, that they thought Dr. Anderson’s prolonged genital and painful rectal examinations were standard parts of a physical examination, that Dr. Anderson was just unusually thorough, or that, if Dr. Anderson opted to perform a hernia check or rectal examination during a visit for a cold or the flu, he must have had a valid reason. Other patients told us that they had been brought up to respect authority figures such as doctors and did not think to question or challenge a much older, seemingly widely respected, senior physician. Student athletes told us that they assumed Dr. Anderson’s examinations, which were different in notable ways from their high school physicals, must be part of “big time” athletics. For many of these patients, their examination by Dr. Anderson was their first experience with adult medicine; up to that point, many had only seen their childhood pediatricians or received limited medical care.

Second, many of the student athletes Dr. Anderson examined were on scholarship, and some of them told us they feared that complaining about Dr. Anderson’s examinations would put their financial aid, and hence their ability to remain at the University, at risk. Numerous student athletes also told us they worried that complaining about Dr. Anderson’s examinations would be perceived as “rocking the boat” or “making waves” and could cause them to lose playing time. It should be noted, however, that no one told us that any scholarship was ever actually threatened, or playing time reduced, for these reasons.

Third, Dr. Anderson treated other groups of especially vulnerable patients, including LGBTQ students. Patients told us that—especially in the 1960s to 1980s—finding physicians in Ann Arbor for medical issues prevalent in the LGBTQ community was difficult, and that tolerating Dr. Anderson’s examinations was what they understood to be required to get treatment. Some patients told us that they did not report Dr. Anderson’s misconduct because they feared doing so would require them to disclose their sexual orientation when they were not prepared to do so. Dr. Anderson’s conduct caused others to question their own sexuality, which discouraged reporting. Dr. Anderson also saw, and engaged in misconduct with, patients seeking treatment for conditions they found sensitive or embarrassing, such as STIs and fertility issues, and patients seeking medical diagnoses that would enable them to avoid being drafted.

It also bears noting that Dr. Anderson appears to have refrained from engaging in sexual misconduct with patients who were more likely to recognize and report it. For example, we interviewed several coaches in the Athletic Department who saw Dr. Anderson for periodic physicals and routine care, and some who also sent their family members to Dr. Anderson for care. The vast majority of these individuals told us that they experienced nothing untoward during their interactions with Dr. Anderson.
B. The University’s Sexual Harassment Policies and Procedures Were Inadequate

As we have discussed, other than the efforts of Mr. Toy, Ms. Hassinger, and Mr. Parnes, we found no evidence of any University employees raising complaints about Dr. Anderson, despite a persistent swirl of rumors, jokes, and innuendo that followed him. Although rumors, jokes, and innuendo were certainly not formal reports, it is striking that they do not appear to have prompted anyone to take any meaningful action. Some of the inaction may have stemmed from the same deference to doctors discussed above or a lack of understanding that a patient was attempting to raise a concern.

There is no way to know whether better policies and procedures might have made a difference. Nonetheless, it must be noted that the University’s sexual misconduct infrastructure during Dr. Anderson’s career was lacking in significant respects.

Prior to Dr. Anderson’s tenure at the University, there were no formal sexual harassment policies in place for the first fourteen years of Dr. Anderson’s career at the University. And while sexual harassment may have been widely understood to be inappropriate even in the absence of policies that specifically prohibited it, there was no requirement for employees to report it prior to September 1980.

Second, even after the University instituted its sexual harassment policies, they did not adequately ensure that misconduct was reported and addressed. In September 1980, the University issued Standard Practice Guide (“SPG”) 201.89, which barred employees from sexually harassing other employees, and an accompanying directive that prohibited the sexual harassment of students (“Policy Statement”). The Policy Statement directed students to make sexual harassment complaints to the Affirmative Action Coordinator in the student’s specific school of study or the Ombudsperson in the Office of the Vice President for Student Services. But the Policy Statement still did not require University employees to report allegations of sexual harassment of students.

Third, a lack of clear reporting channels for students or clear reporting obligations for employees (both before and after the University’s sexual harassment policies were in place) may have contributed to the persistence of Dr. Anderson’s conduct. There is no doubt that Dr. Anderson’s misconduct violated the SPG and Policy Statement instituted in 1980. Multiple patients told us, however, that they did not know where to complain. Even when University

123 SPG 201.89, when adopted on September 1, 1980, applied only to conduct by University personnel against University personnel. The Policy Statement, issued on September 15, 1980 by President Shapiro, covered sexual harassment against students. In 1991, SPG 201.89 was revised to apply to conduct by University personnel against both employees and students.

124 These policies, and subsequent iterations of them, prohibited University personnel from making unwelcome sexual advances toward other University employees or students, making sexual propositions, and engaging in other verbal or physical conduct of a sexual nature where: submission to such conduct was either explicitly or implicitly a term or condition of an individual’s employment or education; submission to or rejection of such conduct was the basis for academic or employment decisions affecting that individual; or such conduct had the purpose or effect of substantially interfering with an individual’s academic or professional performance or creating an intimidating, hostile or offensive employment, educational, or living environment. The definition of sexual harassment varied somewhat over time but generally covered these categories of conduct.
personnel did receive complaints, they were not required to report them to any central office for much of Dr. Anderson’s career. Thus when Mr. Easthope received complaints about Dr. Anderson’s misconduct with students, the Policy Statement did not require him to involve other University offices or conduct a formal investigation. To be clear, we do not attribute Dr. Anderson’s decades of sexual misconduct, or the fact that no one effectively addressed it, to a lack of adequate policies and procedures. But we do believe, as discussed below, that clear policies and procedures, and a culture of awareness and reporting, are key to making sure something similar never happens again.

VII. Recommendations

We have carefully considered measures that could prevent misconduct of the kind found in our investigation from going undetected or unaddressed in the future. To that end, we reviewed relevant policies, procedures, and practices at the University; interviewed University personnel responsible for them; reviewed policies, procedures, and practices at peer institutions; and consulted with the medical and social science experts identified above. The resulting recommendations discussed below are aimed at ensuring that sexual misconduct concerns and complaints are identified, reported, and acted on appropriately.

Our factual findings relate to events that occurred decades ago. Legal requirements, standards of care, and best practices in both the academic and medical settings have changed markedly since then. The University’s approach to identifying and addressing sexual misconduct has changed markedly as well.

The University has taken significant steps in recent years to improve its sexual misconduct policies and procedures, including with respect to faculty and staff misconduct. In 2018, the University engaged the law firm Hogan Marren Babbo & Rose, Ltd. (“HMBR”) to conduct an independent assessment of its reporting mechanisms and written policies and procedures relating to sexual misconduct. HMBR published its report and recommendations in April 2019. HMBR’s recommendations led to the issuance of the University’s August 7, 2020 Interim Policy on Sexual and Gender-Based Misconduct (“Interim Policy”), an umbrella policy that addresses sexual and gender-based misconduct by and against students, faculty, staff, and third parties. The Interim Policy remains in effect today.

On July 31, 2020, WilmerHale issued a report of its independent investigation of allegations of sexual misconduct by former Provost Martin A. Philbert (the “Philbert Report”).


The University thereafter engaged the consulting firm Guidepost Solutions to assist with implementation of the recommendations in the Philbert Report. That work is ongoing.128

We believe that the changes the University has already made represent significant improvements in its sexual misconduct policies and procedures. Some of our recommendations are consistent with measures the University is in the process of implementing; other recommendations are intended to enhance measures that have been or are being put in place.

First, the University should develop a more robust culture of recognition and reporting of potential sexual misconduct, first and foremost by enhancing its training programs.

Second, the University should consider providing additional resources and training regarding chaperone policies and sensitive examinations.

Third, the University should take concrete steps to assess individual departments’ responses to sexual misconduct issues.

Fourth, the University should enhance its due diligence procedures for physician self-disclosures to ensure that information of potential concern is adequately investigated.

Fifth, the University should enhance coordination and communication among and between OIE, DPSS, and the Prosecutor’s Office.

Sixth, the University should ensure that OIE has sufficient resources to carry out its responsibilities, especially with respect to the investigation and resolution of sexual misconduct reports.

A. Promote a Culture of Awareness and Reporting

For the University to take appropriate measures to address sexual misconduct, it must first be aware of that misconduct. As discussed above, we found that from the beginning of Dr. Anderson’s employment at the University, there was a persistent swirl of rumors and jokes about his conduct during both general examinations and PPEs, including his propensity for performing sensitive examinations regardless of the reason for a patient’s visit. Yet multiple University personnel told us that they did not recognize the rumors and jokes that they heard as indicative of potential sexual misconduct; accordingly, they took no action. Moreover, throughout much of Dr. Anderson’s employment, the reporting of sexual misconduct was not centralized in a particular University office.

128 Among the changes already implemented are measures to ensure that findings of policy violations and other misconduct are documented and accessible for review in faculty hiring and promotion decisions. Records of OIE findings, as well as any sanctions, are now kept in OIE’s files, the department human resources file, and the central human resources file. OIE also began developing a new database of case files with improved search functionality in late 2018 and put the database into use in February 2020. This allows OIE to monitor more easily for repeat complaints against an individual. Additionally, the Interim Policy is due to be finalized later this year following the receipt of community feedback and input from Guidepost Solutions.
University personnel today have a more informed understanding of potential indicia of sexual misconduct than was the case during Dr. Anderson’s employment. And the Interim Policy has centralized reporting of alleged sexual misconduct in OIE. In addition, OIE has adopted an escalations procedure that requires certain allegations of sexual misconduct—including those involving a patient and physician—to be brought to the immediate attention of the Board of Regents. To further promote and support a culture of awareness and reporting, the University should take the following steps.

1. **Training Should Address the Different Ways Misconduct Is Reported**

   The University should consider whether its training programs sufficiently sensitize employees to the various ways that victims and others may reveal information about sexual misconduct, whether recent or historical. Training should make clear that rumors, jokes, and other informal comments and accounts, whether by possible targets of sexual misconduct or third parties, may warrant further inquiry or reporting to OIE. Similarly, training should include information to help employees better recognize when someone is suffering from trauma that may be indicative of sexual assault, even when that person makes no explicit or affirmative disclosure about an incident. Moreover, training should ensure that employees understand that victims may not speak of their experiences until long afterward.

2. **Training Should Address Athletic Department Culture Specifically**

   The University should ensure that Athletic Department employees and student athletes receive adequate training on how team dynamics and athletics culture may discourage reporting of sexual misconduct and affect how sexual misconduct incidents are discussed. We found that Athletic Department personnel discounted what student athletes said about Dr. Anderson as “locker room talk.” Some student athletes recall being told to “toughen up” or “get used to it” when they raised concerns; others kept silent because they were too embarrassed, ashamed, or afraid to give voice to what they had experienced. The University currently offers annual mandatory training to Athletic Department employees that covers their reporting obligations. The University also offers annual mandatory training to student athletes, which covers hazing, sexual misconduct, and team dynamics. The University should review these trainings to ensure they sufficiently address aspects of athletics culture that may affect how sexual misconduct is raised, identified, and reported.

3. **Employees Need to Understand Their Reporting Obligations**

   It is critical that University employees understand what their reporting obligations are and how to carry them out. The Individuals with Reporting Obligations (“IROs”) provision of the Interim Policy provides greater detail than prior policies regarding reporting obligations, but this issue continues to generate questions among University employees as to the identity of IROs or

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129 The Interim Policy identifies the various avenues through which students and employees can report sexual misconduct—by either students or employees—to OIE for further investigation. The Interim Policy also designates certain groups of University officials as “Individuals with Reporting Obligations,” who are obligated to report to OIE when they learn of potential sexual misconduct, as defined by the policy. There are additional obligations placed on certain “officials with authority” to report regardless of when and how they learn of the apparent misconduct. See Interim Policy at 16.
“officials with authority” and the extent of their reporting responsibilities. To address this confusion, we endorse the recommendation in the Philbert Report that the University implement mandatory training to educate University employees on who qualifies as an IRO or an official with authority and the responsibilities that accompany those designations. We also reiterate the Philbert Report’s recommendation that the University’s mandatory training highlight how bystanders can recognize the warning signs of sexual misconduct and when and how they should intervene. We understand that the University is in the process of developing such training.

B. Implement Additional Resources and Training Regarding Sensitive Examinations

When Dr. Anderson was employed at the University, it was not standard practice to provide a chaperone for all sensitive examinations. Recent high-profile cases involving physician misconduct at other institutions led to changes in best practices regarding sensitive examinations, including the use of chaperones. The University of Michigan has implemented written chaperone policies at UHS (April 2018), Michigan Medicine (June 2019), and the Athletic Department (July 2019). Although the University’s chaperone policies are generally clear and thorough, we recommend that the University review the policies to ensure they are aligned and consistent across units, to the extent possible and appropriate, and are adequately detailed. For example, we recommend that all chaperone policies require that both the physician and the chaperone document in the patient’s record when a chaperone is present and any instances in which a patient declines to have a chaperone present. We also recommend that the policies or associated training guidelines describe elements of effective chaperoning, such as establishing a line of sight to the point of physical contact during a sensitive examination and using verbal cues to communicate with the healthcare provider.

For the chaperone policies to be effective, both the healthcare providers conducting examinations and the chaperones observing those examinations must understand what the

130 The University currently encourages employees to take an online optional training module, which includes information on mandatory reporting obligations. See Information for Individuals with Reporting Obligations (IROs), OFFICE FOR INSTITUTIONAL EQUITY, https://oie.umich.edu/information-for-responsible-employees/ (last visited May 10, 2021). While our recommendations focus on internal reporting obligations, it is also important that University employees understand when to report conduct to outside authorities.

131 It became standard practice for male physicians to offer female patients (but not male patients) the option of a chaperone for sensitive examinations during the 1980s.

132 The current UHS chaperone policy requires both the healthcare provider and the chaperone to document the presence of the chaperone or the patient’s decision not to use a chaperone. While the Athletic Department and Michigan Medicine chaperone policies require documentation of the presence of a chaperone or the patient’s decision not to use a chaperone, they do not clearly impose this requirement on both the healthcare provider and the chaperone.

133 UHS’s Chaperone and Assistant Training Guidelines and Michigan Medicine’s Chaperone and Health Professional Guidelines for: The Use of Chaperones During Sensitive Examinations, Procedures and Care Policy 62-01-016 describe the expectations of chaperones, including with respect to appropriate positioning and verbal cues. The current Athletic Department policy does not include similar guidance. The American College Health Association’s (“ACHA”) Best Practices for Sensitive Exams states that chaperones should be educated about “[p]ositioning of chaperone during exam to visualize point of contact of exam or procedure” and “[r]eviewing how chaperone may intervene or stop an exam if they are concerned about patient distress or inappropriate steps during the exam.” ACHA, Best Practices for Sensitive Exams 5 (Oct. 2019),
policies require. Healthcare providers and anyone who might serve as a chaperone, including student trainers in the Athletic Department, should complete mandatory training on the policies. We recommend that such training be repeated periodically, at least once every three to five years.\textsuperscript{134} We further recommend that these training requirements be clearly set out in the chaperone policies.\textsuperscript{135}

The University should also make patients aware of the chaperone policy and what to expect during a sensitive examination. We found that many of Dr. Anderson’s patients did not recognize that his conduct was inappropriate because they did not know what to expect during their examinations. We recommend that the University consider ways to inform patients—if possible, in advance of appointments when a sensitive examination will be conducted—what they should expect during the examination and that they may have a chaperone present.\textsuperscript{136} We also recommend that the University review its current student training programs to ensure that they adequately educate students regarding sensitive examinations and the University’s chaperone policies. Student athletes should also be informed of the standard components of a University PPE, including that it typically does not require that any sensitive examinations be performed.

Finally, the University should ensure that students are encouraged to report any violations of the chaperone policy or physician misconduct, whether that be through internal channels or to outside authorities. The University should review its patient education materials and ensure that they clearly explain that, whenever a patient is concerned that a physician (or chaperone) engaged in conduct that seemed inappropriate during a sensitive exam, the patient is encouraged to ask questions or make a report through available channels (regardless of how much time has passed since the examination).\textsuperscript{137} The University should also review its existing patient survey processes to ensure that they adequately solicit feedback from patients regarding potential physician misconduct and adequately inform patients of available reporting options.

\textsuperscript{134} Certain healthcare providers at UHS, the Athletic Department, and Michigan Medicine indicated that they repeat the chaperone training annually. However, neither the UHS nor Athletic Department chaperone policies and associated guidelines describe any training expectations for healthcare providers, and the Michigan Medicine policy requires only “[o]netime (or on hire) completion” of the training. We believe that both healthcare providers and chaperones should repeat the chaperone training every three to five years at a minimum. Our recommendation is consistent with the ACHA’s \textit{Best Practices for Sensitive Exams}, which recommends that training of chaperones and healthcare providers “occur at hire and [be] renewed regularly.” See ACHA, supra note 133, at 4.

\textsuperscript{135} UHS sets forth its chaperone training expectations, but not its healthcare provider training expectations, in its \textit{Chaperone and Assistant Training Guidelines}. The current Athletic Department chaperone policy does not include any training requirements. Michigan Medicine sets forth its chaperone and healthcare provider training expectations in its \textit{Chaperone and Health Professional Guidelines for: The Use of Chaperones During Sensitive Examinations, Procedures and Care Policy 62-01-016}.

\textsuperscript{136} The ACHA’s \textit{Best Practices for Sensitive Exams} emphasizes the importance of educating patients, prior to their examinations, regarding “what the exam entails, the purpose and availability of a chaperone, and importantly, the patient’s ability to decline or stop any portion of the exam.” ACHA, supra note 133, at 5.

\textsuperscript{137} The ACHA’s \textit{Best Practices for Sensitive Exams} states that “patient education should include information on the processes for reporting violations of policy.” ACHA, supra note 133, at 5.
C. Conduct Periodic Reviews of Departments and Units

Multiple patients of Dr. Anderson told us that they did not report his misconduct because they did not believe their complaints would be taken seriously or that Dr. Anderson would be held accountable. The University can promote a culture of accountability by conducting periodic reviews of departments and units to ensure that they are following the University’s sexual misconduct policies and procedures.

The University of Michigan periodically conducts or participates in climate surveys of students regarding sexual misconduct, and the Philbert Report recommended that the University conduct a climate survey for employees as well. Either as part of this process or as a separate process, we recommend that the University periodically assess the climate within individual departments or units with respect to sexual misconduct. Departments and units within the University have different characteristics and challenges, so identifying how sexual misconduct issues arise and are addressed within different parts of the University would allow the University to better evaluate the effectiveness of sexual misconduct trainings and to monitor and enforce compliance with relevant policies and procedures. Special attention may be required when physicians report to non-physicians or non-healthcare leaders.

Periodic assessments could include an analysis of the incidence of sexual misconduct; employees’ awareness of and comfort with available sexual misconduct policies and procedures; the culture within individual departments and units with respect to sexual misconduct; whether students and employees are comfortable reporting sexual misconduct incidents; and whether they believe reports are addressed in a timely and equitable manner. A periodic review process could offer students, faculty and staff, and other stakeholders the opportunity to provide information and feedback to OIE.

D. Improve Tracking of Self-Disclosures During the Credentialing Process

As discussed above, Dr. Anderson self-disclosed in his September 1996 credentialing paperwork a lawsuit against him that had recently been dismissed. The plaintiff in that lawsuit alleged that Dr. Anderson engaged in unnecessary breast, pelvic, and rectal examinations during a pre-employment physical. There is no evidence that the University took any note of the lawsuit when Dr. Anderson reported it, nor is there any evidence that anyone recognized the omission when Dr. Anderson did not list the lawsuit on his next credentialing application.

Michigan Medicine should continue to require providers to self-disclose during the credentialing process any recent or pending legal proceedings—a practice that has been in place with respect to malpractice claims at least since the earliest credentialing application we located for Dr. Anderson (dated December 1994). But self-disclosure without appropriate follow-up has little value. There remains no formal process at Michigan Medicine to track whether providers’ self-disclosures have been investigated or whether information disclosed is consistent from one

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138 In the spring of 2019, the University was one of thirty-three institutions to participate in a climate survey of undergraduate and graduate students conducted by the Association of American Universities regarding sexual misconduct. The University also participated in climate surveys of undergraduate and graduate students in 2015 (one administered by the Association of American Universities, and one designed specifically for the University and administered by a local Ann Arbor firm).
credentialing application to the next. A process should be put in place to ensure that self-disclosed matters receive appropriate attention and inquiry.

E. Improve Communication About Sexual Misconduct Investigations Between OIE, DPSS, and the Prosecutor’s Office

After referring Mr. DeLuca’s complaint to DPSS in early October 2018, OIE took no investigative steps of its own for the next eight months because of the law enforcement hold imposed by DPSS. DPSS notified OIE that it could resume its investigation only after OIE inquired about the status of the hold in May 2019, approximately one month after DPSS had completed its investigation.

There was (and still is) no written process governing DPSS law enforcement holds. Instead, the existence and scope of a hold depends on the circumstances of each case and conversations between individuals at DPSS and OIE. At a minimum, this case-by-case approach creates confusion. We recommend that OIE and DPSS adopt a written process covering, at least, when law enforcement holds are warranted, what effect a law enforcement hold has on particular OIE investigations, how long any law enforcement hold remains in effect, the frequency of communications between DPSS and OIE during the pendency of law enforcement holds, and the process for communicating the lifting of law enforcement holds.139 We understand that OIE and DPSS are currently developing a process document.

There is also opportunity for improvement with respect to DPSS’s communication with the Prosecutor’s Office. Officials from the Prosecutor’s Office have stated publicly that they determined in the fall of 2019 that no criminal charges would be brought in connection with the allegations against Dr. Anderson. But DPSS officials told us they received no notice of that decision until the Prosecutor’s Office issued a written statement in February 2020. Because DPSS submitted its report on Dr. Anderson to the Prosecutor’s Office informally via email rather than through the online portal, DPSS did not receive the notifications that the online system would have automatically sent when the Prosecutor’s Office completed its review and made its non-prosecution determination.

To provide a clear audit trail and to ensure that updates regarding the status of Prosecutor’s Office reviews are promptly communicated to DPSS, we recommend that DPSS submit all cases it refers to the Prosecutor’s Office through the online notification system—irrespective of whether DPSS or the Prosecutor’s Office believes the case is likely to result in criminal charges. Doing so will help avoid unnecessary delays in the University’s investigations by ensuring that DPSS is promptly notified when the Prosecutor’s Office has reached a charging decision.

139 The current Title IX regulations do not specify how long a law enforcement hold may remain in effect. Section 106.45(b)(1)(v) provides that the University’s designated reasonably prompt time frame for completion of a grievance process is subject to temporary delay or limited extension for good cause, which may include concurrent law enforcement activity. See 34 C.F.R. § 106.45(b)(1)(v).
F. Ensure that OIE Has Sufficient Resources to Fulfill Its Mandate

A significant factor in the delay in investigating the allegations against Dr. Anderson beginning in 2018 was a lack of adequate resources within OIE. While OIE has doubled its staff from ten employees in June 2018 to twenty employees currently, an additional staff position devoted to training and education remains unfilled. We recommend that the University fill that position promptly and reevaluate the sufficiency of OIE’s resources, now and on a regular basis going forward, to assess whether additional resources are needed for OIE to implement our recommendations and fulfill its important responsibilities.

Conclusion

In spite of the limitations attributable to the passage of time, the paucity of relevant documentary evidence, and the unavailability of patients and witnesses, we have no doubt that Dr. Anderson engaged in a prolonged pattern of sexual misconduct involving many members of the University community. Whether or not others should have taken note of the rumors and innuendo surrounding Dr. Anderson in his first dozen years at the University or in the years thereafter, there is no reasonable explanation for Thomas Easthope’s failure to do so based on the information conveyed to him between 1978 or 1979 and 1981.

The University has significantly changed in the nearly two decades since Dr. Anderson’s retirement. The University of today has greater understanding and awareness of what constitutes sexual misconduct, additional reporting obligations, centralized processes for responding to reports, and stronger support systems for those affected. Our recommendations should enhance the University’s policies, procedures, and practices to prevent this kind of misconduct from happening again.
APPENDIX A
## Glossary of Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ACHA</td>
<td>American College Health Association</td>
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<td>DPSS</td>
<td>University of Michigan Division of Public Safety and Security</td>
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<td>EAA</td>
<td>East Ann Arbor Health and Geriatric Center</td>
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<td>FAA</td>
<td>Federal Aviation Administration</td>
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<td>IROs</td>
<td>Individuals with Reporting Obligations</td>
</tr>
<tr>
<td>LARA</td>
<td>Michigan Department of Licensing and Regulatory Affairs</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Transgender, and Queer</td>
</tr>
<tr>
<td>NPDB</td>
<td>National Practitioner Data Bank</td>
</tr>
<tr>
<td>OGC</td>
<td>University of Michigan Office of the Vice President and General Counsel</td>
</tr>
<tr>
<td>OIE</td>
<td>University of Michigan Office for Institutional Equity</td>
</tr>
<tr>
<td>PPE</td>
<td>Pre-participation Physical Examination</td>
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<td>SPG</td>
<td>Standard Practice Guide</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>UHS</td>
<td>University Health Service</td>
</tr>
<tr>
<td>UMHS</td>
<td>University of Michigan Health System</td>
</tr>
</tbody>
</table>
APPENDIX B
DATE: April 29, 2021

NAME: Margot Putukian, MD, FACSM, FAMSSM

PRESENT TITLE: Chief Medical Officer, Major League Soccer
420 5th Ave, New York, New York 10018
Chief Medical Officer / Consultant; November 1, 2018 - current
Medical Consultant; September 2014 – October 2018

HOME ADDRESS: 2 English Lane, Princeton, NJ 08540

OFFICE ADDRESS:

TELEPHONE NUMBER/E-MAIL ADDRESS: (C), (609)-651-7614, mputukian@gmail.com

CITIZENSHIP: U.S.A.

EDUCATION:
A. Yale University
   New Haven, Connecticut
   B.S. Biology   May 1984
B. Boston University School of Medicine
   Boston, Massachusetts
   Medical Degree (MD)   May 1989

POSTGRADUATE TRAINING:
A. Internship and Residency
   Strong Memorial Hospital, Primary Care Internal Medicine
   Rochester, New York
   1989-1992
B. Primary Care Sports Medicine Fellowship
   Michigan State University
   East Lansing, Michigan
   1992-1993

ACADEMIC APPOINTMENTS:
Department of Family Medicine
Rutgers University Robert Wood Johnson Medical School
Associate Clinical Professor
January 2014 – current

Department of Family Medicine
University of Medicine and Dentistry of New Jersey (UMDNJ)
Associate Clinical Professor
January 2004 – January 2014

Department of Orthopedics
Associate Professor, Hershey Medical Center
July 1999 – 2003

Department of Orthopedics & Internal Medicine
Assistant Professor, Hershey Medical Center
July 1993 – 1999

PREVIOUS EMPLOYMENT:
Princeton University
Director of Athletic Medicine, Head Team Physician, Assistant Director of Medical Services,
Princeton University, Princeton, New Jersey, 08544
Margot Putukian, MD, FACSM, FAMSSM

Associate Clinical Professor, Rutgers-Robert Wood Johnson Medical School
January 2004 – March 17, 2021

Penn State University
Director of Primary Care Sports Medicine, Team Physician
Associate Professor, Dept of Orthopedics, Hershey Medical Center
July 1999 – Dec 2003
Team Physician, Penn State University
Assistant Professor, Dept of Orthopedics, & Internal Medicine, Hershey Medical Center,
July 1993 - 1999

LICENSURE:  Medical License: New Jersey #25MA 07710900 (active), exp 6/30/23
Pennsylvania, MD# 050277-L, inactive
Michigan, MD# 430105 9931, inactive
New York MD# 182574-1, inactive

DRUG LICENSURE:  CDS: #DO8514400, expiration 10/31/2021
DEA:#BP3372113, expiration 3/31/2022

BOARD CERTIFICATIONS & OTHER CERTIFICATIONS:
Internal Medicine Certification 1995, Recertification 11/16/05
Sports Medicine (CAQ) Sports Medicine, 1997, Recertification 8/2/05
Internal Medicine – Sports Medicine Subspecialist Certification 8/16/16
Basic Life Support Certification 1995, (most recent re-certification 1/2020)
Advanced Cardiac Life Support Certification (most recent re-certification 1/2020)
Advanced Trauma Life Support Certification 9/28/12
Center for Creative Leadership Course, Greensboro, NC, Dec 1-4, 2014
Princeton University Management Development Certificate, in progress

MEMBERSHIPS, OFFICES AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:
American Medical Society for Sports Medicine (AMSSM)
Past-President, April 2005-2006
President, April 2004-April 2005
1st Vice President, April 2003-2004
2nd Vice President, April 2002-2003
Secretary/Treasurer, April 2001-2002
Public Relations Committee, Chairman April 1999-2003, Co-Chairman April 2003-2005
Pronouncements Committee, 2008-present
Board of Trustees Member, 1996-April 2006
Charter Member 1992 – present
Fellow member, April 2019 – present

American Medical Society for Sports Medicine (AMSSM) Foundation
Past-President, May 1, 2017 – May 1, 2018
President, May 1, 2011 - May 1, 2017
Vice President, May 1, 2010 – May 1, 2011
Board Member, April 2009-May 1, 2018

American College of Sports Medicine (ACSM)
Clinical Sports Medicine Leadership Committee (CSML), member, June 2000 – June 2014
CSML Committee, Chair, June 2014 - current
Board of Trustees member, June 2007 – June 2010
Ad Hoc Sports Safety Committee, June 2008 - present
Pronouncements Committee member, June 2001-June 2007
Strategic Health Initiative for Active Girls & Women, Member, June 1995-2001, Clinical Subcommittee Chair, June 2000-2001
Fellow member, 1997-present,
Member, 1992- present
American College of Physicians:
Member, 1992-current

AWARDS AND HONORS:
Scholarship Award, Yale Club of Boston 1980.

Scholarship to work at Harvard Medical School’s New England Regional Primate Research Center, Southboro, Massachusetts, 1983.

Outstanding Contribution Award by the Commission for the Prevention of Alcohol, Tobacco, and Other Drugs, 1998.


NCAA Research Award; “Prospective Clinical Assessment (SCAT2), Hybrid Neuropsychological Testing and Neuroimaging in the Evaluation of Sport Related Concussion in College Athletes”. AMSSM Annual Meeting, Atlanta, GA, April 21-25, 2012.


ACSM Citation Award, granted to an individual who has made significant contributions to sports medicine, American College of Sports Medicine, Boston Annual Meeting, June 3, 2016.

Fellowship Status in the American Medical Society for Sports Medicine, recognizing sports medicine physicians who have demonstrated an ongoing commitment to lifelong learning, the advancement of the profession, service to AMSSM and leadership in their communities. Houston, April 16, 2019.

“Appreciation Award” from Big Ten-Ivy League Traumatic Brain Injury Research Collaboration along with Art Merlander MD and Carolyn Campbell for work on establishing the Big Ten-Ivy League Research Study, Chicago, July 17, 2019.

BOARD OF DIRECTORS/TRUSTEES POSITIONS:
American College of Sports Medicine (ACSM)
Board of Trustees member, June 2007 – June 2010

American Medical Society for Sports Medicine (AMSSM)
President, April 2004-April 2005
Board of Trustees member, 1996-April 2006

American Medical Society for Sports Medicine (AMSSM) Foundation
President, May 1, 2011 - May 1, 2017
Board Member, April 2009-May 1, 2018

SERVICE ON NATIONAL GRANT REVIEW PANELS, STUDY SECTIONS, COMMITTEES:
NOCSAE Scientific Advisory Committee
Member, October 2010 – current
Margot Putukian, MD, FACSM, FAMSSM

American Medical Society for Sports Medicine Collaborative Research Network (CRN) Advisory and Oversight Panel
September 2016 – April 2020

National Institute of Neurological Disorders and Stroke (NINDS), National Institutes of Health (NIH) and Department of Defense (DOD) external working group member: to develop a set of Sports-Related Concussion Common Data Elements (CDEs) for use in clinical research. July, 2016-2018.

NFL Charities: Grant Reviewer, 2010-2011, 2011-2012

SERVICE ON MAJOR COMMITTEES:

A. INTERNATIONAL:
   The Football Association (FA) Research Task Force
   Joined Task Force December 19, 2019, reappointed April 1 2021-2023.

   International Olympic Committee (IOC)
   Mental Health in the Elite Athlete: Consensus Meeting November 12-14, 2018

B. NATIONAL COMMITTEES:
   United States Olympic and Paralympic Center (USOPC) Mental Health Task Force
   Joined Task Force April 30, 2020-current

   National Football League (NFL)
   Head Neck & Spine Committee, May 2010-current
   Chair, Return to Play Subcommittee, May 2010-October 2017

   US Lacrosse
   Sports Science & Safety Committee:
   Member (internist); September 2006-present, Executive committee, 2007-July 2019
   NCAA CSMAS Committee representative, September 2004-2006
   US Men’s National Team, Head Team Physician, October 2010 – January 2019
   Sport Development Committee; January 2011-July 2019
   US Lacrosse National Team Medical Coordinators; R Hinton & M Putukian, January 2010-July 2019

   National Collegiate Athletic Association (NCAA)
   Competitive Safeguards and Medical Aspects of Sports (CSMAS)
   Committee member, Sept. 2002-2006

   USA Football
   Medical Advisory Committee
   Member, September 2013 – October 2017

   US Soccer
   Team Physician, 1994 – current (see below),
   Team Physician Leader, US U-20 Women’s Team 2018-present
   Medical Advisory Committee, Concussion Committee October 2014 – current
Margot Putukian, MD, FACSM, FAMSSM

NATIONAL / INTERNATIONAL WORKGROUP PARTICIPANT, PLANNING COMMITTEE MEMBER


Invited participant; 3rd International Conference on Concussion in Sport, Sponsored by FIFA, IIHF, IOC, and IRB, Zurich, Switzerland, October 30 & 31, 2008.


NCAA. Concussion Summit, Invited Outside Expert, Indianapolis April 9, 2010


NATA Inter-association Position Statement; Pre-Hospital Care of the Spine-Injured Athlete.  AMSSM Representative, Pensacola, FL, Jan 17, 2015.


MLS/US/Soccer/NWSL Head Injury Summit, Co-Chair, Planning Committee, NY, NY, April 20-21, 2017.


C. MEDICAL SCHOOL/UNIVERSITY


Penn State University: General Clinic Research Center Advisory Committee (GCRC). Feb 2002-Dec 2003.

Harvard University, Sports Medicine External Advisory Board, Summer-Fall 2007

Football Players Health Study at Harvard University, External Experts Meeting, Boston, MA, July 20, 2017.

Ivy League Concussion Committee.  Group member for initial Football review.  Core group member for Multisport Assessment (men’s and women’s lacrosse, soccer and ice hockey). December 2010.


D. HOSPITAL
E. DEPARTMENT
Penn State Center for Sports Medicine Consensus Statement on Creatine Supplementation, in conjunction with Kris Clarke, Penn State Athletics, July 1999.

Penn State University Student Athletic Weight Control and Eating Disorder Policy in conjunction with Dr. Kristine Clark. March 1994.


Accreditation Preparedness Committee, CME Committee, Pharmacy & Therapeutics Committee; University Health Services, Princeton University, April 2005-present

Developed Princeton University Athletic Medicine Weight Management Policy in conjunction with Mandy Clark R.D., May 2006


Eating Concerns Team, Princeton University, Multidisciplinary team run by Robin Boudette, then Nathalie Edmonds, PhD, now Jess Oddo McLaughlin PhD; includes team physicians, athletic trainer, dietitian, psychologists and psychiatrist to address eating disorders in Princeton University students. Adjunct member 2006-2016, Member 2016- March 2021.

Tigers Performance and Wellness (PAW) Team; co developer with Jon Pastor, PhD, multi-disciplinary treatment team run by Dr. Pastor, includes other team physicians, psychologists, athletic trainer to address mental health issues in student athletes at Princeton University. 2014 – March 2021.

Co-Chair, UHS Research Advisory Committee (RAC) with Pasquale Frisina, October 2017- March 2021.

F. EDITORIAL BOARD
Penn State Sportsmedicine Newsletter, Board of Advisors, August 1993 – 1998.

Margot Putukian, MD, FACSM, FAMSSM


G. **AdHoc REVIEWER**


**SERVICE TO THE COMMUNITY:**


Sports Medicine, Penn State Tailback Club, South Ridge Motor Inn, State College, PA June 24, 1998.


Issues in Sports Medicine, Huddle with the Faculty, Penn State Alumni Association, State College, PA, Nov 13, 1999.


AMSSM Foundation Humanitarian Service Day, Houston, TX, April 23, 2019.

SPONSORSHIP (Primary Mentorship) OF CANDIDATES FOR POSTGRADUATE DEGREE:

Rutgers-Robert Wood Johnson, Department of Family Medicine Sports Medicine Fellowship, Fellowship Director Jason Womack MD, New Brunswick, NJ, Princeton site Faculty Member. Former fellows listed below.

2003-2004 Nicole Solomos MD, Hudson Valley Bone & Joint Surgeons
2004-2005 Melissa Rose MD, Bayside Peds, CA
2005-2006 Kirtida Patel MD, Elon University, Greensville NC
2006-2007 Kinshasa Morton MD, Rutgers University, New Brunswick, NJ
2007-2008 Jason Womack MD, Rutgers University, New Brunswick NJ
2008-2009 Marvell Scott MD
2009-2010 Sasha Steinlight MD, Princeton University, Princeton, NJ
2010-2011 Tom Sargent MD
2011-2012 Megan Miller MD
2012-2013 Rob Flannery MD, University Hospitals, Cleveland Browns, Cleveland OH
John James, MD, New Haven, Connecticut
2013-2014 Claudia DalMolin DO, University of Maryland & UMBC, Baltimore, Maryland
Rory Tucker MD, Penn State, Hershey, PA
2014-2015 Anthony Shadiack DO, Thomas Langley, Ocala FL
Siatta Dunbar DO, Fairview Health Systems, M
2015-2016 Justin Conway MD, New York, NY
Chitra Kodery MD
2016-2017 Zachary Schepart MD, Westfield MA
Chelsea Evans DO
2017-2018 Kristine Quirolgico MD Hospital for Special Surgery, New York, NJ
Jason Krystofiat MD, Rutgers University, New Brunswick, NJ
2018-2019 Matthew Parisi MD RWJ Barnabas, Marlboro, NJ
Christine Jones MD
2019-2020 Kathleen Cohen MD, Seattle, WA
Taqueer Qazi MD, Barnabas, Tinton Falls, NJ
2004-2021 Provide teaching and supervision during rotations for sports medicine for residents, medical students as scheduled by Dr. Womack or others.

ADDITIONAL TEACHING RESPONSIBILITIES:
A. Lectures or Course Directorships
Michigan State Medical Society. Performance Enhancement, Deerborne, MI, Nov 19, 1992


Michigan State University, Sports Medicine Grand Rounds. Athlete’s Heart, East Lansing, MI, Feb. 23, 1993


Penn State University Bio Behavioral Health Class. *Concussions.* State College, PA, September 23, 1999

Penn State University Bio Behavioral Health Class. *Eating Disorders & the Triad,* State College, PA, Sept. 24, 1999

Penn State University Bio Behavioral Health Class. *Current Issues in Athletic Training.* State College, PA, October 14, 1999

Penn State University Bio Behavioral Health Class. *The Female Athlete Triad.* State College, PA, October 19, 1999

Penn State Geisinger Center for Sports Medicine, Grand Rounds, *Headache in the Athlete.* University Park, PA, October 25, 1999


Penn State University Bio Behavioral Health Class. *The Female Triad.* State College, PA, March 2, 2000

Penn State University Athletic Training Club, *Head Injuries.* State College, PA, August 30, 2000

Penn State University Track & Field Team. *Sports Medicine* Penn State University, University Park, PA, November 1, 2000

Pre-Medicine National Medical Association Club, Penn State University, *Primary Care Sports Medicine.* State College, PA, November 15, 2000

Penn State Orthopaedics Grand Rounds, *The Female Athlete Triad.* University Park, PA, November 20, 2000


Penn State University, Kinesiology Class, *Exercise-Induced Asthma.* University Park, PA, April 23, 2001

Penn State Orthopaedics Sports Medicine Conference, *Exercise-Induced Asthma* University Park, PA, April 25, 2001

Penn State University, Resident and Community Training Staff, *Eating Disorder and the Female Athletic Triad;* University Park, Pennsylvania, August 14, 2001

Penn State University, Kiniesology Class, *Exercise-Induced Asthma.* University Park, PA, October 29, 2001
Margot Putukian, MD, FACSM, FAMSSM


Penn State University Athletic Training Class. *Exercise-Induce Asthma*. University Park, PA, April 3, 2002

Penn State University Dietetic Interns Class. *Female Athlete Triad*; University Park, PA, April 15, 2002


Penn State University, Athletic Training Class. *Syncope in Athletes*. University Park, PA, Oct 20, 2003


Princeton University Inpatient Nursing unit. *Concussion; An Update for Clinicians*, University Health Services, Princeton, NJ October 13, 2010,


Margot Putukian, MD, FACSM, FAMSSM


**CLINICAL / TEAM PHYSICIAN RESPONSIBILITIES / EMPLOYMENT:**

**January 2004- March 2021 Princeton University**

**Director of Athletic Medicine, Head Team Physician, Assistant Director of Medical Services.** Oversee other team physicians, athletic trainers and physical therapy staff, sports dietitian and research assistants. Supervise Head Athletic Trainer, Clinical Service Assistant and Research Assistants as well as Physical Therapy Staff and Sports Dietitian. Head Team physician for Football, field hockey, men’s basketball, men’s lacrosse, men’s and women’s soccer, cross country and track, tennis, squash, rowing, fencing, golf, baseball, softball, women’s ice hockey. Assist with men’s ice hockey, women’s basketball, women’s lacrosse and wrestling. Oversee all programming and policies and procedures, including sports physicals, concussion program, cardiac and mental health screening programs. Make final clearance decisions and return to play decisions for student athletes. Provide NCAA Healthcare Administrator role for Princeton University.
Margot Putukian, MD, FACSM, FAMSSM

**July 1993 – Dec 2003**  
Penn State University  
Director of Primary Care Sports Medicine / Team Physician, Penn State University, covered several sports as lead physician including men’s basketball, men’s and women’s soccer, cross-country and track, lacrosse, tennis, swimming, volleyball, baseball, women’s gymnastics, field hockey, men’s ice hockey (club), softball. Assisted with event coverage for Football and other sports.

**October 2010– Jan 2019**  
Team Physician, US Men’s Lacrosse National Team

- October 10, 2010  
  Stars & Stripes, US Men’s Lacrosse team vs Harvard University, Boston, MA
- January 30, 2011  
  Champions Challenge, US Men’s Lacrosse team vs Notre Dame, Orlando FL
- October 10, 2011  
  Stars & Stripes, US Men’s Lacrosse team vs Duke University, Chapel Hill, NC
- January 29, 2012  
  Champions Challenge, US Men's Lacrosse team vs Denver, Disneyland, FL
- September 8, 2012  
  Duel in Denver, US Men's Lacrosse team vs Canada, Denver, CO
- January 25-27, 2013  
  Champions Challenge, US Men's Lacrosse team vs Loyola, Disneyland, FL
- August 31-Sept 1, 2014  
  National Team Tryouts, US Men’s Lacrosse team, Goucher College, MD
- Oct 4-5, 2014  
  National Team Training, Play for Parkinsons, Washington, DC
- Oct 18-19, 2014  
  National Team Training, Downington, PA
- January 24-26, 2014  
  Champions Challenge, US Men’s Lacrosse team vs USA MNT, Disneyland, FL
- June 23-27, 2014  
  National Team Training, MNT vs Major League Lacrosse All Stars, Boston MA
- July 6-20, 2014  
  National Team FIL World Championships Lacrosse, Denver, CO, Semifinalists, 2nd Place
- January 13-15, 2017  
  National Team Spring Showcase, vs Notre Dame, IMG Academy, Tampa, FL
- July, Sept, Oct 2017  
  National Team Tryouts, US Men’s Lacrosse Team, Hunt Valley, MD
- January 5-7, 2018  
  National Team Spring Premiere, final tryouts, Tampa FL
- June 24-30, 2018  
  National Team Training, MNT vs Major League All Stars, Boston, MA
- July 8-22, 2018  
  National Team FIL World Lacrosse Championships, Netanya, Israel, Champions.

**April – August, 2009**  

**Oct 1995 – Dec 2003**  
Drug Testing Program Coordinator, Intercollegiate Athletics, Penn State University, State College, PA.

**June 17 - July 4, 1999**  
Volunteer Physician, Women’s World Cup, (Soccer), Boston, MA

**February 1997 - 2004**  
Physician, USA Gymnastics National Health Care Referral Network

**July 1994 - present**  
Team Physician, United States National Soccer Teams

- July 5-10, 1994  
  Team Physician. U.S. U-19 Men’s Team, Honduras
- July 1997  
  Team Physician, United States Boys Under-17; US training sites
- March 1998  
  Team Physician, US Women's National Team, Algarve Cup, Portugal
- July 1998  
  Team Physician, United States Women’s Team, Good Will Games, Long Island, NY
- July 2006  
  Team Physician, United States U-20 Women’s Team, Finland
- July 2007  
  Team Physician, United States U-17 Women’s Team, Germany / England
December 2007  Team Physician, United States U-17 Women’s Team, Argentina
June 2009  Team Physician, United States U-20 Women’s Team, Germany
January 2010  Team Physician, United States U-20 Women’s Team, Concacaf World Cup Qualifying (champions), Guatemala
January 2014  Team Physician, United States U-20 Women's Team, Concacaf World Cup Qualifying (champion), Grand Cayman
July 31-Aug 2014  Team Physician, United States U-20 Women’s Team, World Cup, Edmonton, British Columbia (BC)
Jan 1, 2018-current  Named Team Physician Leader, U-20 Women’s Team

July, 1991-present  United States Olympic and Paralympic Committee (USOPC)
July 4-18, 1991  Volunteer Physician at US Olympic Training Center, (USOTC), Lake Placid, New York
Nov 3-12, 1997  Volunteer Physician, USOTC, Colorado Springs, CO
September, 2000  Volunteer Physician, USOC, Bank of America Cup, San Diego, CA
January, 2021  Alternate Volunteer Team Physician, 2021 Tokyo Summer Olympics
February, 2021  Volunteer Team Physician, 2022 Beijing Winter Olympics

July 25-Aug 8, 1994  Team Physician. USA Basketball, Women’s National Team, Goodwill Games, St. Petersburg, Russia

July 1993  Volunteer Physician. World University Games. Buffalo, NY (Basketball, Gymnastics, Soccer)

July 1990-1992  Medical Assistant, Lake Placid Soccer Center, Lake Placid, NY


Summers 1986-1988  Tourleader and Soccer Coach. TEAMS USA. Leader of 5 week tours responsible for 100-125 soccer players, aged 14-18, in Eastern and Western Europe each summer.

August 1985-May 1987  Soccer Coach (assistant) Boston University Club Women’s Soccer


GRANT SUPPORT:
Big Ten Head Injury in Soccer Study. Principal Investigators: Margot Putukian, M.D., James Nevins, M.D. Non-Funding Study. August 18, 2000

Interdisciplinary Seed Grant - College of Health and Human Development, Alteration in Risk Factors for Anterior Cruciate Ligament Rupture Across the Menstrual Cycle. Principal investigator: Jay Hertel, Ph.D., $6000.00, October 1999 - June 30, 2000


**National Institute of Health.** "Bone Structural Adaptation to Body Weight and Exercise". Principal investigator: Thomas A. Lloyd, Ph.D. $877,980.00 December 1, 2002 - November 30, 2005.

**National Institute of Health.** "Bone Strength: Measurement and Clinical Application". Principal investigator: Moira Petit, Ph.D. $457,087.00 July 1, 2002 - June 30, 2007.


**US Lacrosse Grant:** Investigators Putukian M, Dulabi T, O’Neil G, Echemendia RE, Crisco J, Lincoln A: Head Impact Exposures in Lacrosse Players. $56,270 approved for two phase study of impacts in Fall ‘13 and Spring ’14 season for both men’s and women’s teams.


**National Collegiate Athletics Association – Department of Defense Grand Alliance: Concussion Assessment, Research and Education (CARE) Consortium – Longitudinal Study Core (CSC).** Principal Investigators S Broglio, T. McAllister, M Mcrea. University of Michigan, Indiana University, Medical College of Wisconsin, respectively. Sub-contract award to Princeton University, Site PI: Putukian, M; three year study $432,696 Start date 8/1/2014-2017. Princeton IRB approval. IRB approved U Michigan. No Cost Extension approved to April 30, 2018

**National Collegiate Athletics Association – Department of Defense Grand Alliance: Concussion Assessment, Research and Education (CARE 2.0) Consortium – Longitudinal Study Core (CSC).** Principal Investigators S Broglio, T. McAllister, M Mcrea. University of Michigan, Indiana University, Medical College of Wisconsin, respectively. Sub-contract award to Princeton University, Site PI: Putukian, M. May 2018 – August 31, 2020. 2 year study

Margot Putukian, MD, FACSM, FAMSSM


**OTHER RESEARCH EXPERIENCE:**

Harvard Medical School, Department of Neonatology. Established animal model for study of artificial surfactant replacement in Respiratory Distress Syndrome. Principal Investigator: William Taeusch, M.D. Boston, Massachusetts, October 1984-August 1985 (Research Assistant).


**PUBLICATIONS:**

**A. Refereed Original Articles in Journal**


Margot Putukian, MD, FACSM, FAMSSM


### Books, Monographs and Chapters

#### a. Book Editor


4. **Section Editor**: 5 minute Clinical Consult; American Medical Society for Sports Medicine, publication 2011.


#### b. Chapters


B. Patents Held

C. Other Articles


### D. Abstracts


E. Reports

PRESENTATIONS:
A. Scientific
B. Professional (Clinical): Regional or National presentations
12. Putukian M: "The Female Triad." Primary Care Sports Medicine Symposium, Visiting Professor, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, January 31, 1996. (Regional)
15. Putukian M: "The Female Athlete Triad" presented to staff and student athletic trainers at Lock Haven University, Lock Haven, Pennsylvania, April 15, 1996. (Regional)
34. Putukian M: "Concussions." Lock Haven University, Athletic Training students, Lock Haven, PA, November 17, 1999. (Regional)


71. Putukian M: “Head Injury in the Adolescent Athlete: Sideline Care and Management”. 8th Annual Symposium, Sports Medicine for the Young Athlete, Hospital for Special Surgery, Cornell University, March 4, 2006. (Regional)


87. Putukian M: “Medical Issues; Pre-participation exam, Cardiac Issues, Pulmonary Issues, Nutrition, Female Athlete, Environmental”. AOSSM & AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine, Chicago, IL, Aug 1, 2008. (National)

88. Putukian M: “Return to Play in the Non-Elite Athlete”. Invited speaker at 3rd International Conference on Concussion in Sport, Zurich, Switzerland, October 30, 2008. (International)


91. Putukian M: “Concussion Management in the Youth Athlete; To Neuropsych or not to Neuropsych”. 11th Annual Sports Medicine for the Young Athlete Conference, Hospital for Special Surgery, New York, NY, February 21, 2009. (Regional)


93. Putukian M: “Eating Disorders in Athletes; Unique Challenges”, Maine College Health Association Annual Meeting, Bowdoin College, Brunswick, ME, May 1, 2009 (Regional)


96. Putukian M: “Cardiac Issues”. Medical Society of New Jersey, Sports Medicine Meeting, Prudential Center, Newark, NJ, October 7, 2009. (Regional)


102. Putukian, M: “Concussion Update; Management & Return to Play”, Annual College Health Nurses Meeting. Penn State University, State College, PA, May 11, 2010. (Regional)


Margot Putukian, MD, FACSM, FAMSSM


185. Putukian M: Concussion: “Concerns for All Athletes”. Keynote Speaker, and “Update from Berlin”, Ohio State Concussion Symposium, Columbus Ohio, April 7, 2017. (National)


192. Putukian M: “Update and Discussion from the New York Soccer Head Injury Summit”, “Biologics: A Round Table Debate & Discussion Using 2018 Evidence Based Approaches” latter with Bert Mandelbaum, Riley Williams. Presentations at Major League Soccer Medical Symposium, Orlando, FL Jan 13, 2018. (National)


199. Putukian M, Sills A, Jing Zhu L: “Stressors and environmental factors that impact elite athlete mental health: How injury, performance, and mental health intersect”. International Olympic Committee Consensus Meeting on Mental Health in Elite Athletes, November 13, 2018, Lausanne, Switzerland. (International)


Margot Putukian, MD, FACSM, FAMSSM


PANELIST/MODERATER:

17. Invited lead content expert, speaker, and writing group, International Olympic Committee Consensus Meeting on Mental Health in Elite Athletes, November 12-14, 2018, Lausanne, Switzerland.

RADIO / TELEVISION / WEBINARS / PODCASTS:
APPENDIX C
CURRICULUM VITAE

E. Lee Rice, D.O., FAAFP, FAMSSM, FAOAMS, FACSM, ABHM

ADDRESS: Lifewellness Institute
2448 Historic Decatur Road, Suite 130
San Diego, CA 92106

PHONE NUMBER: (619) 398-2960
FAX NUMBER: (619) 398-2970
E-MAIL: lrice@sdsm.com
CITIZENSHIP: U.S.A.
MARITAL STATUS: Married on July 19, 1969 to Mary (Hockmeyer)
Daughters: Kelly (1979) and Katie (1982)
EDUCATION:
San Gabriel High School, San Gabriel, California
Graduated: 1963
University of California
Santa Barbara
Bachelor of Arts Zoology, 1967
University of California, Santa Barbara
Department of Biology
Graduate Research Masters Degree Program
Genetics/Endocrinology, 1967-69
Kirksville College of Osteopathic Medicine
Kirksville, Missouri
D.O., 1973
Internship - Rotating "O"
U.S. Naval Hospital
Camp Pendleton, California
1973-1974
Residency - Family Medicine
Naval Region Medical Center
Camp Pendleton, California
1973-1976
Chief Resident, 1975-1976
MILITARY SERVICE:
Lieutenant Commander, Medical Corps.
U.S. Navy Reserve, 1972-1979
MEDICAL LICENSE:
Physicians and Surgeons Certificate No. 20A3360
State of California
BOARD CERTIFICATIONS:

Diplomate, American Board of Family Practice, 1976

Diplomate, American Osteopathic Board of Family Practice, 1979

American Board of Family Practice
Added Qualifications in Sports Medicine, 1995-2005

American Osteopathic Board of Family Physicians, Certificate of
Added Qualifications in Sports Medicine, 1994

Missouri Basic Science Boards

National Osteopathic Boards Part 1 & II, 1974

CLINICAL PRACTICE:

CEO and Medical Director
Lifewellness Institute
San Diego, California
2000-Present

Medical Director
Rancho Valencia Wellness Collective
2019-Present

Chair, Medical Commission
International Surfing Association (ISA)
2020-Present

Executive Wellness Program Director
Rancho La Puerta Spa
Tecate, Mexico
2013-Present

Chief Wellness Officer
PFC Fitness at La Costa Resort & Spa
San Marcos, CA
2013-2020

Clinical Consultant
National University, Department of Integrative Health
San Diego, California
2010-2012

Medical Director
Intercare Solutions
San Diego, California
2009-2020
CLINICAL PRACTICE (continued):

National General Manager/Medical Director
Lifesigns
A Division of Physiotherapy Associates
Stryker Corporation
2003-2004

Founder and Medical Director
San Diego Sports Medicine and Family Health Center
San Diego, California
1979-2002

Medical Director
Aztec Sports Medicine Center
San Diego State University
1987-1993

Medical Director
Fallbrook Community Clinic
Fallbrook, California
1977-1981

Medical Director
Vista Community Clinic
Vista, California
1973-1981

Staff Physician, Department of Family Medicine
Naval Regional Medical Center
Camp Pendleton, California
1977-1979

Staff Physician, Department of Family Medicine
Naval Regional Medical Center
Long Beach, California
1976-1977

Head, Department of Adult Medicine
Naval Regional Medical Center, Branch Clinic
Marine Corps Air Station
El Toro, California
1976-1977

CLINICAL TEACHING - ACADEMIC APPOINTMENTS:

Voluntary Clinical Instructor
Department of Family Practice and Public Health
University of California, San Diego, Health Sciences
2016-2018
CLINICAL TEACHING - ACADEMIC APPOINTMENTS (continued):

Dr. Jerry C. Lee Endowed Chair
for development of the Center for Integrative Health
National University
2009-2010

Director, Primary Care Sports Medicine Fellowship Program
San Diego Sports Medicine and Family Health Center
Medical Director, 1984-2005
Medical Director Emeritus, 2005-Present

Director, Fellowship in Wellness and Health Promotion
Lifewellness Institute
San Diego, California
2001-Present

Clinical Professor
Family Practice and Sports Medicine
Western University of Health Sciences, Pomona, California
1986-Present

Associate Clinical Professor
Department of Family Practice and Preventative Medicine
University of California, San Diego, School of Medicine
1992-Present

Director, Sports Medicine Curriculum
Sharp/Grossmont Hospitals
Family Practice Residency Program
1995-2000

Adjunct Professor
Department of Exercise Science and Physical Education
San Diego State University, San Diego, California
1993-Present

Clinical Preceptor, Primary Care Associate Program
Stanford University School of Medicine
Division of Family and Community Medicine
1997-2005

Adjunct Clinical Professor
Department of General and Family Practice
Texas College of Osteopathic Medicine
1988-2005

Pre-Reviewer, Primary Care Sports Medicine Fellowship Training Program,
Residency Review Committee
Accreditation Council for Graduate Medical Education (ACGME)
1995
CLINICAL TEACHING - ACADEMIC APPOINTMENTS (continued):

Assistant Clinical Professor
University of California, San Diego, School of Medicine
Department of Pediatrics
1983-1992

Director - Physician Assistants and Nurse Practitioners
Naval Regional Medical Center
Camp Pendleton, California
1977-1979

Medical Director, Phase II Physician’s Assistant Training
Naval Regional Medical Center
Camp Pendleton, California
1977-1979

Adjunct Professor, Department of Family Practice
U.C.L.A. School of Medicine
1976-1979

Staff Physician, Family Practice Residency
Naval Regional Medical Center, Camp Pendleton, California
1976-1979

Consultant in Sports Medicine and Physical Fitness,
Department of Physical Education and Intercollegiate Athletics
University of California, San Diego
1975-1988

CHAIR - NATIONAL CLINICAL COURSES:

Chairman
American Academy of Family Physicians
Sports Medicine Board Review Course

Co-Chair
American Academy of Family Physicians
Semi-Annual Sports Medicine Conference
1998

Chairman
American Osteopathic Academy of Sports Medicine
Annual Scientific Seminar
1989
PROFESSIONAL SOCIETIES:

American College of Osteopathic Family Physicians, 1973-Present
American Osteopathic Academy of Sports Medicine, 1984-Present
Founding Member, Fellow, Galen Society
President 1990-1991

Osteopathic Physicians and Surgeons of California
1974-Present

American Academy of Family Physicians, Fellow 1973-Present

American Medical Society for Sports Medicine, 1991-Present
Founding Member
President, 1998-1999

American College of Sports Medicine, Fellow 1975-Present

Professional Team Physicians Association, PTPA
1995-2000

National Football League, Team Physicians Association
1979-1991

National Basketball Association, Team Physicians Association
1979-1982

American Osteopathic Association
1974-Present

California Academy of Family Physicians, 1976-Present

California Medical Association, 1976-Present

San Diego County Medical Society
1976-2000

The Society of Teachers of Family Medicine
1976-2000

Chief Executives Organization, CEO, 1995-Present

YPO Gold (formerly World Presidents' Association or WPO)
1995-Present

Young President's Organization (YPO)
1988-1995

Vistage (formerly: The Executive Committee), 1984-1988
TEAM PHYSICIAN/EVENT COVERAGE:

Eligibility and Nominations Review Panel Member
International Surfing Association (ISA)
2021 Tokyo Olympic Games

Medical Director – Surfing Competition
2021 Tokyo Olympic Games

Team Physician
San Diego Riptide (Arena2 Pro Football)
2002-2004

Medical Director, Team Physician
Oracle BMW Racing
America’s Cup Sailing Syndicate
2001-2003

Team Physician
San Diego Spirit (WUSA-Pro Women's Soccer League)
2000-2003

Medical Director, Team Physician
San Diego Stingrays Basketball Team ABA, CBA
1998-2001

Medical Director
San Diego Rock & Roll Marathon
1998-2011

Team Physician
San Diego Flash, Outdoor Pro Soccer Team
1998-2002

Team Physician, Cathedral Catholic High School
Previously University of San Diego High School
1998-2004

Medical Director and Co-Chairman
San Diego Senior Olympics
1990-2014
Medical Director, California State Games
1995-2000

Team Physician
USA Volleyball Beach Team
1995-2000

Team Physician
Bud Light Pro Beach Volleyball Tour
1993-1999
TEAM PHYSICIAN/EVENT COVERAGE (continued):

Team Physician
San Diego Gulls Ice Hockey Team, ECHL
1993-Present

Medical Director
Thunderboat Unlimited Hydroplane Races
Mission Bay, San Diego, California
1987-Present

Associate Team Physician
San Diego State University Aztecs
1984-2000

Team Physician, USA Men’s Volleyball Team
1981-Present

Medical Director/Team Physician
One Australia, Australia’s America’s Cup Sailing Team
1995-1996

Team Physician, San Diego Barracuda’s Pro Roller Hockey
1995-1996

Team Physician, San Diego Wildcards Basketball Team
Continental Basketball Association
1995-1996

Medical Coordinator, Holiday Bowl, San Diego, California,
1994-1997

Medical Director, Camp’s Marietta and Del Mar
University of San Diego, California

Summer camps for children with eating disorders
1993-1997

Team Physician, Copperbowl, San Diego, California
1993-1996

Medical Director, Offshore Powerboat Association
San Diego Bay Races
1992-1993

Team Physician, Il Moro Di Venezia America’s Cup Sailing Team
1991-1992

Team Physician, San Diego Sockers Professional Indoor Soccer
1990-1996
TEAM PHYSICIAN/EVENT COVERAGE (continued):

Rugby Match Physician, USA Eagles vs. New Zealand All-Blacks
San Diego, CA
1985

Team Physician, USA Women’s National Volleyball Team
1984-1991

Medical Director, Heart of San Diego Marathon
1982-1986

Team Physician, San Diego Clippers Basketball Team, NBA
1980-1983

Team Physician, San Diego Chargers Football Club, NFL
1979-1991

Team Physician, U.S. Navy Rugby Team England Tour
1977

Team Physician, Southern California All-Star A.A.U. Track Team
(under 21) European Tour
1976

Team Physician, Old Mission Beach Athletic Club (OMBAC)
Rugby Club 1993-Present

PROFESSIONAL BOARD/COMMITTEE MEMBERSHIPS:

National University System
Board Member
Chair, Academic Advisory Committee
Member, Executive Committee
2010-Present

National University
Chairman of the Board
2020-Present

Founding Member, Governing Board, Osteopathic Post-Doctoral Institutional Training Consortium, (OPTIK-1)
Kirksville College of Osteopathic Medicine
1998-2004

American Osteopathic Academy of Sports Medicine
Member, Certification Board
1994-2005
PROFESSIONAL BOARD/COMMITTEE MEMBERSHIPS (continued):

- American Medical Society for Sports Medicine, Co-Founder, 1992
  Executive Board, 1992-1999
  President, 1998-1999

- American Osteopathic Academy of Sports Medicine, Co-Founder, 1978
  Board Member, 1984-1992
  President, 1984-1985

- American Association of Osteopathic Examiners
  President, 1983-1984

- California State Board of Osteopathic Examiners
  Governor’s Appointment
  Board Member, 1977-1982
  President, 1980-1981

- American Heart/American Stroke Association Board Chairman, San Diego Chapter
  2016

- Epilepsy Foundation Board Member, San Diego Chapter
  2015

- Golden Door Spa, Advisory Board Member
  2013-present

- American Heart/American Stroke Association Board Member, San Diego Chapter
  2012-present

OTHER BOARD MEMBERSHIPS:

- National University, Board of Trustees
  2010-present

- Peak Care, Medical Director
  Chairman, Medical Advisory Board
  2002-2006

- Unlimited Hydroplane Racing Association
  Medical Advisory Board
  2000-2004

- G.S. Bodyboard, Medical Director
  1997-2000

- San Diego International Sports Council, Board Member
  1995-1996
OTHER BOARD MEMBERSHIPS (continued):

Winco Product Corporation
Chair, Medical Advisory Board
1994-1996

United States Volleyball Association, Board Member
1992-1996

Pepsi-Cola Company, Member, ALL SPORT Medical Advisory Board
1992

Lifeway Health Products, Member, Board of Directors
1988-1990

COMMITTEES:

University of California Santa Barbara, Alumni Association
Member, Board of Directors
1982-1987

USA Volleyball, Inc.
Founding Board Member, 1981-1996
President, 1994-1996

International Dance Exercise Association
Member, Board of Advisors
1980-1990

Pacific Foundation for Medical Care
Physician Review Committee, Member
1999-2006

Grossmont Hospital Family Practice Supervisory Committee
1999-2003

Sharp Family Practice Supervisory Committee and Family Practice Residency Liaison Committee
1999-2001

California Governor’s Council on Physical Fitness and Sports
Chairman, Medical Advisory Committee
1993-2000

Osteopathic Physicians and Surgeons of California (OPSC)
Public Health Policy Committee
1998-1999

UCSD Family Medicine
Primary Care Sports Medical Advisory Committee
1994-1996
COMMITTEES (continued):

- Sports Medicine and Performance Commission
  USA Volleyball Association
  Founding Member & Chairman
  1994-1996

- Osteopathic Physicians and Surgeons of California (OPSC)
  Public Relations Chair
  1992-1993

- American College of Sports Medicine, C.M.E. Committee
  1988-1990

- Sports Medicine and Fitness Committee
  San Diego County Medical Society
  1984-1985

- San Diego County Medical Society
  Tobacco Free 2000 Commission
  1993-1994

- Physicians, State of California, Occupational Health Services, Inc.
  Physician Member, Diversion Program
  Board of Osteopathic Examiners
  1991-1992

- Family Practice Supervisory Committee/Emergency Services Supervisory Committee
  Alvarado Hospital Medical Center
  1983-1987

PUBLICATIONS:

- Editor-in-Chief
  LifeWellness Institute eHealth Newsletter
  2003 to present

- Editorial Board
  American Medical Society for Sports Medicine Journal
  1992 to 1997

- Editorial Board member
  The Physician and Sportsmedicine
  McGraw-Hill Publication
  1991 to 2000

- Contributing Author
  Team Physician's Handbook, 3rd Edition
  Hanley & Belfus, Inc., 2002

- Co-Editor
PUBLICATIONS (continued):

The 5-Minute Sports Medicine Consult
Lippincott Williams & Wilkins
2001

Volleyball Chapter
Principles & Practice of Primary Care Sports Medicine
Lippincott Williams & Wilkins, 2001

Contributing Author
Imaging in Musculoskeletal and Sports Medicine
Blackwell Science Publication, 1997

Essentials of Sports Medicine
HIV Chapter
American College of Sports Medicine
Mosby Publishing, 1996

Editorial Board
Injury Prevention, Performance Conditioning for Volleyball
Newsletter, 1993-1998)

“Upstream Medicine”
San Diego County Physician Magazine, January 1, 2010 (on-line)

“Volleyball Injuries - Prevention and Treatment” Chapter
Sports Injuries: Mechanisms, Prevention and Treatment, 2nd ed.;
Williams & Wilkins; 1994

“Common Medical Problems in Basketball Players,” Clinics in
Sports Medicine, Basketball Issue, W.B. Saunders Co, 1992

Contributing Author, La Mesa Courier Doctors’ Column, 1982-1984

Contributor, World Police and Fire Games, official publication of
World Police and Fire Games Association, 1982-1988

Reviewer for Medicine and Science in Sports and Exercise™,
1996-Present

Co-Author, “Head and Neck Injuries”, The Physician and Sports-medicine, McGraw-
Hill Healthcare Publications, 1995


Team Physicians Handbook, American College of Sports Medicine,
1995

PUBLICATIONS (continued):

“Death Due to Malignant Hypothermia in an Elite Athlete” – Case Report, 1992, *American Family Physician*


Editorial Board Member, *DIAGNOSIS*, 1984-1988

Co-Author, *Staying Well*, published by Blue Cross/Blue Shield, 1982

“Fluid and Electrolyte Balance in Sports,” *The Journal of the Osteopathic Physicians and Surgeons of California; Fall, 1982*

HONORS/AWARDS:

California Interscholastic Federation (CIF) – Sports Medicine Committee Champion for California’s Student Athletes 2016

Lifetime Achievement Award for “Healthiest Companies 2015” San Diego Business Journal May 2015

Medical Champion of the Year San Diego Sports Medicine Foundation September 2013

James E. Coleman USA Volleyball National Team Award May 2013

Jonathan Reeser Sport Science Award – USA Volleyball April 2013

Vistage “100 Club” Speaker Achievement Award

Father of the Year Award Father’s Day Council and the American Diabetes Association June 2011

Micro Business Award Most Innovative New Service/Product San Diego Regional Chamber of Commerce 2005

AstraZeneca 2004 National Healthy Heart Award Cardiovascular Disease Prevention
HONORS/AWARDS (continued):

Distinguished Service Award
The California Governor's Council on Physical Fitness and Sports
January 1996

International Association of Fitness Professionals
4-Star Presenter Award, 1995

College of Osteopathic Medicine of the Pacific, Alumni Association
Medical Educator Award, 1993

Young Presidents' Organization, Las Californias Chapter
Member of the Year Award, 1992

Osteopathic Physicians and Surgeons of California
Distinguished Service Award, 1989

Family Health Foundation of America
Certificate of Recognition, 1987

University of California
Santa Barbara Alumni Association Award, 1987

USA Olympic Volleyball Team, Gold Medalist Award, 1984

USOC Olympic Job Opportunities Recognition Award, 1984

USA Volleyball, Meritorious Service Award, 1984

Thunderboats Unlimited
Community Service Commendation, 1984

California Board of Osteopathic Examiners
Recognition Award, 1982

UCLA School of Nursing, Meritorious Service Award, 1979

NRMC Camp Pendleton, Letter of Commendation, 1979

American Academy of Family Practitioners

Teacher in Family Practice Recognition Award, 1977

Eagle Scout/God and Country Award, 1963
SEMINARS/WORKSHOPS/LECTURES:

Speaker/Facilitator to medical schools, medical conventions/seminars, professional athletes, and the business community in the United States and abroad.

Subjects include:
- Wellness and Preventive Medicine
  - Nutrition, Exercise, Stress Management, Mind-Body Interaction, Spirituality
- Sports Medicine
- Substance Abuse
- Parenting and Relationship/Communication Skills
- Leadership Training

PRESENT COMMUNITY SERVICE:

McAlister Institute Board Member, 2020- Present

California Interscholastic Federation (CIF) Sports Medicine Committee, 2000-Present

WECARE
San Diego High School Student and Parent Educational Consortium

Celebration of Champions (Children’s Hospital) Volunteer

PAST COMMUNITY SERVICE:

San Diego Rock and Roll Marathon
Medical Director, 1998-2011

San Diego Senior Olympic Sports Festival
Co-Chairman, Board of Directors, 1990-2014

Green Elementary School, San Diego
Partner in Education, 1983-1987

Mission Valley Y.M.C.A., Board of Directors
1985-1987

After-School All-Stars Greater San Diego, Member, Board of Directors
1998-2006

Peninsula Y.M.C.A. Board of Directors, 2000-2002

Founder and Medical Advisor, Medical Explorers Post
Boy Scouts of America, San Diego
1990-1993

Peninsula Albion, AYSO Youth Soccer Coach
1988-1998
PAST COMMUNITY SERVICE (continued):

  Point Loma, Girls Softball Coach
  1989-1990

  San Diego International Sports Council
  Board of Directors
  1995-1997

  Medical Director
  Vista and Fallbrook Community Clinics
  1973-1981

TV/PUBLIC BROADCAST/VIDEO PARTICIPATION:

  Local Television and Radio medical-related interviews
  Network and Cable, 1979-Present

  MD TV
  University of California, San Diego
  National Cable Network
  Sports Injuries
  2001

  The Golf Channel, with Dean Reinmuth
  National Cable TV

  Prevention and Treatment of Golf Injuries
  2001-2002

  American Academy of Family Practice, 1997
  Sports Medicine Video Series


  ESPN TV “Countdown to Football”
  Painkillers in Sports
  September 1, 1996

  UCB Pharma Videos: “Preparticipation Physical Examination, Sports Rehabilitation,
  The Female Triad,”
  American Sports Medicine Institute, 1996

  ABC - Special - Drugs in Sports, 1995

  Good Morning America, 1995

  University of California, San Diego
  Cable Network, “Back Injuries”, 1994
TV/PUBLIC BROADCAST/VIDEO PARTICIPATION (continued):

United Airlines, In Flight Audio Program
Sports Medicine, 1992

Richard Simmons Show, 1988

Sports Medicine, Tommy Lasorda Los Angeles Talk Radio, 1988
CURRICULUM VITAE

WILLIAM OLIVER ROBERTS MD, MS

PROFESSIONAL ADDRESS

Phalen Village Clinic
University of Minnesota Physicians
1414 Maryland Avenue East
St. Paul, Minnesota 55106
651-772-3461
651-772-2605
rober037@umn.edu

Administrative Office
Department of Family Medicine and Community Health
6-240 Phillips-Wangensteen Building
516 Delaware St. SE
Minneapolis, MN 55455
612-624-3120

IDENTIFYING INFORMATION

Education

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Date Degree Granted</th>
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<tbody>
<tr>
<td>B.S.</td>
<td>Rensselaer Polytechnic Institute Troy, NY</td>
<td>1974</td>
</tr>
<tr>
<td>M.D.</td>
<td>University of Minnesota Minneapolis, MN</td>
<td>1978</td>
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<tr>
<td>M.S.</td>
<td>University of Minnesota Minneapolis, MN</td>
<td>1981</td>
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<tr>
<td>Residency</td>
<td>Family Medicine, Smiley’s Point Clinic University of Minnesota Department of Family Practice and Community Health, Fairview Downtown and St. Mary’s Hospitals Minneapolis, MN</td>
<td>1978-1981</td>
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Certifications, Licenses

<table>
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<tr>
<th>Certification</th>
<th>Date</th>
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<tr>
<td>Sports Medicine Subspecialty Certification (ABFM)</td>
<td>1993 – Present</td>
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<td>Recertification 2003, 2013</td>
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<tr>
<td>American Board of Family Medicine (ABFM)</td>
<td>1981 – Present</td>
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<td>Last Recertification 2018</td>
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</tbody>
</table>
Minnesota License #24845 1979 - Present

**Academic Appointments**
University of Minnesota, Twin Cities Campus
Dept. of Family Medicine and Community Health 1982-Present

Professor 2007-Present
Faculty Physician 2003-Present
Associate Professor 2003-2007
Adjunct Professor 2002-2003
Adjunct Associate Professor 1992-2002
Adjunct Assistant Professor 1985-1992
Clinical Instructor 1982-1985

**Academic Administrative Appointments**
Vice Chair of Faculty Affairs 2021-Present
Department of Family Medicine and Community Health
University of Minnesota

Director of Sports Medicine Program 2019-Present
Department of Family Medicine and Community Health
University of Minnesota

Mentoring Lead 2016-Present
Department of Family Medicine and Community Health
University of Minnesota

Director of Faculty Affairs 2018-2020
Department of Family Medicine and Community Health
University of Minnesota

Master Mentor Program 2017-2020
Office of Faculty Affairs
University of Minnesota Medical School

Director of Faculty Academic Achievement 2015-2018
Department of Family Medicine and Community Health
University of Minnesota

Program Director – St Johns Family Medicine Residency 2007-2015
Department of Family Medicine and Community Health
University of Minnesota

Associate Program Director – St Johns Family Medicine Residency 2006-2007
Department of Family Medicine and Community Health
University of Minnesota

Clinical/Hospital Appointments

Associate Medical Director, 1998-2003
MinnHealth Family Physicians, White Bear Lake, MN

Assistant Medical Director – Recruiting Coordinator 1992-2003
MinnHealth Family Physicians, White Bear Lake, MN

Co-Director, MinnHealth Family Physicians, White Bear Lake, MN 1991-2003

Private Practice, 1986-2003
MinnHealth Family Physicians, White Bear Lake, MN

Medical Director 1986-1993
Health East Maplewood Sports Therapy Center, Maplewood, MN

Chair 1985-1986
Division of Sports Medicine, Group Health, Inc., Minneapolis, MN

Chair 1982-1984
Sports Medicine Committee, Group Health, Inc., Minneapolis, MN

Staff Physician 1981-1986
White Bear Lake Medical Center, Group Health, Inc., White Bear Lake, MN

Consulting Positions

Board of Directors

Member, UCare Board of Directors, Minneapolis, MN 2007 to Present
Chair, UCare Compliance Committee 2020 to Present
Member, UCare Compensation Committee 2020 to Present
Member, UCare Finance and Audit Committee 2010 to 2020
Chair, UCare Fund Council 2008 to 2010
Member, UCare Governance Committee 2007 to 2010

Chair - Board of Directors, National Youth Sports Health & Safety Institute, American College of Sports Medicine Indianapolis, IN and Sanford Health, Sioux Falls, SD. 2015- Present

Science Advisory Board

SportzPeak, San Francisco, CA 2012-Present

Member, Marathon and Beyond, Champaign, Illinois 1996-2015

Member, Men's Fitness Magazine, New York, NY 2004-2012

Medical Director

Medical Director, Twin Cities in Motion, 2007-Present
Minneapolis-St Paul, MN

Medical Director, Medtronic Twin Cities Marathon and Twin Cities in Motion, Minneapolis-St Paul, MN 1985-2016

Medical Director, 2004 National Kidney Foundation US Transplant Games, Minneapolis, MN 2003-2004

**Sports Medicine Advisory Boards and Consulting**

Member – Minnesota Department of Health Youth Sports Advisory Committee 2020-Present

Chair - Sports Medicine Advisory Committee, MN State High School League, Brooklyn Center, MN 2006-Present

Sports Medicine Advisory Committee, USA Soccer Cup Tournament, Blaine, MN 1986-Present

Member Board of Directors, National Youth Sports Health & Safety Institute, American College of Sports Medicine Indianapolis, IN and Sanford Health, Sioux Falls, SD 2011-2015

Chair – Scientific Advisory Board, ePPE On Line Medical Questionnaire and Data Repository, Privit, Columbus, Ohio 2007-2015


Sports Medicine Advisory Committee, MN State High School League, Permanent Primary Care Chair, Brooklyn Center, MN 1989-2006

Wrestling Weight Certification Committee, Minnesota State High School League, Brooklyn Center, MN 1988-1992


Advisory Panel, Minnesota Department of Health Sports Concussion Task Force, Minnesota Department of Health 2012-2015

Medical Commentator, “Moment of Impact” Series, World Wrestling Entertainment, Stamford, CT 2006

Medical Advisor - Kinni Willow 20 Mile Road Race, Hudson, WI 2003-2004

Medical Advisor, Minnesota Distance Runners Association, Minneapolis, MN 1988-1999
Medical Race Management Consultant, 1st Annual Disney Marathon, Orlando, FL 1996

**Legal Expert Opinion Consulting**

Sexual predators in sports 2021

- Exertional heat stroke morbidity & mortality (14 cases) 1998-Present
- Hyponatremia and fluid balance (retainer) 2004-2009
- Catastrophic ice hockey injury (1 case) 2000-2002

**Team Physician**

Johnson High School, St Paul, MN 2006-Present
(Faculty advisor and site supervisor for Phalen Village Family Medicine Residents for Sports Medicine sideline and training room experience)

- Team USA Minnesota (Long distance running post-college Olympic development team), Minneapolis, Minnesota 2001-Present

**Roundtables, Consensus Conferences, and Conference Development**

- American College of Sports Medicine Heath Injury Consensus Statement Development Team – Lead author 2020-2021
- AMSSM Concussion Evaluation and Management Consensus Statement Writing Work Group, Chicago IL December 2017
- AAFP, AAP, ACSM, AMSSM, AOSSM, AAOS, AOASM Preparticipation Physical Exam 5th Edition Writing Work Group (Co-Editor) November 2017
- AMSSM Cardiovascular Preparticipation Screening Consensus Statement Writing Work Group, Atlanta GA February 2016
- 3rd International Consensus Conference on Exercise Associated Hyponatremia, Conference Speaker and Writing Team Member, San Diego CA, USA February 2015
- ACSM/FIMS Preparticipation Evaluation Consensus Conference, Indianapolis, IN. (Co-Chair and Lead Author for Consensus Statement) June 1, 2013
- American Medical Society for Sports Medicine Position Statement on Concussion in Sport Writing Work Group February 2012
Youth Sports & Concussion: A Roundtable Discussion.  
Minnesota Department of Education, Roseville, MN.  
March 15, 2010

Department of Defense Roundtable: Heat Injury and Return to Duty, Bethesda, MD  
October 2008

ACSM Prevention of Youth Sports Injury  
Atlanta, GA  
April 2008

2nd International Consensus Conference on Exercise Associated Hyponatremia, Conference Speaker and Writing Team Member, Queenstown, New Zealand  
November 2007

2006 World Congress on the Science and Medicine of the Marathon (ARRMS and ACSM), Conference Co-Chair for 43 speakers, 50 presentations, and proceedings publication, Chicago, IL  
October 2006

NATA Inter-Association Task Force for Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in Athletics, Atlanta GA  
April 2006

AHA Preparticipation Cardiovascular Screening Recommendations, Dallas, TX  
November 2005

ACSM Representative: NCAA/NATA Summit on Commotio Cordis in Sports, Indianapolis, IN  
June 2005

April 2005

ACSM Prevention of Heat Stroke in Youth Football Indianapolis, IN  
June 2004

ACMS Team Physician Consensus Conference on Management of Mass Participation Events Dallas, TX  
February 2004

ACSM Hydration and Activity Roundtable Boston, MA  
December 2003

ACSM Team Physician Consensus Conference on Sideline Care of the Athlete, Phoenix, AZ  
February 2000

HONORS AND AWARDS FOR RESEARCH WORK, TEACHING, PUBLIC ENGAGEMENT, AND SERVICE

University of Minnesota  
Academy for Excellence in Clinical Practice  
2020
University of Minnesota Medical School

Model Family Physician of the Year Award, UMN Phalen Village Clinic-St John’s Family Practice Residency, St Paul, MN 2002

Resident Research Award, Family Practice Department, University of Minnesota, Minneapolis, MN 1981

External Sources
Minnesota Academy of Family Physicians Family Medicine Innovation & Research Award 2020

Top Doctor – Sports Medicine, Castle Connolly Medical, Ltd. New York, NY 2017-2021

Visiting Professor, University of Miami Sports Medicine Program, Coral Gables FL 2019

Fellow of the American Academy of Family Physicians 2017

Mary O’Neil Determination Award, Twin Cities in Motion, Minneapolis MN 2017

Best Doctors in America, (Peer nominated list), Best Doctors, Inc, Aiken, SC. 2011-2020

2015 Minnesota Best Doctors – Sports Medicine, Minnesota Monthly, Minneapolis, MN. 2015

Honor Award, American College of Sports Medicine, Indianapolis, IN. 2015

European College of Sports and American College of Sports Medicine Exchange Lecturer, Malmo Sweden and San Diego, CA 2015

Merit Award, Minnesota Academy of Family Physicians, St Louis Park, MN. 2013

Visiting Professor – University of Connecticut Sports Medicine Fellowship Program, Storrs, CT 2013

Twin Cities “Top Doc’s” List for Sports Medicine; (Peer nominated list), Minneapolis-St Paul Magazine, Minneapolis, MN. 2011


Friend of Physical Therapy Award, Minnesota Chapter of the American Physical Therapy Association, Roseville, Minnesota. 2009

“America’s Top Family Doctors,” Consumers Research Council of America, Washington, DC. 2008

Citation Award, American College of Sports Medicine, Indianapolis, IN. 2008


Minnesota Distance Running Distinguished Service Award for 2006; Minnesota Distance Running Association, Minneapolis, MN. 2006


Silver Service Award (25 year Twin Cities Marathon Volunteer), Twin Cities Marathon Inc, Minneapolis-St Paul, Minnesota. 2006


Twin Cities “Top Doc’s” List for Sports Medicine; (Peer nominated list), Minneapolis-St Paul Magazine, Minneapolis, MN. 2005

Twin Cities “Top Doc’s” List for Sports Medicine; (Peer nominated list), Minneapolis-St Paul Magazine, Minneapolis, MN. 2004

Minnesota’s Best Doctors List for Family Practice; Best Doctors Inc. (Peer nominated list), Minnesota Monthly, Minneapolis, MN. 2003

Larry “Stosh” Neumann Award, Minnesota Athletic Trainers’ Association, (Service to the field of athletic training), Bloomington, MN 2002

Merit Award, Sports Medicine, Minnesota State High School League, Brooklyn Center, MN 1993

President’s Award, Group Health, Inc, (Service to the organization), Minneapolis, MN 1984

Phi Lambda Upsilon National Chemistry Honor Society - RPI Chapter, Troy, NY 1974

RESEARCH AND SCHOLARSHIP

<table>
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<th>$h$-Index</th>
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PUBLICATIONS


Peer-Reviewed Abstract Publications


Published: Other Journal Articles
Articles Submitted for Publication
1. Tenforde, Adam; DeLuca, Stephanie; Wu, Alexander; Ackerman, Kathryn E.; Lewis, Margo; Rauh, Mitchell; Heiderscheit, Bryan; Krabak, Brian; Kraus, Emily; Roberts, William; Troy, Karen L.; Barrack, Michelle. Prevalence and Factors Associated with Bone Stress Injury in Middle School Runners. PM&R: The journal of injury, function and rehabilitation. (Submitted for publication on 28 September 2020, revision submitted 6 March 2021)
2. Wu, Alexander; Rauh, Mitchell; DeLuca, Stephanie; Lewis, Margo; Ackerman, Kathryn E.; Barrack, Michelle; Heiderscheit, Bryan; Krabak, Brian; Roberts, William; Tenforde, Adam. Running Related Injuries in Middle School Cross Country Runners: Prevalence and characteristics of common injuries. PM&R: The journal of injury, function and rehabilitation. (Submitted for publication on 28 September 2020)

Published: Advisories

Published: Letters

BOOKS

Books

Chapters in Books
3. Roberts WO. Preparation and management of mass participation endurance sporting events (Version 1.0). Section Editor - O'Connor FG, Deputy Editor - Grayzel J. UpToDate, UpToDate, Inc. January 12, 2017. (Updated Nov 2018)

WHITE PAPERS AND REPORTS

PRESENTATIONS

Invited Oral Presentations at International Professional Meetings, Conferences, etc.

2. **Roberts WO**. Keynote Lecture - Exertional Heat Stroke: A risk of participation in unexpected warm conditions. 11th EFSMA CONGRESS OF SPORTS MEDICINE (Portaroz, Slovenia) 2019
3. **Roberts WO**. Keynote Lecture - Youth Sports: Specialisation, Diversification, and Burnout. 11th EFSMA CONGRESS OF SPORTS MEDICINE (Portaroz, Slovenia) 2019
11. Roberts WO. Medical Issues in Marathon Races; Marathon Medical Care and Runner Safety. International Federations of Sports Medicine (FIMS) 35th World Congress (Rio de Janeiro, Brazil) 2018.
20. Roberts WO. Best Practices in Road Race Medical Management: Medical Issues. XXXIII FIMS World Congress (Quebec City, Quebec) 2014.
22. Roberts WO “Can an Athlete with an Abnormal ECG Continue to Compete? A USA Opinion” 7th European Federation of Sports Medicine Associations Congress (Salzburg, Austria) 2011
27. Roberts WO “Marathon Death Risk & Limiting Race Liability” 2009 AIMS (Association of International Marathon Races) 19th World Congress (Sao Paulo, Brazil) 2009 [Invited Lecture]
30. Roberts WO “The Contribution of Science in Preventing Diseases of Inactivity in Developing Countries: Life Long Sport & Exercise as Medicine” International Olympic Committee Sport for All 2006 World Congress (Havana, Cuba) 2006
32. Roberts WO “Hyponatremia in Marathon Races” 22nd Marathon Medicine Conference for the London Marathon, Wolfson Institute of Preventive Medicine, Medical College of St Bartholomew's Hospital (London, England) 2005
37. Roberts WO “Exercise Associated Collapse” XII Symposium International de Marathon: Aspectes Medics de la Marathon (Palma de Mallorca, Spain) 1992

Invited Oral Presentations at National Professional Meetings, Conferences, etc.
2. Roberts WO. Child distance running recommendations. ACSM Annual Meeting 2020 (Due to COVID-19 related conference cancellation, this invited presentation was not given.)
5. Roberts WO. Wellness and Life Balance for Sports Medicine Providers. ACSM Annual Meeting (Orlando, FL) 2019
6. Roberts WO. Cold Environment Related Injuries. ACSM Annual Meeting (Orlando, FL) 2019
11. **Roberts WO.** Sports Wellness: Future Directions for Medicine, Sleep, & Digital Health: Introduction. ACSM Annual Meeting (Mpls, MN) 2018
14. **Roberts WO.** Primary Intervention Strategies to Reduce Fatal & Near-Fatal Medical Encounters. International Institute of Race Medicine – Marine Corps Marathon Medical Conference (Georgetown University, Washington DC) 2017
17. **Roberts WO.** Exertional Heat Illness in Sports. 2017 Malignant Hyperthermia Association of the United States Scientific Conference. (Minneapolis MN) 2017
21. **Roberts WO.** Hey Doc, I am going to hike Machu Picchu; what do you think? ACSM Annual Meeting (Denver, CO) 2017
23. **Roberts WO.** Periodic Health Examination and Performance Assessment of Elite Athletes: Optimizing Performance while Preventing Illness: The Primary Care Physician’s Role in Elite Athlete Health Care. ACSM Annual Meeting (Denver, CO) 2017
24. **Roberts WO.** Session Chair. Periodic Health Examination and Performance Assessment of Elite Athletes: Optimizing Performance while Preventing Illness. ACSM Annual Meeting (Denver, CO) 2017
25. **Roberts WO.** Myth Busters: Running Causes Knee Osteoarthritis – Yes or No. 2017 AMSSM Annual Meeting. (San Diego, CA) 2017
35. Roberts WO. Moderator: 2015 CrossFit Conference on Exercise Associated Hyponatremia. HEAT Institute. (Carlsbad CA) 2015
41. Roberts WO. Endurance Medicine - Basic Exercise Physiology and Endurance Sports Cardiology. 3rd Annual Sports Cardiology Summit, American College of Cardiology, (Indianapolis) 2014.
46. Roberts WO. Moderator: Youth Sports Roundtable. 3rd Annual Sports Cardiology Summit, American College of Cardiology, (Indianapolis) 2014.
47. Roberts WO. Moderator: Let’s Get Physical: Exercise Prescription for the Athlete with a Cardiac Condition. 3rd Annual Sports Cardiology Summit, American College of Cardiology, (Indianapolis) 2014.
48. Roberts WO. “Hyponatremia: Fluid Replacement During Prolonged Activity” Wilderness Medical Associates International Meeting (Boothbay, ME) 2013
49. Roberts WO. “Can Children & Adolescents Run Marathons: What is a safe distance?” Musculoskeletal Grand Rounds University of Connecticut - Storrs Campus (Storrs, CT) 2013
50. Roberts WO. “Policies & Programs to Prevent Concussions” Ice Hockey Summit II: Action on Concussion (Rochester, MN) 2013
51. Roberts WO. “Sports Medicine Leadership” 2013 AMSSM Fellows Research and Leadership Symposium (St Paul, MN) 2013
52. Roberts WO. “The Future of Research in Endurance Medicine” International Institute of Race Medicine Summit (Chicago, IL) 2013


55. **Roberts WO** “You Will Just Be a Year Weaker, Dad” American College of Sports Medicine Annual Meeting (Indianapolis, IN) 2013.


60. **Roberts WO** “Medical Challenges 2012 and Beyond” Road Race Management Annual Race Directors’ Meeting, Hollywood, FL, 2012 [Invited Speaker]


64. **Roberts WO** “American Athlete 2012: Defining the American Athlete: What is Normal” Sports & Exercise Cardiology Think Tank, American College of Cardiology, Washington, DC 2012 [Invited Speaker]


68. **Roberts WO** “Everything You Thought You Knew for the CAQ, but Did Not or Forgot: Mass Participation Events” American College of Sports Medicine Annual Meeting (San Francisco, CA) 2012 [Invited lecture]


71. **Roberts WO** “ECG Screening in Sports: Con (Should we screen high school athletes in Minnesota?)” American Medical Society for Sports Medicine 21st Annual Meeting (Atlanta, GA) 2012

76. Roberts WO “The Future of the PPE” International Olympic Committee Advanced Team Physician Course (Stanford University, Palo Alto, CA) 2009 [Invited Lecture]
77. Roberts WO “Heat, Hydration, and Performance” International Olympic Committee Advanced Team Physician Course (Stanford University, Palo Alto, CA) 2009 [Invited Lecture]
78. Roberts WO “Sports Medicine Leadership” International Olympic Committee Advanced Team Physician Course (Stanford University, Palo Alto, CA) 2009 [Invited Lecture]
80. Roberts WO “How young is too young?” USA Running Industry Conference (San Diego, CA) 2009 [Invited Lecture]
83. Roberts WO “Exercise is Medicine - Keynote/Grand Rounds” Virginia Hospital Center-Arlington and the Uniformed Services University of the Health Sciences (Arlington, VA) 2008 [Invited Keynote Speaker – Grand Rounds]
86. Roberts WO “Caring for High School Athletes: What You Need to Know Promoting Athlete Safety at the State and National Levels” American College of Sports Medicine Annual Meeting (Indianapolis, IN) 2008 [Invited concurrent lecture]
87. Roberts WO “Exercise Associated Hyponatremia Mechanism Linked Treatment: Field Recognition & Treatment” American College of Sports Medicine Annual Meeting (Indianapolis, IN) 2008 [Invited concurrent lecture]
92. Roberts WO “It's All in the Delivery: The Keys to Presenting Yourself Well in Professional, Scientific, and Interview Settings” American College of Sports Medicine Annual Meeting (Indianapolis, IN) 2008 [Invited lecture]


100. Roberts WO “The Effects of Marathon Environment on Medical Encounters” 2006 World Congress: Science and Medicine of the Marathon (Chicago, IL) 2006


104. Roberts WO “Collapse during running events” Alaska Chapter American College of Sports Medicine (Sitka, AK) 2006

105. Roberts WO “Clinical Risk & Evidence-Based Scheduling Recommendations for Young Athletes in Heat” American College of Sports Medicine Annual Meeting (Denver) 2006

106. Roberts WO “Keynote Lecture: Marathon Medicine: Medical Encounters and Management” 2nd Annual Orthopedics and Sports Medicine Conference (Fargo, ND), 2006


108. Roberts WO “Exertional Heat Stroke: Reducing Incidents and Mortality in Athletes” The Ohio State University Medical Center – Sports Medicine Division Grand Rounds (Columbus, Ohio) 2006


111. Roberts WO “From the Bench to the Field of Play: A Century of Change in Sports Medicine” NCAA 100th Anniversary Convention, Indianapolis, IN 2006.

112. Roberts WO “Kids in the Marathon: Is it safe?” American Road Race Medical Society Annual Meeting (Chicago, IL) 2005


114. Roberts WO “Heat Stroke in the marathon and other sports venues” Virginia Hospital Center Grand Rounds (Arlington, VA) 2004


Roberts WO “Basic Injury Care Rehabilitation: What Can You Do to Speed Healing?” ACSM Health and Fitness Summit (Orlando, FL) 2004

Roberts WO “Heat Injury Care and Prevention” ACSM Health and Fitness Summit (Orlando, FL) 2004

Roberts WO “Effective Partnering with Medical Care Providers” ACSM Health and Fitness Summit (Orlando, FL) 2004

Roberts WO “Meet the Pro’s Roundtable” ACSM Health and Fitness Summit (Orlando, FL) 2004


Roberts WO “Exertional hyponatremia” National Athletic Trainers Association 54th Annual Meeting (St Louis) 2003

Roberts WO “Managing Endurance Medical Care” Alaska Regional ACSM Chapter Meeting (Sitka, AK) 2003

Roberts WO “Hyponatremia in Endurance Athletes” Alaska Regional ACSM Chapter Meeting (Sitka, AK) 2003

Roberts WO “Antioxidants in cardiovascular disease” American College of Sports Medicine Annual Meeting (San Francisco) 2003 (discussant)


Roberts WO “Athlete Down: What Next?” Northwestern University Medical School Orthopaedic Grand Rounds (Chicago, IL) 2002


Roberts WO “Preventing Ice Hockey Injury” American College of Sports Medicine Annual Meeting (Baltimore) 2001

Roberts WO “Care of the Endurance Athlete” American College of Sports Medicine Annual Meeting (Indianapolis) 2000


Roberts WO “USA Cup Soccer Tournament: 8,000 Athletes in 8 Days” American College of Sports Medicine Annual Meeting (Orlando, FL) 1998


Roberts WO “Medical Condition Limiting Sports Participation” Federation International de Medicine Sportive (Orlando, FL) 1998
Invited Oral Presentations at Local and Regional Professional Meetings, Conferences, etc.


2. **Roberts WO.** When the Worst is Worse than You Expected: Event Medical Management & Disaster Preparations. 2016 UMN Sports Medicine Conference (Minneapolis, Minnesota) 2016.


6. **Roberts WO, Lane KLR.** “PT and MD: Interdisciplinary Team Care to Reduce Health Care Costs with Cooperative Strategies” Minnesota Physical Therapy Association Annual Fall Conference (Duluth, MN) 2013.


11. **Roberts WO** “Concussions in Student Athletes” East Metro Academy of Family Physicians (St Paul, MN) 2012


14. **Roberts WO** “Exercise is Medicine: Life Long Sport & Exercise as Medicine” University of Minnesota Mini Medical School Lecture Series (Mpls, MN) 2011.

15. **Roberts WO** “Marathon Medicine – Reducing the Risk of Adverse Outcomes” United Hospital Grand Rounds (St Paul, MN) 2010


21. **Roberts WO** “Lower Leg Pain in Runners” Management of Musculoskeletal Concerns in Children and Adolescents – Gillette Children’s Hospital (St Paul) 2006

22. **Roberts WO** “Exertional Heat Stroke: Recognition and Treatment” Emergencies in Athletics, Minnesota Athletic Trainers Association, Gustavus Adolphus College (St Peter, MN) 2006

29. Roberts WO “Marathon Training: So you want to run a marathon” UMN Twin Cities Marathon Sports Medicine Conference (St Paul, MN) 1999
33. Roberts WO “Thermal Concerns: Athletes in Hot and Cold Conditions” HealthEast St John’s Medical Staff Grand Rounds (Maplewood, MN) 1998
34. Roberts WO “Primary and Secondary Evaluation of Concussion” Minnesota Athletic Trainers Association Annual Meeting (Minneapolis, MN) 1998
37. Roberts WO ”Female Athlete Triad” (Invited Lecture) MN Physical Therapy Association (Minneapolis, MN) 1994
38. Roberts WO ”Women's Athlete Triad: Amenorrhea” (Clinical Lecture) Minnesota Academy of Family Practice Spring Refresher (Minneapolis, MN) 1993
40. Roberts WO “Head and Neck Injury in Ice Hockey” Northland Chapter American College Sports Medicine (St Cloud, MN) 1990

Peer-reviewed Oral Presentations at Professional Meetings, Conferences, etc.
1. Roberts WO. Return to Activity after Exertional Heat Stroke – 14 YO Runner. ACSM Annual Meeting (San Francisco, CA) 2020 [“Due to COVID-19 related conference cancellation, this peer-reviewed presentation was not given.”]
5. Grothe HL, Roberts WO. Can Trauma Trigger or Accelerate an Inflammatory Arthritis? American Medical Society for Sports Medicine Annual Meeting (San Diego, CA) 2013

**Web Based Education**

**International Olympic Committee (IOC) Diploma Program in Sports Medicine**

**TEACHING AND CURRICULUM DEVELOPMENT**

**External**

**Internal**

**Department of Family Medicine and Community Health Grand Rounds**
1. **Roberts WO** “Exertional Heat Stroke: Recognition & Management in Athletes” University of Minnesota, August 2018
3. **Roberts WO**, Voight A “Exercise is Medicine” University of Minnesota, June 2007

**University of Minnesota Grand Rounds**

**University of Minnesota Course/Lecture List**

**Courses Taught**
1. Instructor, 2018 - Present, Essentials of Clinical Medicine 2, University of Minnesota Medical School
2. Instructor, 2017 - Present, Essentials of Clinical Medicine 1, University of Minnesota Medical School
3. Lecturer, 2004 - Present, Physical Therapy in Primary Care, Family Medicine Residents Sports Medicine Day (2 times per year)
4. Lecturer, 2003 – Present, Heat Stroke and Rehab in Primary Care, USA Soccer Cup Resident Sports Medicine Course.
5. Instructor, 2004 -2007, Physician and Patient II, University of Minnesota Medical School (Year 2 Introduction to physical exam – 10 weeks, ½ day per week)
6. Instructor, 2005-2007 Musculoskeletal Exam and Casting Primary Care Clerkship Workshops, University of Minnesota Medical School (Year 3-4 students physical exam course – 1 to 6 half days per year)
7. Instructor, 2005-2006, Musculoskeletal Exam “Bell Ringer” Workshops, University of Minnesota Medical School (Year 2 students physical exam course – 1 to 6 half days per year)

Workshops Taught
1. Instructor, “Viral URI Infant” Rural Physicians’ Associate Program Workshop, University of Minnesota Medical School, (2015)
3. Instructor, “Ankle Exam Workshop” USA Cup Soccer Resident Sports Medicine Course, University of Minnesota Medical School, (2005-present)
5. Instructor, “Knee exam” Rural Physicians’ Associate Program Workshop, University of Minnesota Medical School, (2006-2011)
9. Instructor, “Knee physical exam” Family Medicine Residents USA Cup Sports Medicine Course, University of Minnesota Medical School, (2005 - present)

Family Medicine Residency Lectures
St Johns Residency Didactic Sessions (3 hour block)
2019
Casting and Splinting
Workman’s Compensation, MVA, and 3rd Party Encounters
Joint Injections
2018
Casting and Splinting
2017
Exercise is Medicine
2016
Casting and Splinting
Kinetic Chain Evaluation and Manual Therapy
Joint Injections
Workman’s Compensation, MVA, and 3rd Party Encounters

St Joseph’s Residency
Other Lectures/Seminars
1. Wilderness Health Interest Group Noon Lecture Series, Speaker, “Cold Injury in the Wilderness Settings” University of Minnesota Medical School, University of Minnesota Medical School, Dec 1, 2006, Feb 2010
2. Phalen Village Family Medicine Noon Lecture Series, [various sports medicine topics – 4 to 6 per year], Department of Family Medicine, University of Minnesota Medical School (2003-2015)
4. Wilderness Health Interest Group Noon Lecture Series, Speaker, “Altitude physiology and medicine,” University of Minnesota Medical School, Mar 28, 2005
5. Wilderness Health Interest Group Noon Lecture Series, Speaker, “Hypothermia and Frostbite” University of Minnesota Medical School, University of Minnesota Medical School, Feb 14, 2005
6. Wilderness Health Interest Group Noon Lecture Series, Speaker, “Water Balance and hyponatremia” University of Minnesota Medical School, University of Minnesota Medical School, (Jan 14, 2005, Feb 17, 2005)
7. Wilderness Health Interest Group Noon Lecture Series, Speaker, “Heat Stroke” University of Minnesota Medical School, Dec 6, 2004

Curriculum Development Work
1. Sports and musculoskeletal curriculum for Phalen Village Family Medicine Residents, Develop outpatient experience that includes office, sideline, event, training room, and physical therapy education, University of Minnesota Medical School, Department of Family Medicine

Regional/National/International CME Presentations
1. Roberts WO “Cold Injury: Athletic Activity in the Cold” Sports Medicine Winter Summit (Snowbird, Utah) 2011
2. Roberts WO “Common Shoulder Problems in the Athlete” Sports Medicine Winter Summit (Snowbird, Utah) 2011
4. Roberts WO “Preventing Diseases of Inactivity: Life Long Sport & Exercise as Medicine” Sports Medicine Winter Summit (Snowbird, Utah) 2011
11. **Roberts WO** “Lower Leg Pain in Runners” Gillette (St Paul, MN) 2006
15. **Roberts WO** “Exertional Heat Stroke: Recognition and Treatment” Emergencies in Athletics, Minnesota Athletic Trainers Association, Gustavus Adolphus College (St Peter, MN) 2006
20. **Roberts WO** “Marathon Medicine: Medical Encounters and Management” 2nd Annual Orthopedics and Sports Medicine Conference (Fargo, ND), 2006 [Keynote lecture]
23. **Roberts WO** “Marathon Race Medical Encounters: What will you see at the finish line?” UMN Twin Cities Marathon Sports Medicine Conference (Mpls, MN) 2005
24. **Roberts WO** “Soft tissue injury rehabilitation” USA Soccer Cup Sports Medicine UMN Course (Minneapolis, MN) 2005
25. **Roberts WO** “Water: How much is too much” ACSM Brazil Team Physician Course Part I (Sao Paolo, Brazil) 2005
26. **Roberts WO** “GI Trauma in Sports” ACSM Brazil Team Physician Course Part I (Sao Paolo, Brazil) 2005
27. **Roberts WO** “Psychological Influences of Sport on Young Athletes” ACSM Brazil Team Physician Course Part I (Sao Paolo, Brazil) 2005
28. **Roberts WO** “Physical Therapy: A Primary Care Perspective” ACSM Brazil Team Physician Course Part I (Sao Paolo, Brazil) 2005
29. **Roberts WO** “Asthma and Exercise Asthma in Athletes” ACSM Brazil Team Physician Course Part I (Sao Paolo, Brazil) 2005
30. **Roberts WO** “The Collapsed Athlete” ACSM Brazil Team Physician Course Part I (Sao Paolo, Brazil) 2005
33. **Roberts WO** “Exercise Prescription in Family Medicine” Minnesota Academy of Family Physicians Spring Refresher (Mpls, MN) 2004
34. **Roberts WO** “Clinical Cases: GI and GU” ACSM Team Physician Course Part I (New Orleans, LA) 2004
35. Roberts WO “Psychological Influences of Sport on Young Athletes” ACSM Team Physician Course Part I (New Orleans, LA) 2004
36. Roberts WO “Asthma and Exercise Asthma in Athletes” ACSM Team Physician Course Part I (New Orleans, LA) 2004
37. Roberts WO “Physical Therapy: A Primary Care Perspective” ACSM Team Physician Course Part I (New Orleans, LA) 2004
38. Roberts WO “GI Trauma in Sports” ACSM Team Physician Course Part I (New Orleans, LA) 2004
39. Roberts WO “Medical Care at Road Races” UMN Twin Cities Marathon Sports Medicine Conference (Mpls, MN) 2003
40. Roberts WO “How to start a sports medicine practice” Ironman Sports Medicine Conference - Kaiser Permanente (Kona, HI) 2002
42. Roberts WO “Updates on the management of collapse 2002” Ironman Sports Medicine Conference - Kaiser Permanente (Kona, HI) 2002
43. Roberts WO “Mass participation events - USA Soccer Cup” Ironman Sports Medicine Conference - Kaiser Permanente (Kona, HI) 2002
44. Roberts WO “Run and ski marathons” Ironman Sports Medicine Conference - Kaiser Permanente (Kona, HI) 2002
49. Roberts WO “Emergency Care of the Collapsed Athlete.” Minnesota Academy of Family Practice Spring Refresher (St Paul, MN) 2002
52. Roberts WO “Casting Workshop” ACSM Team Physician Course Part I (New Orleans, LA) 2002
54. Roberts WO “Shoulder Exam Workshop” ACSM Team Physician Course Part I (New Orleans, LA) 2002
55. Roberts WO “Psychological Influences of Sport on Young Athletes” ACSM Team Physician Course Part I (New Orleans, LA) 2002
56. Roberts WO “Pelvic Floor Dysfunction in Female Athletes” ACSM Team Physician Course Part I (New Orleans, LA) 2002
58. Roberts WO “Asthma and Exercise Asthma in Athletes” ACSM Team Physician Course Part I (New Orleans, LA) 2002
59. Roberts WO “Physical Therapy: A Primary Care Perspective” ACSM Team Physician Course Part I (New Orleans, LA) 2002
60. Roberts WO “GI Trauma in Sports” ACSM Team Physician Course Part I (New Orleans, LA) 2002
63. Roberts WO “Medications and Sport” ACSM International Team Physician Course (Buenos Aires, Argentina) 2001
64. Roberts WO “Cold Related Injury and Illness” ACSM International Team Physician Course (Buenos Aires, Argentina) 2001
67. Roberts WO “Sports Readiness: Preparticipation Exam.” Contemporary pediatric issues for the primary care physician - Children’s Hospital (St Paul) 2001
68. Roberts WO “Foot and Ankle Workshop” ACSM Team Physician Course Part II (San Antonio, TX) 2001
69. Roberts WO “Low Back and Pelvis Exam Workshop” ACSM Team Physician Course Part II (San Antonio, TX) 2001
70. Roberts WO “Knee Exam Workshop” ACSM Team Physician Course Part II (San Antonio, TX) 2001
71. Roberts WO “Activity in the Cold” ACSM Team Physician Course Part II (San Antonio, TX) 2001
72. Roberts WO “Activity in the Heat” ACSM Team Physician Course Part II (San Antonio, TX) 2001
73. Roberts WO “Medical Management of Events and Teams” ACSM Team Physician Course Part II (San Antonio, TX) 2001
74. Roberts WO “Role and Responsibilities of the Team Physician” ACSM Team Physician Course Part II (San Antonio, TX) 2001
76. Roberts WO “Joint Injection and Aspiration Workshop” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
77. Roberts WO “Casting Workshop” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
78. Roberts WO “Elbow, Wrist, and Hand Exam Workshop” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
79. Roberts WO “Shoulder Exam Workshop” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
80. Roberts WO “Developing a Sports Medicine Practice” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
81. Roberts WO “Asthma and Exercise Asthma in Athletes” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
82. Roberts WO “Rehabilitation of Soft Tissue Injury” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
83. Roberts WO “GI Trauma in Sports” ACSM Team Physician Course Part I (St Petersburg Beach, FLA) 2000
84. Roberts WO “Head and Neck Injury in Sports” ACSM International Team Physician Course (Guatemala City, Guatemala) 1999
85. Roberts WO “Thermal Concerns: Activity in Hot and Cold Environments” ACSM International Team Physician Course (Guatemala City, Guatemala) 1999
86. Roberts WO “Medical management of athletic team sidelines & events” ACSM International Team Physician Course (Guatemala City, Guatemala) 1999
87. Roberts WO “The Role and Responsibilities of the Team Physician” ACSM International Team Physician Course (Guatemala City, Guatemala) 1999
88. Roberts WO “Low Back and Pelvis Exam Workshop” ACSM Team Physician Course Part II (San Antonio, TX) 1999
89. Roberts WO “Knee Exam Workshop” ACSM Team Physician Course Part II (San Antonio, TX) 1999
90. Roberts WO “Pearls and Problems in Wrestling” ACSM Team Physician Course Part II (San Antonio, TX) 1999
91. Roberts WO “Antioxidants in athletes” ACSM Team Physician Course Part II (San Antonio, TX) 1999
92. Roberts WO “Activity in the Heat and Cold” ACSM Team Physician Course Part II (San Antonio, TX) 1999
93. Roberts WO “Medical Management of Events and Teams” ACSM Team Physician Course Part II (San Antonio, TX) 1999
94. Roberts WO “Role and responsibilities of the Team Physician” ACSM Team Physician Course Part II (San Antonio, TX) 1999
95. Roberts WO “Knee Exam Workshop” Youth and sports: Contemporary issues for the primary care physician - Children’s Hospital (Nisswa, MN) 1998
96. Roberts WO “Head and Neck Injury” Youth and sports: Contemporary issues for the primary care physician - Children’s Hospital (Nisswa, MN) 1998
97. Roberts WO “Joint Injection and Aspiration Workshop” ACSM Team Physician Course Part I (San Diego) 1998
98. Roberts WO “Casting Workshop” ACSM Team Physician Course Part I (San Diego) 1998
100. Roberts WO “Shoulder Exam Workshop” ACSM Team Physician Course Part I (San Diego) 1998
102. Roberts WO “Asthma and Exercise Asthma in Athletes” ACSM Team Physician Course Part I (San Diego) 1998
103. Roberts WO “Pearls in Ice Hockey” ACSM Team Physician Course Part I (San Diego) 1998
104. Roberts WO “Rehabilitation of Soft Tissue Injury” ACSM Team Physician Course Part I (San Diego) 1998
105. Roberts WO “GI Trauma in Sports” ACSM Team Physician Course Part I (San Diego) 1998
107. Roberts WO “Foot and Ankle Exam Workshop” ACSM Team Physician Course Part II (Pontre Vedra, FL) 1997
108. Roberts WO “Knee Exam Workshop” ACSM Team Physician Course Part II (Pontre Vedra, FL) 1997
110. Roberts WO “Antioxidants in athletes” ACSM Team Physician Course Part II (Pontre Vedra, FL) 1997
111. Roberts WO “Activity in the Heat and Cold” ACSM Team Physician Course Part II (Pontre Vedra, FL) 1997
112. Roberts WO “Medical Management of Events and Teams” ACSM Team Physician Course Part II (Pontre Vedra, FL) 1997
113. Roberts WO “Role and responsibilities of the Team Physician” ACSM Team Physician Course Part II (Pontre Vedra, FL) 1997
118. Roberts WO “The Female Athlete Triad” UMN Family Practice Residency Update in Sports Medicine (Minneapolis, MN) 1996
120. Roberts WO “Pearls in Ice Hockey” ACSM Team Physician Course Part I (San Diego, CA) 1996
121. Roberts WO “Rehabilitation of Soft Tissue Injury” ACSM Team Physician Course Part I (San Diego, CA) 1996
122. Roberts WO “GI Trauma in Sports” ACSM Team Physician Course Part I (San Diego, CA) 1996
123. Roberts WO “Pearls and Problems in Wrestling” ACSM Team Physician Course Part II (Tampa) 1995
124. Roberts WO “Antioxidants in athletes” ACSM Team Physician Course Part II (Tampa) 1995
125. Roberts WO “Activity in the Heat and Cold” ACSM Team Physician Course Part II (Tampa) 1995
126. Roberts WO “Medical Management of Events and Teams” ACSM Team Physician Course Part II (Tampa) 1995
127. Roberts WO “Role and responsibilities of the Team Physician” ACSM Team Physician Course Part II (Tampa) 1995
130. Roberts WO “Winter Emergencies” University of Minnesota School of Nursing (Minneapolis, MN) 1982

ADVISING AND MENTORING

Graduate Student Activities

Medical Student Advising
Year 3- 4 Student Advisees:
4 Class of 2012
3 Class of 2013
2 Class of 2011
3 Class of 2010
5 Class of 2009
4 Class of 2008
2 Class of 2007

Masters Clinical Research (NIH Mentor for Developing Scholars)
2009-2010 Steven Stovitz, MD

Other Mentoring Activities
Faculty – Department of Family Medicine and Community Health

Jon Hallberg, MD       2011- Present
Suzanne Hecht, MD       2008 - Present
Steven Stovitz, MD, MS 2004 - Present
Mark Berg, MD          2017 - Present
Roli Dwivedi, MD       2017 - Present

CLINICAL SERVICE

Clinical Teaching

Family Medicine Outpatient Precepting (Residents)
Two half days per week          2010-Present

Johnson High School Training Room (One half day per week) 2006-Present

Four half days per week  2003-2010

Family Medicine Inpatient Receiving
One night per week and one weekend per month 2003-2015

Family Medicine Medical Student Precepting

Essentials of Clinical Medicine (ECM) OUTPATIENT  2010- 2017

Process of Care Clerkship (POCC) rotation (Year 1 & 2 students),
1 half day per week for 8-16 weeks

Primary Care Clerkship – Family Medicine (Year 3 – 4 students),
1-2 half days per week  2010-Present

Anatomy Clinical Correlation Session – lower extremity exam,
(Year 1 students), 1-2 Days per year  2005-2007

Rural Physicians Associate Program Visiting Faculty, (Year 3 students),
3-4 days per year  2004-2010

Primary Care Clerkship – Family Medicine (Year 3-4 students),
3 half days per week  2003-2010

Physicians and Patient III (Year 2 students),
One half day per week for 18 weeks  2003-2010

Clinical Service Responsibilities

Outpatient Clinic Service
2 half days per week          2008-Present
4 half days per week          2003-2008

PROFESSIONAL SERVICE AND PUBLIC OUTREACH
Editorial Positions and Peer Review

Editor Positions

Consulting Editor: Current Sports Medicine Reports
Lippincott Williams and Wilkins, Philadelphia, PA
2018-Present

Editor in Chief: Current Sports Medicine Reports
Lippincott Williams and Wilkins, Philadelphia, PA.
2010-2017

Section Editor: Competitive Sports and Pain Management,
Current Sports Medicine Reports, Lippincott Williams and Wilkins,
2005-2009

Associate Editor, Medicine and Science in Sports and Exercise,
Lippincott, Williams, and Wilkins
1998-2000

Senior Associate Editor, Series Editor: Clinical Techniques Column.
Physician and Sports Medicine, McGraw Hill Healthcare Publications
1997-2005

Editor-in-Chief: Health Information Products,
1995-2005

Editor-in-Chief: Your Patient and Fitness,
1995-2000

Deputy Editor: Your Patient and Fitness,
1991-1995

Editorial Boards

Member, Sports Medicine and Health Science
KaAi Publishing, XX, China
2018-Present

Member, Physician and Sportsmedicine,
JTE Multimedia, Berwyn, PA.
2008-Present

Member, Clinical Journal of Sport Medicine,
Lippincott, Williams, and Wilkins
2004-Present

Member, ACSM Health and Fitness Journal,
Lippincott, Williams, and Wilkins
2004-Present

Member, British Journal of Sports Medicine,
BMJ Publishing Group
2001-Present

Member, Medicine and Science in Sports and Exercise,
Lippincott, Williams, and Wilkins
2000-Present

Member, International SportsMed Journal,
International Federation of Sports Medicine, Capetown, South Africa
2008-2015
Member, *Current Sports Medicine Reports*, 2001-2010
Lippincott, Williams, and Wilkins


**Manuscript Reviewer for Publication**

*Journal of the American Medical Association* 2005- Present
*Pediatrics* 2004-2020
*Current Sports Medicine Reports* 2001-2020
*Journal of Athletic Training* 2000-2020
*Clinical Journal of Sport Medicine* 2000-2020
*Medicine and Science in Sports and Exercise* 1996-Present
*Brain* 2018
*New England Journal of Medicine* 2018
*Heart* 2016-2017
*American Journal of Kidney Diseases* 2003-2010
*Journal of the American Board of Family Practice* 2002
*Your Patient and Fitness* 1989-2000
*Sports Medicine,* 1998
*Mayo Clinic Proceedings* 1997

**SERVICE TO PROFESSIONAL ORGANISATIONS**

**American Board of Family Practice**

2007 Sports Medicine Sub Specialty Exam – Angoff Committee member, American Board of Family Medicine, Lexington KY 2006


**American College of Sports Medicine, Indianapolis, IN**
President 2004-2005
President – American College of Sports Medicine Foundation 2008-2012
Chair – Executive Committee 2004-2005
Chair – Administrative Council 2004-2005
Chair – Board of Trustees 2004-2005
Executive Committee Member 2003-2009
Fellow 1986-Present
Member 1982-Present
Member Northland Chapter 1981-Present
Media Advocacy Committee 2005-Present
Clinical Medicine Leadership Committee 2003- Present
Past President – American College of Sports Medicine Foundation 2012-2013
Task Force on Annual Meeting Abstract Publishing 2012-2017
Strategic Planning Committee 1990-2013
Program Committee 1997-2017
Chair – Special Work Group on Evidence Based Literature: 2007-2012
ACSM Foundation Executive Committee 2006-2012
Past Presidents Committee 2006-2012
Budget and Finance Committee 2006-2012
ACSM Foundation Board 2003-2012
Ethics Committee 2008-2011
Publications Committee 2006-2009
Nominations Committee 2001-2009
President Elect – American college of Sports Medicine Foundation 2006-2007
Chair- Past Presidents Committee 2006-2007
Immediate Past President 2005-2006
Chair – Strategic Planning Committee 2005-2006
Chair – Nominations Committee 2005-2006
Executive Committee 2003-2006
ACSM Foundation Planning Group 2003-2006
Administrative Council 2001-2006
Awards and Tributes Committee 2001-2006
Budget and Finance Committee 2001-2005
Advancement Committee 2001-2005
CME Committee Representative, Northland Chapter 2000-2005
Distance Learning Task Force 1998-2005
Medical Education (CME) Committee 1990-2005
President-Elect 2003-2004
Chair – Awards and Tributes Committee 2003-2004
Chair – Program Committee 2003-2004
Chair – Nominations Committee 2003-2004
Chair – Medical Education (CME) Committee 1998-2004
First Vice President 2002-2003
Pronouncements Committee 1998-2003
CME Committee Representative, Greater New York Chapter 2000-2003
Corporate Relations Task Force 1999-2003
Medicine Task Force 1998-2003
Second Vice President 2001-2002
Credentials Committee 1998-2001
Chair, Share the Experience Committee 1998-2000
Chair, ACSM International Team Physician Course Committee, Guatemala City, Guatemala Practice 1998-1999
Board of Trustees 1995-1999
Co-Chair, ACSM Team Physician Course 1994-1999
Certificate of Added Qualification Course Committee 1996-1997
Constitution Bylaws and Operating Codes Committee 1988-1997
Chair, Constitution, Bylaws, and Operating Codes 1990-1996
Committee on Committees Committee 1994-1995
Program Committee 1994-1995
Leadership Development Committee 1992-1995
Governance Task Force 1991-1995
CME Committee Representative, Northland Chapter 1991-1993
CME Committee Representative, Northwest Chapter 1990-1991

American Medical Athletic Association
Life Member (Organization merged with International Institute of Race Medicine) 1991-2017

American Medical Association
Sports Medicine Committee 1987-2009

American Medical Society for Sports Medicine
Charter Member 1991-Present
AMSSM Task Force on Cardiac Screening for Sport Participation 2015
AMSSM Task Force on Concussion in Sport 2018
AMSSM's Task Force on Sexual Violence in Sport 2019-Present
AMSSM Presidential Task Force on Exercise Promotion in Clinical Medicine 2019-Present
AMSSM Presidential Task Force on Diversity, Equity, and Inclusion in AMSSM 2020-2021

American Academy of Family Physicians
Fellow 2017-Present
Member 1979-Present
AAFP Sports Medicine Advisory Group 2006-2010

European Federation of Sports Medicine Associations
Member - Science Committee 2016-2017

Fédération Internationale De Médecine Du Sport (International Federation of Sports Médicine), Lausanne, Switzerland
Fellow 2018-Present
Member – Executive Board 2018-Present
Member - Scientific Commission (Appointed by the Board) 2006-2018
Delegate for United States of America (Appointed by ACSM) 2007, 2018
FIMS Council of Delegates 2016, 2018

HealthEast St. John’s Hospital
Member - St. John's Physician Leadership Committee, 2007-2015
HealthEast St Johns, Maplewood MN
HealthEast Education Committee, HealthEast, St Paul MN 2007-2015

International Institute of Race Medicine (formerly American Road Race Medical Society)
Board of Directors 2009-Present
Founding Member 2003-Present
Secretary-Treasurer 2007-2009
Immediate Past President 2006-2007
President 2003-2005

**International Marathon Medical Directors Association**
Member, (Membership restricted 2001 to AIMS Medical Directors) 1985-2001
President 1996-1998
Vice-President 1994-1996
Board of Directors 1991-1994

**Minnesota Academy of Family Physicians**
Member 1979-Present

**Minnesota Medical Association**
Member 1981-Present

**National Youth Sports Health and Safety Institute**
Board of Directors
Member 2011 - 2014
Chair 2015 - Present

**Road Runners Club of America**
Sports Medicine Committee 1997-2009

**Twin Cities (Ramsey County) Medical Society**
Member 1981-Present
Ad Hoc Committee on Sports and Exercise

**Medical Staff Affiliations**
Active Staff, MHealth Fairview (formerly HealthEast) St John’s Hospital, Family Medicine, Maplewood, MN 1984-Present
Courtesy Staff, St Paul Children’s’ Hospital, St Paul, MN 1981-2003
Active Staff, United Hospital, Family Medicine, St Paul, MN 1986-2002
Active Staff, Bethesda Lutheran Hospital, St Paul, MN 1981-1984
Resident Staff, St Mary’s Hospital, Minneapolis, MN 1979-1981
Resident Staff, Fairview Community Hospital, Minneapolis, MN 1979-1981

**Volunteer Service**
Program Committee, UMN Twin Cities Marathon Sports Medicine Course, CME University of Minnesota Medical School, Minneapolis, MN 2003-Present
Medical Pool, USA Soccer Cup 1986-Present
Medical Pool, Twin Cities Marathon 1982-Present
Medical Pool, Minnesota State High School League State Tournaments 1979-Present
Member - Ironman Triathlon Medical Pool; Kona, Hawaii 2015
Member - Ironman Triathlon Medical Pool; Kona, Hawaii 2007
London Marathon Medical Team (London, England), Finish line point of care sodium analysis 2005

Medical Director – TC Mile, Twin Cities Marathon, Minneapolis, MN 2005

Event Physician – Minnesota Distance Invitational Track Meet (St Paul, MN), International track distance races 2005

Medical Director – National Kidney Foundation Transplant Games, University of Minnesota, Minneapolis, MN 2004

Member - Ironman Triathlon Medical Pool; Kona, Hawaii 2002

Member - World Figure Skating Medical Pool; 1998 World Championships, Minneapolis, MN 1998

Member - Ironman Triathlon Medical Pool; Kona, Hawaii 1996

Atlanta Committee for the Olympic Games Medical Pool 1996
(Consultant - marathon races, Athlete care - race course venue, Spectator care - volleyball and Centennial Olympic Park venues)

Boston Marathon Race Medical Pool (Finish line medical staff and advisor) 1996

Boston Marathon Race Medical Pool (Finish line medical staff and advisor) 1992

Boston Marathon Race Medical Pool (Finish line medical staff and advisor) 1986-1990

Service to the University/Medical School/Department

University of Minnesota

University-wide service

Member - Educational Scholarship Task Force, University of Minnesota Medical School 2016 - Present

Member - Promotions and Tenure Committee, University of Minnesota Medical School, Minneapolis, MN 2015- Present

University of Minnesota Twin Cities Marathon CME Conference Program Committee, University of Minnesota Medical School CME Department, Minneapolis, MN 2004-Present

Chair - Adult Cardiothoracic Anesthesiology Fellowship Program GME Special Review 2016-2017

Member – Graduate Medical Education Committee (Department of Family Medicine and Community Health Representative), University of Minnesota Medical School, Minneapolis, MN 2010-2015
Faculty Mentor – Wilderness Health Student Interest Group, University of Minnesota Medical School, Minneapolis, MN 2006-2011

Interviewer, Office of Admissions, University of Minnesota Medical School, Minneapolis, MN 2005-2008

**Department of Family Medicine and Community Health**

Director of Sports Medicine Program 2019 – Present
   Chair Sports Medicine Faculty Search Committee 2021

Executive Team 2018 - Present
   Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN

Vice Chair of Faculty Affairs 2021 - Present

Director of Faculty Affairs 2018 - 2021
   Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN

Co-Chair - Promotions and Tenure Committee, 2018 - Present
   Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN

Member - Central Leadership Team, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN 2018 - Present

Member - Family Medicine and Community Health Discovery Fund Award Committee, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN 2016 - Present

Member – Vice Chair of Research Search Committee 2018
   Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN

Member, Promotions and Tenure Committee, 2003 - 2018
   Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN

Member - Central Leadership Team, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN 2014-2015

Chair - Curriculum and Education Committee, 2010-2015
   Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN

Clinical Service Unit Board of Directors - Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN 2007-2015

Member - Curriculum and Education Committee, 2007-2015
   Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN

Member – Scholastic Standings Committee, 2007-2015
   Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN

Member - Clinical Service Unit Committee, 2007-2015
   Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN

Member - Program Directors Education Committee, 2007-2015
   Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN
University of Minnesota, Minneapolis, MN
Member – Executive Committee, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN 2010-2011

**UMN St John's Family Medicine Residency and Phalen Village Clinic**
Chair - Phalen Village Clinic Pharm D Search Committee 2013-2015
Chair - Phalen Village Clinic Behavioral Health Search Committee 2013-2015
Chair - Phalen Village Faculty Search Committee 2007-2015
Chair - St John’s Residency Resident Recruitment Committee 2007-2015

**Community Outreach Activities**

**Community Service**
Santa Ynez Valley Community (CA) Aquatics Foundation Honorary Committee 2017
Mahtomedi (District 832) School Board 1997-2009
Age Group Coordinator – Mahtomedi Soccer Association 1991-1995
Board of Directors – Twin Cities Marathon, Minneapolis, MN 1986-1999
Age Group Coach – Mahtomedi Soccer Association 1986-1997

**Community Education Presentations**
“Protecting the young arm” Forest Lake Baseball Coaches Association Educational Meeting. February 2006.

“Water balance and running” HealthEast Guidant Running Fitness Program. July 2005

**Media Contacts**
Multiple television interviews on sports medicine and physical activity issues

Multiple radio show appearances on sports medicine and physical activity issues

APPENDIX E
CURRICULUM VITAE

JAMES MATTHEW DUBOIS, DSC, PHD

DATE: September 6, 2020
CITIZENSHIP: USA
ADDRESS AND TELEPHONE NUMBERS:
4523 Clayton Avenue, Campus Box 8005
St. Louis, MO 63110
Phone: 314-747-2710
Fax: 314-454-5113

PRESENT POSITION: Steven J. Bander Professor of Medical Ethics and Professionalism
Professor of Medicine (tenured), Division of General Medical Sciences
Director, Bioethics Research Center (CTSA Core)
Professor of Psychology and Brain Sciences (secondary)
Faculty Scholar, Institute for Public Health
Washington University in St. Louis

EDUCATION:
1989 B.A. Majors in Psychology and Philosophy (Honors)
Franciscan University
Steubenville, OH
1990 M.A. University of Rhode Island (4.0 G.P.A.)
Kingston, RI
Thesis: The Roots and Method of Phenomenological Realism. Directed by Prof. Fritz Wenisch
1992 Ph.D. Philosophy (summa cum laude)
International Academy of Philosophy
Schaan, Liechtenstein
Dissertation: Judgment and Sachverhalt: An Examination of Adolf Reinach's Phenomenology. Mentored by Barry Smith
1997 D.Sc. (doctor of science/Dr. rer.nat.) Psychology (with distinction)
Department of General and Experimental Psychology, University of Vienna
Vienna, Austria
on Reasoning about Organ Explantation from Heart-Beating, Brain-Dead Donors. Mentor: Giselher Guttmann

Post-Graduate Certifications:
Institute of HeartMath
2014 Board Certified Coach (BCC) Program. Institute for Life Coach Training completed May 2013
Certified as Career Coach by Center for Credentialing and Education April 2014

Foreign Languages:
German – high degree of fluency; have published several translations to English and lectured in German
French – some reading knowledge; attended 4 university semesters; subscribe to French and German television
Latin – translation examination passed for doctoral studies

ACADEMIC POSITIONS / EMPLOYMENT:
1989-1990 Facilitator / Tutor for the Special Program for Talent Development
University of Rhode Island
1990-1992 Teaching and Research Assistant
International Academy of Philosophy in Liechtenstein
1992-1994 Assistant Professor of Philosophy
Franciscan University, Gaming Austria
1994-1997 Assistant Professor of Philosophy, Viktor Frankl Chair of Philosophy & Psychology
International Academy of Philosophy in Liechtenstein
1997-2000 Assistant Professor of Health Care Ethics
Saint Louis University
2000-2003 Associate Professor of Health Care Ethics
Saint Louis University
2006-2013 Hubert Maeder Endowed Chair, Full Professor, Health Care Ethics
Saint Louis University
2014-Present Professor of Medicine (tenured), Professor of Psychology and Brain Sciences (secondary) Washington University in St. Louis
2015-Present Steven J. Bander Professor of Medical Ethics and Professionalism, Washington University in St. Louis

UNIVERSITY AND HOSPITAL APPOINTMENTS AND COMMITTEES:
Administrative Leadership
1999-2005  PhD Program Director, Health Care Ethics, Saint Louis University
1999-2013  Director, Certificate in Empirical Research Methods in Bioethics, Saint Louis University
2005-2010  Department Chair, Center for Health Care Ethics, Saint Louis University
2007-2013  Director of Bander Center for Medical Business Ethics, Saint Louis University
2007-2018  Director of Center for Clinical and Research Ethics
            Institute for Clinical and Translational Science (ICTS), Washington University
2019-present  Director, Bioethics Research Center, Washington University in St. Louis

University Committee Service
1997-2013  Member of Qualitative Research Committee at Saint Louis University
1998-2013  Member of all Doctoral Comprehensive Examination Committees
            Health Care Ethics, Saint Louis University
1998-Present  Grant proposal reviewer for multiple RFAs
            Provost’s Office, Office of Research Services, and the Social Justice Institute at Saint Louis University
2000-2013  Member of Steering Committee for MD/PhD programs
            Saint Louis University School of Medicine
2002-2005  Member of Institutional Review Board for Behavioral and Social Research
2007-Present  Member, Consultation Service, Bioethics Research Center, Washington University School of Medicine
2014-Present  Interdisciplinary Bioethics Network at Washington University, Founder and Coordinator
2020  Washington University, Fall Covid-19 Contingency Planning Committee

Hospital and Healthcare Committee Service
1999-2006  Member, Review Board for Non-Heart Beating Organ Donation
            Mid-America Transplant Services, St. Louis MO
2000-2012  Ethicist and Member of the Ethics Committee
            Saint Anthony’s and St. Alexius Hospitals, Saint Louis, MO
2000-2012  Member of the Institutional Review Board
            Saint Anthony’s Medical Center, Saint Louis, MO
2007-Present  Member, Medical Advisory Board
   Mid-America Transplant Services

HONORS AND AWARDS:
2003  Faculty Excellence Award
   Saint Louis University Student Government Association
2005  Viktor Frankl Award of the City of Vienna (Austria)
2005  Member, Committee on Increasing Rates of Organ Donation
   Institute of Medicine
2006  Installed as inaugural holder of the Hubert Mäder Chair of Healthcare Ethics
2010  Rod Rose Award for Best Publication
   Society of Research Administrators International
2012  PROSE Award’s Honorable Mention
   Best New Journal in Science, Technology, and Medicine
   for Narrative Inquiry in Bioethics
2013  Annual Innovation Award for Human Research Protections, Fall 2013
   Health Improvement Institute
   For the Professionalism and Integrity in Research Program (P.I. Program)
2014  American Board of Internal Medicine (ABIM) Foundation Professionalism
   Article Prize for “A Humble Task: Restoring Virtue in an Age of Conflicted
   Interests,” in Academic Medicine
2019  American Board of Internal Medicine (ABIM) Foundation John A. Benson Jr.,
   MD Professionalism Article Prize for “The Professionalism and Integrity in
   Research Program: Description and Preliminary Outcomes,” in Academic
   Medicine

EDITORIAL RESPONSIBILITIES:
Journal Editor
2011-Present  Editor (with Ana Iltis), Narrative Inquiry in Bioethics: A Journal of Qualitative
   Research. Published by the Johns Hopkins University Press / ProjectMuse, indexed in
   2011 Symposia Edited: 1.1 Experiences of Psychiatric Hospitalization; 1.2 Conflicting
   Interests in Medicine; 1.3 Nursing Assistants Working in Long-term Care Facilities
   2012 Symposia Edited: 2.1 Living Organ Donation; 2.2 Delivering Healthcare in
   Severely Resource-constrained Settings; 2.3 Parenting Children with Autism Spectrum
   Disorders through the Transition to Adulthood
   2013 Symposia Edited: 3.1 Taking Bioethics Personally; 3.2 The Many Faces of Moral
   Distress; 3.3 Living with the Label ‘Disability’
2014 Symposia Edited: 4.1 Confronting Pediatric Brain Tumors; 4.2 Obesity; 4.3 Religion in Medical and Nursing Practice

2015 Symposia Edited: 5.1 Making Ethical Decisions: Stories from Surgeons; 5.1A Toward Treatment with Respect and Dignity in the Intensive Care Unit; 5.2 Normalizing Intersex; 5.3 Patient and Research Participant Experiences with Genetic Testing

2016 Symposia Edited: 6.1 Political Influence on Bioethical Deliberation; 6.2 Patient, Family and Clinician Experiences with Voluntary Stopping of Eating and Drinking (VSED); 6.3 To Vaccinate or Not? Parents Stories.

2017 Symposia Edited: 7.1 Community-Academic Partnerships in Research and Public Health; 7.2 Cancer and Fertility; 7.3 Challenges with Labor and Delivery

2018 Symposia Edited: 8.1 Doctor in the Family: Stories and Dilemmas Surrounding Illness in Relatives; 8.2 Healthcare Challenges Faced by Adopted Persons; 8.3 Living with Chronic Pain in the Midst of the Opioid Crisis


2020 Symposia Edited: 10.1 Healthcare After a Near-Death Experience; 10.2 Living with Alzheimer Disease and Other Types of Dementia: Stories from Caregivers; …

Editorial Boards


Current Member of the Editorial Board: Accountability in Research (Taylor and Francis) Ethics & Behavior (Taylor and Francis) and Journal of Empirical Research on Human Research Ethics (University of California Press).

Book Editing


Guest Editing


Special Issue Editor: “Conflicting Interests in Medicine,” Narrative Inquiry in Bioethics,
1, 2, (2011).

Referee


NATIONAL SCIENTIFIC PANELS:

Scientific Review

2005  Member, ZMH1 ERB-C06 S, Mental Health Research Education Grants (R25)
      National Institute of Mental Health, Scientific Review Committee
2005  Member, Research on Research Integrity
      National Institute of Health/AHRQ, Scientific Review Committee
2008-2010 Wellcome Trust
2011 Austrian Science Fund, Vienna, Austria
2011-2017 Member, Standing Study Section, Societal and Ethics Issues in Research
      National Institutes of Health
2013-Present Joseph B. Gittler Award Review Committee
      American Psychological Foundation (APF) Board of Trustees
2014 The Israel Science Foundation, Individual Research Grant Reviewer
2018-Present Ad hoc reviewer for National Human Genome Research Institute’s ELSI
      supplement applications
2019 Ad hoc reviewer for National Human Genome Research Institute’s U24 and U13
      ELSI program applications

National Advisory and Expert Committees

1997-2000 Member, Liver Review Board
      Region 8, The United Network For Organ Sharing (UNOS)
2005 Member, Forum on Donation after Cardiocirculatory Determination of Death
      Canadian Council for Donation and Transplantation
2005-Present Member, Data Safety Monitoring Board
      National Institute for Drug Abuse, Center for Clinical Trials Network
2005 Member, National Consensus Conference on Donation after Cardiac Death
      Sponsored by UNOS Foundation, Gift of Life Foundation, Division of
      Transplantation/HRSA, American Society of Transplant Surgeons, American
      Society of Transplantation, Barr Laboratories, Inc., and the National Kidney
Foundation.

2005-2006  Member, Committee on Increasing Rates of Organ Donation
Institute of Medicine

2006-2010  Member, Organ Transplant Center Program Certification Task Force
Joint Commission

2006-Present  Member, Medical Advisory Board
Mid-America Transplant Services

2007-Present  Member, Executive Committee and Operations Committee
Washington University in St. Louis, Institute for Clinical and Translational Science

2008-2011  Member, Ethics Committee
United Network of Organ Sharing (UNOS)

2009-2011  Chair, Responsible Conduct of Research Educational Committee (RCREC)
Association for Practical and Professional Ethics

2009-Present  Chair, Educational Materials Committee
United Network of Organ Sharing (UNOS)

2012-Present  Member, Committee on Human Research (representing “applied psychology”)
American Psychological Association

2016-Present  US National Academies of Science, Responsible Conduct of Science Committee, Egypt

2019-Present  Chair, External Scientific Panel, NHGRI, Center for ELSI Resources and Analysis (CERA)

PROFESSIONAL SOCIETIES AND ORGANIZATIONS:

  Academy for Professionalism in Health Care (APHC)
  American Psychological Science (APS)
  American Society for Bioethics and Humanities (ASBH)
  Association for Professional and Practical Ethics (APPE)
  Institute of Coaching Professional Association at McLean Hospital
  Society for Personality and Social Psychology (SPSP)
  Viktor Frankl Institute of Logotherapy (VFI)

MAJOR INVITED PROFESSORSHIPS AND LECTURESHIPS:

Selected, Recent Invited Presentations

  “U.S. Experience with Donation After Cardiac Death: An Ethical Evaluation,” Canadian

“Terminating dialysis or terminating patients? Thinking through difficult end-of-life decisions in nephrology,” plenary speaker, National Kidney Foundation Council of Nephrology Social Workers, St. Louis, May 11, 2005


“Organ Donation: Opportunities for Action,” Testimony before Congress and HRSA on behalf of the Institute of Medicine, Washington, DC, May 1, 2006.


“Uncontrolled Donation after Cardiac Death: The Ethical Issues,” Association of Organ Procurement Organizations, Dallas, TX, June 14, 2007.


“Who is Dead and Eligible to Donate Organs?” Annual O’Malley Endowed Bioethics Lecture, Loyola Marymount University, Los Angeles, September 16, 2009.


“Responding to Research Misbehavior,” Clinical Research Training Lecture Series, Washington University School of Medicine, St. Louis, February 9, 2010.


“How Authority Contributes to Misbehavior in Medical Research and Practice,” Invited plenary lecture to the Association for Moral Education, St. Louis, MO, November 5, 2010.


"Understanding and Responding to Wrongdoing in Research," Fred Hutchinson Cancer Center and University of Washington Medical Center, July 8, 2013.


“Understanding Unprofessional Behavior” Olin School of Business, Organizational Behavior Lecture Series, Washington University, St. Louis, January 1, 2014.

“Promoting Professional Practices in Medical Research,” Grand Rounds, Department of Medicine, University of Missouri School of Medicine, Columbia, MO, March 13, 2014.


“Evidence-Based Ethics in Mental Health Research,” Department of Psychiatry Grand Rounds, University of Massachusetts School of Medicine, Worcester, November 13, 2014.


“Protecting the Integrity of Medicine,” Society of Internal Medicine, St. Louis MO, April 21, 2015.

“Responding to Suspected Wrongdoing in Research,” School of Medicine, SUNY Buffalo, Clinical and Research Ethics Seminar, May 18, 2015.


“Fostering Research Integrity,” University of Indiana, Plenary Speaker, Indianapolis, November 6, 2015.

“Vulnerability and Informed Consent” University of Minnesota, Research with Human Participants: the National Debates Conference, December 2, 2015.

“Lessons from the PI Program,” Strich School of Medicine, Loyola University of Chicago, March 14, 2016.


“Exploring the Multiple Meanings of Research Ethics,” Hutton Ethics Lecture during Research Week at University of Cincinnati College of Medicine on April 21, 2017.

“Ethics in Dissemination and Implementation Research,” The NIMH-funded


“Precision Medicine Policies that Build Bridges: Defining the Scope of Work Using Social Science Data,” Cordell Institute for Policy in Medicine and Law, Washington University in St. Louis, St. Louis, MO, September 13, 2018.


“Research Ethics and Regulations in NFL Research,” National Football League, Committee on Research and Innovation, Indianapolis, IN, February 27, 2019.


“Doing Good Research: Learning from the Mistakes and Successes of Others,” Western Michigan University Homer Stryker M.D. School of Medicine, Kalamazoo, MI, April 17, 2019.


“When Should We Treat Groups of Research Participants Differently? Reflections on Vulnerability, Exploitation, and Sensitive Data In Research,” Ethics Grand Rounds, University of Colorado Anschutz Medical Campus, November 14, 2019.


Submitted Conference Papers


“What can Personalism offer to Contemporary Philosophy of Mind?”, delivered to the Conference on Persons, at Oriel College, Oxford University, August 1995.

“Thinking about Organ Harvesting: Towards a Model of Moral Problem-solving”, paper delivered to the Association for Moral Education in November, 1997, at Emory University.

“On Finding the Self to be Substantial. A Preface to Virtue Theory”, peer-reviewed paper delivered to the American Catholic Philosophical Association in March 1997, Buffalo, NY.

“The Dead-Donor Rule and Non-heart-beating Organ Donation: Moral and Legal Aspects”, paper delivered to the Fifth Biennial Conference on Ethical Issues in Organ Transplantation, in October 2-4, 1998, Cleveland Clinic Foundation, Cleveland, OH.


“Logotherapy and Ethics,” paper delivered to the 12th World Congress of Logotherapy, Dallas, TX, June 23-27, 1999.


“How Should We Justify Compulsory Moral Education of Medical Students?” presentation to the American Association of Medical Colleges, Central Division, Rockford, IL, March 2000.

“Ethics in Medical Education: A Survey Study,” poster presentation to the American Society for Bioethics and Humanities annual conference, Salt Lake City, UT, October 2000.


“Humanizing the Belmont Report,” presentation to the Association for Practical and Professional Ethics, Cincinnati, OH, February 2004.

“Do We Need Special Ethical Guidelines for Mental Health Research?” presentation to the American Society for Bioethics and Humanities, Philadelphia, PA, October 2004.

“Ethical Issues in Mental Health Research,” a half-day mini-course, American Psychological Association, New Orleans, LA, August 12, 2006.


“Recommendations of a Delphi Consensus Panel on the Proper Objectives and Content for RCR Training Programs,” Office of Research Integrity Conference on Responsible Conduct of Research Instruction, Education, and Training, St. Louis, MO, April 17, 2008

“Understanding Wrongdoing in Medical Practice and Research,” American Society of Bioethics and Humanities Annual Meeting, Minneapolis, MN, October 16, 2011

“Responding to Wrongdoing in Research,” Society of Research Administrators, Annual Conference, Orlando FL, October 2, 2012


“Remediating Wrongdoing in Research: Current Strategies,” World Congress on Research Integrity, Montreal, Canada, May 7, 2013.


“Introducing the Professionalism and Integrity in Research Program”, World Congress of Research Integrity, Brazil, June 1, 2015. (Poster)


“Exploring the Multiple Meaning of Research Ethics,” with Alison Antes, American Society for Bioethics and Humanities, Washington DC, October 6, 2016.


“The Future of Bioethics Journals and Publication,” American Society for Bioethics and Humanities, Anaheim, CA, Oct 21, 2018

“Sharing Qualitative Research Data: Rationale and Resources,” American Society for Bioethics and Humanities, Anaheim, CA, Oct 21, 2018

CONSULTING RELATIONSHIPS AND BOARD MEMBERSHIPS:

Consulting

2012-2015 CITI Program, Test Item Development Consultant for online research ethics education programming

2014 Murphy, Falcon, Murphy Law Firm. Research Ethics Expert Witness on lead abatement research study

2015-present Centene Corporation, St. Louis, MO, Ethics Consultant, reporting to the Executive Vice President for Medical Affairs

2018-present Medical Ethics Consultant and Member, National Football League, Committee on Research and Innovation

Board Memberships

2000-2004 Secretary and Member of the Board of Officers, Association for Moral Education

2010-Present President and Member of the Board of Officers, Foundation for Narrative Inquiry in Bioethics

2016-Present Governing Board, Mid-America Transplant, St. Louis, MO

RESEARCH SUPPORT:

Governmental:

On-going:

Title: “Returning Research Results that Indicate Risk of Alzheimer Disease to Healthy Participants in Longitudinal Studies”

Agency: 1R01AG065234-01 (Hartz & Mozersky), NIH/NIA
Amount: $453,825  
Project Dates: 9/1/2019-8/31/2024  
Role: Co-Investigator

Title: “Identifying and Exploring Solutions to the Ethical Challenges of ApoL1 Testing of Donors with Recent African Ancestry through Mixed Methods Research with Stakeholders”  
Agency: 1R01MD014161 (DuBois & Mohan), NIH/NIMH  
Amount: $304,910  
Project Dates: 7/1/2019-6/30/2022  
Role: Principal Investigator (MPI, Contact PI)

Title: “Implementing Evidence-based Informed Consent Practices to Address the Risk of Alzheimer’s Dementia and Cognitive Impairment in Clinical Trials”  
Agency: 1R01AG058254-01A1 (DuBois), NIH/NIA  
Amount: $328,295  
Project Dates: 8/15/2018-4/30/2023  
Role: Principal Investigator

Title: “APOL1 Long-term Kidney Transplantation Outcomes-Consortium for the Responsible and Ethical Evaluation of organ Donation (APOLLOCREED) Clinical Center”  
Agency: 1U01DK116042 (Brennan), NIH/NIDDK  
Amount: $200,000  
Project Dates: 12/1/2017-11/30/2022  
Role: Co-Investigator, Member of National Community Advisory Council

Title: “Sharing Qualitative Research Data: Identifying and Addressing Ethical and Practical Barriers”  
Agency: R01HG009351 (DuBois), NIH/NHGRI  
Amount: $353,244  
Project Dates: 8/1/2017 – 6/30/2021  
Role: Principal Investigator

Title: “Bioethics Research Center (CTSA Core),” Washington University Institute for Clinical and Translational Science  
Agency: UL1TR002345 (Evanoff) NIH/NCATS, CTSA (Zhang)  
Amount: $506,792 budget on the overall award ($47,477,000), $307,860  
Project Dates: 7/1/2017-2/28/2022  
Role: Co-Investigator (Director of Core and PI Program training program)

Title: “Fostering Integrity and Societal Impact in Genomics Through Management and Leadership Practices”  
Agency: K01HG008990 (Antes), NIH/NHGRI  
Amount: $119,581  
Project Dates: 7/1/2016-6/30/2021  
Role: Mentor
Title: “Advancing the Use of Professional Decision-Making Strategies in a Culturally Diverse Research Community”
Agency: National Sciences Foundation (MPI: McIntosh/Antes)
Amount: $86,318
Project Dates: 09/01/2020-08/31/2023
Role: Co-Investigator/Mentor

Title: “Understanding and addressing challenges to informed consent and research compliance during Covid-19 research (supplement to NIA R01)”
Agency: R01AG05825403, National Institute on Aging (DuBois)
Amount: $149,461
Project Dates: 09/07/2020 – 06/30/2021
Role: Principal Investigator

Title: “Informing the Development of Action Plans for Responding to Serious and Continuing Noncompliance”
Agency: Supplement to UL1TR002345 (Powderly), NCATS
Amount: $98,996
Project Dates: 07/01/2020 – 02/28/2021
Role: Co-Investigator, Core Director

Pending:
Title: “Supporting the health and well-being of children with intellectual and developmental disability during COVID-19 pandemic (WU IDDRC Revision for Emergency Supplement)”
Agency: 3 P50 HD103525-01S1 (Constantino/Gurnett/Newland) NIH/NICHD
Amount: $2,370,828
Project Dates: 9/1/2020-8/31/2022
Role: Co-Investigator

Completed:
Title: “Education Program to Improve Innovation and Entrepreneurial Thinking in Biomedical Researchers”
Agency: 1R25GM116727-01A1 (MPI:Garbutt/Toker), NIH/NIGMS
Amount: $410,641
Project Dates: 9/1/2017 – 7/31/2022
Role: Other Significant Contributor

Title: “Examining Lab Leadership and Management Practices that Foster a Climate for Research Ethics”
Agency: ORIIR180042-01-00 (Antes), U.S. Office of Research Integrity
Amount: $150,000
Project Dates: 7/1/2018-4/30/2019
Role: Co-Investigator/Mentor

Title: “A Recruitment and Assessment Project for the Professionalism and Integrity in Research Program”
Agency: ORI2017000204 (DuBois), U.S. Office of Research Integrity
Amount: $271,428
Project Dates: 7/1/2017 – 6/30/2019
Role: Principal Investigator

Title: “Preventing Ethical Disasters in the Practice of Medicine”
Agency: 1R01AG043527-01, NIH National Institute of Aging
Amount: $1,258,500
Role: Principal Investigator

Title: “Center for Clinical Research Ethics,” Washington University Institute for Clinical and Translational Science
Agency: 2UL1 TR000448-06 (Evanoff, PI)
Amount: $577,000 CCRE budget on the overall award
Project Dates: 6/27/2012-5/31/2017
Role: DuBois, Co-Investigator (Director of Core and PI Program training program)

Title: “The Role of Culture and Experience in the Perception of Research Regulations, Norms and Values”
Agency: IR-ORI-14-001-018712 Office of Research Integrity, HHS
Amount: $98,360
Project dates: 8/1/2014 – 7/31/2016
Role: Principal Investigator

Title: “Validating Outcome Measures for Remediation of Research Wrongdoing”
Agency: 1 ORIIR130002-01-00, Office of Research Integrity, HHS
Amount: $277,700
Project dates: 9/1/2013 – 8/31/2015
Role: Principal Investigator

Title: “Restoring Professionalism and Integrity in Research (RePAIR)”
Agency: UL1 RR024992, NIH National Center for Research Resources / UL1 RR024992-05S2, National Center for Advancing Translational Sciences
Amount: $476,564
Project Dates: 10/1/2011 – 5/31/2013
Role: Project Director / Site PI (Evanoff, CTSA PI)

Title: “Research Integrity Casebook”
Agency: Office of Research Integrity, Contract
Amount: $156,000
Project Dates: 3/1/2011 – 12/31/2012
Role: Principal Investigator (Project Director, Editor)

Title: “Environmental Factors Predictive of Misbehavior in Collaborative Health Research”
Agency: 1R21RR026313-01 NIH National Center for Research Resources,
Amount: $376,000
Role: Principal Investigator
Title: “Responsible Conduct of Research Instructional Assessment Program. Part II”
Agency: Office of Research Integrity, Contract
Amount: $60,000
Project Dates: 7/1/2008—9/30/2009
Role: Principal Investigator

Title: “Center for Clinical Research Ethics,” Washington University Institute for
Clinical and Translational Science
Agency: National Institutes of Health, 1 U54 RR023496-01A1 (Polonsky, K., PI)
Amount: $520,000 subcontract on the overall award
Project Dates: 9/1/2007-4/30/2012
Role: Subcontract Principal Investigator

Title: “Best Practices in Mental Health Research Ethics Conference Series,”
Agency: 1R13MH079690 National Institute of Mental Health (NIH)
Amount: $196,000
Role: Principal Investigator

Title: “Responsible Conduct of Research Instructional Assessment Program”
Agency: Office of Research Integrity, RCR Resource Development Program
Amount: $50,000 direct costs
Role: Principal Investigator

Title: “Behavioral Health Research: An Ethics Case Compendium and Instructional
Method”
Agency: Office of Research Integrity, Responsible Conduct of Research Resource
Development Program
Amount: $25,000 direct costs
Role: Principal Investigator (See textbook and online case compendium at
www.emhr.net.)

Title: “Ethical Issues in Behavioral Health Research”
Agency: National Institute of Health, 1 T15 HL072453-01
Amount: $527,961 direct costs
Project Dates: 9/27/02 - 7/31/06
Role: Principal Investigator

Title: “Motivating Research Integrity in Research with Human Subjects”
Agency: National Institute of Health, 1 R01 NS044486-01
Amount: $200,000 direct costs
Project Dates: 9/15/02 – 9/14/04
Role: Consultant (Principal Investigator: Wylie Burke)

Non-Governmental:

Ongoing:

Title: “Living with Mental Health Challenges: Personal Stories of Recovery from Across
the Globe”
Agency: OR2020-68056 Foundation to Promote Open Society
Amount: $25,000
Project Dates: 3/1/2020-2/28/2021
Role: Principal Investigator

Title: “Helping State Medical Boards Effectively Protect Patients by Identifying and Promulgating Promising Practices and Essential Resources”
Agency: Greenwall Foundation Research Program (DuBois)
Amount: $130,533
Project Dates: 7/1/2019-6/30/2021
Role: Mentor / Co-Investigator

Title: Mid-America Transplant Foundation Contract
Agency: Unassigned (DuBois) MATF
Amount: $73,113
Project Dates: 7/1/2018-6/30/2021
Role: Principal Investigator/Mentor

Title: “Bander Center Contract”
Agency: Saint Louis University (Bander Center Contract)
Amount: $33,607
Project Dates: 10/1/2014-9/30/2018

Completed:
Title: “Operational Support for the Journal, Narrative Inquiry in Bioethics”
Agency: OR2018-45462 Foundation to Promote Open Society
Amount: $25,000
Project Dates: 1/1/2019-12/31/2019
Role: Principal Investigator

Title: “Professional Decision-making in Medicine”
Agency: Saint Louis University, Bander Center Contract (DuBois, PI)
Amount: $286,000
Project Dates: 10/1/2014 – 10/1/2019
Role: Principal Investigator (Role: Director of Research and Assessment)

Title: “Professional Decision-making in Medicine”
Agency: Saint Louis University, Bander Center Contract (DuBois, PI)
Amount: $286,000
Project Dates: 10/1/2014 – 10/1/2019
Role: Principal Investigator (Role: Director of Research and Assessment)

Title: “MTS Center for Life Website and Ethics Blog Project”
Agency: Mid-America Transplant Services
Amount: $87,604
Project Dates: 8/1/2011-12/31/2013
Role: Principal Investigator
Title: “Preferred Formats & Goals of a Medical Business Ethics Curriculum for Medical Education”
Agency: Washington University School of Medicine, Bander Business Ethics in Medical Research Fund
Amount: $7,816
Project Dates: 6/1/2012 – 5/31/2013
Role: Principal Investigator (Kraus, Co-PI)

Title: “Lay and Professional Attitudes Toward Uncontrolled Donation after Circulatory Determination of Death: A Pilot Study”
Agency: Greenwall Foundation, Bioethics Program
Amount: $52,000
Role: Principal Investigator

Title: “Environmental Factors Associated with Professional Misconduct in Medical Research and Practice”
Agency: BF Foundation
Amount: $100,000
Project Dates: 1/1/2009-12/31/2011
Role: Principal Investigator

Title: “Ethics in the Education of Scientists, Clinicians and Engineers,” Workshop
Agency: Funding by Sigma Xi: The Scientific Research Society, with $6,000 in matching grants from Parks College, the Graduate School and the Medical School of Saint Louis University
Amount: $3,000
Project Dates: 2/8/2002
Role: Co-Investigator

Title: “Mental Health Research Ethics” faculty research leave
Agency: SLU2000
Amount: $44,000
Project Dates: 8/1/2000-12/31/2000
Role: Principal Investigator

Title: “Lay Attitudes Toward Death Criteria and Organ Procurement. A Structured Interview Study”
Agency: Quest for the Gift of Life Foundation in cooperation with Intermountain Donor Services
Amount: $15,000
Role: Principal Investigator

Title: “Ethics in Medical Education”
Agency: The Marchetti Fund, St. Louis
Amount: $12,000
Role: Principal Investigator (Ciesla, Co-PI)
Title: Translation of Viktor Frankl’s *Theorie und Therapie der Neurosen*
Agency: Viktor Frankl Institute of Logotherapy, Abilene, TX
Amount: $9,200
Project Dates: 1/1/2001-12/31/2003
Role: Principal Investigator/Translator

Title: “Prolonging and Shortening Life: An International Study on the Moral Reasoning of Medical Personnel”
Agency: Beaumont Faculty Development Fund
Amount: $5,000
Role: Principal Investigator

Other Non-Governmental Funding/Research Gifts
Ludwig Bolzmann Institut für Medizin Ökonomie in Anästhesie und Intensivmedizin. Provided all required secretarial and financial support to duplicate the ‘Social Issues Questionnaire for Medical Personnel’ and to coordinate distribution and collection within the Austrian medical community. 200 questionnaires were distributed, 131 returned scorable. (September 1996)

Saudi Center for Organ Transplantation. Provided all required secretarial and financial support to duplicate the ‘Social Issues Questionnaire for Medical Personnel’ and to coordinate distribution and collection within the Saudi Arabian medical community. 200 questionnaires were distributed, 126 returned scorable. (September 1996)

Friends of the Academy grant of $2,000 to read papers at Oriel College, Oxford and the University of Dallas (1995).

Franciscan University of Steubenville Faculty Development Grant for research on Reinach and Brentano at Vienna and Graz (1992).

CLINICAL TITLE AND RESPONSIBILITIES:

Field Work in Psychology

1983-1985 Peer Counselor and Intern
New Directions. Enfield, CT

The Gill House, Steubenville, OH

1990 Caregiver and Instructor for profoundly and mildly mentally retarded adults
Alternatives, Inc., Wakefield, RI

Worked with elite athletes in USAKarate clubs.
Group included two National AAU gold medalists

TEACHING TITLE AND RESPONSIBILITIES:

1992-1994 Assistant Professor of Philosophy
Franciscan University, Gaming Austria
Courses taught include:

Introduction to Metaphysics; Philosophy of the Human Person; Epistemology; Philosophy in Literature; The Philosophy of Karol Wojtyla; Biological Psychology; plus senior thesis direction.

1994-1997 Assistant Professor of Philosophy, Viktor Frankl Chair of Philosophy & Psychology
International Academy of Philosophy in Liechtenstein
All courses were for M.A. and Ph.D. students. Courses included:
Kant on Knowing, Willing and Feeling; Moral Psychology; Philosophy of Perception; Franz Brentano's Empirical and Descriptive Psychology; Philosophy of Mind; Introduction to the Philosophy of Science; Philosophical interpretation of empirical brain research (Co-taught); Empiricist Psychology from Locke to Hume; Common Seminar: Scheler's Formalism in Ethics and Non-Formal Ethics of Values (Co-taught); Brain and Mind (Co-taught); Motivation and Emotion; Psychology and Ethics; Phenomenological Psychology: Person, Ego, and Consciousness; Logotherapy and Psychological Metatheory
Service included directing Masters’ theses, serving on doctoral examination committees, and academic senate.

1997 Assistant Professor of Health Care Ethics
Saint Louis University
Course taught: Ethics for Research Scientists (Co-taught); CMHC-502: Ethical Issues in Public Health; HCE-G601: Philosophical Methods in Ethics; Medical School, Resident Education: Ethics in Psychiatry

2000 Associate Professor of Health Care Ethics
Saint Louis University

2003 Visiting Professor
University of the Human Sciences, Liechtenstein
Taught VO54: Research Ethics in Psychology and Neurosciences

2006-2013 Hubert Maeder Endowed Chair, Full Professor, Tenured, Health Care Ethics
Saint Louis University
2007-Present  Professor of Medicine, Washington University of St. Louis. Lecturer in several courses per year, including the MSCI “Ethical and Regulatory Issues in Clinical Research,” MPH “Cross-Cutting Themes,” as well as the undergraduate summer research experience, the HRPO Ethics Series, and the CRTC Scholar’s Program.

2012-Present  Coursemaster, Professionalism and Integrity in Research Program (PI Program) Workshop. A 3-day workshop offering remediation education for investigators. Offered 3 times per year.

2014-Present  Co-Coursemaster, Responsible Conduct of Research Course, a non-credit course offered jointly through the Institute for Clinical and Translational Science and the Office of the Vice Chancellor of Research

TRAINING / MENTEE RECORD:

Current Trainees / Mentees

Primary mentor:

- Alison Antes, PhD, junior faculty / K01 Scholar, Washington University, 2014 – present.
- Bryan Sisk, MD, fellow / NIH LRP / MTPCI, Washington University, 2016 – present.
- Jessica Mozersky, PhD, junior faculty, Washington University, 2017 – present.
- Tristan McInsosh, PhD, junior faculty, Washington University, 2018 – present.
- Sophia Jui-An Pan, PhD, fellow / Ministry of Science and Technology (MOST) of Taiwan, Washington University, 2019 – present.
- Elena Kraus, MD, PhD, Maternal Fetal Medicine Fellow, Saint Louis University, 2019 – present.

Secondary mentor:

- Tess Drazdowski, PhD, early career scientist / K01 applicant, Oregon Social Learning Center, 2018 – present.

Past Trainees / Mentees

Primary Mentor:

- Emily Anderson, PhD, dissertation mentor, Saint Louis University, 2003-2007
- Valerie Badro, PhD, dissertation mentor, Saint Louis University, 2009-2013
- Holly Bante, PhD, dissertation mentor, Saint Louis University, 2007-2012
- Kelly Dineen, PhD, dissertation mentor, Saint Louis University, 2015
- Sarah Hill, PhD, dissertation mentor, Saint Louis University, 2016
- Elena Kraus (nee Yates), MD / PhD, dissertation mentor, Saint Louis University, 2006
- Andrew Plunk, PhD, dissertation mentor, Saint Louis University, 2006
- Rebecca Volpe, PhD, dissertation mentor, Saint Louis University, 2011
- Kevin Voss, PhD, dissertation mentor, Saint Louis University, 2012
Ana Iltis, PhD, junior faculty, Saint Louis University, 2003 – 2010
Stephanie Solomon Cargill, PhD, junior faculty, Saint Louis University, 2011 – 2014

Secondary Mentor:
Kayla Kostelecky, PhD, dissertation reader, Saint Louis University, 2019
Nathaniel Brown, MD / PhD, dissertation reader, Saint Louis University, 2010
Christine Gorka, PhD, dissertation reader, Saint Louis University, 2010
Barbara Hinze, PhD, dissertation reader, Saint Louis University, 2014
James Hynds, PhD, dissertation reader, Saint Louis University, 2005
Anji Wall, MD / PhD, dissertation reader, Saint Louis University, 2009
Kevin Valadares, MHA / PhD, dissertation reader, Saint Louis University, 2003
Daniel O’Brien, PhD, dissertation reader, Saint Louis University, 2000
Michael Panicola, PhD, dissertation reader, Saint Louis University, 2000
Mark Repenshek, PhD, dissertation reader, Saint Louis University, 2005
Alan Sanders, MA / PhD, dissertation reader, Saint Louis University, 2008
John Paul Slosar, MA / PhD, dissertation reader, Saint Louis University, 2003
Ann Suziedlis, PhD, dissertation reader, Saint Louis University, 2004
Martin Onwu, JD / PhD, dissertation reader, Saint Louis University, 2006

Current Mentored Research
Title: “Returning Results on Andecendent Biomarkers for Alzheimer’s Disease: The Adult Children’s Study”
Agency: 3P01AG026276-14S1(Administrative Supplement, Morris), NIH/NIA
Amount: $180,301
Project Dates: 8/1/2019-7/31/2020
Role: Mentor

Title: “QCOM: Quality of Communication in Pediatric Oncology”
Agency: NIH Loan Repayment Program, NCATS UL1 TR002345 (Sisk)
Amount: $35,000 (combined)
Project Dates: 7/1/2018-7/1/2020
Role: Mentor

Title: “Pediatric Palliative Care Oral History Project”
Agency: CTSA MTPCI, NCATS UL1 TR002345 (Sisk)
Amount: $1,430
Project Dates: 5/1/2019-3/1/2020
Role: Mentor

Title: “Mentorship Instruction for Early-Career Principal Investigators: Needs Assessment and Design of Interactive Learning Materials”
Agency: MOST 108-2917-I-564-003 (Pan) Ministry of Science and Technology (MOST) of Taiwan
Amount: $41,600 (NTD 1,300,000)
Project Dates: 8/1/2019-7/31/2020
Role: Mentor

BIBLIOGRAPHY

Peer Reviewed Journal Manuscripts:

Note: Earlier works are largely theoretical, reflecting training in philosophy, while later works are more empirical or policy focused, reflecting training in experimental psychology and bioethics.


64. DuBois, J. M., Chibnall, J. T., Anderson, E. E., Eggers, M., Baldwin, K., & Vasher, M. (2016). A mixed-method analysis of reports on 100 cases of improper prescribing of


**Educational and Popular Publications**


**Books**


**Invited Publications (e.g. reviews, book chapters, commentaries, etc):**

**Book Reviews**


**Commentaries and Reply Articles**


**Book Chapters**


Movies, Videotapes, etc.


Translations


Editorial Introductions

Editor, and introduction author, of specific Narrative Symposia:


CONFERENCE ORGANIZATION

“Research with Vulnerable Populations: Charting the Ethical Terrain,” NIMH-funded conference, June 7-8, 2012. Plenary speakers included: Laura Beskow, Karen Dugosh, David Festinger, and Rose James. (Director)


“Ethics in the Education of Scientists, Clinicians, and Engineers,” Saint Louis University, February 8, 2002. Plenary speakers include: Nicholas Steneck, Michael Pritchard, Muriel Bebeau and David Musick. (Co-organizer with Donna Werner and Steven Fliesler)


“Die Suche des Menschen nach Sinn und die Psychologie,” (Psychology and the Search for Meaning), plenary speakers included Viktor Frankl and Giselher Guttmann, October 1992, Liechtenstein. (Co-director)
APPENDIX F
Deborah Anne Goldfarb
Florida International University, Department of Psychology,
Modesto A. Maidique Campus
11200 S.W. 8th Street, DM 256 Miami, FL 33199

Phone: 415-238-9414 E-Mail: deborah.goldfarb@fiu.edu

EDUCATION

University of California, Davis, CA

Ph.D. Developmental Psychology; Advisors: Gail S. Goodman, Ph.D. and Kristin H. Lagattuta, Ph.D.

University of Michigan Law School, Ann Arbor, MI

J.D.; Cum Laude; International Academy of Trial Lawyers Award for Excellence in Trial Advocacy; Note Editor, Journal of Law Reform; Student Attorney, Child Advocacy Clinic; Family Law Project; First Year Information Program Fellow

University of Illinois, Urbana-Champaign, IL

B.S., Psychology; Psi Chi, Psychology Honors Society; Dean’s List; Alpha Lambda Delta; Phi Eta Sigma

PUBLICATIONS


* First authorship equally shared

**PUBLICATIONS IN PREPARATION**


**GRANTS**


**2020-2021** National Science Foundation, Developmental Sciences Program (PI) RAPID: Flattening the COVID-19 curve by flattening the developmental curve: Influence of age and interview protocol on the ability to remember familiar and unfamiliar contacts.

**2020-2023** National Institute of Justice (co-PI) Improving Juror Comprehension of Forensic testimony and its effects on decision-making and evidence evaluation.

**SELECTED PRESENTATIONS**


Wolfs, A. C. F., & Goldfarb, D. (2020, May). Differences in interviewer memory for content, source, and question format of a witness interview. Poster presented at the Association for Psychological Science (APS) Convention, Chicago, IL, United States. (Online conference)


Goldfarb, D., Goodman, G. S., Narr, R., & Kalomiris, A. (2013, September). Is it poverty or race that affects our views of fairness of the legal system? Poster presented at the University of California, Davis Poverty Center Graduate Retreat, Tahoe, CA.


**PROFESSIONAL SERVICE AND PARTICIPATION**

Early Career Professional Chair, Section on Child Maltreatment, Division 37 of the American Psychological Association.

American Bar Association Fellow (2020 to 2021), Section on Alternative Dispute Resolution.


**ACADEMIC EMPLOYMENT**

August 2018 – Present  
*Assistant Professor, Legal Psychology*  
Florida International University

January 2013- July 2018  
*Instructor, Psychology and Law*  
*Teaching Assistant*  
University of California, Davis

August 2010- August 2011  
*Adjunct Professor, Legal Research and Writing*  
Golden Gate University Law School

**LEGAL WORK EXPERIENCE**

September 2008- August 2012  
*Bryan Cave LLP*  
Associate Attorney General Litigation, Employment and Labor, Intellectual Property
<table>
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<th>Period</th>
<th>Position</th>
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<tr>
<td>August 2008- August 2006</td>
<td>Chief Judge Dean Whipple, Western District of Missouri Federal Law Clerk</td>
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<tr>
<td>October 2004- May 2006</td>
<td>Skadden, Arps, Slate, Meagher &amp; Flom, LLP Associate Attorney</td>
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<tr>
<td>Summer 2003</td>
<td>General Litigation, Employment and Labor, Intellectual Property</td>
</tr>
<tr>
<td>Summer 2002</td>
<td>Illinois 11th Circuit</td>
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